

Food Establishment Inspection Report

Score: 100.0

Establishment Name: KANVWOTIYI
Location Address: 2670 CORNSILK BRANCH ROAD
City: ROBBINSVILLE **State:** North Carolina
Zip: 28771 **County:** GRAHAM
Permittee: CHEROKEE INDIAN HOSPITAL AUTHORITY
Telephone: 828 497 9163
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038160001
 Inspection Re-Inspection
Date: 10/19/2021 **Status Code:** A
Time in: _____ **Time out:** _____
Category#: 3
FDA Establishment Type: _____
No. of Risk Factor/ Intervention Violations: 2
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

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	Compliance Status			OUT	CDI	R	VR	
Supervision .2652							Safe Food and Water .2653, .2655, .2658							
1	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PIC Present; Demonstration - Certification by accredited program and perform duties							Pasteurized eggs used where required							
2	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Food Protection Manager							Water and ice from approved source							
Employee Health .2652							Food Temperature Control .2653, .2654							
3	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management, employees knowledge; responsibilities & reporting							Variance obtained for specialized processing methods							
4	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of reporting, restriction & exclusion							Proper cooling methods used; adequate equipment temperature control							
5	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures for responding to vomiting & diarrheal events							Plant food properly cooked for hot holding							
Good Hygienic Practices .2652, .2653							Food Identification .2653							
6	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco use							Approved thawing methods used							
7	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth							Thermometers provided & accurate							
Preventing Contamination by Hands .2652, .2653, .2655, .2656							Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657							
8	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hands clean & properly washed							Food properly labeled: original container							
9	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No bare hand contact with RTE foods or preapproved alternate procedure properly followed							Insects & rodents not present; no unauthorized animals							
10	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handwashing sinks supplied & accessible							Contamination prevented during food preparation, storage & display							
Approved Source .2653, .2655							Proper Use of Utensils .2653, .2654							
11	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food obtained from approved source							Personal cleanliness							
12	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food received at proper temperature							Wiping cloths: properly used & stored							
13	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food in good condition, safe & unadulterated							Washing fruits & vegetables							
14	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment .2653, .2654, .2663							
Required records available: shellstock tags, parasite destruction							43	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination .2653, .2654							In-use utensils: properly stored							
15	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food separated & protected							Utensils, equipment & linens: properly stored, dried, & handled							
16	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food-contact surfaces: cleaned & sanitized							Single-use & single-service articles: properly stored & used							
17	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper disposition of returned, previously served, reconditioned, & unsafe food							Gloves used properly							
Potentially Hazardous Food Time/Temperature .2653							Physical Facilities .2654, .2655, .2656							
18	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooking time & temperatures							Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used							
19	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper reheating procedures for hot holding							Warewashing facilities: installed, maintained, & used; test strips							
20	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling time & temperatures							Non-food contact surfaces clean							
21	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer Advisory .2653							
Proper hot holding temperatures							25	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods							
Proper cold holding temperatures							26	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations .2653							
Proper date marking & disposition							Pasteurized foods used; prohibited foods not offered							
24	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical .2653, .2657							
Time as a public health control: procedures & records							27	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical .2653, .2657							Food additives: approved & properly used							
28	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toxic substances properly identified stored, & used							Meets ventilation & lighting requirements; designated areas used							
Conformance with Approved Procedures .2653, .2654, .2658							Total Deductions: 0.0							
29	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan							



Comment Addendum to Food Establishment Inspection Report

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City: ROBBINSVILLE **State:** NC
County: GRAHAM **Zip:** 28771
Wastewater System: **Municipal/Community** **On-Site System**
Water Supply: **Municipal/Community** **On-Site Supply**
Permittee: CHEROKEE INDIAN HOSPITAL AUTHORITY
Telephone: 828 497 9163

Establishment ID: 038160001
 Inspection **Re-Inspection**
 Visit
 Verification
 Name Change
 Status Change
 Pre-Opening Visit
 Other _____

Date: 10/19/2021
Status Code: A
Category#: 3

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Sliced carrots/ 1 door cooler	35				
Lettuce/ reach in	40				
raw chicken/ 1 door cooler	39				
Lettuce/ walk in	39				
Sliced ham/ prep top	40				
potato soup. walk in	36				

Observations and Corrective Actions

Item Number **Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the fo**

03	NOT IN COMPLIANCE 2-201.11; Sick employee policy was changed with the adoption of the 2017 food code. The documents were sent to the manager of the establishment. CDI. No points taken as this is the 1st inspection since the 2017 food code adoption
05	NOT IN COMPLIANCE 2-501.11; Establishment shall have a vomiting and diarrheal event policy available. CDI by emailing the documents to the manager. No points taken as this is the 1st inspection since the 2017 food code adoption

Additional Comments

Person in charge (Print & Sign) _____
Regulatory Authority (Print & Sign): ALLI , GRAY

Verification Required Date: _____
REHS ID: 2765
REHS Contact Phone Number: --

