

Food Establishment Inspection Report

Score: 99

Establishment Name: CAMBRIDGE VILLAGE DINING

Establishment ID: 4092015960

Location Address: 10000 CAMBRIDGE VILLAGE LOOP

City: APEX State: North Carolina

Zip: 27502 County: 92 Wake

Permittee: CAMBRIDGE VILLAGE OF APEX, LLC

Telephone: (919) 363-2080

Inspection Re-Inspection Educational Visit

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 07/14/2025 Status Code: A

Time In: 10:30 AM Time Out: 1:00 PM

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



Comment Addendum to Food Establishment Inspection Report

Establishment Name: CAMBRIDGE VILLAGE DINING
 Location Address: 10000 CAMBRIDGE VILLAGE LOOP
 City: APEX State: NC
 County: 92 Wake Zip: 27502
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: CAMBRIDGE VILLAGE OF APEX, LLC
 Telephone: (919) 363-2080

Establishment ID: 4092015960
 Inspection Re-Inspection Date: 07/14/2025
 Educational Visit Status Code: A
 Comment Addendum Attached? Category #: IV
 Email 1:
 Email 2:
 Email 3: ahicks@cvsliving.com

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
shrimp salad/WIC	42	burger/final cook	157		
grilled shrimp/WIC	43	grilled chicken/final cook	168		
shrimp and lettuce wrap/WIC	43	mashed potatoes/steamer	158		
fish/WIC	42	lima beans/steamer	169		
steak/WIC	42	corn/steamer	174		
potato salad/WIC	41	soup/steamer	177		
apple salad/WIC	41	shredded beef/steamer	167		
broccoli salad/WIC	42	fried mozzarella/hot box	159		
pasta (discarded)/WIC	45	ambient air/hot box	185		
mac and cheese/WIC	43	diced chicken/prep	40		
shrimp salad/WIC retemp (ice)	39	boiled egg/prep	40		
grilled shrimp/WIC retemp (ice)	41	sliced tomato/prep	38		
shrimp and lettuce wrap/WIC retemp (ice)	41	chicken salad/prep	39		
fish/WIC retemp (ice)	40	pasta salad/lowboy	41		
steak/WIC retemp (ice)	40	slaw/lowboy	40		
broccoli salad/WIC retemp (ice)	41	apple salad/lowboy	41		
mac and cheese/WIC retemp (ice)	40	broccoli salad/lowboy	41		
ambient air/WIC retemp (ice)	41	ambient air/lowboy	38		
ambient air/WIC initial	44				
grilled shrimp/final cook	149				

Person in Charge (Print & Sign): *First* Andy *Last* Hicks
 Regulatory Authority (Print & Sign): *First* Carla *Last* Pressley

Andy Hicks

Carla Pressley

REHS ID: 2800 - Pressley, Carla Verification Dates: Priority: _____ Priority Foundation: _____ Core: _____
 REHS Contact Phone Number: (984) 239-0850 Authorize final report to be received via Email: *Andy Hicks*

Comment Addendum to Inspection Report

Establishment Name: CAMBRIDGE VILLAGE DINING

Establishment ID: 4092015960

Date: 07/14/2025 **Time In:** 10:30 AM **Time Out:** 1:00 PM

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.

- 22 3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding (P)
Several food items in the walk in cooler were held above 41F. The walk in cooler had a malfunction at the start of the workday. (SEE CHART) Maintain TCS foods in cold holding at 41F or less. Pasta was discarded. All other items were rapidly cooled.
- 53 5-501.17 Toilet Room Receptacle, Covered (C)
Employee restroom not equipped with a covered waste bin. Provide a covered waste bin in female restrooms.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C)
Replace blown bulb in ca wash area. Repair cracking and splitting flooring in the dry food storage area and worn ineffective finish in high traffic areas. Physical facilities shall be maintained in good repair.