

Food Establishment Inspection Report

Score: 97.5

Establishment Name: PROVIDENCE AT THE MANOR HOUSE

Establishment ID: 3034012703

Location Address: 4201 MANOR HOUSE CIRCLE

City: CLEMMONS State: North Carolina

Zip: 27012 County: 34 Forsyth

Permittee: TCK PROVIDENCE, INC.

Telephone: (336) 744-3456

Inspection Re-Inspection

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 08/04/2022 Status Code: A

Time In: 3:11 PM Time Out: 4:41 PM

Category#: IV

FDA Establishment Type: _____

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

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="checkbox"/> OUT/N/A | | | | |
| PIC Present, demonstrates knowledge, & performs duties | | 1 | 0 | | |
| 2 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Certified Food Protection Manager | | 1 | 0 | | |
| Employee Health .2652 | | | | | |
| 3 | <input checked="" type="checkbox"/> OUT | | | | |
| Management, food & conditional employee; knowledge, responsibilities & reporting | | 2 | 1 | 0 | |
| 4 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper use of reporting, restriction & exclusion | | 3 | 1.5 | 0 | |
| 5 | <input checked="" type="checkbox"/> OUT | | | | |
| Procedures for responding to vomiting & diarrheal events | | 1 | 0.5 | 0 | |
| Good Hygienic Practices .2652, .2653 | | | | | |
| 6 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper eating, tasting, drinking or tobacco use | | 1 | 0.5 | 0 | |
| 7 | <input checked="" type="checkbox"/> OUT | | | | |
| No discharge from eyes, nose, and mouth | | 1 | 0.5 | 0 | |
| Preventing Contamination by Hands .2652, .2653, .2655, .2656 | | | | | |
| 8 | <input checked="" type="checkbox"/> OUT | | | | |
| Hands clean & properly washed | | 4 | 2 | 0 | |
| 9 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> I/O | | | | |
| No bare hand contact with RTE foods or pre-approved alternate procedure properly followed | | 4 | 2 | 0 | |
| 10 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Handwashing sinks supplied & accessible | | 2 | 1 | 0 | |
| Approved Source .2653, .2655 | | | | | |
| 11 | <input checked="" type="checkbox"/> OUT | | | | |
| Food obtained from approved source | | 2 | 1 | 0 | |
| 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> I/O | | | | |
| Food received at proper temperature | | 2 | 1 | 0 | |
| 13 | <input checked="" type="checkbox"/> OUT | | | | |
| Food in good condition, safe & unadulterated | | 2 | 1 | 0 | |
| 14 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> I/O | | | | |
| Required records available: shellstock tags, parasite destruction | | 2 | 1 | 0 | |
| Protection from Contamination .2653, .2654 | | | | | |
| 15 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> I/O | | | | |
| Food separated & protected | | 3 | 1.5 | 0 | |
| 16 | <input checked="" type="checkbox"/> OUT | | | | |
| Food-contact surfaces: cleaned & sanitized | | 3 | 1.5 | 0 | |
| 17 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper disposition of returned, previously served, reconditioned & unsafe food | | 2 | 1 | 0 | |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | |
| 18 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> I/O | | | | |
| Proper cooking time & temperatures | | 3 | 1.5 | 0 | |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> I/O | | | | |
| Proper reheating procedures for hot holding | | 3 | 1.5 | 0 | |
| 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> I/O | | | | |
| Proper cooling time & temperatures | | 3 | 1.5 | 0 | |
| 21 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> I/O | | | | |
| Proper hot holding temperatures | | 3 | 1.5 | 0 | |
| 22 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> I/O | | | | |
| Proper cold holding temperatures | | 3 | 1.5 | 0 | |
| 23 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> I/O | | | | |
| Proper date marking & disposition | | 3 | 1.5 | 0 | |
| 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> I/O | | | | |
| Time as a Public Health Control; procedures & records | | 3 | 1.5 | 0 | |
| Consumer Advisory .2653 | | | | | |
| 25 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | | | | |
| Consumer advisory provided for raw/undercooked foods | | 1 | 0.5 | 0 | |
| Highly Susceptible Populations .2653 | | | | | |
| 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> I/O | | | | |
| Pasteurized foods used; prohibited foods not offered | | 3 | 1.5 | 0 | |
| Chemical .2653, .2657 | | | | | |
| 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> I/O | | | | |
| Food additives: approved & properly used | | 1 | 0.5 | 0 | |
| 28 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | | | | |
| Toxic substances properly identified stored & used | | 2 | 1 | 0 | |
| Conformance with Approved Procedures .2653, .2654, .2658 | | | | | |
| 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> I/O | | | | |
| Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan | | 2 | 1 | 0 | |

Good Retail Practices

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 | | | | | |
| 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> I/O | | | | |
| Pasteurized eggs used where required | | 1 | 0.5 | 0 | |
| 31 | <input checked="" type="checkbox"/> OUT | | | | |
| Water and ice from approved source | | 2 | 1 | 0 | |
| 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> I/O | | | | |
| Variance obtained for specialized processing methods | | 2 | 1 | 0 | |
| Food Temperature Control .2653, .2654 | | | | | |
| 33 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper cooling methods used; adequate equipment for temperature control | | 1 | 0.5 | 0 | |
| 34 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> I/O | | | | |
| Plant food properly cooked for hot holding | | 1 | 0.5 | 0 | |
| 35 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> I/O | | | | |
| Approved thawing methods used | | 1 | 0.5 | 0 | |
| 36 | <input checked="" type="checkbox"/> OUT | | | | |
| Thermometers provided & accurate | | 1 | 0.5 | 0 | |
| Food Identification .2653 | | | | | |
| 37 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> I/O | | | | |
| Food properly labeled: original container | | 2 | 1 | <input checked="" type="checkbox"/> | |
| Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 | | | | | |
| 38 | <input checked="" type="checkbox"/> OUT | | | | |
| Insects & rodents not present; no unauthorized animals | | 2 | 1 | 0 | |
| 39 | <input checked="" type="checkbox"/> OUT | | | | |
| Contamination prevented during food preparation, storage & display | | 2 | 1 | 0 | |
| 40 | <input checked="" type="checkbox"/> OUT | | | | |
| Personal cleanliness | | 1 | 0.5 | 0 | |
| 41 | <input checked="" type="checkbox"/> OUT | | | | |
| Wiping cloths: properly used & stored | | 1 | 0.5 | 0 | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | | | | |
| Washing fruits & vegetables | | 1 | 0.5 | 0 | |
| Proper Use of Utensils .2653, .2654 | | | | | |
| 43 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> I/O | | | | |
| In-use utensils: properly stored | | 1 | <input checked="" type="checkbox"/> | 0 | |
| 44 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> I/O | | | | |
| Utensils, equipment & linens: properly stored, dried & handled | | <input checked="" type="checkbox"/> | 0.5 | 0 | <input checked="" type="checkbox"/> |
| 45 | <input checked="" type="checkbox"/> OUT | | | | |
| Single-use & single-service articles: properly stored & used | | 1 | 0.5 | 0 | |
| 46 | <input checked="" type="checkbox"/> OUT | | | | |
| Gloves used properly | | 1 | 0.5 | 0 | |
| Utensils and Equipment .2653, .2654, .2663 | | | | | |
| 47 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> I/O | | | | |
| Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | | 1 | <input checked="" type="checkbox"/> | 0 | <input checked="" type="checkbox"/> |
| 48 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> I/O | | | | |
| Warewashing facilities: installed, maintained & used; test strips | | 1 | <input checked="" type="checkbox"/> | 0 | <input checked="" type="checkbox"/> |
| 49 | <input checked="" type="checkbox"/> OUT | | | | |
| Non-food contact surfaces clean | | 1 | 0.5 | 0 | |
| Physical Facilities .2654, .2655, .2656 | | | | | |
| 50 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | | | | |
| Hot & cold water available; adequate pressure | | 1 | 0.5 | 0 | |
| 51 | <input checked="" type="checkbox"/> OUT | | | | |
| Plumbing installed; proper backflow devices | | 2 | 1 | 0 | |
| 52 | <input checked="" type="checkbox"/> OUT | | | | |
| Sewage & wastewater properly disposed | | 2 | 1 | 0 | |
| 53 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | | | | |
| Toilet facilities: properly constructed, supplied & cleaned | | 1 | 0.5 | 0 | |
| 54 | <input checked="" type="checkbox"/> OUT | | | | |
| Garbage & refuse properly disposed; facilities maintained | | 1 | 0.5 | 0 | |
| 55 | <input checked="" type="checkbox"/> OUT | | | | |
| Physical facilities installed, maintained & clean | | 1 | 0.5 | 0 | |
| 56 | <input checked="" type="checkbox"/> OUT | | | | |
| Meets ventilation & lighting requirements; designated areas used | | 1 | 0.5 | 0 | |
| TOTAL DEDUCTIONS: | | | | | 2.5 |



Comment Addendum to Food Establishment Inspection Report

Establishment Name: PROVIDENCE AT THE MANOR HOUSE

Establishment ID: 3034012703

Location Address: 4201 MANOR HOUSE CIRCLE

Inspection Re-Inspection Date: 08/04/2022

City: CLEMMONS State: NC

Comment Addendum Attached? Status Code: A

County: 34 Forsyth Zip: 27012

Water sample taken? Yes No Category #: IV

Wastewater System: Municipal/Community On-Site System

Email 1: jeff@providencews.org

Water Supply: Municipal/Community On-Site System

Email 2:

Permittee: TCK PROVIDENCE, INC.



Email 3:

Telephone: (336) 744-3456

Temperature Observations

Effective January 1, 2019 Cold Holding is now 41 degrees or less

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|--------------------|----------------|------|------|----------|------|------|----------|------|
| Servsafe- 8/7/2024 | Nicole Abundis | 00 | | | | | | |
| hot water | 3-comp sink | 148 | | | | | | |
| qt sanitizer (ppm) | 3-comp sink | 200 | | | | | | |
| final rinse | dish machine | 167 | | | | | | |
| cheese | upright cooler | 40 | | | | | | |
| cut melon | upright cooler | 39 | | | | | | |
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|--------------------------------------|--------------|-------------|--|
| | <i>First</i> | <i>Last</i> | |
| Person in Charge (Print & Sign): | Jay | Christmas |  <hr/> |
| | <i>First</i> | <i>Last</i> | |
| Regulatory Authority (Print & Sign): | Travis | Addis |  <hr/> |

REHS ID: 3095 - Addis, Travis Verification Required Date: 08/13/2022

REHS Contact Phone Number: (336) 830-2394 Authorize final report to be received via Email: _____

Comment Addendum to Inspection Report

Establishment Name: PROVIDENCE AT THE MANOR HOUSE

Establishment ID: 3034012703

Date: 08/04/2022 **Time In:** 3:11 PM **Time Out:** 4:41 PM

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 3-302.12 Food Storage Containers Identified with Common Name of Food (C) Container of spice mix on top of microwave is not labeled. Working containers holding food or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food.
- 43 3-304.12 In-Use Utensils, Between-Use Storage (C) Unapproved single-service cup without a handle, used as a scoop and stored directly on sugar inside the bin. Use a handled scoop and store in between uses so that the handle does not contact the top of food. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored in the food with their handles above the top of the food and the container or In a clean, protected location if the utensils, such as ice scoops, are used only with a food that is not time/temperature control for safety food.
- 44 4-903.11 (A), (B), and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles Storing (C) REPEAT. Utensils on prep line are stored in soiled bins with various food debris. Cleaned equipment and utensils, laundered linens, and single-use articles shall be stored in a clean, dry location where they are not exposed to splash, dust, or other contamination; and at least 6 inches above the floor.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) REPEAT. Door gasket in upright cooler is torn and needs replacement. Equipment shall be maintained in a state of good repair.
- 48 4-302.13 Temperature Measuring Devices, Manual Warewashing (Pf) Facility does not have a means to monitor the hot water sanitization temperature of the mechanical dishwasher at the utensils surface area. Education concerning new requirements per 2017 NC Food Code was provided during last inspection. In hot water mechanical warewashing operations, an irreversible registering temperature indicator shall be provided and readily accessible for measuring the utensil surface temperature. VERIFICATION for a irreversible registering thermometer or thermal strips to measure the dish machine's final hot water rinse at the utensil surface level is due by 8/13/2022. Please contact Travis Addis at addistm@forsyth.cc or 336.830.2394 for verification.

Additional Comments

Reminder: VERIFICATION is due by 8/13/2022 for an irreversible registering thermometer or thermal strips. Please see #48 under "Observations and Corrective Actions" of this report for further details.