

# Food Establishment Inspection Report

Score: 100

Establishment Name: ANNE &amp; ROSE LLC

Establishment ID: 3034020936

Location Address: 106 SHORT ST.

City: KERNERSVILLE State: North Carolina

Zip: 27284 County: 34 Forsyth

Permittee: ANNE &amp; ROSE LLC

Telephone: (774) 836-4523

☒ Inspection ☐ Re-Inspection ☐ Educational Visit**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site Supply

Date: 03/23/2024 Status Code: A

Time In: 5:05 AM Time Out: 6:10 AM

Category#: II

FDA Establishment Type: \_\_\_\_\_

No. of Risk Factor/Intervention Violations: 1

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"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
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"/> 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	X
22	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN OUT/N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN 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/N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT/N/A	Toxic substances properly identified stored & used	2	1	0
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN OUT/N/A	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"/> IN OUT	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"/> OUT N/A N/O	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN 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"/> 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 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"/> 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
<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"/> 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 N/A	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"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS: 0					





## Comment Addendum to Inspection Report

**Establishment Name:** ANNE & ROSE LLC

**Establishment ID:** 3034020936

**Date:** 03/23/2024 **Time In:** 5:05 AM **Time Out:** 6:10 AM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Amber Redding		Food Service		12/28/2028

### 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.

- 21 3-501.16 (A) (1) Time / Temperature Control for Safety Food, Hot and Cold Holding (P)- Grits in hot cabinet measured 127-137F. Maintain TCS foods in hot holding at 135F or above. CDI-Grits removed from hot cabinet to be reheated fully to 165F. Hot cabinet was not turned on in time and did not maintain temperature of hot foods.

### Additional Comments

Menu item has been added. Vegan curried chickpeas with vegetables over a fried grit cake. Served in same style as shrimp, grits, and greens. Cooked same day, portioned and closed, held hot and served, sold, or discarded. Food is not cooled to be reused on another day. Report any menu changes to health department.