Food Establishment Inspection Report

Estab	olishment Name: ^{CEE}	OAR HILLS CENTER FOR NURSING A	AND Establishment ID: 3034160022
Location City: Cit	on Address: 3905 CLENCLEMMONS 7012 Co ittee: CLEMMONS RO/ hone: (336) 766-9158	MMONS RD State: North Carolina	Date: 06/10/2025 Status Code Time In: 9:05 AM Time Out: Category#: I FDA Establishment Type: Nursing Hor
_	Municipal/Community r Supply:	On-Site System	No. of Risk Factor/Intervention Violation No. of Repeat Risk Factor/Intervention Vio
	/unicipal/Community	On-Site Supply	

Date: 06/10/2025	_Status Code: _A						
Time In: 9:05 AM	_Time Out: 12:10 PM						
Category#:							
FDA Establishment Type:	Nursing Home						
No. of Risk Factor/Intervention Violations: 3							
No. of Repeat Risk Factor/	Intervention Violations: 1						

Score:

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 OUT CDI R VR Compliance Status Supervision PIC Present, demonstrates knowledge, & IX OUT N/A performs duties 2 IN OXT N/A X Certified Food Protection Manager **Employee Health** Management, food & conditional employee; 3 IX OUT 1 knowledge, responsibilities & reporting 4 IX OUT Proper use of reporting, restriction & exclusion 3 1.5 0 Procedures for responding to vomiting & IN OXT 1 00% 0 Х diarrheal events **Good Hygienic Practices** .2652, .2653 Proper eating, tasting, drinking or tobacco use 1 0.5 0 6 IX OUT X OUT No discharge from eyes, nose, and mouth 1 0.5 0 .2652, .2653, .2655, .2656 **Preventing Contamination by Hands**)(OUT Hands clean & properly washed 4 2 0 No bare hand contact with RTE foods or pre-M OUT N/A 4 2 0 approved alternate procedure properly followed 10 X OUT N/A Handwashing sinks supplied & accessible 2 1 0 .2653. .2655 Approved Source 11 ј**Х** оит 12 **Ж** оит Food obtained from approved source 2 1 0 2 1 0 Food received at proper temperature 13 X OUT Food in good condition, safe & unadulterated 2 1 0 Required records available: shellstock tags, 1 0 14 IN OUT N/A NXO parasite destruction **Protection from Contamination** 15 |X out N/A N/O Food separated & protected 3 1.5 0 Food-contact surfaces: cleaned & sanitized X 1.5 0 16 IN OXT Proper disposition of returned, previously served, 17 X OUT 2 1 0 reconditioned & unsafe food Potentially Hazardous Food Time/Temperature .2653 18 IN OUT N/A P Proper cooking time & temperatures 3 1.5 0 19 IN OUT N/A XX Proper reheating procedures for hot holding 3 1.5 0 20 IN OUT N/A POPP Proper cooling time & temperatures 3 1.5 0 21 IN OUT N/A PO Proper hot holding temperatures 3 1.5 0 22 Nout N/AN/O Proper cold holding temperatures 3 1.5 0 23 X OUT N/AN/O Proper date marking & disposition 3 1.5 0 Time as a Public Health Control; procedures & 3 1.5 0 records **Consumer Advisory** .2653 Consumer advisory provided for raw/ 25 IN OUT NA 1 0.5 0 undercooked foods **Highly Susceptible Populations** .2653 Pasteurized foods used; prohibited foods not 26 X OUT N/A 3 1.5 0 offered Chemical 27 IN OUT NX Food additives: approved & properly used 1 0.5 0 28 X OUT N/A Toxic substances properly identified stored & used | 2 | 1 | 0 Conformance with Approved Procedures .2653. .2654. .2658 Compliance with variance, specialized process, 29 X OUT N/A 1

Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,											
and physical objects into foods.											
Compliance Status						OUT	Γ	CDI	R	VR	
Sa	Safe Food and Water .2653, .2655, .2658										
30	X	OUT	N/A		Pasteurized eggs used where required	1	0.5	0			
31	X	OUT			Water and ice from approved source			0			
32	Ж	оит	N/A		Variance obtained for specialized processing methods			0			
F	Food Temperature Control .2653, .2654										
33	Ж	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	X	OUT	N/A	N/O	Plant food properly cooked for hot holding			0			
35	Ж	OUT	N/A	N/O	Approved thawing methods used	1	0.5	0			
36	IN	о х (т			Thermometers provided & accurate	1	0%5	0	L		Х
<u> </u>		lde		atio							
37	X	OUT			Food properly labeled: original container	2	1	0			
Pı	eve	entic	n of	Fo	od Contamination .2652, .2653, .2654, .2656, .26	57					
38	×	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
39	IN	о) (т			Contamination prevented during food preparation, storage & display	2	X	0		Χ	
40	M	OUT			Personal cleanliness	1	0.5	0			
41	M	OUT			Wiping cloths: properly used & stored						
42	×	OUT	N/A		Washing fruits & vegetables	1	0.5	0	L		
Pı	ор	er Us	se o	f Uto	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	×	оит			Single-use & single-service articles: properly stored & used			0			
46	M	OUT			Gloves used properly	1	0.5	0			
U	tens	sils a	and	Equ	ipment .2653, .2654, .2663						
47	IN	ох (т			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	X	0.5	0		X	
48	M	оит			Warewashing facilities: installed, maintained & used; test strips		0.5	0			
49	IN	οχ(т			Non-food contact surfaces clean	Х	0.5	0		Χ	
Physical Facilities .2654, .2655, .2656											
50	M	OUT	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
-		оит			Plumbing installed; proper backflow devices	2	1	0			
52	M	OUT			Sewage & wastewater properly disposed	2	1	0			
53	×	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned		0.5	0			
54		о)(т			Garbage & refuse properly disposed; facilities maintained		0.5	₽			
55	IN	о х (т			Physical facilities installed, maintained & clean	X	0.5	0		X	
56	Meets ventilation & lighting requirements; 1 0.5 0										
TOTAL DEDUCTIONS:					В						



reduced oxygen packaging criteria or HACCP plan



Comme	ent Add	<u>endum to Food E</u>	<u>Establishm</u>	ent Inspection	Report
Establishment Name: AND RE	TILLO ULI	ALEK LOK MOKSING		ent ID: 3034160022	
Location Address: 3905 CLE City: CLEMMONS County: 34 Forsyth			Education	Re-Inspection nal Visit	Date: <u>06/10/2025</u> Status Code: <u>A</u> Category #: <u>I</u>
Wastewater System: X Municipal/0	Community	On-Site System On-Site System	Email 1:Evan Email 2:dnich Email 3:		
		Temperature C	Observations		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cheese/Walk in cooler	41				
Chicken/Walk in cooler	40				
Hot water/3 comp sink	123				
Chlorine Sanitizer/Dishwasher	150ppm				
Person in Charge (Print & Sign):		Last	-	Galite v	Mon
Regulatory Authority (Print & Sign):	<i>First</i> :Tamaya	<i>Last</i> Francis	-	Jamaya Tuning	
REHS ID:3432 - Francis, Tamaya		Verification Dates: Priorit	ty:	Priority Foundation: 06/2	20/2025 Core:



REHS Contact Phone Number:

Comment Addendum to Inspection Report

Establishment Name: CEDAR HILLS CENTER FOR NURSING AND Establishment ID: 3034160022

REHABILITATION

Date: 06/10/2025 Time In: 9:05 AM Time Out: 12:10 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.

- 2 2-102.12 (A) Certified Food Protection Manager (C). No Certified Food Protection Manager at establishment, PIC stated that they took the class they just have to take the exam. 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.
- 5 2-501.11. Clean-up of Vomiting and Diarrheal Event (Pf). No vomit and diarrhea cleanup plan at establishment. A food establishment shall have written procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter. CDI: REHSI provided establishment with written vomit and diarrhea clean up plan.
- 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization Temperature, pH, Concentration and Hardness (P) REPEAT Quat sanitizer at 3 comp sink was dispensing at 150 ppm; per label instructions, effective strength is 200-400 ppm. A quaternary ammonium compound solution shall have a concentration as specified under § 7-204.11 and as indicated by the manufacturer's use directions included in the labeling. CDI: As a temporary fix, quat sanitizer was manually mixed to 200-300 ppm, repairman was called to adjust the dispenser.
 - 4-602.11 Equipment Food-Contact Surfaces and Utensils Frequency Ice machine soiled. Equipment food contact surfaces and utensils shall be cleaned in equipment such as ice bins at a frequency necessary to preclude accumulation of soil or mold.
- 36 4-302.12 Food Temperature Measuring Devices (PF). Food establishment doesn't have appropriate food thermometer Provide an accessible thermometer for use. Provide a thin probe thermometer for accurate measure of thin foods. 10 DAY VERIFIICATION REQUIRED BY 6/20, CONTACT REHSI WHEN NEW THERMOMETER IS RECEIVED.
- 39 3-305.11 Food Storage Preventing Contamination from the Premises (C) Box of milk on floor in walk in cooler. Food shall be protected from contamination by storing the food in a clean, dry location where it is not exposed to splash, dust, or other contamination; and at least 6 inches above the floor. *Left at half credit due to improvement*
- 47 4-501.11 Good Repair and Proper Adjustment Equipment (C) REPEAT. Ice build up is present on pipe from evaporator box (left side) . Floor in both walk-ins are rusted. Legs of equipment in dish room have significant chipping paint and rusting; rust on undersides of drainboards. Rusted pot rack over 3 comp sink. Shelving units, including in walk-in cooler, are rusting. Equipment shall be maintained in a state of good repair.
- 49 4-602.13 Nonfood Contact Surfaces (C) REPEAT. Additional cleaning is needed to top of dishwasher and top portions of sliding doors to remove accumulated residues. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.
- 54 5-501.113 Covering Receptacles (C). Dumpster doors was open. Receptacles and waste handling units for REFUSE, recyclables, and returnables shall be kept covered.
- 55 6-501.11 Repairing Premises, Structures, Attachments, and Fixtures Methods (C) REPEAT. Repair to floor, FRP walls, and ceiling is needed throughout establishment. Some examples include: walls by both hand sinks, cracked floor tiles under tea/coffee table, wall under left drainboard of 2 comp sink, seal around sprinkler head in dry storage, floor damaged at back door, rusted floors and walls in walk-ins; rusted gas lines. Rusted base of doorframe to office. Physical facilities shall be maintained in good repair.
 - 6-501.12 Cleaning, Frequency and Restrictions (C) REPEAT Cleaning needed on floors, walls, and ceilings throughout establishment, including but not limited to: floors under equipment and sinks, walls behind 3-comp sink and dishwasher, dust accumulation on vents of hood over cooking equipment, can wash basin to remove accumulated debris and residues. Physical facilities shall be cleaned at a frequency necessary to maintain them clean.

Additional Comments