Food Establishment Inspection Report Score: 99.5 Establishment Name: HOME 2 SUITES BREAKFAST Establishment ID: 3034012580 Location Address: 1010 MARRIOTT CROSSING WAY Date: 01/12/2021 City: WINSTON SALEM Status Code: A State: NC Time In:9:00 AM Time Out: 10:45 AM Zip: 27103 County: 34 Forsyth Total Time: 1 hrs 45 min Permittee: BVWM HTS WS OWNER, LLC Category #: II Telephone: (336) 930-1037 FDA Establishment Type: Wastewater System: Municipal/Community On-Site System No. of Risk Factor/Intervention Violations: 0 Water Supply: Municipal/Community On-Site Supply No. of Repeat Risk Factor/Intervention Violations: 0 Foodborne Illness Risk Factors and Public Health Interventions Good Retail Practices Risk factors: Contributing factors that increase the chance of developing foodborne illness. Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals Public Health Interventions: Control measures to prevent foodborne illness or injury and physical objects into foods. IN OUT N/A N/O Compliance Status IN OUT N/A N/O Compliance Status CDI R VR Supervision .2652 Safe Food and Water .2653. .2655. .2658 PIC Present; Demonstration-Certification by accredited program and perform duties ماماماق 28 🖂 🖂 🖂 Pasteurized eggs used where required Employee Health .2652 200 o o 29 🛛 🗆 Water and ice from approved source Management, employees knowledge; responsibilities & reporting 2 🛛 🗆 3190 - -Variance obtained for specialized processing 30 | | | | | | | X Proper use of reporting, restriction & exclusion 3150 - -Food Temperature Control .2653, .2654 Good Hygienic Practices .2652, .2653 Proper cooling methods used; adequate 31 🖾 🗆 equipment for temperature control 4 🛛 🗀 Proper eating, tasting, drinking, or tobacco use 32 0 0 0 0 X Plant food properly cooked for hot holding 5 X П No discharge from eyes, nose or mouth 33 🛛 🗀 🗀 🗀 Approved thawing methods used Preventing Contamination by Hands .2652, .2653, .2655, .2656 34 🖾 🗆 Thermometers provided & accurate 420-6 X Hands clean & properly washed Food Identification No bare hand contact with RTE foods or pre- \boxtimes 3 13 0 0 0 approved alternate procedure properly followed 35 🛛 🗆 Food properly labeled: original container 2100-0 N Handwashing sinks supplied & accessible 200 o o o Prevention of Food Contamination .2652, .2653, .2654, .2656, .265 .2653, .2655 Approved Source Insects & rodents not present; no unauthorized 36 🛛 🗆 | - | - | - | - | - | 9 🛛 م ام امالاتات Food obtained from approved source Contamination prevented during food 37 🛛 🗀 210 0 0 0 preparation, storage & display 10 Food received at proper temperature (2)M(0) (2) (2) (2) 38 🖾 🗆 Personal cleanliness Food in good condition, safe & unadulterated 2000 o o o 39 🖾 🗀 Wiping cloths: properly used & stored Required records available: shellstock tags, 12 🗆 | | | | | | | | | | parasite destruction 40 🖾 🗀 🗀 Washing fruits & vegetables Protection from Contamination Proper Use of Utensils □ □ □ Food separated & protected 3150 - -41 🛛 🗀 In-use utensils: properly stored 14 🛛 3130 - -Food-contact surfaces: cleaned & sanitized Utensils, equipment & linens: properly stored, 42 🛛 🗆 Proper disposition of returned, previously served, dried & handled 15 🛛 \Box reconditioned, & unsafe food Single-use & single-service articles: properly 43 🔲 🛛 Potentially Hazardous Food Tlme/Temperature stored & used □ X □ Proper cooking time & temperatures 3190 - -44 🛛 🗀 Gloves used properly Utensils and Equipment .2653, .2654, .2663 17 □ □ Proper reheating procedures for hot holding 3130 - -Equipment, food & non-food contact surfaces 45 🛛 🗀 approved, cleanable, properly designed, constructed, & used 3 15 0 0 П ☐ ☐ ☐ ☐ Proper cooling time & temperatures Warewashing facilities: installed, maintained, & ☐ ☐ ☐ Proper hot holding temperatures 3150 - -46 🛛 🗆 3130 - -Proper cold holding temperatures |47| ⊠ | □ Non-food contact surfaces clean 3150 - -Physical Facilities .2654, .2655, .2656 Time as a public health control: procedures & 48 🔲 🔯 🔲 Hot & cold water available: adequate pressure records 49 X 🗆 Consumer Advisory 2653 Plumbing installed; proper backflow devices Consumer advisory provided for raw or 23| | | | | | | | 50 🛛 🗆 200 o o o Sewage & waste water properly disposed undercooked foods Highly Susceptible Populations .2653 Toilet facilities: properly constructed, supplied 51 🛛 🗀 & cleaned Pasteurized foods used; prohibited foods not |24| □ | □ | 🖾 Garbage & refuse properly disposed; facilities maintained 52 X 🗆 Chemical .2653. .2657 25 Food additives: approved & properly used 53 🗆 🛭 1 03 0 Physical facilities installed, maintained & clean Meets ventilation & lighting requirements; 26 🛛 🗀



27 🗆 🗆 🖾

Conformance with Approved Procedures



190-

designated areas used

54 🛛 🗀

2653 2654 2658

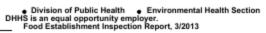
Toxic substances properly identified stored, & used

North Carolina Department of Health & Human Services

Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan

Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034012580 Establishment Name: HOME 2 SUITES BREAKFAST Location Address: 1010 MARRIOTT CROSSING WAY Date: 01/12/2021 State: NC City: WINSTON SALEM Comment Addendum Attached? Status Code: A Zip: 27103 County: 34 Forsyth Water sample taken? Yes X No Category #: Wastewater System: Municipal/Community On-Site System Email 1: jprpich@milestonehotels.com Water Supply: Municipal/Community On-Site System Permittee: BVWM HTS WS OWNER, LLC Email 2: Telephone: (336) 930-1037 Email 3: Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Temp Item Location Temp Item Location Location Temp Item 42 breakfast sandwich cold hold 41 breakfast sandwich 1 door cooler 162 final rinse dish machine 200 quat sani (ppm) 3 comp sink 157 hot water 00 Henry Piarrot 12/11/24 ServSafe First Last **Piarrot** Person in Charge (Print & Sign): Henry First Last

REHS Contact Phone Number: (336) 830-4460



Welch





REHS ID: 2519 - Welch, Aubrie

Regulatory Authority (Print & Sign): Aubrie

· Food Protection Program

Verification Required Date:

Comment Addendum to Food Establishment Inspection Report

Establishment Name: HOME 2 SUITES BREAKFAST Establishment ID: 3034012580

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.

- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing C Box of cups on floor in pantry room. Single service and single use articles shall be stored in a clean, dry location and at least 6 inches above the floor.
- 48 5-103.11 Capacity-Quantity and Availability PF Hot water in rest rooms was only reaching 64F. The water source and system shall be of sufficient capacity to meet peak water demands of the food establishment. CDI mixing valves were adjusted, hot water was 100F in women's room and 105F in men's.
- 6-201.13 Floor and Wall Junctures, Coved, and Enclosed or Sealed C An additional layer of cove base between wall tile and floor tile juncture is needed inside rest rooms as listed on permit and documented on previous inspections. In food establishments in which cleaning methods other than water flushing are used for cleaning floors, the floor and wall junctures shall be coved and closed to no larger than 1mm (1/32 inch). Repeat.
 6-501.12 Cleaning, Frequency and Restrictions C Clean ceiling around vent, dust accumulation present. Physical facilities shall be cleaned as often as necessary to keep them clean.