

Food Establishment Inspection Report

Score: 98

Establishment Name: KOERNER PLACE MEALSITE

Establishment ID: 3034090010

Location Address: 812 BIRCH LANE

City: KERNERSVILLE State: North Carolina

Zip: 27284 County: 34 Forsyth

Permittee: SENIOR SERVICES

Telephone: (336) 996-9833

☒ Inspection ☐ Re-Inspection

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 09/28/2022 Status Code: A

Time In: 10:00 AM Time Out: 11:00 AM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

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
Supervision .2652					
1	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager	1	0	
Employee Health .2652					
3	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0
4	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper use of reporting, restriction & exclusion	3	1.5	0
5	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Procedures for responding to vomiting & diarrheal events	1	0.5	0
Good Hygienic Practices .2652, .2653					
6	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper eating, tasting, drinking or tobacco use	1	0.5	0
7	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	No discharge from eyes, nose, and mouth	1	0.5	0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hands clean & properly washed	4	X	0
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Handwashing sinks supplied & accessible	2	1	0
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food in good condition, safe & unadulterated	2	1	0
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food-contact surfaces: cleaned & sanitized	3	1.5	0
17	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
Potentially Hazardous Food Time/Temperature .2653					
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Toxic substances properly identified stored & used	2	1	0
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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
Safe Food and Water .2653, .2655, .2658					
30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5	0
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Water and ice from approved source	2	1	0
32	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods	2	1	0
Food Temperature Control .2653, .2654					
33	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
37	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Contamination prevented during food preparation, storage & display	2	1	0
40	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Personal cleanliness	1	0.5	0
41	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	In-use utensils: properly stored	1	0.5	0
44	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Single-use & single-service articles: properly stored & used	1	0.5	0
46	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0
48	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Non-food contact surfaces clean	1	0.5	0
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Plumbing installed; proper backflow devices	2	1	0
52	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Physical facilities installed, maintained & clean	1	0.5	0
56	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					2



Comment Addendum to Food Establishment Inspection Report

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 Location Address: 812 BIRCH LANE
 City: KERNERSVILLE State: NC
 County: 34 Forsyth Zip: 27284
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site System
 Permittee: SENIOR SERVICES
 Telephone: (336) 996-9833

Establishment ID: 3034090010
☒ Inspection ☐ Re-Inspection Date: 09/28/2022
 Comment Addendum Attached? ☒ Status Code: A
 Water sample taken? ☐ Yes ☒ No Category #: IV
 Email 1: sckp@nchsm.org
 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
hot water	handsink	101						
hot water	two comp	110						
ambient	refrigerator	39						
apples	delivery	150						
parmagiana	delivery	136						
spaghetti	delivery	139						
broccoli	delivery	144						

First
 Person in Charge (Print & Sign): Kevin

Last
 Douthit

First
 Regulatory Authority (Print & Sign): Michelle

Last
 Bell

Kevin Douthit

Michelle Bell

REHS ID: 2464 - Bell, Michelle

Verification Required Date:

REHS Contact Phone Number: (336) 703-3134

Authorize final report to
 be received via Email: _____



North Carolina Department of Health & Human Services

● Division of Public Health ● Environmental Health Section
 DHHS is an equal opportunity employer.
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● Food Protection Program



Comment Addendum to Inspection Report

Establishment Name: KOERNER PLACE MEALSITE

Establishment ID: 3034090010

Date: 09/28/2022 **Time In:** 10:00 AM **Time Out:** 11:00 AM

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.

- 8 2-301.15 Where to Wash (Pf): Employee washed hands at two compartment sink. Hands shall be washed at handwashing sink.
CDI: Employee educated for future handwashing.