

Food Establishment Inspection Report

Score: 95.5

Establishment Name: VILLAGE INN EVENT CENTER

Establishment ID: 3034012137

Location Address: 6205 RAMADA DRIVE

☒ Inspection ☐ Re-Inspection

City: CLEMMONS

State: NC

Date: 03 / 23 / 2017 **Status Code:** A

Zip: 27012

County: 34 Forsyth

Time In: 08 : 00 ^{am} _{pm} **Time Out:** 11 : 35 ^{am} _{pm}

Permittee: KZ HOSPITALITY LLC

Total Time: 3 hrs 35 minutes

Telephone: (336) 766-9121

Category #: IV

Wastewater System: ☒ Municipal/Community ☐ On-Site System

FDA Establishment Type: Full-Service Restaurant

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

No. of Risk Factor/Intervention Violations: 3

No. of Repeat Risk Factor/Intervention Violations: 1

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
Supervision .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"/>
Employee Health .2652										
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	15	0	<input type="checkbox"/>
Good Hygienic Practices .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	05	0	<input type="checkbox"/>
Preventing Contamination by Hands .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	15	0	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	1	0	<input type="checkbox"/>
Approved Source .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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Protection from Contamination .2653, .2654										
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	15	0	<input 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"/>
Potentially Hazardous Food Time/Temperature .2653										
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures			3	15	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	15	0	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures			3	15	0	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	15	0	<input type="checkbox"/>
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	15	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"/>
Consumer Advisory .2653										
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	05	0	<input type="checkbox"/>
Highly Susceptible Populations .2653										
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	15	0	<input type="checkbox"/>
Chemical .2653, .2657										
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used			1	05	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"/>
Conformance with Approved Procedures .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
Safe Food and Water .2653, .2655, .2658										
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			1	05	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	05	0	<input type="checkbox"/>
Food Temperature Control .2653, .2654										
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1	05	0	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	05	0	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	05	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	05	0	<input type="checkbox"/>
Food Identification .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"/>
Prevention of Food Contamination .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	05	0	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	05	0	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits & vegetables			1	05	0	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654										
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	05	0	<input type="checkbox"/>
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	05	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	05	0	<input type="checkbox"/>
Utensils and Equipment .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			2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	05	0	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	05	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical Facilities .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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	05	<input checked="" type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			<input checked="" type="checkbox"/>	05	0	<input checked="" type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	05	0	<input type="checkbox"/>
Total Deductions:							4.5			



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City: CLEMMONS State: NC

County: 34 Forsyth Zip: 27012

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site System

Permittee: KZ HOSPITALITY LLC

Telephone: (336) 766-9121

Establishment ID: 3034012137

☒ Inspection ☐ Re-Inspection Date: 03/23/2017

Comment Addendum Attached? ☐ Status Code: A

Category #: IV

Email 1: lschlotfeldt@sh-hotels.com

Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ServSafe	Miguel Mejia 9-24-20	00	Grilled	Walk-in cooler 2	37	Milk	Buffet	43
Scrambled	Buffet	146	Hot water	3-compartment sink	133			
Scrambled	Hot cabinet	137	Rinse cycle	Dish machine	170			
Sausage	Buffet	138	Sausage	Walk-in cooler	42			
Grits	Buffet	146	Ambient	Cooling drawer	42			
Melons	Buffet	52	Lettuce	Walk-in cooler	40			
Chicken	Walk-in cooler	41	Hot water	Men's handsink	115			
Shrimp	Walk-in cooler 2	38	Cooked	Walk-in cooler	35			

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.

- 2 2-201.11 (A), (B), (C), & (E) Responsibility of Permit Holder, Person in Charge, and Conditional Employees - P - 0 pts - The employee health policy could not be found during the inspection. Food employees shall report and be excluded from work if they have any of the 5 major foodborne illnesses or symptoms. CDI - Employee health policy discussed with the person in charge
- 13 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation - P - 0 pts - A small container of raw shrimp was stored above ready-to-eat food in the walk-in cooler. Raw animal products shall be stored according to final cool temperature and to prevent cross-contamination. CDI - Raw shrimp relocated to the bottom shelf.
- 20 3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P - Repeat: Cut melons on the breakfast buffet line measured 47-52F. Potentially hazardous food shall be held at 45F or below. Time as a public health control discussed with the person in charge. CDI - Melon container was placed in an ice bath and discarded within 4 hours of the preparation time.



Person in Charge (Print & Sign): Araceli First Cabiera Last

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

Araceli Cabiera

Grayson Hodge REHSI

REHS ID: 2554 - Hodge, Grayson

Verification Required Date: 04 / 02 / 2017

REHS Contact Phone Number: (336) 703 - 3383



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- 35 3-302.12 Food Storage Containers Identified with Common Name of Food - C - 0 pts - The labels on a few bins in the dry storage room were worn off. The powder sugar container across from the grill does not have a label. Food that is removed from it's original packaging shall be labeled with the common name if it is not easily recognizable. Label working containers.
- 42 4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C - Repeat: A large stack of plates next to the buffet line were uncovered. Equipment and utensils shall be covered or inverted to prevent contamination. Install a sneeze guard or keep the plates inverted at the buffet line. CDI - Plates inverted.
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C - 0 pts - 2 stacks of single service trays above the prep tables were not inverted. Single-service articles shall be stored where they are not exposed to splash, dust, or other contamination. CDI - Trays inverted.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - 0 pts - Repaint the chipping shelving in the dish storage room. Repair the pressure gauge to accurately measure pressure on the dish machine. Equipment shall be maintained in good repair.
- 47 4-602.13 Nonfood Contact Surfaces - C - 0 pts - Light cleaning needed inside of fryer cabinets, the sprayer beside of the dish machine, a few shelves in the dry storage room, and inside of the microwave. Nonfood contact surfaces shall be kept clean.
- 49 5-203.14 Backflow Prevention Device, When Required - P - Backflow preventers are not visible on the water lines of the ice machine and tea/coffee urns. Provide documentation of internal backflow preventers/air gaps, or install backflow preventers on each water line according to plumbing code (rated ASSE 1022). Verification of backflow preventers is required by 4-2-17, contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc//5-205.15 System Maintained in Good Repair - P - Small drip leak present on the hot water faucet of the sprayer beside of the dish machine. Plumbing systems shall be maintained in good repair.
- 51 5-501.17 Toilet Room Receptacle, Covered - C - Repeat: Trash cans are not covered in both women's restrooms beside of the kitchen. Provide covers/lids for each individual stall trash can or a cover for the main trash can next to the handsink.



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- 52 5-501.115 Maintaining Refuse Areas and Enclosures - C - 0 pts - Clean leaf debris from around the outdoor dumpsters. Refuse areas shall be maintained clean.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C - Repeat: Coved baseboard is missing or peeling from the wall in the dish storage room and the bar area. Seal around holes in the wall in the beer storage room, in the linen room next to the dining area, and on the wall beside of the office. Coved baseboard needed in the coffee/tea urn room and around the kitchen where grout has been damaged below the baseboard. Seal the floor strip to the floor at the entrance of the coffee room. Ceiling tiles in the tea/coffee prep room are not easily cleanable. Floors, walls, and ceilings shall be smooth and easily cleanable.//6-501.12 Cleaning, Frequency and Restrictions - C - Floor cleaning is needed around the perimeter of beer storage room and under the dish machine drainboard. Wall cleaning needed behind the dish machine. Floors, walls, and ceilings shall be kept clean.



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