Food Establishment Inspection Report

Establishment Name: VILLAGE CAFE

	L	oca	atio	on /	Address: 6915 VILLAGE MEDICAL CIRC	Ľ	E				
City: CLEMMONS State: North Carolina											
Zip: 27012 County: 34 Forsyth											
	Ρ	err	nit	tte	e: NOVANT HEALTH, INC.						
	Т	ele	ph	or	ne: <u>(</u> 336) 893-1051						
		8) Ir	ISP	ection						
	V	las	te	wa	ater System:						
		Ø	M	lun	icipal/Community On-Site System						
	V	lat	er	Sι	ipply:						
_		Ø	M	lun	icipal/Community On-Site Supply						
	Fc	od	bo	rne	e Illness Risk Factors and Public Health Ir	nte	erv	en	ition	s	
	Ris	k fa	cto	rs: (Contributing factors that increase the chance of developing foo	dbo	orne	illr	ness.		
	Pul	olic	Hea	lth	Interventions: Control measures to prevent foodborne illness	or	inju	ry			
C	Col	mp	lia	nc	e Status	0	OUT	r	CDI	R	VR
S	upe	rvis	ion		.2652						
1	1 XOUT N/A PIC Present, demonstrates knowledge, & 1										
2	X	оит	N/A		Certified Food Protection Manager	1		0			
	mp	loye	еH	ealt	h .2652	1		•			
3	N.	оит			Management, food & conditional employee;	2	1	0			
4	-	ουτ			knowledge, responsibilities & reporting Proper use of reporting, restriction & exclusion	3	1.5	0			
5		оит			Procedures for responding to vomiting & diarrheal events	1	0.5	0			
G	<u> </u>		nie	nic	Practices .2652, .2653						
		ουτ	9.0.		Proper eating, tasting, drinking or tobacco use	1	0.5				
		OUT			No discharge from eyes, nose, and mouth	1	0.5	0			
		entir OUT		Cont	tamination by Hands .2652, .2653, .2655, .265 Hands clean & properly washed	6 4	2	0			
		оот		NIO	No bare hand contact with RTE foods or pre-	\square		\square			
				N/O	approved alternate procedure properly followed	4	2	0			
		out	-		Handwashing sinks supplied & accessible	2	1	0			
		OVE	u 31		Food obtained from approved source	2	1	0			
12	IN	оит		Ŋ ∕ ¢		2	1	0			
		ουτ			Food in good condition, safe & unadulterated Required records available: shellstock tags,	2	1	0			
14	IN	ουτ	×	N/O	parasite destruction	2	1	0			
Р	rote	ectio	n fi	rom	Contamination .2653, .2654						
	1 .	OUT OUT	N/A	N/O	Food separated & protected Food-contact surfaces: cleaned & sanitized	3 3	1.5 1.5	-			
		оот			Proper disposition of returned, previously served,			0			
	<u> </u>				reconditioned & unsafe food	2	1	U			
					ardous Food Time/Temperature .2653 Proper cooking time & temperatures	3	1.5	0			
19	Ň	оит	N/A	N/O	Proper reheating procedures for hot holding	3	1.5				
					Proper cooling time & temperatures Proper hot holding temperatures	3	1.5	-			
					Proper cold holding temperatures	3 3	1.5 1.5				
23	X	ουτ	N/A	N/O		3	1.5	0			
24	K	оит	N/A	N/O	Time as a Public Health Control; procedures & records	3	1.5	0			
С	ons	sume	er A	dvi	sory .2653	-					
25	IN	оит	NXA		Consumer advisory provided for raw/ undercooked foods	1	0.5	0			
					ble Populations .2653	1					
	Ť	оит			Pasteurized foods used; prohibited foods not	3	1.5	0			
	ľ.				offered	Ľ		Ľ			
	-	nica OUT	_		.2653, .2657 Food additives: approved & properly used	1	0.5	0			
		ουτ	· ·		Toxic substances properly identified stored & used	2	1	0			
C	onf	orm	anc	e w	ith Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,						
29	IN	ουτ	ŊXA		reduced oxygen packaging criteria or HACCP plan	2	1	0			
					North Carolina Department of Health &				ondor		livision

Establishment ID: 3034012479

Date: 12/01/2022	_Status Code: A								
Time In: 10:15 AM	_Time Out: _12:00 PM								
Category#: IV									
FDA Establishment Type: Hospital									

No. of Risk Factor/Intervention Violations: 0 No. of Repeat Risk Factor/Intervention Violations: 0

С	or	npl	iar	nce	Status		OUT		CDI	R	
Sa	afe	Food	d an	d Wa	ater .2653, .2655, .2658	-			L		L
30	Ň	оит	N/A		Pasteurized eggs used where required	1	0.5	0			Г
	<u> </u>	OUT		\square	Water and ice from approved source	2	1	0			
32	IN	оит	¢¥4		Variance obtained for specialized processing methods	2	1	0			
F	ood	Ten	nper	ratur	e Control .2653, .2654	-		-	I		L
33	×	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5		Γ		
34	Ņ	оυт	N/A	N/O	Plant food properly cooked for hot holding	1	0.5	0			
35	X	оит	N/A	N/O	Approved thawing methods used	1	0.5	0			
36	X	OUT			Thermometers provided & accurate	1	0.5	0			
Fe	ood	Ider	ntifie	catio	n .2653						
37	X	оит			Food properly labeled: original container	2	1	0			Γ
				f Foo	od Contamination .2652, .2653, .2654, .2656, .26	57					
38	M	оит	Insects & rodents not present; no unauthorized animals	2	1	0			Γ		
39	M	оит			Contamination prevented during food preparation, storage & display	2	1	0			
40	M	OUT			Personal cleanliness	1	0.5	0			
41	🕅 оит Wiping cloths: properly used & stored							0			
42	M	оит	N/A		Washing fruits & vegetables	1	0.5	0			
Р	rop	er Us	se o	fUte	ensils .2653, .2654						
43	M	OUT			In-use utensils: properly stored	1	0.5	0			Γ
44	Utensils, equipment & linens: properly stored, dried & handled				1	0.5	x				
45	M	оυт			Single-use & single-service articles: properly stored & used	1	0.5	0			
46	M	OUT			Gloves used properly	1	0.5	0			L
U	ten	sils a	and	Equ	ipment .2653, .2654, .2663		_	_			_
47	×	оυт			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0			
48	M	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5				
49	IN	0){(т			Non-food contact surfaces clean	1	0.5	X			Ĺ
Р	hys	ical	Faci	ilitie							
	· ·	OUT	N/A		Hot & cold water available; adequate pressure	1	0.5	0			Ľ
_		оит			Plumbing installed; proper backflow devices	2	1	0			
52	M	OUT			Sewage & wastewater properly disposed	2	1	0			L
53	M	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
		оит			Garbage & refuse properly disposed; facilities maintained	1	0.5	-			
	M	OUT			Physical facilities installed, maintained & clean	1	0.5	0			L
55	-				Meets ventilation & lighting requirements;				1		



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Comment Addendum to Food Establishment Inspection Report ne[.] VILLAGE CAFE Establishment ID: 3034012479

Establishment Name: VILLAGE CAFE	Establishin	
Location Address: <u>6915 VILLAGE ME</u> City: <u>CLEMMONS</u>	DICAL CIRCLE State: NC	Inspectio Comment Add
County: 34 Forsyth	Zip: <u>27012</u>	Water sample
Wastewater System: X Municipal/Community Water Supply: X Municipal/Community Permittee: NOVANT HEALTH, INC.		Email 1:djma Email 2:

X Inspection Re-Inspection	Date: <u>12/01/2022</u>								
Comment Addendum Attached? X	Status Code: A								
Vater sample taken? Yes X No	Category #: _IV								
Email 1:djmartin@novanthealth.org									

Email 3:

Telephone:	(336)	893-1051
	()	

Temperature Observations

	Effective	Janu	ary 1, 2019	Cold Holding is	now 41 degre	ees or less	
Item hardboiled egg	Location DOC 2	Temp 35		COOLING in walk-in cooler since 10:15	Temp Item 51	Location	Temp
cut lettuce	Cooler 11	36	final rinse	dish machine	165		
sausage crumbles	Cooler 12	41	hot water	3 comp sink	144		
diced tomatoes	refrigerated drawer	36	quat sani	dispenser and towel bucket	200		
sliced turkey	Cooler 14	35	veg wash	pH = 2.5	0		
demi-glace	Cook Cooler 4	35					
ambient air	1 door glass front cooler	30					
cooked pasta	Cook - ref. drawer	40					
sliced turkey	Cook - ref. drawer	39					
burger	FINAL COOK	188					
cut melon	Cooler 10	35					
soup	REHEAT for hot holding	188					
lasagna	FINAL COOK	173					
steamed broccoli	FINAL COOK for hot holding	149					
steamed squash	FINAL COOK for hot holding	143					
tuna salad	Cook Cooler 2	39					
cream soup	Cook Cooler 1	40					
rice	walk-in cooler	40					
cooked chicken	walk-in cooler	38					
macaroni and cheese	walk-in cooler	38					
Person in Ch	Firs arge (Print & Sign): Hea			<i>Last</i> Pinks	XM	Rul	
	Firs	st		Last			
Regulatory Auth	nority (Print & Sign): Aub	rie		Welch	ANDHI	Helch REHS	
REHS ID:2519	- Welch, Aubrie		Verif	ication Required Date:			
REHS Contact P	Phone Number: (336) 703	-3131		Authorize fi be received	nal report to I via Email:	KIVIKA	
this Nor	th Carolina Department of Health		DHHS is a	vision of Public Health Enviro n equal opportunity employer. I Establishment Inspection Report,		 Food Protection Program 	RCRI

Establishment Name: VILLAGE CAFE

Establishment ID: 3034012479

Date: 12/01/2022 Time In: 10:15 AM Time Out: 12:00 PM

Certifications								
Name	Certificate #	Туре	Issue Date	Expiration Date				
Jammie Waddy		Food Service		11/03/2026				
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.								

44 4-903.11 (A), (B), and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles Storing (C) Minor buildup present in perforated metal pans used to stored cleaned utensils, lids, etc. Cleaned equipment and utensils shall be stored in a clean, dry location where they are not exposed to splash, dust, or other contamination.

49 4-602.13 Nonfood Contact Surfaces (C) Clean fan guards in walk-in cooler. Clean under refrigerated drawers at front cooking area. Nonfood-contact surfaces of equipment shall be cleaned at a frequency to preclude the accumulation of soil residues.

Additional Comments

Minor floor cleaning needed in storage room where sodas are kept.