



April 6, 2018

Jiana Xiu Juan
No. 1 China
1531 Maryland Ave
Wilmington, DE 19805

Dear Jiana Xiu Juan:

Closure of Food Establishment for Imminent Health Hazard

The Division of Public Health (DPH) formally mandates that you cease and desist all food establishment activities effective immediately at No. 1 China, located at 1531 Maryland Ave Wilmington, DE. Delaware law, 16 Del. C § 122 establishes the authority for Department of Health and Social Services to regulate food establishments. On April 3, 2018, imminent health hazards were identified during routine inspection. In accordance with 8-404.11 of the State of Delaware Food Code, imminent health hazards exist due to rodent droppings and gross unsanitary condition throughout kitchen area.

Prior to resuming operation, No. 1 China shall be inspected by Division Of Public Health.

If you have any questions or concerns, please contact Mr. Jae Kim of the Environmental Health Field Services – New Castle County at [REDACTED]

Sincerely,


Karyl T. Raitay MD, MS
Director

Pc: HSP Administration
OFF
EHFS -- NCC
File



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 3 calendar days for priority items, 10 days for priority foundation items (8-406.11) or 90 days for core items (8-406.11).

9

Food Establishment Inspection Report

Page 1 of 3

Delaware Division of Public Health
Office of Food Protection
417 Federal St., Dover, DE 19901

No. of Risk Factor/Intervention Violations 12
No. of Repeat Risk Factor/Intervention Violations
Score (optional) N/A

Date 4/2/19
Time In 12:45
Time Out 2:50

Establishment
NO. 1 China
License/Permit # 111118
N/A 8812

Address
1531 Maryland Ave
Permit Holder
Juan Xid Juan

City/State
Wilmington, DE
Purpose of Inspection
Routine

Zip Code
19815
Telephone
(302) 652-3398
Est. Type
FE
Risk Category
Med

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=In compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
Supervision			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager		
Employee Health			
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O	Hands clean & properly washed		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source		
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction		
Protection from Contamination			
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated and protected		
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces; cleaned & sanitized		

Compliance Status		COS	R
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food		
Time/Temperature Control for Safety			
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures		
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding		
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time and temperature		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures		
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking and disposition		
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Time as a Public Health Control; procedures & records		
Consumer Advisory			
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used		
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance/specialized process/HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33 <input checked="" type="radio"/> X	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36 <input checked="" type="radio"/> X	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38 <input checked="" type="radio"/> X	Insects, rodents, & animals not present		
39 <input checked="" type="radio"/> X	Contamination prevented during food preparation, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
43 <input checked="" type="radio"/> X	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored & used		
46	Gloves used properly		
Utensils, Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48 <input checked="" type="radio"/> X	Warewashing facilities: installed, maintained, & used; test strips		
49 <input checked="" type="radio"/> X	Non-food contact surfaces clean		
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51 <input checked="" type="radio"/> X	Plumbing installed; proper backflow devices		
52	Sewage & waste water properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55 <input checked="" type="radio"/> X	Physical facilities installed, maintained, & clean		
56 <input checked="" type="radio"/> X	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) [Signature]

Date: 4/2/19

Inspector (Signature) [Signature]

Follow-up: YES NO (Circle one) Follow-up Date:



Inspection Report

Delaware Division of Public Health Health Systems Protection 417 Federal St., Dover, DE 19901		License/Permit # <u>N131892</u>	Date <u>4/3/18</u>
Establishment <u>NO. 1 China</u>	Address <u>1521 Maryland Ave</u>	City/State <u>Wilmington DE</u>	Zip Code <u>19805</u>
Telephone <u>(302) 658-3378</u>			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Description
43	3-30112 c Using bowls, aluminum cans and plastic containers in rice and seasoning
49	4-60111 c Refrigerators, sinks, racks not clean. Drain not clean
45	3-30112 c Knives stored between brass mallet and table.
CS5	6-501114 c freezer chest, not working properly.
56	6-303-11 light bulbs above walk-in cooler, no working
	6-202-11 light bulbs not shielded behind front counter
CS9	3-305-11 c Food items in walk-in freezer on the floor
CS	6-201-11 c Cardboard on shelves and table
	6-501-12 c Floors and equipment not clean
1	2-10211 (P) PIC not knowledgeable of how to prevent cross contamination, proper warewashing, cleaning, cooling, storing
CS6	6-403-11 c Employee shoes and jacket on change shelves. Toothbrush and tooth paste in refrigerator.
	NOTE: Pest service reports needed for March. Pest service shall be resumed to working until pest issue eliminated
	- cleaning schedule must be created for daily, weekly and monthly cleaning.
	- sanitizer bucket needed for daily cleaning
<p>Due to gross insanitary conditions NO. 1 China is voluntarily closing. The entire F.E. must be cleaned and sanitized. All violations corrected, pest service resumed. Litter or broken equipment removed or discarded. All boxes and cardboard removed. A hard cleaning service need to clean the hood.</p>	
<p>Contact Health Department once violations are corrected and clean conditions met.</p>	

Person in Charge (Signature) <u>[Signature]</u>	Date: <u>4/3/18</u>
Inspector (Signature) <u>[Signature]</u>	Date: <u>4/3/18</u>



Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 3 calendar days for priority items, 10 days for priority foundation items (8-405.11) or 90 days for core items (8-406.11).

Food Establishment Inspection Report

Page 1 of 3

Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations <u>2</u>		Date <u>4/5/18</u>
		No. of Repeat Risk Factor/Intervention Violations <u>0</u>		Time In <u>9:21</u>
Establishment <u>No. 1 China</u>		Address <u>1531 Maryland Ave</u>	City/State <u>Wilmington, DE</u>	Zip Code <u>19805</u>
License/Permit # <u>N103872</u>		Permit Holder <u>Huang Xiu Juan</u>	Purpose of Inspection <u>Follow-up</u>	Est. Type <u>FE</u>
				Telephone <u>(302) 658-8998</u>
				Risk Category <u>Med</u>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS		R	
Supervision					
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A	Certified Food Protection Manager			
Employee Health					
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	IN OUT	Proper use of restriction and exclusion			
5	IN OUT	Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices					
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			
7	IN OUT N/O	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	IN OUT N/O	Hands clean & properly washed			
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	IN OUT	Adequate handwashing sinks properly supplied and accessible			
Approved Source					
11	IN OUT	Food obtained from approved source			
12	IN OUT N/A N/O	Food received at proper temperature			
13	IN OUT	Food in good condition, safe, & unadulterated			
14	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction			
Protection from Contamination					
15	IN OUT N/A N/O	Food separated and protected			
18	IN OUT N/A	Food-contact surfaces; cleaned & sanitized			

Compliance Status		COS		R	
17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food			
Time/Temperature Control for Safety					
18	IN OUT N/A N/O	Proper cooking time & temperatures			
19	IN OUT N/A N/O	Proper reheating procedures for hot holding			
20	IN OUT N/A N/O	Proper cooling time and temperature			
21	IN OUT N/A N/O	Proper hot holding temperatures			
22	IN OUT N/A N/O	Proper cold holding temperatures			
23	IN OUT N/A N/O	Proper date marking and disposition			
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records			
Consumer Advisory					
25	IN OUT N/A	Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations					
26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	IN OUT N/A	Food additives: approved & properly used			
28	IN OUT N/A	Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures					
29	IN OUT N/A	Compliance with variance/specialized process/HACCP			

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Compliance Status		COS		R	
Safe Food and Water					
30		Pasteurized eggs used where required			
31		Water & ice from approved source			
32		Variance obtained for specialized processing methods			
Food Temperature Control					
33	<input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			
34		Plant food properly cooked for hot holding			
35		Approved thawing methods used			
36	<input checked="" type="checkbox"/>	Thermometers provided & accurate			
Food Identification					
37		Food properly labeled; original container			
Prevention of Food Contamination					
38	<input checked="" type="checkbox"/>	Insects, rodents, & animals not present			
39	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display			
40		Personal cleanliness			
41		Wiping cloths: properly used & stored			
42		Washing fruits & vegetables			

Compliance Status		COS		R	
Proper Use of Utensils					
43	<input checked="" type="checkbox"/>	In-use utensils: properly stored			
44		Utensils, equipment & linens: properly stored, dried, & handled			
45		Single-use/single-service articles: properly stored & used			
46		Gloves used properly			
Utensils, Equipment and Vending					
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			
49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean			
Physical Facilities					
50		Hot & cold water available; adequate pressure			
51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices			
52		Sewage & waste water properly disposed			
53		Toilet facilities: properly constructed, supplied, & cleaned			
54		Garbage & refuse properly disposed; facilities maintained			
55	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, & clean			
56	<input checked="" type="checkbox"/>	Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature) <u>[Signature]</u>	Date: <u>4/5/18</u>
Inspector (Signature) <u>[Signature]</u>	Follow-up: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Circle one) Follow-up Date: <u>4/10/18</u>



Food Establishment Inspection Report

Page 02 of

Delaware Division of Public Health
Office of Food Protection
417 Federal St., Dover, DE 19901

License/Permit # N108892

Date 4/5/18

Establishment <u>NO. 1 China</u>	Address <u>1521 Maryland Ave</u>	City/State <u>Wilmington, DE</u>	Zip Code <u>19805</u>	Telephone <u>302 658-8898</u>
-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	----------------------------------

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Walk-in refrigerator</u>		<u>Table next to fridge</u>			
<u>Shrimp (cooked)</u>	<u>N/A</u>	<u>Cooked chicken wings</u>	<u>N/A</u>		
<u>Raw Shrimp</u>	<u>N/A</u>				
<u>Raw chicken wings</u>	<u>N/A</u>				

OBSERVATION AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below or as stated in Section 8-405.11 of the Food Code

Item Number	Description
	<u>Corrected Violations</u>
<u>32</u>	<u>3-501.14 (D) Food items listed above discarded</u>
<u>21</u>	<u>3-501.14 (D) Cooked chicken wings discarded</u>
<u>33</u>	<u>3-501.15 (DD) No cooking observed</u>
<u>20</u>	<u>3-501.14 (D) No cooking observed</u>
<u>15</u>	<u>3-300.11 (D) Walk-in refrigerator empty of all raw shrimp, chicken, pork</u>
<u>25</u>	<u>3-501.17 (D) Cooked food in Candy Dry refrigerator and walk-in refrigerator dated</u>
<u>51</u>	<u>5-205.12 (D) Mop floor ^{out of} mop sink</u>
<u>38</u>	<u>6-501.11 (D) Mouse droppings throughout FE cleaned</u>
<u>51</u>	<u>5-205.15 (D) Cold water available at hand sink by back door water turned on at sink in restroom</u>
<u>43</u>	<u>4-501.14 (C) Using warm washing sink properly</u>
<u>43</u>	<u>4-602.12 (C) Using warm washing sink properly Health Department provided stickers for wash, rinse and sanitize</u>
<u>36</u>	<u>4-204.11 (C) Thermometer available in Candy Dry refrigerator</u>
<u>43</u>	<u>3-301.12 (C) Knives stored properly on strip</u>
<u>55</u>	<u>6-501.14 (C) Fridge chest discarded</u>
<u>39</u>	<u>3-205.11 (C) Food items in walk-in freezer off floor</u>
<u>55</u>	<u>10-201.11 (C) Cardboard off shelves and tables</u>
<u>56</u>	<u>6-403.11 (C) Employee shoes and jackets removed. Hand cleaning company is now Good Hand cleaning inc. Walk-in Freezer serviced, treated FE on 4/4/18</u>

Person in Charge (Signature) [Signature]
Inspector (Signature) [Signature]

Date: _____
Date: 4/5/18



Inspection Report

Delaware Division of Public Health
Health Systems Protection
417 Federal St., Dover, DE 19901

License/Permit #

N108872

Date 4/5/18

Establishment

N2 1 china

Address

1531 Maryland Ave

City/State

Wilmington, DE

Zip Code

19805

Telephone

(302) 658-8898

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

Repeat Violations

38 6-501.111 (P) Live roaches in T.E. (2) and one dead Western Pest seen treated on 4/1/18.

43 3-304.62 Aluminum cans still being used to store juices.

49 4-601.11 Refrigerator (main menu) inside not clean, under tables and between shelves above table.

16 4-601.11 (P) Prep tables, rice cookers and bottles or containers not clean. - cleaning schedule must be created for daily, weekly and monthly cleaning.

N2 1 china ^{shall} ~~must~~ remain closed until conditions above are ^{corrected} ~~corrected~~. ^{AB} Contact Health Department once violations corrected.

Person in Charge (Signature)

[Signature]

Date:

Inspector (Signature)

Paul R. Johnson, EHS II

Date:

4/5/18