Food Establishment Inspection Report

Establishment Name: MEN	MORY CARE OF THE TRIAD	Establishment ID: 303416000
Location Address: 413 N MAII City: KERNERSVILLE Zip: 27284 Cor Permittee: BRADFORD VILL Telephone: (336) 993-4696	State: North Carolina unty: 34 Forsyth	Date: 06/30/2022 Status Cod Time In: 10:00 AM Time Out: Category#: IV
▼ Inspection	○ Re-Inspection	FDA Establishment Type: Nursing Ho
Wastewater System: ⊗ Municipal/Community Water Supply:	On-Site System	No. of Risk Factor/Intervention Violation No. of Repeat Risk Factor/Intervention V
	On-Site Supply	

Date: 06/30/2022	_Status Code: A
Time In: 10:00 AM	_Time Out: _ 12:05 PM
Category#: IV	
FDA Establishment Type:	Nursing Home
No. of Risk Factor/Interve	ention Violations: 2
No. of Repeat Risk Factor/	Intervention Violations: 0

Good Retail Practices

Score: 99

	Fc	od	bo	rne	e Illness Risk Factors and Public Health I	nte	erv	er	ntion	s	
					Contributing factors that increase the chance of developing for				ness.		
	Pul	blic	Hea	lth I	Interventions: Control measures to prevent foodborne illness	or	inju	ry			
C	ю	mp	lia	nc	e Status		OU'	Γ	CDI	R	VR
Sı	ıpe	ervis	ion		.2652						
1	M	оит	N/A		PIC Present, demonstrates knowledge, &	1		0			
_		<u> </u>			performs duties	+					
2	_	O X (T	_		Certified Food Protection Manager	X		0			
E	Ė	loye		ealti	h .2652 Management, food & conditional employee:	_					П
3	×	оит			knowledge, responsibilities & reporting	2	1	0			
4	X	OUT			Proper use of reporting, restriction & exclusion	3	1.5	0			
5	iX	оит			Procedures for responding to vomiting & diarrheal events	1	0.5	0			
G	000	d Ну	gie	nic F	Practices .2652, .2653			_			
	<u> </u>	OUT			Proper eating, tasting, drinking or tobacco use	1	0.5	-			
7	X	оит		Ш	No discharge from eyes, nose, and mouth	1	0.5	0			
	_	_	ng (Cont	amination by Hands .2652, .2653, .2655, .265	6					
8	X	оит	L	Ц	Hands clean & properly washed	4	2	0			
9	X	оит	N/A	N/O	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0			
10	M	оит	N/A		Handwashing sinks supplied & accessible	2	1	0			
A	gc	ove	d S	ourc	e .2653, .2655						
11	Ж	оит			Food obtained from approved source	2	1	0			
12	_	о)(т		N/O	Food received at proper temperature	2	1	X	Х		
13	X	OUT			Food in good condition, safe & unadulterated	2	1	0			
4	IN	оит	ŊXA	N/O	Required records available: shellstock tags, parasite destruction	2	1	0			
Pı	ote	ectio	n fi	rom	Contamination .2653, .2654						
15	ıχ	OUT	N/A	N/O		3	1.5	0			
16	X	OUT			Food-contact surfaces: cleaned & sanitized	3	1.5	0			
17	X	оит			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0			
					rdous Food Time/Temperature .2653						
	-	OUT	-	\rightarrow		3	1.5	-			
	<u> </u>	OUT	-	\rightarrow		3	1.5	0			
	-	OUT OUT	_	/\	Proper cooling time & temperatures Proper hot holding temperatures	3	1.5	-			
	-	OUT	_	-	Proper cold holding temperatures	3	1.5	0			
		OUT	_	-	Proper date marking & disposition	3	1.5	0			
		оит		H	Time as a Public Health Control; procedures & records	3	1.5	0			
C	ons	sume	er A	dvis		_					_
25	IN	оит	ΝX		Consumer advisory provided for raw/ undercooked foods	1	0.5	0			
Н	ah	lv Si	isc	epti	ble Populations .2653	_	_				_
	Ē	оит		ГΤ	Pasteurized foods used; prohibited foods not offered	3	1.5	0			
C	100	nics		Ш		_	<u> </u>				
	_	nica OUT			.2653, .2657 Food additives: approved & properly used	1	0.5	0			
	-	OUT	_	H	Toxic substances properly identified stored & used	2	1	0			
	_	_	_	e w	ith Approved Procedures .2653, .2654, .2658		_				_
					Compliance with variance, specialized process,	L					
-9	IN	OUT	IWA	1	reduced oxygen packaging criteria or HACCP plan	2	1	0			

					Good Retail Fractices						
	G	ood	Ret	ail P	ractices: Preventative measures to control the addition of pa	tho	gens	, ch	emica	als,	
					and physical objects into foods.	_					
С	or	npl	iar	nce	Status		OUT	Γ	CDI	R	VF
Sa	ife	Food	l an	d W	ater .2653, .2655, .2658						
30	IN	OUT	Ŋ (A		Pasteurized eggs used where required	1	0.5	0			
31	Ж	OUT			Water and ice from approved source	2	1	0			
32	IN	оит)X A		Variance obtained for specialized processing methods	2	1	0			
Fo	ood	Ten	nper	ratur	re Control .2653, .2654						
33	Ж	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	IN	оит	N/A	ıχφ	Plant food properly cooked for hot holding	1	0.5	0			
35	Х	OUT	N/A	N/O	Approved thawing methods used	1	0.5	0			
36	X	OUT			Thermometers provided & accurate	1	0.5	0			
F	ood	lder	ntific	catio	on .2653						
37	X	оит			Food properly labeled: original container	2	1	0			
Pı	eve	entio	n o	f Fo	od Contamination .2652, .2653, .2654, .2656, .26	57					
38	×	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
39	M	оит			Contamination prevented during food preparation, storage & display	2	1	0			
40		OUT			Personal cleanliness	1	0.5	0			
_		OUT			Wiping cloths: properly used & stored	1	0.5	0			
42	×	OUT	N/A		Washing fruits & vegetables	1	0.5	0			
Pı	ор	er Us	se o	f Ute	ensils .2653, .2654						
43	M	OUT			In-use utensils: properly stored	1	0.5	0			
44	×	оит			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0			
45	M	оит			Single-use & single-service articles: properly stored & used	1	0.5	0			
46	M	оит			Gloves used properly	1	0.5	0			
U	tens	sils a	and	Equ	ipment .2653, .2654, .2663						
47	×	оит			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0			
48	IN	ο) (т			Warewashing facilities: installed, maintained & used; test strips	1	0.5	X	Х		
49	M	OUT			Non-food contact surfaces clean	1	0.5	0			
Pi	nys	ical	Faci	ilitie	s .2654, .2655, .2656						
50	M	OUT	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
51	X	OUT			Plumbing installed; proper backflow devices	2	1	0			
52	M	оит		Ш	Sewage & wastewater properly disposed	2	1	0		Ц	
53	×	оит	N/A	Ш	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
54	IN	о) (т			Garbage & refuse properly disposed; facilities maintained	1	0.5	X			
55	X	оит			Physical facilities installed, maintained & clean	1	0.5	0			
56	M	оит			Meets ventilation & lighting requirements; designated areas used	1	0.5	0			
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Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034160003 Establishment Name: MEMORY CARE OF THE TRIAD Date: 06/30/2022 Location Address: 413 N MAIN ST X Inspection Re-Inspection City: KERNERSVILLE State: NC Comment Addendum Attached? X Status Code: A Zip: 27284 County: 34 Forsyth Water sample taken? Yes X No Category #: IV Email 1:candiceM@memorycareofthetriad.org Water Supply: Municipal/Community On-Site System Permittee: BRADFORD VILLAGE EAST, LLC Email 2: Telephone: (336) 993-4696 Email 3: Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Item Location Temp Item Location Temp Item Temp 40 Tuna Reach In 37 Pimento Cheese Reach In 38 Broccoli Reach In 39 Reach In Chicken 38 Turnip Green Reach In 39 Roast Beef Reach In 40 Turkey Reach In 171 Final RInse Dish Machine 132 Hot Water 3 Compartment Sink 167 Italian Sausage Cook To 155 Baked Beans Commercial Reheat 202 Gravy Cook To First Last Thuring Will Person in Charge (Print & Sign): Johnnie Wilson Last Regulatory Authority (Print & Sign): Glen Pugh REHS ID:3016 - Pugh, Glen Verification Required Date:



REHS Contact Phone Number: (336) 703-3164

Authorize final report to

be received via Email:

Comment Addendum to Inspection Report

Establishment Name: MEMORY CARE OF THE TRIAD Establishment ID: 3034160003

Date: 06/30/2022 Time In: 10:00 AM Time Out: 12:05 PM

Certifications						
Name	Certificate #	Туре	Issue Date	Expiration Date		
Johnnie Wilson	Servesafe	Food Service		09/26/2022		

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 2-102.12 (A) Certified Food Protection Manager (C) The PERSON IN CHARGE shall be a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM.
 ***The PIC was not a CFPM at time of inspection. The manager is a CFPM, but was not onsite until later. There must be a CFPM who is in charge of food preparation during all times that food is being received, prepared, or served.
- 12 3-202.11 Temperature (P) (Pf) Refrigerated, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be at a temperature of 41F or below when received.
 - ***Hot dogs that were purchased at the grocery store in 2 door reach in cooler were at 47F. Employee stated that the activities director had brought them in around 9am. CDI food was put into freezer to cool quickly. If TCS food is purchased from a grocery store then it must be transported using appropriate methods such as a cooler with ice or under refrigeration to maintain temperature. Manager stated that this was a mistake and that he had already had the hot dogs in house and did not know why the director brought them into the kitchen.
- 48 4-302.14 Sanitizing Solutions, Testing Devices (Pf) A test kit or other device that accurately measures the concentration in MG/L of SANITIZING solutions shall be provided.
 - ***The establishment did have test strips for the quaternary ammonia sanitizer, but they have gotten wet and are not giving accurate readings. CDI PIC was able to get another roll from another property.
- 54 5-501.113 Covering Receptacles (C) Receptacles and waste handling units for REFUSE, recyclables, and returnables shall be kept covered: (B) With tight-fitting lids or doors if kept outside the FOOD ESTABLISHMENT.

 ***The dumpster side door was open.

Additional Comments

The LED bulbs in kitchen are not under light shields. Maintenance was able to pull one out and EHS verified serial #. Product description stated that they were film coated shatter proof light bulbs.