

# Food Establishment Inspection Report

Score: 95.5

Establishment Name: MAGNOLIA CREEK

Establishment ID: 3034160029

Location Address: 2560 WILLARD RD

Inspection  Re-Inspection

City: WINSTON SALEM

State: NC

Date: 03 / 22 / 2017 Status Code: A

Zip: 27107

County: 34 Forsyth

Time In: 11 : 40  am  pm

Time Out: 01 : 25  am  pm

Total Time: 1 hr 45 minutes

Permittee: WRH WINSTON OP LLC

Category #: IV

Telephone: (336) 650-0699

FDA Establishment Type: Nursing Home

Wastewater System:  Municipal/Community  On-Site System

No. of Risk Factor/Intervention Violations: 2

Water Supply:  Municipal/Community  On-Site Supply

No. of Repeat Risk Factor/Intervention Violations:         

Foodborne Illness Risk Factors and Public Health Interventions										
Risk factors: Contributing factors that increase the chance of developing foodborne illness.										
Public Health Interventions: Control measures to prevent foodborne illness or injury.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
<b>Supervision</b> .2652										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	0	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b> .2652										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	1.5	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	1.5	0	<input type="checkbox"/>
<b>Good Hygienic Practices</b> .2652, .2653										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			2	1	0	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	0.5	0	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			4	2	0	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			3	1.5	0	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
<b>Approved Source</b> .2653, .2655										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			2	1	0	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			2	1	0	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	0	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	<input type="checkbox"/>
<b>Protection from Contamination</b> .2653, .2654										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	1.5	0	<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	1.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food			2	1	0	<input type="checkbox"/>
<b>Potentially Hazardous Food Time/Temperature</b> .2653										
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures			3	1.5	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	1.5	0	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures			3	1.5	0	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	1.5	0	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	1.5	0	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	1.5	0	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	<input type="checkbox"/>
<b>Consumer Advisory</b> .2653										
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	0.5	0	<input type="checkbox"/>
<b>Highly Susceptible Populations</b> .2653										
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	1.5	0	<input type="checkbox"/>
<b>Chemical</b> .2653, .2657										
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used			1	0.5	0	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	1	0	<input type="checkbox"/>
<b>Conformance with Approved Procedures</b> .2653, .2654, .2658										
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan			2	1	0	<input type="checkbox"/>

Good Retail Practices										
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
<b>Safe Food and Water</b> .2653, .2655, .2658										
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			1	0.5	0	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	0.5	0	<input type="checkbox"/>
<b>Food Temperature Control</b> .2653, .2654										
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1	0.5	0	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	0.5	0	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	0.5	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	0.5	0	<input type="checkbox"/>
<b>Food Identification</b> .2653										
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657										
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals			2	1	0	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0.5	0	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	0.5	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0.5	0	<input type="checkbox"/>
<b>Proper Use of Utensils</b> .2653, .2654										
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	0.5	0	<input type="checkbox"/>
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0.5	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	0.5	0	<input type="checkbox"/>
<b>Utensils and Equipment</b> .2653, .2654, .2663										
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			<input checked="" type="checkbox"/>	1	0	<input checked="" type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	0.5	0	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
<b>Physical Facilities</b> .2654, .2655, .2656										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	0	<input type="checkbox"/>
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	<input type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	0.5	0	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0.5	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	0.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Total Deductions:</b>							<b>4.5</b>			



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** MAGNOLIA CREEK  
**Location Address:** 2560 WILLARD RD  
**City:** WINSTON SALEM **State:** NC  
**County:** 34 Forsyth **Zip:** 27107  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site System  
**Permittee:** WRH WINSTON OP LLC  
**Telephone:** (336) 650-0699

**Establishment ID:** 3034160029  
 Inspection  Re-Inspection **Date:** 03/22/2017  
**Comment Addendum Attached?**  **Status Code:** A  
**Category #:** IV  
**Email 1:** MAGED@MAGNOLIACREEKASSISTEDLIVING.COM  
**Email 2:**  
**Email 3:**

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ServSafe	Rodrigus	Imes 10-23-17	00	Turkey	Upright cooler	46		
Green beans	Hot hold							
BBQ	Final cook							
Mashed	Hot hold							
Hot water	3-compartment sink							
Chlorine ppm	Dish machine							
Ambient	Walk-in cooler							
Slaw	Upright cooler							

## Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

- 8 6-301.12 Hand Drying Provision - PF/6-301.11 Handwashing Cleanser, Availability - PF - Soap and paper towels were not available at the handsink beside of the dish machine. Handwashing cleanser and hand drying devices/paper towels shall be provided at each handsink in a food establishment. CDI - Paper towels and soap provided at handsink.//5-205.11 Using a Handwashing Sink-Operation and Maintenance - PF - Ice present in the handsink beside of the dish machine. Handsinks shall be used only for handwashing and no other purpose. CDI - Handsink rules discussed with manager.
- 14 4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - C - 0 pts - Light cleaning needed inside of the ice machine. Ice machines shall be cleaned at a frequency to prevent the accumulation of soil/mold. CDI - Ice bin cleaned.
- 35 3-302.12 Food Storage Containers Identified with Common Name of Food - C - 0 pts - Label the sugar and flour bins in dry storage. Working containers shall be labeled with the common name of the food, if it not easily recognizable (ex. rice and beans).



Person in Charge (Print & Sign): *First* Rodrigus *Last* Imes

Regulatory Authority (Print & Sign): *First* Grayson *Last* Hodge

  


**REHS ID:** 2554 - Hodge, Grayson

**Verification Required Date:** 04 / 01 / 2017

**REHS Contact Phone Number:** ( 336 ) 703 - 3383



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- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C - 0 pts - 2 stacks of containers were stacked wet. Equipment and utensils shall be fully air-dried after they are cleaned. Separate or stagger containers to air dry.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - Repeat: The metal flooring in the walk-in cooler is separating. The chemical shelf below the dish machine is rusting. Replace/repair damaged flour and sugar bin. Repaint chipping shelves in the employee restroom. Replace/recondition skillets and other pans with carbon build-up and grooves on the food-contact surfaces. Cap/cut screw threads in the walk-in cooler. Some shelves are starting to rust in the walk-in cooler.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C - Repeat: Cleaning needed inside of the microwave, around the outside of 2 pans, and inside of the handles of 2 tongs above the 3-compartment sink. Nonfood contact surfaces shall be kept clean.
- 49 5-203.14 Backflow Prevention Device, When Required - P - Only one backflow preventer is installed for the tea urns and juice machine. A backflow preventer shall be installed at each point of water use in a food establishment, or on each water line once the main water line splits. Install a backflow preventer on each separate water line, or provide documentation of internal backflow preventers. Verification of backflow preventers is required by 4-1-17, contact Grayson Hodge at 336-703-3383 or [hodgega@forsyth.cc](mailto:hodgega@forsyth.cc)//5-205.15 System Maintained in Good Repair - C - Repair drip leak at the hot water faucet on the mop sink and the damaged drainpipe below the rinse vat on the 3-compartment sink. Plumbing systems shall be maintained in good repair.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C - 0 pts - Wall paint is starting to chip in the dry storage room and around the baseboard in the mop sink room. Caulk dish machine drainboard to the wall. Floors, walls, and ceilings shall be smooth and easily cleanable.
- 54 6-202.11 Light Bulbs, Protective Shielding - C - 0 pts - Repeat: 4 light shields needed above the 3-compartment sink. Light intensity has increased since the last inspection. CDI - Light shields installed.



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✓  
Spell



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Spell

