PRINTED: 03/30/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011205	A. BUILDING: 01 B. WING	03/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANDLER LIVING CENTER	138 ROBINSON COVE ROAD CANDLER, NC 28715

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Frank Strickland on 03/11/2015: Information obtained from the DHSR database indicates that this facility was first licensed on 01/01/1977 for 29 beds. Based on this information, we are requiring the facility to meet the 1967 NC Building Code, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds. Deficiencies have been cited and A Plan of Correction is required.	C 000	CONSTRUCTION SECTION APR 22 2015 RECEIVED	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by:	C 101	Please Sign & Return	

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	HAL011285	A. BUILDING: 01 B. WING _____	03/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANDLER LIVING CENTER	136 ROBINSON COVE ROAD CANDLER, NC 28715

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 101	Continued From page 1 1-Based on observations, the facility did not provide any address numbers in a position that is visible from the main road. This could effect the health and safety of staff and all the residents if emergency responders could not locate the facility quickly.	C 101	THE FACILITY HAS IT'S ADDRESS ON THE MAIL BOX LOCATED AT STREET. SEE ATTACHED PICTURE. FACILITY WILL ALSO PLACE LARGE LETTERING OVER FRONT DOOR TO IDENTIFY ADDRESS.	5/6/15
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observations, the facility failed to maintain the water resistance of the roof to prevent water migration into the facility. This condition has damaged the roof construction and interior spaces that effects all residents and staff by disrupting the daily operation of the facility. Findings on 03/11/2015: a. The facility has a roof leak that is located above the Laundry Room that has distroyed the sheetrock on the walls and ceiling. The wall studs appear to be saturated with water and electrical ceiling fixtures have be removed. It appears the Laundry Room is not functional at this time. 2. Based on observation, the facility emergency illumination has not been maintained in a safe	C 189	THE DAY AFTER BUILDING INSPECTOR WAS AT FACILITY. (MARCH 12, 2015) A PERMIT WAS PULLED TO FIX THE ROOF OVER PORCH AREA THAT WAS AFFECTING THE LAUNDRY AREA. AREA HAS BEEN RE DONE WITH WEATHER GUARD. THE DAMAGED DRY WALL AND THE SATURATED STUDS HAVE BEEN REPLACED. CURRENTLY WAITING ON FINAL INSPECTION FROM COUNTY BUILDING DEPT.	5/22/15

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	HAL011285	A. BUILDING: 01 B. WING _____	03/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANDLER LIVING CENTER	136 ROBINSON COVE ROAD CANDLER, NC 28715

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 2 manner. This would effect all residents by not keeping the exits visible in an emergency. Findings on 03/11/2015: a. The emergency wall lights located at the Dining Hall, Back Hall and Laundry Room Hall did not illuminate when tested for emergency back-up illumination condition. 3. Based on observation, the facility has not maintained exit and/or fire rated doors in a safe manner to operate freely or latch in order to allow the evacuation of residents in case of an emergency or contain smoke and/or fire in the area of origin. Findings on 03/11/2015: a-The Back Hall exit door did not open freely due to excessive wear and b- the door for Room 13 did not latch at the way to the door frame stops. 4. Based on observations, the facility management has not taken into consideration the maintence of surfaces outside the facility to protect the staff and all residents during all weather conditions. Findings on 03/11/2015: a. The handicap ramp that is located at the main entrance to the facility is made of wood construction that has been painted and has no slip resistance when it rains. This condition is considered a hazard.	C 189	LIGHTS: A. NEW LIGHTS AND/OR NEW BATTERIES WILL BE PURCHASED AND INSTALLED TO MAKE SURE BACK-UP ILLUMINATION IS FUNCTIONING. FIRE DOORS: A: BACK EXIT DOOR WAS REPAIRED USING TAPCON SCREWS AND OPENS AND CLOSES FREELY NOW. B: DOOR WILL BE RE-CONFIGURED TO LATCH CORRECTLY AT THE DOOR FRAME STOPS. IF DOOR CANT BE ADJUSTED CORRECTLY IT WILL BE REPLACED RAMP: A. FACILITY WILL PURCHASE ANTI-SLIP GRIT TAPE AND APPLY TO THE WOOD ON THE HANDICAP RAMP.	5/22/15 4/15/15 5/22/15 5/22/15

Food Establishment Inspection Report

Score: 96

Establishment Name: CANDLER LIVING CENTER
Location Address: 135 ROBINSON COVE RD
City: CANDLER **State:** NC
Zip: 28715 **County:** BUNCOMBE
Permittee: BAYTREE MANAGEMENT
Telephone: (828) 667-4453
Wastewater System: ☐ Municipal/Community ☒ On-Site System
Water Supply: ☐ Municipal/Community ☒ On-Site Supply

Establishment ID: 01011160042
☒ Inspection ☐ Re-Inspection
Date: 02/05/2015 **Status Code:** A
Time In: 2:00 PM **Time Out:** 4:30 PM
Category#: 4
FDA Establishment Type: Institutional Food Service
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.
Public Health Interventions: Control measures to prevent foodborne illness or injury

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

Comment Addendum to Food Establishment Inspection Report

Establishment Name: CANDLER LIVING CENTER
Location Address: 135 ROBINSON COVE RD
City CANDLER State: NC
County: BUNCOMBE Zip: 28715
Wastewater System: ☐ Municipal/Community ☒ On-site System
Water Supply: ☐ Municipal/Community ☒ On-site Supply
Permittee: BAYTREE MANAGEMENT
Telephone: (828) 667-4453

Establishment ID: 01011160042
☒ Inspection ☐ Re-Inspection
☐ Visit Date: 02/05/2015
☒ Verification Status Code: A
☐ Name Change Category#: 4
☐ Status Change
☐ Pre-Opening Visit
☐ Other

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Bologna (Cold-Hold Unit)	41 °F	Corn (Cooling)	90 °F	Milk (Cold-Hold Unit)	43 °F

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 food code.
18	3-501.14; Priority;Corn was at 82 degrees with approx 30 minutes left to get to 70 degrees or below. (A) Cooked POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) shall be cooled: (1) Within 2 hours from 57°C (135°F) to 21°C (70?F); P and (2) Within a total of 6 hours from 57°C (136°F) to 5°C (41?F) or less, or to 7°C (45°F) or less as specified under Subparagraph 3-501.16(A)(2)(b). P" (B) POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) shall be cooled within 4 hours to 5oC (41oF) or less, or to 7°C (45°F) or less as specified under Subparagraph 3-501.16(A)(2)(b) If prepared from ingredients at ambient temperature such as reconstituted FOODS and canned tuna. P (C) Except as specified under ¶ (D) of this section, a POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) received in compliance with LAWS allowing a temperature above 5oC (41oF) during shipment from the supplier as specified in ¶ 3 202.11(B), shall be cooled within 4 hours to 5oC (41oF) or less. P (D) Raw EGGS shall be received as specified under ¶ 3-202.11(C) and immediately placed in refrigerated EQUIPMENT that maintains an ambient air temperature of 7oC (45oF) or less. P CDI PIC could have cooled it to 70 degrees within 30 minutes or dispose of the product. The PIC opted to discard the corn.; Corrected During Inspection
21	3-501.16; Priority;Bologna was date-marked 1-28-15 and kept past the allowable 7 days. (A) A FOOD specified in ¶ 3 501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in ¶ 3-501.17(A), except time that the product is frozen; P (2) Is in a container or PACKAGE that does not bear a date or day; P or (3) Is appropriately marked with a date or day that exceeds a temperature and time combination as specified in ¶ 3-501.17(A). P(B) Refrigerated, READY-TO-EAT, POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) prepared in a FOOD ESTABLISHMENT and dispensed through a VENDING MACHINE with an automatic shutoff control shall be discarded if it exceeds a temperature and time combination as specified in ¶ 3-501.17(A). P CDI PIC disposed of the bologna.; Corrected During Inspection
31	3-501.16;Proper cooling methods were not used in cooling corn to 70 degrees within two hours. (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under § 3 501.14 by using one or more of the following methods based on the type of FOOD being cooled: (1) Placing the FOOD in shallow pans; Pf (2) Separating the FOOD into smaller or thinner portions; Pf (3) Using rapid cooling EQUIPMENT; Pf (4) Stirring the FOOD in a container placed in an ice water bath; Pf (5) Using containers that facilitate heat transfer; Pf (6) Adding ice as an ingredient; Pf or (7) Other effective methods. Pf (B) When placed in cooling or cold holding EQUIPMENT, FOOD containers in which FOOD is being cooled shall be:1) Arranged in the EQUIPMENT to provide maximum heat transfer through the container walls; and (2) Loosely covered, or uncovered if protected from overhead contamination as specified under Subparagraph 3 305.11(A)(2), during the cooling period to facilitate heat transfer from the surface of the FOOD.
34	4-302.12; Priority Foundation;There was no thin-probe thermometer. (A) FOOD TEMPERATURE MEASURING DEVICES shall be provided and readily accessible for use in ensuring attainment and maintenance of FOOD temperatures as specified under Chapter 3. Pf (B) A TEMPERATURE MEASURING DEVICE with a suitable small-diameter probe that is designed to measure the temperature of thin masses shall be provided and readily accessible to accurately measure the temperature in thin FOODS such as MEAT patties and FISH filets. Pf; Verification Required
45	4-205.10; Core;Two freezers are not NSF or ANSI. 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 American National Standards Institute (ANSI)-accredited certification program. If the EQUIPMENT is not certified or classified for sanitation, the EQUIPMENT shall meet Parts 4-1 and 4-2 of the Food Code as amended by this Rule. Nonabsorbent wooden shelves that are in GOOD REPAIR may be used in dry storage areas.
46	4-501.11; Core;Gaskets in reach-in cooler are in need of repair or need to be replaced. (B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications.
52	6-501.16; Core;There was not a receptacle at the handwash sink. (C) If disposable towels are used at handwashing lavatories, a waste receptacle shall be located at each lavatory or group of adjacent lavatories.
6a	6-501.14; Core;Hoods are in need of cleaning. (A) Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials.

Person In Charge (Print & Sign): _____ **Verification Required Date:** _____

Regulatory Authority (Print & Sign): Eric Purdy _____ **REHS ID:** 1793

REHS Contact Phone Number: 250-5084

NC. Department of Environmental and Natural Resources
Division of Environmental Health
Inspection of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions

Score: 95
Date of Insp/Chg: 10/16/2014
Status Code: A

Health Department: BUNCOMBE
Current ID Number: 01011400048
Old ID Number:

Water Supply	☐ Community	☒ Non-Transient Non-Community		Water sample taken? ☒ Yes ☐ No	
	☐ Transient Non-Community	☐ Non-Public Water Supply		☒ Inspection	☐ Name Change
				☐ Visit	☐ Status Change
Wastewater	☐ Community	☒ On-Site System	Capacity: 0	☐ Re-Inspection	☐ Verification of Closure

Name of Establishment: CANDLER LIVING CENTER
Location Address: 136 ROBINSON COVE RD
City: CANDLER State: NC Zip: 28715

Permittee: BAYTREE MANAGEMENT
Mailing Addr: P.O. BOX 819
City: CANDLER State: NC Zip: 28715

		Deduction Full	Deduction Half
FLOORS, WALLS AND CEILINGS [.1309,.1310]			
01	Floors easy to clean, no obstacles, drains where needed	2	1
02	Floors clean, carpet clean, dry, odor free	2	1
03	Walls and ceilings cleanable, clean, good repair	2	1
LIGHTING, VENTILATION, MOISTURE CONTROL [.1311]			
04	Lighting at least 10 foot candles 30 inches above floor	2	1
05	Ambient air temperature 65° to 85° F, equipment clean	2	1
06	No evidence of microbial growth	3	1.5
07	Indoor smoking limited to dedicated smoking rooms	2	1
TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES [.1312]			
08	Facilities conveniently located, clean and in good repair	2	1
09	Toilet rooms free of storage, handwash signs posted	1	0.5
10	Bedpans, urinals, bedside commodes and utensils basins properly cleaned and disinfected	1	0.5
11	Hand sinks used only for intended purpose	2	1
12	Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device	3	1.5
13	Lavatory and bathing hot water between 100° and 116° F	2	1
14	Disinfectant accessible, properly used	2	1
WATER SUPPLY [.1313]			
15	Approved water supply, no cross-connections	4	2
16	Quantity and hot water sufficient, backup water supply plan	2	1
DRINKING WATER FACILITIES, ICE HANDLING [.1314]			
17	Water fountains clean, good repair, properly regulated	2	1
18	Drinking utensils properly handled	2	1
19	Ice protected, dispensed, equipment clean, in good repair	2	1
LIQUID AND SOLID WASTES [.1315,.1316]			
20	Wastewater disposed of properly	4	2
21	Solid waste stored properly, areas clean, facilities for cleaning	4	2
22	Solid waste disposed of frequently, no insect breeding or nuisance	2	1
23	Medical wastes handled and disposed of properly	2	1
VERMIN CONTROL, PREMISES [.1317]			
24	Vermin excluded	3	1.5
25	Approved pesticides properly stored and handled	2	1
26	Premises clean, no breeding places or rodent harborage	2	1
27	Pet areas clean, veterinary records available	2	1

		Deduction Full	Deduction Half
MISCELLANEOUS [.1318]			
28	Adequate storage, area clean, items properly stored	1	0.5
29	Mop sinks provided and used	1	0.5
30	Medication carts clean, sharps containers affixed, food and utensils handled properly	2	1
31	Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions	2	1
FURNISHINGS AND PATIENT CONTACT ITEMS [.1319,.1312]			
32	Furniture clean and in good repair. Mattresses clean, dry, odor free	2	1
33	Linen changed when soiled. Soiled linen handled properly	2	1
34	Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately	2	1
35	Patient contact items in good repair, properly stored, cleaned and disinfected	1	0.5
FOOD SERVICE UTENSILS AND EQUIPMENT [.1320]			
36	Approved utensils and equipment, cleaned and sanitized	2	1
37	Activity kitchens used only for approved activities	1	0.5
38	Handwash lavatory provided wherever food is handled	2	1
FOOD SUPPLIES AND PROTECTION [.1321,.1322,.1323]			
39	Food supply complies with 15A NCAC 18A .2600	4	2
40	Food brought by employees or visitors handled properly	1	0.5
41	Milk and milk products comply with 15A NCAC 18A .1200	2	1
42	Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control	4	2
43	Food storage units with thermometers, maintain temperatures	1	0.5
44	Food stored above floor	1	0.5
45	No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment,condiments, pets excluded and tables cleaned before meals	2	1
EMPLOYEES [.1324]			
46	Clothing clean, no tobacco used while handling food	1	0.5
47	Hands properly washed or decontaminated	3	1.5
48	Persons with infections excluded from food service work	2	1
	TOTAL	5	

Repl Received by: _____

Comments:
8. Replace missing tile in bathroom tub area. Recaulk bathtub an replace metal cupling on hot water side handle.

12. All hand wash sinks required to have soap and paper towels.

24. Replace any missing screens in resident rooms.

35. Keep adult diapers stored off the floor in bathroom closet.

Inspection By: Chris Ensz

EHS ID#: 1740

DHR 1213 (Revised 7/03)
Environmental Health Services Section (Revised 7/06)

Comment Addendum to Food Establishment Inspection Report

Establishment Name: CANDLER LIVING CENTER
Location Address: 135 ROBINSON COVE RD
City CANDLER State: NC
County: BUNCOMBE Zip: 28715
Wastewater System: ☐ Municipal/Community ☒ On-Site System
Water Supply: ☐ Municipal/Community ☒ On-Site Supply
Permittee: BAYTREE MANAGEMENT
Telephone: (828) 667-4453

Establishment ID: 01011160042
☒ Inspection ☐ Re-Inspection
☐ Visit Date: 10/16/2014
☐ Verification Status Code: A
☐ Name Change Category#: 4
☐ Status Change
☐ Pre-Opening Visit
☐ Other

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

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 food code.
13	3-302.11; Raw turkey meat to be stored below ready to eat foods in reachin freezer.; Corrected During Inspection
14	4-501.114; Priority; Spray bottle of sanitizer is too strong. Mixed product required to be 50ppm.
15	;
21	3-501.16; Priority; Gallon of milk in reachin cooler requires to label dated according to when product is first opened. Discard milk since it is out of date.
41	3-304.12; Core; Keep handles of scoops stored out of dry goods stored in bins in food prep area.; Corrected During Inspection
45	4-202.11; Multiuse FOOD-CONTACT SURFACES shall be: (1) SMOOTH; Pf (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections; Pf (3) Free of sharp internal angles, corners, and crevices; Pf (4) Finished to have SMOOTH welds and joints; Pf and Refering to wood prep table and cabinets.

Person in Charge (Print & Sign): ~
Regulatory Authority (Print & Sign): Chris Ernst ~
Verification Required Date:
REHS ID: 1740
REHS Contact Phone Number: