

# Food Establishment Inspection Report

Score: 97.5

Establishment Name: MAGNOLIA CREEK

Establishment ID: 3034160029

Location Address: 2560 WILLARD RD

City: WINSTON SALEM State: North Carolina

Zip: 27107 County: 34 Forsyth

Permittee: WRH WINSTON OP LLC

Telephone: (336) 650-0699

☒ Inspection ☐ Re-Inspection

## Wastewater System:

☒ Municipal/Community ☐ On-Site System

## Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 05/26/2023 Status Code: A

Time In: 2:00 PM Time Out: 3:45 PM

Category#: IV

FDA Establishment Type: Nursing Home

No. of Risk Factor/Intervention Violations: 2

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
<b>Supervision .2652</b>					
1	<input checked="" type="checkbox"/> OUT/N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> OUT/N/A	Certified Food Protection Manager	1	0	
<b>Employee Health .2652</b>					
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
<b>Good Hygienic Practices .2652, .2653</b>					
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
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
8	<input checked="" type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
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
<b>Approved Source .2653, .2655</b>					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN OUT	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0
14	<input checked="" type="checkbox"/> IN OUT	Required records available: shellstock tags, parasite destruction	2	1	0
<b>Protection from Contamination .2653, .2654</b>					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> IN OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	X
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
18	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN OUT	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN OUT	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> OUT/N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN OUT	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> IN OUT/N/A	Toxic substances properly identified stored & used	2	1	X
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN OUT	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
<b>Safe Food and Water .2653, .2655, .2658</b>					
30	<input checked="" type="checkbox"/> OUT/N/A	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 OUT	Variance obtained for specialized processing methods	2	1	0
<b>Food Temperature Control .2653, .2654</b>					
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 OUT	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT/N/A/N/O	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
38	<input checked="" type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> IN OUT	Contamination prevented during food preparation, storage & display	2	X	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/N/A	Washing fruits & vegetables	1	0.5	0
<b>Proper Use of Utensils .2653, .2654</b>					
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
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> IN OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	X
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
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT/N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> IN OUT	Plumbing installed; proper backflow devices	2	1	X
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT/N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> IN OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	X
55	<input checked="" type="checkbox"/> IN OUT	Physical facilities installed, maintained & clean	X	0.5	0
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
<b>TOTAL DEDUCTIONS:</b>					2.5



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: MAGNOLIA CREEK  
 Location Address: 2560 WILLARD RD  
 City: WINSTON SALEM State: NC  
 County: 34 Forsyth Zip: 27107  
 Wastewater System: ☒ Municipal/Community ☐ On-Site System  
 Water Supply: ☒ Municipal/Community ☐ On-Site System  
 Permittee: WRH WINSTON OP LLC  
 Telephone: (336) 650-0699

Establishment ID: 3034160029  
☒ Inspection ☐ Re-Inspection Date: 05/26/2023  
 Comment Addendum Attached? ☒ Status Code: A  
 Water sample taken? ☐ Yes ☒ No Category #: IV  
 Email 1: magn.adm@algsenior.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
CFPM	Tomisha Wilborn 4/16/26	0						
hot water	3 comp sink	149						
quat sanitizer	3 comp and buckets	200						
chlorine sanitizer	dish machine	100						
milk	walk in cooler	41						
chicken patties	upright cooler	40						
hot dogs	upright cooler	40						
pimiento cheese	upright cooler	41						


*First*  
 Person in Charge (Print & Sign): Tomisha  
*First*  
 Regulatory Authority (Print & Sign): Lauren

*Last*  
Wilborn  
*Last*  
Pleasants

REHS ID: 2809 - Pleasants, Lauren  
 REHS Contact Phone Number: (336) 703-3144

Verification Required Date:

Authorize final report to  
 be received via Email: 



North Carolina Department of Health & Human Services

Page 1 of \_\_\_\_\_  
 DHHS is an equal opportunity employer.  
 Food Establishment Inspection Report, 10/2021

• Division of Public Health • Environmental Health Section • Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** MAGNOLIA CREEK

**Establishment ID:** 3034160029

**Date:** 05/26/2023 **Time In:** 2:00 PM **Time Out:** 3:45 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.

- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf) - Can opener, ice cream scoop, and pink insulated plates soiled with food debris. Food-contact surfaces shall be clean to sight and touch. CDI- Can opener and scoop placed at the 3 comp sink. Establishment is going to discard the pink plates as they are no longer used.
- 4-602.12 Cooking and Baking Equipment (C) - The inside of the microwave has food debris in the cavity. The cavities and door seals of microwave ovens shall be cleaned at least every 24 hours by using the manufacturer's recommended cleaning procedure.
- 28 7-201.11 Separation - Storage (P) - One bottle of glass cleaner stored with straws and by the condiment containers. Poisonous or toxic materials shall be stored so they can not contaminate food, equipment, utensils, linens, and single-service and single-use articles by separating them with spacing or partitioning, or locating them in an area below the aforementioned items. CDI- Bottle moved to lower shelf.
- 39 3-305.11 Food Storage - Preventing Contamination from the Premises (C) - There is heavy ice buildup on boxes of food by the door in the walk in freezer. Remove the buildup. Food shall be stored in a clean, dry location, where it is not exposed to splash, dust, or other contamination, and at least 6 inches off the floor.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) - Repeat with improvement- Repair walk in freezer to prevent ice accumulation that is building up on food boxes and by the door. The top door closure has been repaired and the main door handle is scheduled to be repaired. Equipment shall be maintained in good repair.
- 51 5-205.15 (B) Maintain a plumbing system in good repair (C) - Repair the leak underneath the prep sink. Maintain plumbing in good repair.
- 54 5-502.11 Frequency - Removal (C) - The cardboard dumpster is overflowing and the trash dumpster is about to. Person in charge stated it is picked up on Tuesdays. Frequency may need to be increased to an extra day per week. Refuse, recyclables, and returnables shall be removed from the premises at a frequency that will minimize the development of objectionable odors and other conditions that attract or harbor insects and rodents.
- 55 6-501.12 Cleaning, Frequency and Restrictions (C) Repeat with improvement- Floor and wall cleaning needed beneath and behind the 3 compartment sink and the dish machine. Physical facilities shall be maintained clean.
- 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C)- Repeat- Remove old caulk and recaulk the right side of the prep sink to the wall, and the beverage counter to the wall. Repair wall damage under the 3 compartment sink.. Tile grout is low by the 3 compartment sink and dish machine. Once the walk in freezer door is repaired, insert tiles or create a threshold at the floor to prevent air from going into the freezer. Repair minor wall damage behind the can rack in the dry storage room. Maintain physical facilities in good repair.