

Food Establishment Inspection Report

Score: 94.5

Establishment Name: WINSTON SALEM NURSING & REHABILITATION

Establishment ID: 3034160036

Location Address: 1900 W 1ST STREET

Inspection Re-Inspection

City: WINSTON SALEM

State: NC

Date: 08 / 26 / 2015 Status Code: A

Zip: 27104

County: 34 Forsyth

Time In: 12 : 20 ^{am} _{pm} Time Out: 02 : 50 ^{am} _{pm}

Permittee: HEALTHTIQUE WINSTON-SALEM, LLC

Total Time: 2 hrs 30 minutes

Telephone: (336) 724-2821

Category #: 1

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Nursing Home

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 1

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.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
Supervision .2652										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	0	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health .2652										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	1.5	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	1.5	0	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			2	1	0	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	0.5	0	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			4	2	0	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			3	1.5	0	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	1	0	<input type="checkbox"/>
Approved Source .2653, .2655										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			2	1	0	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			2	1	0	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	0	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	<input type="checkbox"/>
Protection from Contamination .2653, .2654										
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	1.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			<input checked="" type="checkbox"/>	1.5	0	<input checked="" type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food			2	1	0	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653										
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures			3	1.5	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	1.5	0	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures			3	1.5	0	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	1.5	0	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	1.5	0	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	1.5	0	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	<input type="checkbox"/>
Consumer Advisory .2653										
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	0.5	0	<input type="checkbox"/>
Highly Susceptible Populations .2653										
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	1.5	0	<input type="checkbox"/>
Chemical .2653, .2657										
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used			1	0.5	0	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	1	0	<input type="checkbox"/>
Conformance with Approved Procedures .2653, .2654, .2658										
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan			2	1	0	<input type="checkbox"/>

Good Retail Practices										
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658										
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			1	0.5	0	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	0.5	0	<input type="checkbox"/>
Food Temperature Control .2653, .2654										
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			<input checked="" type="checkbox"/>	0.5	0	<input checked="" type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	0.5	0	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	0.5	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	0.5	0	<input type="checkbox"/>
Food Identification .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	<input type="checkbox"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657										
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals			2	1	0	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0.5	0	<input type="checkbox"/>
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0.5	0	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654										
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	0.5	0	<input type="checkbox"/>
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	0.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0.5	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	0.5	0	<input type="checkbox"/>
Utensils and Equipment .2653, .2654, .2663										
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	0.5	0	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical Facilities .2654, .2655, .2656										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	0	<input type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	0	<input type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	<input type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	0.5	0	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0.5	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
Total Deductions:							5.5			



Comment Addendum to Food Establishment Inspection Report

Establishment Name: WINSTON SALEM NURSING & REHABILITATION CENTER **Establishment ID:** 3034160036
Location Address: 1900 W 1ST STREET Inspection Re-Inspection **Date:** 08/26/2015
City: WINSTON SALEM **State:** NC **Comment Addendum Attached?** **Status Code:** A
County: 34 Forsyth **Zip:** 27104 **Category #:** I
Wastewater System: Municipal/Community On-Site System **Email 1:** WINADMI@HEALTHTIQUEGROUP.COM
Water Supply: Municipal/Community On-Site System **Email 2:** _____
Permittee: HEALTHTIQUE WINSTON-SALEM, LLC **Email 3:** _____
Telephone: (336) 724-2821

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
corn dog	hot hold	154						
hot water	three comp sink	131						
quat sanitizer	three comp sink	400						
lettuce	walk in cooler	43						
servsafe	Jacqueline Grier	00						
sausage	cooling	65						
coleslaw	just prepared	52						

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.

- 13 3-304.15 (A) Gloves, Use Limitation - P: 0 pts. One food employee scratched face with hands while wearing single use gloves, then proceeded to continue getting items out of walk in cooler without disposing of gloves and washing hands. Single use gloves shall be changed at any time of contamination. CDI: Employee discarded gloves and washed hands.
- 14 4-501.115 Manual Warewashing Equipment, Chemical Sanitization Using Detergent-Sanitizers - C: REPEAT: Dishmachine registering less than 50 ppm chlorine sanitizer. Sanitizer input hose to machine has small drip. Repair machine to administer correct sanitizer amount of 50 ppm chlorine during cleaning cycle. Verification of repair is required to Michelle Bell at 336-703-3141 by 8-27-15. Until repair has been completed, dishmachine may be used to wash dishes, but dishes must be transferred to three compartment sink after washing for sanitization. //4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P: Approximately 10% of bowls, small plates, trays soiled with debris. Food contact surfaces of equipment and utensils shall be clean to sight and touch. CDI: Items sent to be re-washed.
- 31 3-501.15 Cooling Methods - PF: REPEAT: Sausages, greens, and pureed food cooked this morning cooling in pans under tightly wrapped cellophane. Cooling shall be accomplished by placing the food in shallow pans, separating the food into smaller or thinner portions, using rapid cooling equipment, stirring the food in a container placed in an ice water bath, using containers that facilitate heat transfer, adding ice as an ingredient, or other effective means. When placed in cooling or cold holding equipment, food being cold shall be arranged in the equipment to provide maximum heat transfer through the container walls and loosely covered, or uncovered if protected from overhead contamination. CDI: Cellophane loosened.



Person in Charge (Print & Sign): Tina *First* Williamson *Last*

Tina Williamson

Regulatory Authority (Print & Sign): Michelle *First* Bell *Last*

Michelle Bell

REHS ID: 2464 - Bell, Michelle

Verification Required Date: 08 / 27 / 2015

REHS Contact Phone Number: (336) 703 - 3141



Comment Addendum to Food Establishment Inspection Report

Establishment Name: WINSTON SALEM NURSING & REHABILITATION
CENTER

Establishment ID: 3034160036

Observations and Corrective Actions

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- 39 3-304.14 Wiping Cloths, Use Limitation - C: Wet wiping cloths seen on prep table, three comp sink, and by dishmachine. Wiping cloths, once wet, shall be stored submerged in a sanitizer solution. CDI: Manager placed wiping cloths in soiled linen area.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C: 0 pts. REPEAT: Three trays stacked wet. Equipment and utensils shall be air dried prior to stacking. CDI: Trays sent to be washed.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C: 0 pts. Floor panels to walk in cooler coming loose. Adhere panels to floor and seal to maintain surface smooth and easily cleanable./ Tray racks chipping paint and rusting. Legs to prep sink and prep table with slicer chipping paint. Slicer pad chipping paint. Repaint with incidental food contact paint or replace.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C : 0 pts. Cart for transporting/storing plates soiled. Dishmachine has accumulation of rust in corner of clean drainboard. Nonfood contact surfaces shall be clean to sight and touch.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C: REPEAT: Tile baseboards and various pieces of tile flooring throughout kitchen/employee bathrooms/storage are cracked or nonexistent with raw areas and areas puddling water from cleaning./ Paint chipping/cracking in some places from ceiling surfaces (bottom of hood ventilation, for example)./ Some holes present in walls throughout kitchen and some areas of walls need painting where dispensers have been removed./ Wall repair needed on corners missing baseboard./ Grout needed between tile flooring and baseboard in both employee restrooms./ Wall repair needed behind clean utensil storage by hood vents where deterioration is occurring./6-501.12 Cleaning, Frequency and Restrictions - C: Outdoor emergency storage has unfinished concrete floors. Finish floors. / Clean ceilings, walls, and floors of this storage area to eliminate soil and cobwebs./ Clean dust from ceilings and walls throughout kitchen.
- 54 6-202.12 Heating, Ventilation, Air Conditioning System Vents - C. : Air conditioning vents throughout kitchen soiled with dust. Clean at a frequency necessary to prevent accumulation of dust./ Lighting low in both employee restrooms at vanities (8-9 fctd) and toilets (6 fctd). Increase lighting to meet 20 fctd in these areas./6-501.110 Using Dressing Rooms and Lockers - C: Cell phone charger being stored on slicer prep table. Bookbag being stored on prep table shelving next to equipment. Employee items shall be stored in employee areas where contamination of food, equipment, utensils, linens, single service or single use articles cannot occur. CDI: Items moved.



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Establishment ID: 3034160036

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Spell



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Establishment Name: WINSTON SALEM NURSING & REHABILITATION
CENTER

Establishment ID: 3034160036

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✓
Spell

