City: WINSTON SALEM State: NC Date: 02/15/2019 Status Code: A

Zip: 27105 County: 34 Forsyth Time In: 10: 300 pm Time Out: 11: 450 pm

Total Time: 1 hr 15 minutes

Permittee: ARBOR RIDGE OF STANLEYVILLE LLC I otal Time: 1 nr 15 minutes

Telephone: (336) 377-2195

Category #: IV

Wastewater System:

Municipal/Community □ On-Site System

FDA Establishment Type: Full-Service Restaurant

	Nastewater System: Municipal/Community On-Site System No. of Risk Factor/Intervention Violations: 2 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.								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		IN	OUT	N/A	N/O	Compliance Status	OUT	CDI R	VR
S	upe	rvisi	ion		.2652				Si	afe I	ood	l an	d Wa	nter .2653, .2655, .2658			
1	X				PIC Present; Demonstration-Certification by accredited program and perform duties	2			28	X				Pasteurized eggs used where required	1 0.5 0		
E	mpl	oye	e He	alth	.2652				29	X	П			Water and ice from approved source	210	ΠП	П
2	X				Management, employees knowledge; responsibilities & reporting	3 1.5								Variance obtained for specialized processing			Ħ
3	X	П			Proper use of reporting, restriction & exclusion	3 1.5		$\neg \Box$	30		$\overline{}$	X		methods	1 0.5 0	ЦЦ	빕
_		od Hygienic Practices .2652, .2653								Food Temperature Control .2653, .2654 Proper cooling methods used; adequate							\blacksquare
$\overline{}$	×		Jicin		Proper eating, tasting, drinking, or tobacco use	2 1			31	×	Ш			equipment for temperature control	1 0.5 0	ЦЦ	빕
-	-			\dashv					32	×				Plant food properly cooked for hot holding	1 0.5 0		
_	X	ш		_	No discharge from eyes, nose or mouth	1 0.5			33				X	Approved thawing methods used	1 0.5 0		
\neg			g Co	ontai	mination by Hands .2652, .2653, .2655, .2656				34	×	П			Thermometers provided & accurate	1 0.5 0		П
6	_	X			Hands clean & properly washed	4 2											ᆸ
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5			35								П
8	X				Handwashing sinks supplied & accessible	21				Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657							띡
A	ppro	ove	d Soi	urce	.2653, .2655					×	ntion of Fo		FUU	Insects & rodents not present; no unauthorized			П
$\overline{}$	X			\Box	Food obtained from approved source	2 1			\vdash		Ш			animals	210		H
10		П		X	Food received at proper temperature	2 1		$\exists \Box$	37	X				Contamination prevented during food preparation, storage & display	210		e
\rightarrow	×	_			Food in good condition, safe & unadulterated	21			38	X				Personal cleanliness	1 0.5 0		
_				\exists	Required records available: shellstock tags,				39	X				Wiping cloths: properly used & stored	1 0.5 0		
12	□ roto	ctio	X fro	<u> </u>	parasite destruction	21			40	X				Washing fruits & vegetables	1 0.5 0		
$\overline{}$	_	CIIO	on from Contamination .2653, .2654								er Us	e of	f Ute	nsils .2653, .2654			
\dashv	X		Ш	븨	Food separated & protected	3 1.3			41	In-use utensils: properly stored			1 0.5 0				
-	-	×		\square	Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously served,	3 🗙		X 🗆	42	×				Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0		口
	X				reconditioned, & unsafe food	2 1			\vdash	×	\Box			Single-use & single-service articles: properly	1 0.5 0		Н
\neg	oter	ntial	Ť		dous Food TIme/Temperature .2653 Proper cooking time & temperatures	3 1.5			\vdash					stored & used	1 0.5 0		H
\dashv	\equiv														H		
17		Ш	Ш	X	Proper reheating procedures for hot holding	3 1.5		ᆚᆜ		Utensils and Equipment .2653, .2654, .2663 Equipment, food & non-food contact surfaces			Equipment, food & non-food contact surfaces				
18				X	Proper cooling time & temperatures	3 1.5			45	×				approved, cleanable, properly designed, constructed, & used	210		Ш
19	X				Proper hot holding temperatures	3 1.5			46	X				Warewashing facilities: installed, maintained, & used; test strips	1 0.5 0		
20	X				Proper cold holding temperatures	3 1.5			47	X				Non-food contact surfaces clean	1 0.5 0		
21	X				Proper date marking & disposition	3 1.5			Pl	hysi	cal F	aci	lities	.2654, .2655, .2656			
22			X		Time as a public health control: procedures & records	21			48	×				Hot & cold water available; adequate pressure	210		
С	ons	ume	r Ad		ory .2653				49	X				Plumbing installed; proper backflow devices	210		
23			×		Consumer advisory provided for raw or undercooked foods	1 0.5			50	×				Sewage & waste water properly disposed	210		
-	$\overline{}$	y Sı	isce	ptibl	le Populations .2653				51	X				Toilet facilities: properly constructed, supplied	1 0.5 0		
24	X				Pasteurized foods used; prohibited foods not offered	3 1.5			\vdash	×	H	_		& cleaned Garbage & refuse properly disposed; facilities			H
C	hen	nical			.2653, .2657				-		ഥ			maintained			븨
25			X		Food additives: approved & properly used	1 0.5			\vdash	×				Physical facilities installed, maintained & clean	1 0.5 0		旦
26					Toxic substances properly identified stored, & used	21			54	X				Meets ventilation & lighting requirements; designated areas used	1 0.5 0		
$\overline{}$				with	h Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,									Total Deductions:	1.5		
27	1 11	П	IXI I		reduced entres position criteria or LIACCD plan	2 1	1011 715	шП	1					ו טומו שלעעלווטווא.			





	<u>Commen</u>	<u>t Adde</u>	<u>ndum to</u>	<u>Food E</u>	<u>stablish</u>	<u>ıment l</u>	nspecti	<u>ion Report</u>				
Establishn	nent Name: ARBOR RID	GE AT STA	NLEYVILLE		Establis	hment ID	: 30340121	24				
Location	Address: 350 ARBOR V	IEW LANE										
City:_WIN	NSTON SALEM		St	ate: NC_	Comment Addendum Attached? Status Code: A							
-	34 Forsyth		Zip: 27105		Water sam	nple taken?	Yes X					
Wastewater System: ✓ Municipal/Community ✓ On-Site System Water Supply: ✓ Municipal/Community ✓ On-Site System					Email 1:	khicks@rid	gecare.com					
Water Sup Permitte		Email 2:										
	ne: (336) 377-2195				Email 3:							
			Temp	erature C								
	Effectiv	e Janua	•				ae to 41	l degrees				
Item servsafe	Location E. Johnson 3/11/21		Item chicken	Location walk-in co		Temp 40	_	Location	Temp			
hot water	3-compartment sink	141	ham	walk-in co	oler	40						
quat sani	3-comp sink (ppm)	200										
hot water	dish machine	165										
cabbage	final cook	171										
cabbage	steam well	151										
milk	upright cooler	39										
turkey	upright cooler	41										
and Items defle	1.11 (A) Equipment, Foc 1 metal holding pan wer s sent to warewashing a ctor shield inside the ice uency necessary to precl	e soiled wit rea to be c machine v	th food and s leaned. // 4- was soiled w	sticker debri 602.11 Equi ⁄ith a black b	s. Food con pment Food puildup. Equ	ntact surfact	ces shall be Surfaces a	e clean to sight and and Utensils-Freque	d touch. CDI: ency - C - The			
label conta EST	2.12 Food Storage Cont led. Except for containe ainers holding FOOD or ABLISHMENT, such as e of the FOOD. 0 pts.	rs holding l FOOD ing	FOOD that o	an be readil are remove	y and unmised from their	stakably re r original p	ecognized s ackages fo	such as dry pasta, r use in the FOOD	working)			
\bigcirc		Fir	c f	ı	.ast	A	A	,				
Person in C	harge (Print & Sign):	eonard	J.	Parker	.uot		\sim ℓ	m				
Regulatory <i>i</i>	Authority (Print & Sign): ^M	<i>Fir</i> sichael	st	<i>L</i> Frazier REI	. <i>ast</i> ⊣sı	Ju	1://	Ince	SI			
	REHS ID:	2737 - Fra	azier, Micha	ael		Verifica	ation Require	ed Date: /	<i></i>			

REHS Contact Phone Number: (336) 703 - 3382

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program DHHS is an equal opportunity employer.

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Establishment Name: ARBOR RIDGE AT STANLEYVILLE Establishment ID: 3034012124

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.





Establishment Name: ARBOR RIDGE AT STANLEYVILLE Establishment ID: 3034012124

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.





Establishment Name: ARBOR RIDGE AT STANLEYVILLE Establishment ID: 3034012124

Observations and Corrective Actions

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Establishment Name: ARBOR RIDGE AT STANLEYVILLE Establishment ID: 3034012124

Observations and Corrective Actions

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