

# Food Establishment Inspection Report

Score: 97

**Establishment Name:** CLEMMONS VILLAGE I ASSISTED LIVING

**Establishment ID:** 3034160011

**Date:** 04 / 22 / 2013 **Status Code:** A

**Time In:** 08 : 00  am **Time Out:** 10 : 00  am

**Total Time:** 2 hrs 0 minutes

**Category #:** IV

**Establishment Type:** \_\_\_\_\_

**Instructions:**

1. Fill in the information below for the Food Establishment:

**Location Address:** 6401 HOLDER RD

**City:** CLEMMONS

**State:** NC **Zip:** 27012

**County:** 34 Forsyth

**Permittee:** CLEMMONS VILLAGE LLC

**Telephone:** \_\_\_\_\_

Inspection  
 Re-Inspection

**Wastewater System:**  
 Municipal/Community  
 On-Site System

**Water Supply:**  
 Municipal/Community  
 On-Site System

2. Click/fill the appropriate circle For "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance  
 N/O=Not Observed, N/A= Not Applicable

3. Click/check the appropriate Boxes for CDI and/or R, VR.

CDI= Corrected During Inspection  
 R= Repeat Violation  
 VR= Verification Required

4. Continue to page 2 for "Good Retail Practices".

<b>Foodborne Illness Risk Factors and Public Health Interventions</b>												
<b>Risk factors:</b> Contributing factors that increase the chance of developing foodborne illness.												
<b>Public Health Interventions:</b> Control measures to prevent foodborne illness or injury.												
Compliance Status								OUT	CDI	R	VR	
<b>Supervision</b> .2652												
1	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties				<input type="radio"/> 2	<input checked="" type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	
<b>Employee Health</b> .2652												
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Management, employees knowledge; responsibilities & reporting				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper use of reporting, restriction & exclusion				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	
<b>Good Hygienic Practices</b> .2652, .2653												
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper eating, tasting, drinking, or tobacco use				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		No discharge from eyes, nose, and mouth				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656												
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Hands clean & properly washed				<input type="radio"/> 4	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/>	
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Handwashing sinks supplied & accessible				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
<b>Approved Source</b> .2653, .2655												
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food obtained from approved source				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
10	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/O	Food received at proper temperature				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food in good condition, safe & unadulterated				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
12	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>
<b>Protection from Contamination</b> .2653, .2654												
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food separated & protected				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT			Food-contact surfaces: cleaned & sanitized				<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>
<b>Potentially Hazardous Food Time/Temperature</b> .2653												
16	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper cooking time & temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
17	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooling time & temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
19	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper hot holding temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cold holding temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper date marking & disposition				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Time as a public health control: procedures & records				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>
<b>Consumer Advisory</b> .2653												
23	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Consumer advisory provided for raw or undercooked foods				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>
<b>Highly Susceptible Populations</b> .2653												
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A		Pasteurized foods used; prohibited foods not offered				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
<b>Chemical</b> .2653, .2657												
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A		Food additives: approved & properly used				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A		Toxic substances properly identified stored, & used				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>
<b>Conformance with Approved Procedures</b> .2653, .2654, .2658												
27	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>



# Food Establishment Inspection Report, continued

Establishment Name: CLEMMONS VILLAGE I ASSISTED LIVING

Establishment ID: 3034160011

**Instructions, continued:**

5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance  
N/O=Not Observed, N/A= Not Applicable

6. Click or check the appropriate boxes for CDI and/or R, VR

CDI= Corrected during Inspection  
R= Repeat Violation  
VR= Verification Required

Calculate the "Total Deductions" and record.

7. Sign and complete "Signature Block".

8. Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".

9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

**Signature Block:**

First Last  
James Inman

Person in Charge (Print)

*James Inman RCC*  
Person in Charge (Signature)

First Last  
Clark Sizemore

Regulatory Authority (Print)

*Clark Sizemore*  
Regulatory Authority (Signature)

Contact Number: ( 3 3 6 ) 7 0 3 - 3 1 2 8

Verification Required Date:      /      /     

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/  
Intervention  
Violations: 2

No. of Repeat Risk  
Factor/Intervention  
Violations:     

<b>Good Retail Practices</b>						
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
Compliance Status		OUT	CDI	R	VR	
<b>Safe Food and Water .2653, .2655, .2658</b>						
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water and ice from approved source	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Food Temperature Control .2653, .2654</b>						
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
32	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Plant food properly cooked for hot holding	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Approved thawing methods used	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
34	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Thermometers provided & accurate	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Food Identification .2653</b>						
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled: original container	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>						
36	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
37	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Proper Use of Utensils .2653, .2654</b>						
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Utensils and Equipment .2653, .2654, .2663</b>						
45	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Physical Facilities .2654, .2655, .2656</b>						
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Total Deductions:</b>			<b>3</b>			

# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** CLEMMONS VILLAGE I ASSISTED LIVING

**Establishment ID:** 3034160011

**Date:** 04/22/2013

**Location Address:** 6401 HOLDER RD

**City:** CLEMMONS **State:** NC

**County:** 34 Forsyth **Zip:** 27012

**Wastewater System:**  Municipal/Community  On-Site System

**Water Supply:**  Municipal/Community  On-Site System

**Permittee:** CLEMMONS VILLAGE LLC

**Telephone:** \_\_\_\_\_

**Status Code:** A

**Category #:** IV

**Email 1:** \_\_\_\_\_

**Email 2:** \_\_\_\_\_

**Email 3:** \_\_\_\_\_

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
green beans	up right	40						
ham	up right	39						
mighty shake	up right	44						
cheese	up right	40						
beef	up right	39						
hamburger	up right	39						

## 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.

- 1 PIC must have a food safety certification before 1-1-13, or a two point deduction will be taken.  
2-102.12 Certified Food Protection Manager
  
- 14 The sanitizer in the three compartment sink and in the spray bottles was 0ppm for Quat. Need to have 200ppm Quat. Corrected during inspection to 300ppm Quat. Need to refill all bottles of sanitizer with 300ppm sanitizer. Need to clean can opener and sanitize more often.  
4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness  
4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency
  
- 34 Thermometer was reading 20F in a 32F ice bath; re calabrated during the inspection to 32F.  
4-502.11 (B) Good Repair and Calibration
  
- 36 Observed one ant on a window seal in the dining room.  
6-501.111 Controlling Pests



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## 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.



- 37 Observed a non kitchen employee use a large steel bowl to dispense ice ; the proper method to dispense ice is to use a scoop and then dispense into a bowl.  
3-307.11 Miscellaneous Sources of Contamination



# Comment Addendum to Food Establishment Inspection Report

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## 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.

✓  
Spell



# Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034160011

## 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.

✓  
Spell

