F000	1 t	<u>-S</u>	tabiisnment inspection	K(9	00	rt						Sci	ore: <u>9</u>	<u>)2.</u>	<u>5</u>
Establis	sh	me	nt Name: CARILLON ASSISTED LIVING	OF C	LEI	ММ	ONS				Е	Sta	ablishment ID: 3034160045			
Location Address: 1165 SOUTH PEACEHAVEN RD								☐ Re-Inspection								
City: CLEMMONS State: NC						Date: 07 / 10 / 2017 Status Code: A										
							Time In: $01:30 \otimes_{\text{pm}}^{3}$ Time Out: $03:50 \otimes_{\text{pm}}^{3}$									
Total Time: 2 hrs 20 minutes																
Permit		• -	CARILLON ASSISTED LIVING LLC													
Teleph	Telephone: (336) 766-6220 Category #: IV															
Wastewater System: ⊠Municipal/Community ☐ On-Site Sys					ster	tem FDA Establishment Type: Nursing Home										
Water 9	Sui	laa	y: ⊠Municipal/Community □On-	Site	Sι	ממג	lv						Risk Factor/Intervention Violations: _ Repeat Risk Factor/Intervention Viola		1	
			, , , , , , , , _			- 1- 1-	_	_		INC	<i>)</i> . (ו וכ	nepeat hisk Factor/intervention viola	tiloris.		
Foodborne Illness Risk Factors and Public Health Interventions						Good Retail Practices										
Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury.							Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
IN OU	_	_	, T	OUT	_	CDI	R VR		IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R VR
Supervis			.2652			98.		S	$\overline{}$	Food		$\overline{}$		00.	55.	
1 🗆 🛛]	PIC Present; Demonstration-Certification by accredited program and perform duties	X	0		X 🗆	28			X		Pasteurized eggs used where required	1 0.5 0		
Employe	e H	ealth	.2652					29	X				Water and ice from approved source	210		
2 🗵 🗆			Management, employees knowledge; responsibilities & reporting	3 1.5	0			30		П	X		Variance obtained for specialized processing	1 0.5 0		$\exists \vdash$
3 🗵 🗆			Proper use of reporting, restriction & exclusion	3 1.5	0			_				atur	methods e Control .2653, .2654			
Good Hy	Ť	nic P	ractices .2652, .2653				ļ.		X		P 0.		Proper cooling methods used; adequate equipment for temperature control	1 0.5 0		丽
4 🗆 🛭			Proper eating, tasting, drinking, or tobacco use	2 1	X	X		32		П	П	X	Plant food properly cooked for hot holding	1 0.5 0		$\exists \exists$
5 🗵 🗆			No discharge from eyes, nose or mouth	1 0.5	0			l	×				Approved thawing methods used	1 0.5 0		
$\overline{}$	ng (Conta	mination by Hands .2652, .2653, .2655, .2656				$\overline{}$	١⊢		\vdash	Ш			+	\vdash	
6 🗵 🗆			Hands clean & properly washed	42	0			_	×	Iden	+ific	notio	Thermometers provided & accurate n .2653	1 0.5 0	Ш	
7 🗵 🗆			No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5	0			_	X	laen	ILIIIC	allo	Food properly labeled: original container	210		
8 🗆 🗷			Handwashing sinks supplied & accessible	2 🗶	0	\mathbf{X}		! —	ldot		n of	Foc	od Contamination .2652, .2653, .2654, .2656, .265			
Approve	d S	ourc	e .2653, .2655					_	X				Insects & rodents not present; no unauthorized animals	210		
9 🗵 🗆			Food obtained from approved source	21	0				×	П			Contamination prevented during food	210		$\exists \exists$
10 🗆 🗆		×	Food received at proper temperature	21	0			l	X	П			preparation, storage & display Personal cleanliness	1 0.5 0	\vdash	
11 🛛 🗆			Food in good condition, safe & unadulterated	21	0			l 								
12 🗆 🗆	×		Required records available: shellstock tags, parasite destruction	21	0			39		X			Wiping cloths: properly used & stored			X
Protection	on f	rom	Contamination .2653, .2654					I	×				Washing fruits & vegetables	1 0.5 0	Ш	므므
13 🗷 🗆			Food separated & protected	3 1.5	0			_	rope	_	e o	t Ute	ensils .2653, .2654	1 0.5 0		
14 🗆 🛭			Food-contact surfaces: cleaned & sanitized	3 🔀	0					\vdash			In-use utensils: properly stored Utensils, equipment & linens: properly stored,	+	\vdash	
15 🛭 🗆			Proper disposition of returned, previously served, reconditioned, & unsafe food	21	0			42		X			dried & handled	1 🗷 0	Ш	X 🗆
Potentia	lly I	lazaı	dous Food Time/Temperature .2653					43	X				Single-use & single-service articles: properly stored & used	1 0.5 0		
16 🗆 🗆			Proper cooking time & temperatures	3 1.5	0		$\Box \Box$	44	X				Gloves used properly	1 0.5 0		
17 🗆 🗆			Proper reheating procedures for hot holding	3 1.5	0			U	tens	ils a	nd	Equ	ipment .2653, .2654, .2663			
18 🗆 🗆	Г		Proper cooling time & temperatures	3 1.5	0			45	X				Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	210		
19 🗵 🗆	T		Proper hot holding temperatures	3 1.5	0		10	46	×	П			Warewashing facilities: installed, maintained, &	1 0.5 0		$\exists \exists$
20 🗵 🗆			Proper cold holding temperatures		0	ПГ	10	47		×			used; test strips Non-food contact surfaces clean	1 0.5		
21 🗆 🔀	+		Proper date marking & disposition	\vdash	×			-		ical F	aci	litie				
	+		Time as a public health control: procedures &				╬		×			IIIIO.	Hot & cold water available; adequate pressure	2 1 0		
22 U U	or /		records		0	Ш		49		\mathbf{X}			Plumbing installed; proper backflow devices	2 🗶 0		
23 🗆 🗆	EI F	_	Consumer advisory provided for raw or	1 0.5	П			l	X				Sewage & waste water properly disposed	+++		
\perp			undercooked foods le Populations .2653	تات	ات			i					Toilet facilities: properly constructed, supplied			
24 🗵 🗆	T		Pasteurized foods used; prohibited foods not offered	3 1.5	0			-	×	Ш			& cleaned	1 0.5 0	Щ	쁘
Chemica	al		.2653, .2657					52	X				Garbage & refuse properly disposed; facilities maintained	1 0.5 0		
25 🗵 🗆			Food additives: approved & properly used	1 0.5	0			53		X			Physical facilities installed, maintained & clean	0.5 0		×□
26 🗵 🗆			Toxic substances properly identified stored, & used	21	0			54	X				Meets ventilation & lighting requirements; designated areas used	1 0.5 0		
Conform	$\overline{}$	$\overline{}$	th Approved Procedures .2653, .2654, .2658										Total Deductions:	7.5		
27 🗆 🗀	×		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	21	0								Total Deductions.			





Establishment Name: CARILLON			stablishment ID: 3034160045	on Report						
Location Address: 1165 SOUTH		_	Inspection ☐ Re-Inspection	Date: 07/10/2017						
City: CLEMMONS			Comment Addendum Attached? Status Code: A							
County: 34 Forsyth	Zip: ²		Category #: IV							
Wastewater System: Municipal/Com		stem	mail 1: nicki.grudzinskas@carillona							
Water Supply: ✓ Municipal/Com Permittee: CARILLON ASSISTED	nmunity	stem	Email 2:							
Telephone: (336) 766-6220	S LIVINO LLO		mail 3:							
Telephone. (000) 700 0220	_									
lla saktora		emperature Obse		Lacation Town						
Item Location Pasta salad Cooling drawer	Temp Item 40 Ribs	Location Walk-in cooler	Temp Item 43	Location Temp						
Tuna salad Reach-in cooler	41 Hot wa	ter Handsink	110							
Tomatoes Reach-in cooler	40 Beef so	oup Hot Hold	145							
Hot water 3-compartment sink	124									
Quat ppm 3-compartment sink	200									
Chlorine ppm Dish machine	0									
Lettuce Cooling drawer	43									
Raw beef Walk-in cooler	42									
inspection. Employee bevera linens, or equipment. CDI - E	r Using Tobacco - ages shall be store Bottles relocated to sion - PF - Paper to nall be provided at	ed in a cup with a lid a o the bottom shelf. owels were not availa	e water bottles were stored on p and a straw and where they do no able at both handsinks in the kitc bood establishment. Obtain paper	ot contaminate food, utensils,						

REHS ID: 2554 - Hodge, Grayson

Verification Required Date: <u>Ø 7</u> / <u>1 7</u> / <u>2 Ø 1 7</u>

REHS Contact Phone Number: (336)703 - 3383





Establishment Name: CARILLON ASSISTED LIVING OF CLEMMONS Establishment ID: 3034160045

Observations and	Corroctivo	1 otions
Coservations and	Corrective	ACHORS

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 The chlorine sanitizer for the dish machine measured 0 ppm through 4 runs. The person in charge stated there are no more sanitizer buckets for the dish machine. Equipment and utensils can be washed in the dish machine, but shall be sanitized in the 3-compartment sink for a minimum of 60 seconds until another sanitizer bucket is received. Verification of sanitizer is required by 7-17-17, contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc//4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency C Both ice machine require additional cleaning to remove soil/build-up. Ice machines shall be cleaned at a frequency that prevents contamination.
- 3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking PF 0 pts One package of cooked ribs (43F, prepared Saturday) and a portion of chicken salad (40F, prepared Saturday) were not date marked. Potentially hazardous food shall be date marked with the date of preparation or discard. Potentially hazardous food can be held for a maximum of 7 days at 41F or below, and for a maximum of 4 days between 42-45F. CDI Ribs and salad date marked.
- 39 3-304.14 Wiping Cloths, Use Limitation C Repeat: 2 wet wiping cloths were stored on the prep sink between uses. Wet wiping cloths shall be stored in a sanitizer solution that is maintained at the correct concentration between uses (150-400 ppm for quat), or discarded after each use. Obtain and label a sanitizer bucket to store solution and wet wiping cloths.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required C Repeat: 4 stacks of pans were stacked wet. Equipment and utensils shall be fully air-dried after they are cleaned. Separate or stagger dishes until they are fully air dry.
- 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils C 0 pts Cleaning needed in the following areas: on top of the dish machine, around a few pans that are rarely used below the prep table, inside of utensil shelves throughout, on the shelf above the mop sink, around a few of the hood filters, and on the dry storage shelf near the prep sinks. Nonfood contact surfaces shall be kept clean.
- 5-203.14 Backflow Prevention Device, When Required P A vacuum breaker is needed under the shut off valve at the mop sink (open-ended hose side). The other shut off valve is protected by the chemical tower. Backflow preventers are required at each point of water use in a food establishment. Detach hose after each use until backflow preventer is installed. Verification of backflow preventer is required by 7-17-17, contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc
- 6-501.12 Cleaning, Frequency and Restrictions C Floor cleaning needed below the dish machine drainboard and inside of the outdoor storage shed. Floors, walls, and ceilings shall be kept clean.//6-201.11 Floors, Walls and Ceilings-Cleanability C Repeat: Recaulk around the soiled drainboard of the dish machine, both kitchen handsinks, and at the bases of the toilets in the employee restrooms. If single-service items, food, or equipment for the kitchen is going to be stored in the outdoor storage shed the shelves need to be finished/sealed and a coved baseboard would be needed. Relocate linens/equipment/utensils/single-service articles to the laminate shelving, or seal/paint the wooden shelves. Floors, walls, and ceilings shall be easily cleanable.





Establishment Name: CARILLON ASSISTED LIVING OF CLEMMONS Establishment ID: 3034160045

Observations and Corrective Actions
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Establishment Name: CARILLON ASSISTED LIVING OF CLEMMONS Establishment ID: 3034160045

Observations and Corrective Actions

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Establishment Name: CARILLON ASSISTED LIVING OF CLEMMONS Establishment ID: 3034160045

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.



