

Food Establishment Inspection Report

Score: 96

Establishment Name: KERNER RIDGE ASSISTED LIVING

Establishment ID: 3034160020

Location Address: 250 HOPKINS RD

City: KERNERSVILLE

State: NC

Zip: 27284

County: 34 Forsyth

Permittee: KRAL INC

Telephone: (336) 993-1881

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

☒ Inspection ☐ Re-Inspection

Date: 07/30/2021

Status Code: A

Time In: 11:10 AM

Time Out: 1:35 PM

Total Time: 2 hrs 25 min

Category #: IV

FDA Establishment Type: Nursing Home

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions										Good Retail Practices									
Risk factors: Contributing factors that increase the chance of developing foodborne illness.										Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR		IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR	
Supervision .2652										Safe Food and Water .2653, .2655, .2658									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0				28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	1	0			
Employee Health .2652										Food Temperature Control .2653, .2654									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	1	0			29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	1	0			30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	0			
Good Hygienic Practices .2652, .2653										Food Identification .2653									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0			31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	0			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	0				32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	0			
Preventing Contamination by Hands .2652, .2653, .2655, .2656										Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2	0			33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	0			
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	1	0			34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	0			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0			Proper Use of Utensils .2653, .2654									
Approved Source .2653, .2655										Utensils and Equipment .2653, .2654, .2663									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0			41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	0			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0			42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	0			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0			43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	0			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0			44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	0			
Protection from Contamination .2653, .2654										Physical Facilities .2654, .2655, .2656									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	1	0			45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	1	0			
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	1	0			46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	0			
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0			47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	0			
Potentially Hazardous Food Time/Temperature .2653										Total Deductions: 4									
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures	3	1	0												
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	1	0												
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures	3	1	0												
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	1	0												
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	1	0												
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	1	0												
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0												
Consumer Advisory .2653																			
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	0													
Highly Susceptible Populations .2653																			
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	1	0												
Chemical .2653, .2657																			
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	0													
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0												
Conformance with Approved Procedures .2653, .2654, .2658																			
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2	1	0												



North Carolina Department of Health & Human Services

Division of Public Health • Environmental Health Section

Food Protection Program

Page 1 of

DHHS is an equal opportunity employer.
Food Establishment Inspection Report, 3/2013



Comment Addendum to Food Establishment Inspection Report

Establishment Name: KERNER RIDGE ASSISTED LIVING
 Location Address: 250 HOPKINS RD
 City: KERNERSVILLE State: NC
 County: 34 Forsyth Zip: 27284
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site System
 Permittee: KRAL INC
 Telephone: (336) 993-1881

Establishment ID: 3034160020
☒ Inspection ☐ Re-Inspection Date: 07/30/2021
 Comment Addendum Attached? ☒ Status Code: A
 Water sample taken? ☐ Yes ☒ No Category #: IV
 Email 1: KERNER@RIDGE CARE.COM
 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
tilapia	cook line- final	190.0						
rice	steam table	185.0						
mixed vegetables	steam table	180.0						
pot roast	steamer	198.0						
turkey	True refrigerator	40.0						
pimento cheese	True refrigerator	40.0						
black beans	True refrigerator	40.0						
cottage cheese	True refrigerator	41.0						
sliced turkey	True refrigerator	41.0						
sliced ham	True refrigerator	41.0						
eggs	True refrigerator	37.0						
pot roast	COOLING: Turbo-Air freezer @ 11:40	107.0						
pot roast	COOLING: Turbo-Air freezer @ 12:30	70.0						
hot water	3 compartment sink	146.0						
hot water	dishmachine	167.0						
quat sani	3 cmompartment sink 200ppm	0.0						
servsafe	J. Huber 12/11/24	0.0						

Person in Charge (Print & Sign): *Jesse* First Last
 Hubert
 Regulatory Authority (Print & Sign): *Damon* First Last
 Thomas

Jesse

Damon REHS # 2877

REHS ID: 2877 - Thomas, Damon

Verification Required Date:

REHS Contact Phone Number: (336) 703-3135



North Carolina Department of Health & Human Services

Page 1 of ____

• Division of Public Health • Environmental Health Section
 DHHS is an equal opportunity employer.
 Food Establishment Inspection Report, 3/2013

• Food Protection Program



Comment Addendum to Food Establishment Inspection Report

Establishment Name: KERNER RIDGE ASSISTED LIVING

Establishment ID: 3034160020

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.

- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P- There is heavy carbon build-up along the edges of several of the sheet pans. Clean thoroughly to remove build-up or replace as necessary- Equipment food contact surfaces and utensils shall be clean to the sight and touch- CDI: The person-in-charge (PIC) was provided with education on continuous care for food contact surfaces of equipment and utensils.

- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C- REPEAT- Recondition the undersides of the drainboards for the dishmachine and the large prep table at the service window to remove rusting. Recondition the legs and lower shelf of the equipment table at the coffee station to remove oxidation and prevent rusting. Repair or replace the torn door gaskets for the True 3 door refrigerator and 2 door refrigerator. Recondition the legs of the shelf for dry storage closest to the rear exit- Equipment shall be maintained in a state of good repair.

- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C- Cleaning is needed for the interior surfaces of the Victory freezer and other items as necessary. Clean the door gaskets for the True refrigerator and other pieces of equipment as necessary- Nonfood contact surfaces of equipment shall be kept free of an accumulation of food residue, dust, dirt and other debris- 0 pts

- 52 5-501.113 Covering Receptacles - C- The doors to both dumpsters were left open- Receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside of the food establishment- 0 pts.

- 53 6-501.12 Cleaning, Frequency and Restrictions - C- REPEAT- Cleaning is needed for the floor, baseboard and floor sink beneath the steam table and other areas as necessary- Physical facilities shall be maintained clean.// 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures- Methods - C- Remove the blue wall anchors and fill all holes in the FRP covering the walls behind the dishmachine and other areas as necessary- Physical facilities shall be maintained in good repair.