Food Establishment Inspection Report														Score:	<u>93</u>			
Establishment Name: BRADFORD VILLAGE WEST									Establishment ID: 3034160004									
Location Address: 602 PINEY GROVE RD									Inspection ☐ Re-Inspection									
City: KERNERSVILLE State: N											Da	ate	e: 1	. 1 / 2 2 / 2 Ø 1 6 Status Code:	Α			
Zip: 27284 County: 34 Forsyth									Time In: $\underline{10} : \underline{10} \overset{\otimes}{\circ} \underline{n}$ Time Out: $\underline{12} : \underline{30} \overset{\odot}{\otimes} \underline{n}$									
					BRADFORD VILLAGE WEST, LLC						To	ota	ıl Ti	me: 2 hrs 20 minutes)III		
			ee:	_										ry #: IV				
Те	lep	oho	ne	: <u>(</u>	336) 993-8711								_	stablishment Type: Nursing Home		_		
Wa	ıst	ew	ate	er S	System: 🛛 Municipal/Community [On-	Site	Sys	sten					Risk Factor/Intervention Violation				
Wa	ate	r S	up	ply	/: ⊠Municipal/Community □On-	Site S	upp	ly						Repeat Risk Factor/Intervention				
·													=					
Foodborne Illness Risk Factors and Public Health Interventions									Good Retail Practices									
Risk factors: Contributing factors that increase the chance of developing foodl Public Health Interventions: Control measures to prevent foodborne illness o										Good Retail Practices: Preventative measures to control the addition of and physical objects into foods.						emica	ais,	
	IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R VR	Ш	IN C	DUT	N/A	N/O	Compliance Status	OUT	CDI	R	VR
S	upe	rvis	ion		.2652				Sa	afe F	ood	l ar	nd W	ater .2653, .2655, .2658				
1		X			PIC Present; Demonstration-Certification by accredited program and perform duties	2 🗶			28	×				Pasteurized eggs used where required	1 0.5 0			
$\overline{}$		oye	e He	alth	.2652				29	×				Water and ice from approved source	210			
\rightarrow	X				Management, employees knowledge; responsibilities & reporting	3 1.5 0			30			X		Variance obtained for specialized processing methods	1 0.5 0			
	X				Proper use of reporting, restriction & exclusion	3 1.5 0			Fo	ood 7	Геm	pei	ratur	e Control .2653, .2654				
$\overline{}$		Ну	gien	ic Pr	ractices .2652, .2653		1-1-		31	×				Proper cooling methods used; adequate equipment for temperature control	1 0.5 0			
\rightarrow	X	Ш			Proper eating, tasting, drinking, or tobacco use	2 1 0		4	32				×	Plant food properly cooked for hot holding	1 0.5 0			
_	X				No discharge from eyes, nose or mouth	1 0.5 0			33	×	可		\Box	Approved thawing methods used	1 0.5 0	加	П	П
\neg	eve		g Co	onta	mination by Hands .2652, .2653, .2655, .2656			10	34	\vdash	\Box			Thermometers provided & accurate	1 0.5 (1	П	Ħ
6		X			Hands clean & properly washed No bare hand contact with RTE foods or pre-	4 🗶 0				ood I	느 den	tifi	catio	•		10		Ë
-	X			Ш	approved alternate procedure properly followed	3 1.5 0		ᆚᆜ		×				Food properly labeled: original container	210			П
	X				Handwashing sinks supplied & accessible	2 1 0			Pr	rever	ntio	n o	f Foo	od Contamination .2652, .2653, .2654, .2656	, .2657			
-		ove	l So	urce					36	×				Insects & rodents not present; no unauthorize animals	ed 2 1 0			
\dashv	X			_	Food obtained from approved source	2 1 0			37	×				Contamination prevented during food preparation, storage & display	210			
\rightarrow				X	Food received at proper temperature	2 1 0	-	44	38	×	П			Personal cleanliness	1 0.5 0	$\frac{1}{1}$	П	П
11		X			Food in good condition, safe & unadulterated	21 🗙			39	\vdash	_ 			Wiping cloths: properly used & stored	1 0.5 0			F
12			X		Required records available: shellstock tags, parasite destruction	2 1 0			\vdash	\pm			ı	Washing fruits & vegetables	1 0.5 0	干		Ħ
Protection from Contamination .2653, .2654								ш		r IIs	E 0	of Lite	ensils .2653, .2654		1-		Ľ	
13	X		Ш	Ш	Food separated & protected	3 1.5 0		ЦЦ	41					In-use utensils: properly stored	1 0.5 0	J		Б
14		X			Food-contact surfaces: cleaned & sanitized	3 🗙 0			42	-	П			Utensils, equipment & linens: properly stored,	1 0.5 0	d	П	Н
	X				Proper disposition of returned, previously served, reconditioned, & unsafe food	2 1 0			\parallel	\vdash				dried & handled Single-use & single-service articles: properly	1 0.5 0			F
	oter	ntial	ly Ha	$\overline{}$	dous Food Time/Temperature .2653			1	43	\rightarrow				stored & used				H
16				×	Proper cooking time & temperatures	3 1.5 0		_ _	-				F	Gloves used properly	1 0.5 0	<u> </u>		Ľ
17	Ш	Ш	Ш	X	Proper reheating procedures for hot holding	3 1.5 0			·П		\neg	na	Equ	ipment .2653, .2654, .2663 Equipment, food & non-food contact surfaces				
18				X	Proper cooling time & temperatures	3 1.5 0			45	Ш	×			approved, cleanable, properly designed, constructed, & used	X 1 0	1	X	Ш
19				X	Proper hot holding temperatures	3 1.5 0			46		×			Warewashing facilities: installed, maintained, used; test strips	& 1 0.5 X	₃□		
20	X				Proper cold holding temperatures	3 1.5 0			47		X			Non-food contact surfaces clean	1 0.5	<u>a</u>		
21	X				Proper date marking & disposition	3 1.5 0			Pł	hysic	al F	ac	ilitie	s .2654, .2655, .2656				
22			X		Time as a public health control: procedures &	2 1 0		10	48	×				Hot & cold water available; adequate pressure	e 210			
	ons	ume		lvisc	records pry .2653				49		X			Plumbing installed; proper backflow devices	2 🗶 0		X	X
23			X		Consumer advisory provided for raw or undercooked foods	1 0.5 0			50	×				Sewage & waste water properly disposed	210			
$\overline{}$		y Sı	ısce	ptibl	e Populations .2653				i⊢	×	計			Toilet facilities: properly constructed, supplied	1 0.5 0		П	Ħ
_	X				Pasteurized foods used; prohibited foods not offered	3 1.5 0			52		×			& cleaned Garbage & refuse properly disposed; facilities		1-		F
\neg	hen	nica			.2653, .2657				Н	\vdash	_			maintained	1 0.3 2			H
25			X		Food additives: approved & properly used	1 0.5 0		<u> </u>	53	\vdash				Physical facilities installed, maintained & clea Meets ventilation & lighting requirements;				닏
26	X				Toxic substances properly identified stored, & used	2 1 0			54		X			designated areas used		10	X	Р

Conformance with Approved Procedures .2653, .2654, .2658

Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan



Total Deductions:

Establishme	nt Name: BRADF	ORD VILLAGE	WEST		Establishment ID: 3034160004							
City: KERN County: 34 Wastewater S Water Supply Permittee:	Forsyth System: Municipal/	Community (_ Zip: 2728 On-Site Syster On-Site Syster	n	☑ Inspection ☐ Comment Addendum Email 1: Email 2: Email 3:	Date: 11/22/2016 Status Code: A Category #: IV						
			Tem	perature C	Observations							
Item Hot water	Location 3 comp sink	Temp 125	Item	Location	Temp	Item	Location	Temp				
Quat sanitizer	3 comp sink	400				. <u> </u>						
Ham	Walk in	43										
BBQ	Walk in	43										
Milk	Walk in	42										
	iolations cited in this				Corrective Actions		1 of the food code					

2-102.12 Certified Food Protection Manager - C- 0 pts. Certified food protection manager was not available beginning of inspection. At least one employee who has supervisory and management responsibility and the authority to direct and control food preparation and shall service shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an ANSI-accredited program and shall be available during all hours of operation.



- 2-301.14 When to Wash P- Food employee observed washing hands and turning off water faucet using bare hands. Food employees shall wash their hands after engaging in activities that contaminate the hands and shall use a barrier such as paper towels to turn off water faucet. CDI- Proper hand washing procedure was demonstrated. Employee was asked to re-wash hands. Observed proper hand washing.
- 3-202.15 Package Integrity PF- 0 pts. Two cans of spaghetti sauce and one can of apple sauce were dented along the seams. Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants. CDI- Cans were segregated to return to vendor.

Person in Charge (Print & Sign):

Sandra

First

Griswold

Griswold

First

Last

Regulatory Authority (Print & Sign):

Eva

Robert

CNICKPORA POHSI

REHS ID: 2551 - Robert, Eva Verification Required Date: 12/02/2016

REHS Contact Phone Number: (3 3 6) 7 Ø 3 - 3 1 3 5





Establishment Name: BRADFORD VILLAGE WEST Establishment ID: 3034160004

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.



- 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness P- Dish machine did not reach a minimum temperature of 161F after 5 tries. For hot water sanitization, plate temperature shall reach 161F. Person in charge called Ecolab during inspection. Employees advised to run dish machine and sanitize utensils at three compartment sink. Verification required.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment C- REPEAT. Equipment repair/replacement needed on oven door that does not close shut, peeling laminate and wood at two comp sink area, chipping and peeling paint in cabinet under two compartment sink, rusted shelving inside walk in and dry storage room, rusted fan guard in walk in, damaged tea spatula. Recauk ventilation hood. Equipment shall be maintained in good repair.
- 4-204.113 Warewashing Machine, Data Plate Operation Specifications C- 0 pts. Date plate on dish machine has faded and is no longer legible. A warewashing machine shall be provided with an easily accessible and readable data plate affixed to the machine by the manufacturer that indicates the machine's design and operation specifications. Obtain new date plate from manufacturer.
- 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils C- 0 pts. Cleaning needed on fan guards in walk in cooler to remove dust buildup and cleaning needed on top of dish machine. Nonfood-contact surfaces shall be kept clean.
- 5-203.14 Backflow Prevention Device, When Required P- REPEAT. ASSE 10222 installed on main water line feeding tea and coffee machine. Each line must be isolated with its own ASSE 1022 backflow prevention device. Also, remove copper tube from backflow device. Contact Eva Robert for verification within 10 days at (336)703-3135 or at robertea@forsyth.cc.
- 52 5-501.113 Covering Receptacles C- 0 pts. Two dumpster doors open. Refuse receptacle shall be maintained with tight-fitting doors.
- 6-303.11 Intensity-Lighting C- REPEAT. Low lighting measured at ice machine 31-50 foot candles, prep table 40-45 foot candles, walk in cooler 0-6 foot candles, prep area (two comp sink) 30-48 foot candles, restroom hand washing sink 6-13 foot candles, toilet 5-11 foot candles. Lighting shall be at least 50 foot candles in areas of food prep, 20 foot candles in restrooms and at least 10 foot candles inside walk in coolers. Increase lighting.





Establishment Name: BRADFORD VILLAGE WEST Establishment ID: 3034160004

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.





Establishment Name: BRADFORD VILLAGE WEST Establishment ID: 3034160004

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.





Establishment Name: BRADFORD VILLAGE WEST Establishment ID: 3034160004

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.



