	winner.	0500014 050405145145 05 01	101.10.115					011000000000000000000000000000000000000	ALIENSUS AND		
GEORGIA DEPARTMENT OF PUBLIC HEALTH Food Service Establishment Inspection Report								CURRENT SCORE	CURRENT GRAD	DE	
Establishment Name: ASHTON MANOR AT SUGARLOAF											
COL	NTY HEAD	Address: 1155 Lawrenceville Hwy									
City:			ime Out:	_1	.2:30 PN	1					
VIC 11 400		n Date: 08/05/2022	- [] t S-		Cd-	D.					
		of Inspection: Routine Follow-up O Compliant	7.0		Grade		ite				
		iry O Other O	N/ <i>A</i>	4	N/A	11/05	/2021				
Risk	Type:	e: 1 O 2 3 O Permit#: 067-FSP-26606	Prior Sco	ore	Grade	Di	ate				
		Factors are important practices or procedures as the most	I THE ALL SHEET		1,000,000,000						
		buting factors in foodborne illness outbreaks. Public Health ventions are control measures to prevent illness or injury.	94	-	Α	10/27	/2021				_
	interv		0-00						90-100 B=80-89 C=70-79	U <u>≤</u> 65	9
		FOODBORNE ILLNESS RISK FA									
IN=in c	omnlia	(Mark designated compliance status (IN, OUT, NA, or NO) for el iance OUT=not in compliance NO=not observed NA=not applica						spection R=Repeat violation of		2 poir	nts
		liance Status	cos	R			iance S			cos	
		T NA NO Supervision	4 po	ints			Town Inc.	Cooking and Reheati	ng of TCS Foods,	0	
	0	1-2A PIC present, demonstrates knowledge, performs du			5 11	1 00	NA NO	Consumer	Advisory	9 poir	nts
	0	1-2B Certified Food Protection Manager	0	0		\circ		5-1A Proper cooking time a	ind temperatures	0	0
2 IN	OUT	T NA NO Employee Health, Good Hygienic Practices,				\circ		5-1B Proper reheating proc	edures for hot holding	0	0
2 111	001	Preventing Contamination by Hands	9 po							4 poi	ints
	Q	2-1A Proper use of restriction & exclusion	0			0		5-2 Consumer advisory pro	vided for raw and	0	0
	O	2-1B Hands clean and properly washed	0	0				undercooked foods		_	_
	0	2-1C No bare hand contact with ready-to-eat foods of	r O	0	6 11	N OUT	NA NO	Holding of To			
		approved alternate method properly followed						Date Marking o		9 poi	
		2 24 Management Imposed adaptation and in Hittings and a	4 po	_		2		6-1A Proper cold holding to		0	
	\approx	2-2A Management knowledge, responsibilities, repor		miles miles	>			6-1B Proper hot holding ter	C. C. C. C. C. C. C. C.	0	
	X	2-2B Proper eating, tasting, drinking, or tobacco use 2-2C No discharge from eyes, nose, and mouth		0				6-1C Proper cooling time a		0	U
	X	2-2D Adequate handwashing facilities supplied & acces		Name and Address of the Owner, where		\circ		6-1D Time as a public heal and records	in control: procedures	0	0
	0000	2-2E Response procedures for vomiting & diarrheal ev	-	_		_		una recordo		Amai	inte
3 IN	ALC: UNKNOWN	T NA NO Approved Source	9 po	-			00	6-2 Proper date marking an	nd disposition	4 poi	
	0	3-1A Food obtained from approved source	0		100 TO 100	OTHER DESIGNATION OF REAL PROPERTY.	NA NO	400 C C C C C C C C C C C C C C C C C C		9 poi	
Ŏ	ŏ	3-1B Food received at proper temperature	-	ŏ				7-1 Pasteurized foods used			
ĕ	ŏ	3-1C. Food in good condition, safe, and unadulterate	The second secon	and the same of th		\circ		offered	. Frombited loods not	0	0
Ŏ	Ŏ	3-1D Required records: shellstock tags, parasite destruction			8	V OUT	NA NO		cals	4 poi	ints
4 IN	OUT	T NA NO Protection From Contamination	9 po			0	STREET, SQUARE, SQUARE,	8-2A Food additives: appro		0	
	0	0 0 4-1A Food separated and protected	0			0		8-2B Toxic substances pro	perly identified, stored,	0	_
	0	4-1B Proper disposition of returned, previously serve	d, O	0				used	2 2	U	O
	U	reconditioned, and unsafe food		_	9	N OUT	NA NO	Conformance with Ap	proved Procedures	4 poi	ints
			4 po			00		9-2 Compliance with varian	ce, specialized process	0	0
	Q	4-2A Food stored covered 4-2B Food-contact surfaces: cleaned & sanitized		Ö				and HACCP plan			_
O		0	0	_	22407	105					
	/8.8		D RETA					D = Donast Violation of the same	anda provinian = 1 aniat\		
	(m	Mark the numbered item OUT, if not in compliance. For items marked OUT, Good Retail Practices are preventive measures to con-									
Co	ilgm	liance Status	cos	R		-	iance S			cos	R
10	OUT		3 poi	ints	14	OUT		Proper Use of Ute	ensils	1 po	int
	and the second	10A. Pasteurized eggs used where required	Ó	0		0	14A. In-	use utensils: properly stored		0	0
			Q	Ö				nsils, equipment and linens: proj			
	0	10C. Variance obtained for specialized processing methods		O				gle-use/single-service articles: oves used properly	properly stored, used	0	
	0	10D. Food properly labeled; original container	0	0	15	OUT	140. 01	Utensils, Equipment a	nd Vending		oint
11	OUT	T Food Temperature Control	3 poi	ints		-	15A. Fo	od and nonfood-contact surf			
	0	11A Proper cooling methods used: adequate equipment for		0			properly	designed, constructed, and	used	0	
	1000	temperature control	1.55.0			-		rewashing facilities: installed, m			
	0	11B. Plant food properly cooked for hot holding 11C. Approved thawing methods used		8	16	OUT	15C. No	nfood-contact surfaces clea Water, Plumbing an		0	
		11D. Thermometers provided and accurate	ŏ		10		16A. Ho	t and cold water available; a		2 poi	O
12	OUT	·	3 poi					imbing installed; proper back		0	
		12A. Contamination prevented during food preparation, store	age,	0			16C. Se	wage and waste water prope		0	
	0	display 12B. Personal cleanliness			17	OUT	17A T-1	Physical Facilities: properly constru		1 po	-
	0			0				let facilities: properly constru rbage/refuse properly dispos		0	
	ŏ			ŏ		-		ysical facilities installed, ma		ŏ	
13	OUT	T Postings and Compliance with Clean Air Act	1 pc	int				equate ventilation and lighting	; designated areas used	0	0
	0		The second secon	Ö	18	OUT	40.1	Pest and Animal C		3 poi	ints
	0	13B. Compliance with Georgia Smoke Free Air Act	0	U		0	18. Inse	cts, rodents, and animals no	t present	0	U
Person	in C	Charge (Signature)		(P	rint) E	llie/ Th	nomas	Date:	08/05/2022		
						5239	VE	s O NO A			
Inspec	tor (S	(Signature) KMC EHS			F	ollow-	up: 12	Follow-u	ip Date: <u>08/05/2022</u>		

Food Service Establishment Inspection Report Addendum Page 2 **of** 3 Violations cited in this report must be corrected within the time frames specified below, or as stated in the Georgia Department of Public Health Rules and Regulations Food Service Chapter 511-6-1, Rule .10 subsections (2)(h) and (i). Establishment Permit # Date 08/05/2022 **ASHTON MANOR AT SUGARLOAF** 067-FSP-26606 Address City/State Zip Code 1155 Lawrenceville Hwy Lawrenceville GA 30046 **TEMPERATURE OBSERVATIONS** Item/Location Item/Location Item/Location Temp Temp Temp Item OBSERVATIONS AND CORRECTIVE ACTIONS Number 4-2B: .05(7)(a)1 NCOS Correct By: 08/15/2022 Several containers stored as clean with food debris on food contact surface; ice machine with mold like substance. Equipment food-contact surfaces and utensils shall be clean to sight and touch. (Pf) 12A: .04(4)(u) COS Apples displayed for self-service not protected. All food, whether on display, being prepared for service or placed for consumer self-service shall be protected from contamination from consumers standing or sitting within eight feet of the food. (P) Food on display shall be protected from contamination by the use of packaging; counter, service line, or salad bar food guards, display cases, or other effective means. 12A: .04(4)(q) COS Individual salads stored in deli cooler under leak. Food may not be stored in the following areas: 1) locker, toilet, or dressing rooms; (C) 2) garbage or mechanical rooms; (C) 3) under sewer linens that are not shielded to prevent potential drips; (C) 4) under leaking water lines, automatic sprinkler heads or lines which water has condensed; (C) 5) under open stairwells; (C) or 6) under other sources of contamination. (C) 15A: .05(4)(c) NCOS Correct By: 08/15/2022 Deli cooler added is sitting directly on floor; to add castor, 6" legs, or sliders, or seal to floor. Except as specified in paragraph 2 of this subsection, floor-mounted equipment that is not easily movable shall be sealed to the floor or elevated on legs that provide at least a 6 inch (15 centimeter) clearance between the floor and the equipment. (C) 15B: .05(2)(y),(z),(aa), (bb) NCOS Correct By: 08/15/2022 The thermometers on the dishmachine is not operational. A warewashing machine shall be equipped with a temperature measuring device that indicates the temperature of the water: 1. In each wash and rinse tank; (Pf) and 2. As the water enters the hot water sanitizing final rinse manifold or in the chemical sanitizing solution tank. (Pf) 17C: .07(2)(c) NCOS Correct By: 08/15/2022 No cove base in new self-serve area with deli cooler; to install cove base. The floors in food service establishments in which water flush cleaning methods are used shall be provided with drains and be graded to drain, and the floor and wall junctures shall be coved and sealed. (C) 17C: .07(5)(a),(b)1,2,3 NCOS Correct By: 08/15/2022 Wall is in disrepair by deli cooler. All physical facilities shall be maintained in good repair and shall be cleaned as often as necessary to keep them clean and by methods that prevent contamination of food products. (C) 17C: .07(1)(a) NCOS Correct By: 08/15/2022 Deli cooler and self-serve coffee bar added without remodel application; ceiling and walls observed to be painted drywall; unless documentation can be provided, to be painted with epoxy paint. Materials for indoor floor, wall, and ceiling surfaces under conditions of normal use shall be: 1. Smooth, durable, and easily cleanable for areas where food service establishment operations are conducted; (C) and 2. Nonabsorbent for areas subject to moisture such as food preparation areas, walk-in refrigerators, warewashing areas, toilet rooms, mobile food service unit servicing areas, and areas subject to flushing or spray cleaning methods. (C) 17D: .07(2)(i) NCOS Correct By: 08/15/2022 Light in kitchen not shielded. Light bulbs shall be shielded, coated, or otherwise shatter-resistant in areas where there is exposed food; clean equipment, utensils, and linens; or unwrapped single-service and single-use articles. (C) Person in Charge (Signature) Date 08/05/2022 Inspector (Signature) Date 08/05/2022

lations cited in this report must be corrected within t gulations Food Service Chapter 511-6-1, Rule .10 sub tablishment		Date
HTON MANOR AT SUGARLOAF	067-FSP-26606	08/05/2022
dress 5 Lawrenceville Hwy	City/State Lawrenceville	GA Zip Code 30046
Item umber	DBSERVATIONS AND CORRECTIVE	ACTIONS
mments:		
cold holding is in compliance unless noted otherwise.		
all kitchen in independent living not being utilized.		
chen in assisted living only for serving.		
TE: Certified Food Safety Manager recently resigned. F	acility is hiring new CSFM to start on the 22nd.	
TE: Move the inspection report to an area where it can l	be read at a distance of one foot away.	
TE: Dishmachine not being utilized in kitchen in assisted	d living does not have air gap; remove dish machine o	or install air gap.
ytime any equipment is added or any remodeling is done	e a application must be made to the health departmen	nt.
informal will be conducted within 10 days. Correct violat	tions or permit may be suspended.	
IESTIONS?770-963-5132 w.gnrhealth.com		
rson in Charge (Signature)		Date 08/05/2022
pector (Signature)		Date 08/05/2022