Food Establishment Inspection Report

Establishment Name: COMFORT SUITES BREAKFAST Location Address: 200 CAPITOL LODGING CT								
Location Address: 200 CAPIT	OL LODGING CT							
City: WINSTON SALEM	State: North Carolina							
Zip: 27103 Cou	unty: 34 Forsyth							
Permittee: JAY BHOLE LLC	State: North Carolina County: 34 Forsyth BHOLE LLC Re-Inspection Stem: Omnunity On-Site System							
Telephone : (336) 774-0805								
⊗ Inspection	○ Re-Inspection							
Wastewater System:								
Municipal/Community	On-Site System							
Water Supply:								
	On-Site Supply							

Establishment ID:	3034011743
Date: 06/21/2022	_Status Code: A
Time In: 8:00 AM	_Time Out: _ 9:40 AM
Category#: II	
FDA Establishment Type:	Fast Food Restaurant
••	
No. of Risk Factor/Interve	ention Violations: 2
No. of Repeat Risk Factor/	Intervention Violations: 0

Good Retail Practices

Score:

	Fc	od	bo	rne	e Illness Risk Factors and Public Health Ir	nte	erv	er	ntion	s	
					Contributing factors that increase the chance of developing foo						
					Interventions: Control measures to prevent foodborne illness						
			L	011	-	CDI	п	VD			
Compliance Status				Ľ	OU'	<u> </u>	CDI	R	VR		
S	upe	ervis	ion		.2652						
1	ìX	оит	N/A		PIC Present, demonstrates knowledge, &	1		0			
	Ĺ	_			performs duties	\vdash	-	-			
2	JK.	оит	N/A		Certified Food Protection Manager	1		0			
E	mp	loye	e H	ealt		_	_				_
3	IN	οχτ			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	X	x		
4	ìX	OUT		Н	Proper use of reporting, restriction & exclusion	3	1.5	0			
5	-	оЖт			Procedures for responding to vomiting &	1					
<u> </u>	IN	OAI			diarrheal events	1	0.5	у.	X		
			giei	nic	Practices .2652, .2653						
		OUT		Ш	Proper eating, tasting, drinking or tobacco use	1	0.5	_			
7	X	оит		Ш	No discharge from eyes, nose, and mouth	1	0.5	0			
Pı	_	_	ng (Conf	tamination by Hands .2652, .2653, .2655, .265	6		_			
8	X	OUT			Hands clean & properly washed	4	2	0	Ш		
9	M	оит	N/A	N/O	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0			
10	M	OUT	NI/A	Н	Handwashing sinks supplied & accessible	2	1	0			
		_		ш		-	1	U			
	_	ove	d Sc	our							
12	-	OUT		26	Food obtained from approved source Food received at proper temperature	2	1	0			
3	-	OUT		ı)X (Food in good condition, safe & unadulterated	2	1	0			
3	7	001		Н	Required records available: shellstock tags,	-	1	0			
4	IN	OUT	Ŋ (A	N/O	parasite destruction	2	1	0			
Pi	ote	ectio	n fr	rom	Contamination .2653, .2654	_					
		оит				3	1.5	0			П
16	<u> </u>	OUT			Food-contact surfaces: cleaned & sanitized	3	1.5	-			
	<u> </u>	оит		П	Proper disposition of returned, previously served,	2	1	0			
	_	001			reconditioned & unsafe food	2	1	U			
					rdous Food Time/Temperature .2653						
		OUT				3	1.5	-			
		оит				3	1.5	-			
		OUT		/ \	Proper cooling time & temperatures	3	1.5	-			
	<u> </u>	OUT	_	-	Proper hot holding temperatures	3	1.5	-	\vdash		_
22	٠,	OUT OUT			Proper cold holding temperatures Proper date marking & disposition	3	1.5	-	\vdash		_
	-	_		-	Time as a Public Health Control; procedures &	H		H			\vdash
24	IN	оит	ŊXĄ	N/O	records	3	1.5	0			
С	ons	sume	er A	dvi	sory .2653	•					
	Т	оит			Consumer advisory provided for raw/	,	0.5	0			
25	liv.	001	19734		undercooked foods	1	0.5	U			
н	gh	ly Sı	ısc	epti	ble Populations .2653						
26	IN	оит	r)X (4		Pasteurized foods used; prohibited foods not offered	3	1.5	0			
C	ner	nica			.2653, .2657						
		OUT	<i>-</i> `		Food additives: approved & properly used	1	0.5	-			
28	X	оит	N/A		Toxic substances properly identified stored & used	2	1	0			
Conformance with Approved Procedures .2653, .2654, .2658											
29	IN	оит	NΧ		Compliance with variance, specialized process,	2	1	0			
_	_	201	. y 46		reduced oxygen packaging criteria or HACCP plan	_	1	ľ			

	Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,										
	-	JJu					90113	, u	.orriici	aio,	
and physical objects into foods. Compliance Status			OUT			CDI	R	VR			
Safe Food and Water .2653, .2655, .2658										Ш	
30	IN	оит	N A		Pasteurized eggs used where required	1	0.5	0	г		
31		_	74.		Water and ice from approved source	2	1	0			
					Variance obtained for specialized processing	Ť		Ė			
32	IN	оит	ŊXA		methods	2	1	0			
Food Temperature Control .2653, .2654											
33	X	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	IN	OUT	N/A	ıχφ	Plant food properly cooked for hot holding	1	0.5	0			
35	IN	оит	N/A	ı X O	Approved thawing methods used	1	0.5	0			
36	įχ	оит			Thermometers provided & accurate	1	0.5	0	<u> </u>		
Food Identification .2653											
		OUT		<u> </u>	Food properly labeled: original container	2	1	0	<u> </u>	Ш	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657											
38	×	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
39		оит			Contamination prevented during food preparation, storage & display	2	1	0			
40	7.	OUT			Personal cleanliness	1	0.5	0			
_		OUT		\vdash	Wiping cloths: properly used & stored	1	0.5	0			
_		оит		Ш	Washing fruits & vegetables	1	0.5	0	<u> </u>	Ш	
Pı	ope	er Us	se o	f Ute	ensils .2653, .2654						
43	M	оит			In-use utensils: properly stored	1	0.5	0			
44	×	оит			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0			
45	×	оит			Single-use & single-service articles: properly stored & used	1	0.5	⊢			
46	M	OUT			Gloves used properly	1	0.5	0	L	Ш	
Ut	tens	sils a	and	Equ	ipment .2653, .2654, .2663			_			
47	M	оит			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	0			
49	M	оит		\square	Non-food contact surfaces clean	1	0.5	0			
Pi	nys	ical	Faci	ilitie							
-		оит	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
51	-	_		Ш	Plumbing installed; proper backflow devices	2	1	0		Ц	
52	M	оит		\sqcup	Sewage & wastewater properly disposed	2	1	0		Щ	
53	×	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
54	M	оит			Garbage & refuse properly disposed; facilities maintained	1	0.5	0			
55	M	оит			Physical facilities installed, maintained & clean	1	0.5	0			
56	IN	о)(т			Meets ventilation & lighting requirements; designated areas used	1	0.5	X			
					TOTAL DEDUCTIONS:	0					
	_					_		_		_	





Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034011743 Establishment Name: COMFORT SUITES BREAKFAST Location Address: 200 CAPITOL LODGING CT Date: 06/21/2022 X Inspection Re-Inspection City: WINSTON SALEM State: NC Comment Addendum Attached? X Status Code: A Zip: 27103 County: 34 Forsyth Water sample taken? Yes X No Category #: II Wastewater System:

Municipal/Community

On-Site System Email 1:gm.nc006@choicehotels.com Water Supply: Municipal/Community On-Site System Permittee: JAY BHOLE LLC Email 2: Telephone: (336) 774-0805 Email 3: Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Item Location Temp Item Location Temp Item Temp 120 hot water three compartment sink three compartment sink in 700 lactic acid sanitizer 40 air temp milk refrigerator 34 yogart refrigerator air temp 40 air temp single door refrigerator 32 air temp 2 door refrigerator 187 serving line eggs 190 sausage serving line 188 sausage gravy serving line 0 ServSafe Ajay Patel 10/29/2023

First Last

First Last

Patel

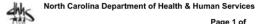
Bethel

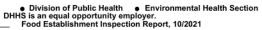
REHS ID: 1766 - Bethel, Craig

REHS Contact Phone Number: (336) 703-3143

Person in Charge (Print & Sign): Ajay

Regulatory Authority (Print & Sign): Craig







Verification Required Date:



Comment Addendum to Inspection Report

Establishment Name: COMFORT SUITES BREAKFAST Establishment ID: 3034011743

Date: 06/21/2022 Time In: 8:00 AM Time Out: 9:40 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.

2-201.11 (A), B), (C), and (E) Responsibility of Permit Holder, Person in Charge and Conditional Employees (P)(0pts)
(A) The Permit Holder shall require food employees and Conditional Employees to report to the Person in Charge information about their health and activities as they relate to diseases that are transmissible through food.
If an employee has or the onset of the following symptoms: (a) Vomiting,P
(b) Diarrhea,P (c) Jaundice,P (d) Sore throat with fever,P or (e) A lesion containing pus such as a boil or infected wound that is open or draining. Has an illness diagnosed by a HEALTH PRACTITIONER due to:
(a) Norovirus,P (b) Hepatitis A virus,P (c) Shigella spp., P (d) SHIGA TOXIN-PRODUCING ESCHERICHIA COLI,P (e) Typhoid fever (caused by Salmonella Typhi)P or (f) Salmonella (nontyphoidal);P

CDI - Information was left with the manager.

5 2-501.11 Clean-up of Vomiting and Diarrheal Event (Pf)(0pts)

A food establishments 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 - Information was left with the manager.

56 6-303.11 Intensity - Lighting (C)(0pts)

Low lighting measured 18-39 f/c in the prep area of the kitchen.

(C) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.