Food Establishment Inspection Report Score: 97													<u>)7.</u>	<u>5</u>					
Establishment Name: CLEMMONS VILLAGE II ASSISTED LIVING Establishment ID: 3034160012															_				
Location Address: 6441 HOLDER RD											☐ Inspection ☐ Re-Inspection								
City: CLEMMONS State: NC										Date: 0 3 / 1 3 / 2 0 1 8 Status Code: A									
-										Time In: $\underline{11} : \underline{30} \overset{\otimes}{\bigcirc} \overset{\text{am}}{\text{pm}}$ Time Out: $\underline{01} : \underline{15} \overset{\circ}{\otimes} \overset{\text{am}}{\text{pm}}$									
Zip: 27012 County: 34 Forsyth										Total Time: 1 hr 45 minutes									
Permittee: CLEMMONS VILLAGE ASSISTED LIVING LLC										Category #: IV									
	Telephone: (336) 778-8548													7	stablishment Type: Nursing Home		-		
Wa	<b>Nastewater System:</b> $oxtimes$ Municipal/Community $oxdot$ On-Site Sys														Risk Factor/Intervention Violations:	2			_
Wa	Vater Supply: ⊠Municipal/Community ☐ On-Site Supply											No. of Repeat Risk Factor/Intervention Viola						_	_
Foodborne Illness Risk Factors and Public Health Interventions															Good Retail Practices				
Risk factors: Contributing factors that increase the chance of developing foodborne illness.  Public Health Interventions: Control measures to prevent foodborne illness or injury.										Good Retail Practices: Preventative measures to control the addition of pathogen and physical objects into foods.								s,	
IN OUT N/A N/O Compliance Status						OUT CDI R VR					IN (	TUC	N/A	N/O	Compliance Status	OUT	CDI	R	VR
Supervision .2652									Sa	Safe Food and Water .2653, .2655, .2658									
1	X				PIC Present; Demonstration-Certification by accredited program and perform duties	2 0				28			X		Pasteurized eggs used where required	1 0.5 0			
$\overline{}$		oye	e He	alth	.2652					29	X				Water and ice from approved source	210			
$\rightarrow$	X				Management, employees knowledge; responsibilities & reporting	3 1.5 0				30			×		Variance obtained for specialized processing methods	1 0.5 0			
	X				Proper use of reporting, restriction & exclusion														
$\overline{}$	_		gieni	ic Pı	ractices .2652, .2653					31	×				Proper cooling methods used; adequate equipment for temperature control	1 0.5 0			
-	X				Proper eating, tasting, drinking, or tobacco use	2 1 0			Ħİ	32	X				Plant food properly cooked for hot holding	1 0.5 0			
	×				No discharge from eyes, nose or mouth	1 0.5 0		Ш	닠	33	X				Approved thawing methods used	1 0.5 0			
$\neg$	reve X	ntın	ig Co	onta	mination by Hands .2652, .2653, .2655, .2656	4 2 0			l l	34	$\rightarrow$	П			Thermometers provided & accurate	$\overline{}$		古	
$\rightarrow$				_	Hands clean & properly washed  No bare hand contact with RTE foods or pre-		==				od I	den	tific	atio	·				
-	×		Ш	Ш	approved alternate procedure properly followed	3 1.5 0	₽		뷬	35	X				Food properly labeled: original container	210			
	×				Handwashing sinks supplied & accessible	210				Pr	ever	ntio	n of	Foo	od Contamination .2652, .2653, .2654, .2656, .2657	7			
$\neg$	ppr X		d Sou	urce						36	×				Insects & rodents not present; no unauthorized animals	210			
-				<b>F.</b> #	Food obtained from approved source	2 1 0	_		븻	37	X				Contamination prevented during food preparation, storage & display	210			
$\rightarrow$				X	Food received at proper temperature	210	-		ᆲ	38	X				Personal cleanliness	1 0.5 0			
$\dashv$	X				Food in good condition, safe & unadulterated  Required records available: shellstock tags.	210	_	ЦΙ	ᆀ	39	×				Wiping cloths: properly used & stored	1 0.5 0		古	
12			X		parasite destruction	210			-	40	-		П		Washing fruits & vegetables	1 0.5 0			$\overline{\Box}$
		ctio		_	Contamination .2653, .2654				=					f Ute	ensils .2653, .2654				
13				Ш	Food separated & protected		_		ᅦ		X				In-use utensils: properly stored	1 0.5 0			
$\dashv$		X			Food-contact surfaces: cleaned & sanitized  Proper disposition of returned, previously served,	3 🗙 0	_		ᅦ	42		X			Utensils, equipment & linens: properly stored, dried & handled	1 0.5			
	× ctor	LI tiall	b. He		reconditioned, & unsafe food	210		Ш	ᆘ	43	X				Single-use & single-service articles: properly	1 0.5 0		$\Box$	_
16	oter	ıllalı	ľТ	ızarı	dous Food Time/Temperature .2653  Proper cooking time & temperatures	3 1.5 0				44	-				stored & used Gloves used properly	1 0.5 0			_
17				×	Proper reheating procedures for hot holding	3 1.5 0			=				nd I	Eau	ipment .2653, .2654, .2663	1 0.3 0			
_							+		뷤	П	Т	×			Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	2 🗶 0		×	_
18 19				$\overline{\mathbf{X}}$	Proper cooling time & temperatures	3 1.5 0	+		뷔						Warewashing facilities: installed, maintained, &				_
$\rightarrow$	×				Proper hot holding temperatures  Proper cold holding temperatures	3 1.5 0			⊣⊦	46	-				used; test strips	1 0.5 0		믬	
$\rightarrow$		П				3 1.5 0	$\pm$		븼	47 Dh	nysio	ler	aci	litio	Non-food contact surfaces clean  S .2654, .2655, .2656	1 0.5 0	النا	ᆜ	_
$\dashv$	X	_		_	Proper date marking & disposition  Time as a public health control: procedures &		$\pm$		=	48	_			iiiie	Hot & cold water available; adequate pressure	2 1 0		$\Box$	
22	one	ume	er Ad	lvice	records	2 1 0	4	التا	ᆲ	49	$\rightarrow$				Plumbing installed; proper backflow devices	210			_
23			X	IVIS	Consumer advisory provided for raw or	1 0.5 0			<b>_</b> 1	50	-								_
	ighl	y Sı	$\overline{}$	ptib	le Populations .2653		-,	الت	<b>-</b>	-	_	$\equiv$			Sewage & waste water properly disposed  Toilet facilities: properly constructed, supplied			井	
$\neg$	×				Pasteurized foods used; prohibited foods not offered	3 1.5 0			∐ ŀ	51	-				& cleaned  Garbage & refuse properly disposed; facilities	1 0.5 0		븨	ᆜ
С	hen	ical			.2653, .2657					52	$\rightarrow$				maintained	1 0.5 0		4	
25			X		Food additives: approved & properly used	1 0.5 0				53	$\rightarrow$				Physical facilities installed, maintained & clean	1 0.5 0			
26	X				Toxic substances properly identified stored, & used	210				54		X			Meets ventilation & lighting requirements; designated areas used	1 0.5			
	onfo	orma		wit	h Approved Procedures .2653, .2654, .2658  Compliance with variance, specialized process,										Total Deductions:	2.5			
27	Ц	П	X		reduced oxygen packing criteria or HACCP plan	2 1 0									Total Deductions.				





Fstahlishm <i>e</i>	ent Name: CLEMMON						: 3034160012	Kepuit			
								<b>D</b> . 02/42/5			
Location A	ddress: 6441 HOLDEF	· KD		⊠Inspe		Re-Inspection	Date: 03/13/2				
City: CLEM			Sta	Comment Addendum Attached? Status Code: A							
,	System: 🛛 Municipal/Com	munity $\Box$ 0	•		Category #:						
Water Supply	y: Municipal/Com	munity 🗌 O	n-Site System	Email 1: INFO@CLEMMONSVILLAGE.COM							
Permittee:	CLEMMONS VILLAGE	ASSISTED	LIVING LLC	Email 2:							
Telephone	e: <u>(336)</u> 778-8548			Email 3:							
			Tempo	erature (	Observati	ons					
	Effectiv	e Janua	ry 1, 201	9 Cold I	lolding v	vill chan	ige to 41 deg	grees			
Item ServSafe	Location Marcus Ray 1-3-18	Temp 00	Item Roast beef	Location Walk-in o		Temp 43	Item I	Location	Temp		
Rinse cycle	Dish machine	178	Sausage	Walk-in c	ooler:	40					
Hot water	3-compartment sink	137									
Quat ppm	3-compartment sink	300									
Pasta	Hot hold	146					•				
Meat sauce	Hot hold	156									
Mixed veg	Hot hold	141									
Soup	Final cook	183									
			bservatio								
	/iolations cited in this repo										
shall b	ored above pre-cooke e stored below ready- ge relocated above rav	to-eat food,									
2 scoo clean t and Ut	11 (A) Equipment, Foo ps, and a bowl were s o sight and touch. CD ensils-Frequency - Co trecontamination.	oiled with following oiled with following oiled it oiled	ood debris ir ems sent to l	n clean dish be washed	n storage. Fo l, rinsed, and	ood-contac d sanitized.	t surfaces of equ //4-602.11 Equip	uipment and ute oment Food-Co	ensils shall be intact Surfaces		
	11 Equipment and Utenent and utenent and utensils shal										
Lock Text											
Person in Cha	rge (Print & Sign):	<i>Firs</i> van	st	Beeaman	Last	بمح	DIB	ee	•		
Regulatory Au	uthority (Print & Sign): <sup>C</sup>	<i>Firs</i> Grayson	st .	Hodge	Last	Hz.	eyon f	ody R	EHIT		
	REHS ID:	2554 - Hc	odge, Grays	on		Verific	ition Required Date	e: / /			
REHS C	— Contact Phone Number:	(336)	7 Ø 3 - <u>3</u> 3	83			,				

NOPH

Establishment Name: CLEMMONS VILLAGE II ASSISTED LIVING Establishment ID: 3034160012

#### **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.



- 4-501.11 Good Repair and Proper Adjustment-Equipment C Repeat: 2 floor panels are starting to separate in the walk-in freezer. A small leak is present under the evaporator in the walk-in cooler and in the walk-in freezer. A catch pan has been placed underneath the evaporator to catch drips. The person in charge stated that a new walk-in cooler and walk-in freezer are going to be installed within the next few months. Equipment and utensils shall be in good repair. \*Contact Michelle Kirkley at 336-703-3129 or kirklemh@forsyth.cc for walk-in cooler plan approval.
- 6-501.110 Using Dressing Rooms and Lockers C 0 pts One employee's jacket was stored on the flour bin in dry storage. Dressing rooms, lockers, or other suitable facilities shall be used for personal items. CDI Jacket relocated to office.





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