Food Establishment Inspection Report

| Establishment Name | CORNERSTONE CAFE |
|--------------------|------------------|
| | |

| | E | st | ab | lis | shment Name: CORNERSTONE CAFE | | | | | | |
|---|----------|----------------------|------------|-----------|--|--------------|------------|----------|----------|---------------|----------|
| Location Address: 3801 HEATHROW DRIVE | | | | | | | | | | | |
| | C | ity | W | /IN | STON SALEM State: North Ca | ro | lina | a | | | |
| Zip: 27127 County: 34 Forsyth | | | | | | | | | | | |
| | | | | | e: CORNERSTONE CAFE LLC | | | | | | |
| | | | | | ne: (336) 600-1881 | | | | | | |
| | | | | | ection | | | | | | |
| | ., | | | | | | | | | | |
| | v | | | | ater System: | | | | | | |
| | | - | | | hicipal/Community O On-Site System | | | | | | |
| | V | | | | ipply: | | | | | | |
| | | Ø |) N | lun | icipal/Community O On-Site Supply | | | | | | |
| | | d | ha | | - Illnoop Rick Footors and Rublic Health I | . . . | | ~ ~ | tion | _ | |
| | | | | | e IIIness Risk Factors and Public Health In Contributing factors that increase the chance of developing for | | | | | s | |
| | | | | | Interventions: Control measures to prevent foodborne illness | | | | 1622. | | |
| | _ | | | | | | | | | | VD |
| | 0 | mp | па | nc | e Status | OUT CDI R | | | | ĸ | VR |
| S | upe | ervis | ion | | .2652 | T | | | | | _ |
| 1 | X | оит | N/A | | PIC Present, demonstrates knowledge, & performs duties | 1 | | 0 | | | |
| 2 | X | оит | N/A | | Certified Food Protection Manager | 1 | | 0 | | | |
| E | mp | loye | e H | ealt | h .2652 | - | | | | | |
| 3 | ix | олт | | | Management, food & conditional employee; | 2 | 1 | 0 | | | |
| 4 | Ľ. | оит | | | knowledge, responsibilities & reporting Proper use of reporting, restriction & exclusion | 3 | 1.5 | | | | _ |
| | <u> </u> | | | \square | Procedures for responding to vomiting & | - | | | | | - |
| 5 | IN | OXT | | | diarrheal events | 1 | 0.5 | X | Х | | |
| | | d Hy OUT | | nic | Practices .2652, .2653 | 1 | 0.5 | | | | |
| 7 | 1. | OUT | _ | | Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose, and mouth | 1 | 0.5 | | | | - |
| P | | | _ | Cont | tamination by Hands .2652, .2653, .2655, .265 | 6 | | | | | - |
| 8 | _ | оит | - | | Hands clean & properly washed | 4 | 2 | 0 | | | |
| 9 | М | оит | N/A | N/O | No bare hand contact with RTE foods or pre- | 4 | 2 | 0 | | | |
| - | | | | | approved alternate procedure properly followed | | | | | | <u> </u> |
| 10 X [out]wa Handwashing sinks supplied & accessible 2 1 0 Approved Source .2653, .2655 .2655 .2655 | | | | | | | | | | | |
| | | OVE | 13 | ouro | ce .2653, .2655 Food obtained from approved source | 2 | 1 | 0 | | | |
| | <u> </u> | OUT | | Ň | | 2 | 1 | 0 | | | |
| 13 | X | оит | | | Food in good condition, safe & unadulterated 2 1 0 | | | | | | |
| 14 | IN | оит | × | N/O | Required records available: shellstock tags, parasite destruction 2 1 0 | | | | | | |
| Protection from Contamination .2653, .2654 | | | | | | | | | | | |
| | | | | | Food separated & protected | 3 | 1.5 | 0 | | | |
| | 1. | <u>о</u> хт | | | Food-contact surfaces: cleaned & sanitized | 3 | 1.5 | | | | |
| 17 | X | оит | | | Proper disposition of returned, previously served, | 2 | 1 | 0 | | | |
| P | | nti- | L. | | reconditioned & unsafe food | | | | | | L |
| | | OUT | | | ardous Food Time/Temperature .2653 Proper cooking time & temperatures | 3 | 1.5 | 0 | | | |
| 19 | IN | оит | N/A | NX0 | Proper reheating procedures for hot holding | 3 | 1.5 | 0 | | | |
| | | оит | | 1 | | 3 | 1.5 | _ | | | |
| 21 22 | - | оит О Х (т | _ | 1. | | 3 3 | 1.5 1×5 | - | Х | | - |
| 23 | - | ох(т оХ(т | _ | | | 3 | 1.5 | | X | | - |
| 24 | IN | оит | NXA | N/O | Time as a Public Health Control; procedures & | 3 | 1.5 | 0 | | | |
| | <u> </u> | | | | records | - | | Ŭ | | | |
| | - | - | _ | <u> </u> | sory .2653 Consumer advisory provided for raw/ | Г | | | | | <u> </u> |
| 25 | IN | оит | NÃ | | undercooked foods | 1 | 0.5 | 0 | | | |
| Н | igh | ly S | usc | epti | ble Populations .2653 | | | | | | |
| 26 | IN | оит | Ň | | Pasteurized foods used; prohibited foods not offered | 3 | 1.5 | 0 | | | |
| 6 | | | | | | 1 | | | | | |
| | | nica OUT | | | .2653, .2657 Food additives: approved & properly used | 1 | 0.5 | 0 | | | |
| | + | o X ⊤ | · · | - | Toxic substances properly identified stored & used | 2 | X | 0 | Х | | |
| С | ont | orm | and | e w | ith Approved Procedures .2653, .2654, .2658 | | | _ | | | |
| 29 | IN | оит | ŊX | | Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan | 2 | 1 | 0 | | | |
| | | | | | | L | Ime | L n c | envior | ас - Г | Jivieli |
| | | | | | North Carolina Department of Health 8 | , rii | unid | | NOI VICE | ່ວ່າບໍ | /17150 |

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program DHHS is an equal opportunity employer. Page 1 of Food Establishment Inspection Report, 10/2021



Establishment ID: 3034012395

| Date: 10/21/2021 | Status Code: A | | | | | |
|---|-------------------|--|--|--|--|--|
| Time In: 1:20 PM | Time Out: 5:05 PM | | | | | |
| Category#: IV | | | | | | |
| FDA Establishment Type: Full-Service Restaurant | | | | | | |
| | | | | | | |
| No. of Risk Factor/Intervention Violations: 5 | | | | | | |
| | | | | | | |

No. of Repeat Risk Factor/Intervention Violations: 0 Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. CDI R VR **Compliance Status** OUT Safe Food and Water .2653. .2655. .2658 30 IN OUT NA Pasteurized eggs used where required 1 0.5 0 31 X OUT Water and ice from approved source 1 0 2 Variance obtained for specialized processing 32 IN OUT NA 2 0 1 methods Food Temperature Control .2653, .2654 Proper cooling methods used; adequate 33 X OUT 1 0.5 0 equipment for temperature control 34 IN OUT N/A NO Plant food properly cooked for hot holding 1 0.5 0 35 IN OUT N/A IN A Approved thawing methods used 1 0.5 0 36 IX OUT Thermometers provided & accurate 1 0.5 0 Food Identification .2653 37 X OUT Food properly labeled: original container 2 1 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 Insects & rodents not present; no unauthorized 38 🕅 OUT 2 1 0 animals Contamination prevented during food 39 IN X X 2 1 preparation, storage & display 40 💓 OUT Personal cleanliness 1 0.5 0 41 🕅 OUT Wiping cloths: properly used & stored 1 0.5 0 42 IN XT N/A Washing fruits & vegetables 1 0X5 0 X Proper Use of Utensils .2653, .2654 43 🕅 OUT In-use utensils: properly stored 1 0.5 0 Utensils, equipment & linens: properly stored, 44 🕅 OUT 0.5 0 1 dried & handled Single-use & single-service articles: properly 45 🕅 OUT 1 0.5 0 stored & used 46 💓 OUT Gloves used properly 1 0.5 0 Utensils and Equipment .2653. .2654. .2663 Equipment, food & non-food contact surfaces 0.5 X 47 IN 000T 1 approved, cleanable, properly designed, constructed & used Warewashing facilities: installed, maintained & 48 IN 0XT ð%s 1 0 used; test strips 49 IN 000T 1 0.5 Non-food contact surfaces clean **Physical Facilities** .2654, .2655, .2656 Hot & cold water available; adequate pressure 50 X OUT N/A 1 0.5 0 51 🕅 OUT Plumbing installed; proper backflow devices 2 1 0 52 IN 001 Sewage & wastewater properly disposed 2 Х Х 1 Toilet facilities: properly constructed, supplied 53 О∭(Т IN N/A 015 0 1 & cleaned Garbage & refuse properly disposed; facilities 54 X ουτ 1 0.5 0 maintained 55 🕅 OUT Physical facilities installed, maintained & clean 1 0.5 0 Meets ventilation & lighting requirements; 56 🕅 ουτ 0.5 0 designated areas used TOTAL DEDUCTIONS: 4

Score: 96

Comment Addendum to Food Establishment Inspection Report

| Establishment Name: CORNERSTONE CAFE | Establishment ID: 3034012395 | | | | | | |
|---|---|--|--|--|--|--|--|
| Location Address: <u>3801 HEATHROW DRIVE</u> City: <u>WINSTON SALEM</u> State: <u>NC</u> | X Inspection Re-Inspection Date: 10/21/2021 Comment Addendum Attached? X Status Code: A | | | | | | |
| County: <u>34 Forsyth</u> Zip: <u>27127</u> | Water sample taken? Yes X No Category #: IV | | | | | | |
| Wastewater System: X Municipal/Community On-Site System | Email 1:cornerstonecateringws@gmail.com Email 2: Email 3: | | | | | | |
| Permittee: CORNERSTONE CAFE LLC | | | | | | | |
| Telephone: (336) 600-1881 | | | | | | | |
| Temperature Observations | | | | | | | |

| Temperature Observations | | | | | | |
|--|---------------------|------------------|----------|-----------|----------|------|
| Effective January 1, 2019 Cold Holding is now 41 degrees or less | | | | | | |
| ltem Kelli Elliott | Location 7-28-26 | Temp Item 0.0 | Location | Temp Item | Location | Temp |
| mac and cheese | cooler | 41.0 | | | | |
| spagetti | cooler | 41.0 | | | | |
| collards | cooler | 38.0 | | | | |
| slaw | make unit | 44.0 | | | | |
| pork | make unit | 54.0 | | | | |
| sirloin | make unit | 44.0 | | | | |
| chili | make unit | 41.0 | | | | |
| peppers/onion | make unit | 43.0 | | | | |
| Chlorine bottle- | ppm | 50.0 | | | | |
| chicken | final cook | 166.0 | | | | |
| chicken | final cook | 182.0 | | | | |

| Person in Charge (Print & Sign): Kelli | First | Elliott | Last | Holli Ellut | | | |
|---|-----------------------------|---------|------|-------------|--|--|--|
| Regulatory Authority (Print & Sign): Nora | First | Sykes | Last | 16906 | | | |
| REHS ID: 2664 - | Verification Required Date: | | | | | | |
| REHS Contact Phone Number: (336) 703-3161 North Carolina Department of Health & Human Services Page 1 of Food Evablishment Inspection Report, 10/2021 Page 1 of Food Evablishment Inspection Report, 10/2021 | | | | | | | |

Comment Addendum to Food Establishment Inspection Report

Establishment Name: CORNERSTONE CAFE

Establishment ID: 3034012395

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.

- 5 2-501.11 Clean-up of Vomiting and Diarrheal Event- no procedure available. A FOOD ESTABLISHMENT shall have written procedures for EMPLOYEES to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the FOOD ESTABLISHMENT. The procedures shall address the specific actions EMPLOYEES must take to minimize the spread of contamination and the exposure of EMPLOYEES, consumers, FOOD, and surfaces to vomitus or fecal matter. CDI-Education. Provided state written plan.
- 16 4-602.11 Equipment Food-Contact Surfaces and Utensils Frequency- Clean inside of ice machine. Maintain clean.
- 3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding- Slaw, pork, sirloin, peppers/onions in make unit all above 41F as noted in temperature log. Maintain cold TCS foods at 41F or below. CDI- Slaw, sirloin moved to larger cooler to chill. Pork and peppers and onions discarded.

23 3-501.17 Ready-To-Eat Time / Temperature Control for Safety Food, Date Marking/ 3-501.18 Ready-To-Eat Time / Temperature Control for Safety Food, Disposition- Cooked peppers and onions and portions of spagetti without datemarks. Date mark all TCS foods that are ready-to-eat once opened or prepared and held more than 24hrs. Discard the food requiring date labels once time/temperature window has expired, if it is not been labeled, or if the label is incorrect. CDI-Peppers/onions discarded. Spagetti datemarked.

- 28 7-204.11 Sanitizers, Criteria Chemicals- Chlorine sanitizer measured above 200ppm in bottle. Chemical sanitizers used on food contact surfaces shall not exceed stated concentrations. CDI-Remade to 50-100ppm chlorine.
- 39 3-305.11 Food Storage Preventing Contamination from the Premises- Washed potatoes in bag previously containing unwashed potatoes. Store foods in a clean location.
- 42 3-302.15 Washing Fruits and Vegetables- Potatoes and tomato were cut without being washed prior. Raw fruits and vegetables shall be thoroughly washed in water to remove soil and other contaminants before being cut, combined with other ingredients, cooked, served, or offered for human consumption in READY-TO-EAT form. CDI-Foods washed.

4-205.10 Food Equipment, Certification and Classification- Ice maker and fryers are not certified. Except for toasters, mixers, microwave ovens, water heaters, and hoods, food equipment shall be used in accordance with the manufacturer's intended use and certified or classified for sanitation by an ANSI-accredited certification program.//
4-202.11 Food-Contact Surfaces - Cleanability- A few knives with peeling coverings on handles, one knife with cracks/crevices on handle, One pair of tongs not cleanable. Multiuse FOOD-CONTACT SURFACES shall be: SMOOTH; Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections; Free of sharp internal angles, corners, and crevices; Finished to have SMOOTH welds and joints. CDI-Discarded by PIC. //4-501.11 Good Repair and Proper Adjustment - Equipment- Stones cracked in pizza oven.

48 4-501.16 Warewashing Sinks, Use Limitation- Warewashing sink is dually used for washing dishes and produce. Sink was not cleaned or sanitized before produce was washed. No standard operating procedure in place. If a WAREWASHING sink is used to wash wiping cloths, wash produce, or thaw FOOD, the sink shall be cleaned as specified under § 4-501.14 before and after each time it is used to wash wiping cloths or wash produce or thaw FOOD. Sinks used to wash or thaw FOOD shall be SANITIZED as specified under Part 4-7 before and after using the sink to wash produce or thaw FOOD.

- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils- Clean inside of make unit and inside stand up refrigerator.
- 52 5-402.11 Backflow Prevention- Drain hose from ice maker machine directly inside of floor sink pipe. A direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed. CDI-Drain hose removed from floor sink and placed above to create an air gap.
- 53 6-501.18 Cleaning of Plumbing Fixtures- Clean all three toilets and sink in employee only restroom.