

Food Establishment Inspection Report

Score: 97

Establishment Name: CREEKSIDE MANOR

Establishment ID: 3034160013

Date: 12 / 06 / 2012 Status Code: A

Time In: 11 : 45 am pm Time Out: 2 : 10 am pm

Total Time: 2 hrs 25 minutes

Category #: IV

Establishment Type: _____

Instructions:

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

Location Address: 6206 REIDSVILLE RD

City: KERNERSVILLE

State: NC Zip: 27284

County: 34 Forsyth

Permittee: CREEKSIDE OF FORSYTH, INC.

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".

| 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. | | | | | | | | | | | |
| Compliance Status | | | | | | | | OUT | CDI | R | VR |
| Supervision .2652 | | | | | | | | | | | |
| 1 | <input checked="" type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | PIC Present: Demonstration-Certification by accredited program and perform duties | | | | <input type="radio"/> 2 | <input type="radio"/> 0 | <input type="radio"/> | <input type="radio"/> |
| Employee Health .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"/> | <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"/> | <input type="radio"/> |
| Good Hygienic Practices .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"/> | <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"/> | <input type="radio"/> |
| Preventing Contamination by Hands .2652, .2653, .2655, .2656 | | | | | | | | | | | |
| 6 | <input type="radio"/> IN | <input checked="" type="radio"/> OUT | Hands clean & properly washed | | | | <input type="radio"/> 4 | <input checked="" type="radio"/> 2 | <input type="radio"/> 0 | <input checked="" type="radio"/> | <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"/> | <input type="radio"/> |
| Approved Source .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"/> | <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"/> | <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 |
| Protection from Contamination .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 |
| 14 | <input type="radio"/> IN | <input checked="" type="radio"/> OUT | Food-contact surfaces: cleaned & sanitized | | | | <input type="radio"/> 3 | <input type="radio"/> 1.5 | <input checked="" type="radio"/> | <input type="radio"/> | <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"/> | <input type="radio"/> |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | | | | | | | |
| 16 | <input checked="" type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | <input type="radio"/> N/O | Proper cooking time & temperatures | | | | <input type="radio"/> 3 | <input type="radio"/> 1.5 | <input type="radio"/> 0 |
| 17 | <input checked="" type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | <input type="radio"/> N/O | Proper reheating procedures for hot holding | | | | <input type="radio"/> 3 | <input type="radio"/> 1.5 | <input type="radio"/> 0 |
| 18 | <input type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | <input checked="" type="radio"/> N/O | Proper cooling time & temperatures | | | | <input type="radio"/> 3 | <input type="radio"/> 1.5 | <input type="radio"/> 0 |
| 19 | <input checked="" type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | <input type="radio"/> N/O | Proper hot holding temperatures | | | | <input type="radio"/> 3 | <input type="radio"/> 1.5 | <input type="radio"/> 0 |
| 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 |
| 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 |
| 22 | <input type="radio"/> IN | <input type="radio"/> OUT | <input checked="" type="radio"/> N/A | <input type="radio"/> N/O | Time as a public health control: procedures & records | | | | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> 0 |
| Consumer Advisory .2653 | | | | | | | | | | | |
| 23 | <input checked="" type="radio"/> IN | <input type="radio"/> OUT | <input 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"/> |
| Highly Susceptible Populations .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"/> |
| Chemical .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"/> |
| Conformance with Approved Procedures .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: CREEKSIDE MANOR

Establishment ID: 3034160013

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:

X David Britton
Person in Charge (Print)

X David Britton
Person in Charge (Signature)

X Anthony Williams
Regulatory Authority (Print)

X Anthony Williams
Regulatory Authority (Signature)

Contact Number: (____) ____ - ____

Verification Required Date: ____ / ____ / ____

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/
Intervention
Violations: 2

No. of Repeat Risk
Factor/Intervention
Violations: _____

| Good Retail Practices | | | | | | | | | | | | | | | |
|---|-------------------------------------|--------------------------------------|---|--|--|--|----------|-----|-----|-----|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. | | | | | | | | | | | | | | | |
| Compliance Status | | | | | | | | OUT | CDI | R | VR | | | | |
| Safe Food and Water .2653, .2655, .2658 | | | | | | | | | | | | | | | |
| 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"/> | |
| Food Temperature Control .2653, .2654 | | | | | | | | | | | | | | | |
| 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 checked="" type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | <input 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 type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | <input checked="" 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"/> | | |
| Food Identification .2653 | | | | | | | | | | | | | | | |
| 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"/> | | |
| Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 | | | | | | | | | | | | | | | |
| 36 | <input type="radio"/> IN | <input checked="" type="radio"/> OUT | Insects & rodents not present; no unauthorized animals | | | | | 2 | 1 | 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| 37 | <input checked="" type="radio"/> IN | <input type="radio"/> OUT | Contamination prevented during food preparation, storage & display | | | | | 2 | 1 | 0 | <input type="radio"/> | <input 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 type="radio"/> IN | <input checked="" 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"/> | | |
| Proper Use of Utensils .2653, .2654 | | | | | | | | | | | | | | | |
| 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 type="radio"/> IN | <input checked="" 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"/> | | |
| Utensils and Equipment .2653, .2654, .2663 | | | | | | | | | | | | | | | |
| 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 type="radio"/> IN | <input checked="" 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"/> | | |
| Physical Facilities .2654, .2655, .2656 | | | | | | | | | | | | | | | |
| 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 type="radio"/> IN | <input checked="" 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 type="radio"/> IN | <input checked="" 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"/> | | |
| Total Deductions: | | | | | | | 3 | | | | | | | | |

Comment Addendum to Food Establishment Inspection Report

Establishment Name: CREEKSIDE MANOR
Location Address: 6206 REIDSVILLE RD
City: KERNERSVILLE **State:** NC
County: 34 Forsyth **Zip:** 27284
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site System
Permittee: CREEKSIDE OF FORSYTH, INC.
Telephone: _____

Establishment ID: 3034160013

Date: 12/06/2012
Status Code: A
Category #: IV
Email 1: _____
Email 2: _____
Email 3: _____

Temperature Observations

| Item | Location | Temp | Item | Location | Temp |
|------|----------|------|------|----------|------|
| | | | | | |
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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.

- 6 Employee washed but not thoroughly. Ensure all staff involved in food prep are washing hands before donning gloves. Wash hands for 10-15 seconds, rinse, and turn off faucet handle with towel. Manager observed washing hands using proper procedure
- 14 Ensure wash water is changed often. When washing dishes in the 3 comp. sink, use at least 110 F water.
- 34 Thermometer was 8 degrees from actual temp and needed to be calibrated. Calibrated during inspection.
- 36 Flies present. Eliminate pests.



Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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39 Keep wiping cloths stored in sanitizer and launder at the end of the day.

43 Keep single service items protected in storage.

46 Ensure water is supplied at 125 F at the dish machine as required by the manufacturers specifications.

49 Install can wash for convenient use in the kitchen.

53 Clean floors in the corners.



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✓
Spell



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✓
Spell

