

Food Establishment Inspection Report

Score: 96

Establishment Name: MEMORY CARE OF THE TRIAD

Establishment ID: 3034160003

Location Address: 413 N MAIN ST

City: KERNERSVILLE State: North Carolina

Zip: 27284 County: 34 Forsyth

Permittee: BRADFORD VILLAGE EAST, LLC

Telephone: (336) 993-4696

Inspection Re-Inspection

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 09/29/2022 Status Code: A

Time In: 3:25 PM Time Out: 5:00 PM

Category#: IV

FDA Establishment Type: Nursing Home

No. of Risk Factor/Intervention Violations: 5

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"/> IN				
Certified Food Protection Manager		1	<input checked="" type="checkbox"/>		
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"/> IN				
Hands clean & properly washed		4	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
9	<input checked="" type="checkbox"/> OUT/N/A/N/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 checked="" type="checkbox"/> IN				
Food received at proper temperature		2	1	0	
13	<input checked="" type="checkbox"/> IN				
Food in good condition, safe & unadulterated		2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	<input checked="" type="checkbox"/> IN				
Required records available: shellstock tags, parasite destruction		2	1	0	
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> IN				
Food separated & protected		3	1.5	<input checked="" type="checkbox"/>	
16	<input checked="" type="checkbox"/> IN				
Food-contact surfaces: cleaned & sanitized		3	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> OUT				
Proper cooking time & temperatures		3	1.5	0	
19	<input checked="" type="checkbox"/> IN				
Proper reheating procedures for hot holding		3	1.5	0	
20	<input checked="" type="checkbox"/> OUT				
Proper cooling time & temperatures		3	1.5	0	
21	<input checked="" type="checkbox"/> IN				
Proper hot holding temperatures		3	1.5	0	
22	<input checked="" type="checkbox"/> OUT				
Proper cold holding temperatures		3	1.5	0	
23	<input checked="" type="checkbox"/> OUT				
Proper date marking & disposition		3	1.5	0	
24	<input checked="" type="checkbox"/> IN				
Time as a Public Health Control; procedures & records		3	1.5	0	
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> OUT				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN				
Food additives: approved & properly used		1	0.5	0	
28	<input checked="" type="checkbox"/> OUT				
Toxic substances properly identified stored & used		2	1	0	
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN				
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 checked="" type="checkbox"/> IN				
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 checked="" type="checkbox"/> IN				
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 checked="" type="checkbox"/> IN				
Plant food properly cooked for hot holding		1	0.5	0	
35	<input checked="" type="checkbox"/> IN				
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 checked="" type="checkbox"/> OUT				
Food properly labeled: original container		2	1	0	
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				
Washing fruits & vegetables		1	0.5	0	
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> OUT				
In-use utensils: properly stored		1	0.5	0	
44	<input checked="" type="checkbox"/> OUT				
Utensils, equipment & linens: properly stored, dried & handled		1	0.5	0	
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 checked="" type="checkbox"/> OUT				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	0.5	0	
48	<input checked="" type="checkbox"/> OUT				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	
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				
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				
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"/> IN				
Physical facilities installed, maintained & clean		1	<input checked="" type="checkbox"/>	0	
56	<input checked="" type="checkbox"/> OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	0	
TOTAL DEDUCTIONS:					4



Comment Addendum to Food Establishment Inspection Report

Establishment Name: MEMORY CARE OF THE TRIAD
 Location Address: 413 N MAIN ST
 City: KERNERSVILLE State: NC
 County: 34 Forsyth Zip: 27284
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: BRADFORD VILLAGE EAST, LLC
 Telephone: (336) 993-4696

Establishment ID: 3034160003
 Inspection Re-Inspection Date: 09/29/2022
 Comment Addendum Attached? Status Code: A
 Water sample taken? Yes No Category #: IV
 Email 1: candiceM@memorycareofthetriad.org
 Email 2:
 Email 3:

Temperature Observations

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

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hamburger cooling	at 339	49						
hamburger cooling	at 412	41						
ham	upright	41						
pimiento cheese	upright	41						
hamburger	final cook	177						
hot water	three comp sink	129						
final rinse	dishmachine	166						
quat sanitizer	three comp sink	200						

First
 Person in Charge (Print & Sign): Johnnie

Last
 Wilson

Johnnie Wilson

First
 Regulatory Authority (Print & Sign): Michelle

Last
 Bell

Michelle Bell

REHS ID: 2464 - Bell, Michelle

Verification Required Date:

REHS Contact Phone Number: (336) 703-3134

Authorize final report to be received via Email: _____



Comment Addendum to Inspection Report

Establishment Name: MEMORY CARE OF THE TRIAD

Establishment ID: 3034160003

Date: 09/29/2022 **Time In:** 3:25 PM **Time Out:** 5:00 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) - The manager has a food safety certification that expired three days prior to the inspection. 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. Have the food safety certification renewed.
- 8 2-301.14 When to Wash (P): Employee exited the kitchen to distribute food products and re-entered the kitchen and began putting up stock products without first washing hands. Hands shall be washed when contaminated. CDI: Once educated, employee washed hands.
- 13 3-202.15 Package Integrity (Pf): One dented can of sliced white potatoes. Packages shall protect the integrity of the food inside from potential adulteration. CDI: Can segregated for disposal.
- 15 3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation (C): Two flats of unwashed tomatoes over ready-to-eat food in upright cooler. Food shall be protected from cross contamination by storing unwashed produce below RTE foods.
- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf): The following with food debris present: serving spoon, knife, pot and several spoons and knives. Utensils shall be clean to sight and touch. CDI: All sent to be rewashed during the inspection.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C): Molded ceiling tile near ice machine; crack in wall to right of upright; low floor grout throughout kitchen, peeling paint in some areas (mainly under three comp sink and near upright refrigerator), wall damage also present behind three comp sink. Maintain floors, walls, and ceilings in good repair.//6-501.12 Cleaning, Frequency and Restrictions (C): Windowsill with dust/debris, dust on ceiling in areas near hood. Dust on a/c vent in employee restroom. Floor debris present behind ice machine. Floors, walls, and ceilings shall be maintained clean.