Food Establishment Inspection Report

Establishment Name: HOMESTEAD HILLS ASSISTED LIVING Establishment Name:

Date: <u>Ø 3</u> / <u>1 5</u> / <u>2 Ø 1 3</u> Status Code: A							
Time In: Ø8	: <u>4 Ø</u> ⊗ am	Time Out: <u>11</u> : <u>50</u>	⊗ am ○ pm				
Total Time:	3 hrs 10 minut	es					
Category #:	IV						
Establishme	nt Type:						

Instructions:

1. Fill in the information below for the Food Establishment:

Location Address: 2101 HOMESTEAD HILLS DRIVE							
City: WINSTON SALEM							
State: NC Zip: 27103							
County: 34 Forsyth							
Permittee: HOMESTEAD HILLS RETIREMENT LTD							
Telephone:							
⊗Inspection							
○Re-Inspection							
Wastewater System:							
⊗Municipal/Community							
○On-Site System							
Water Supply:							
⊗Municipal/Community							
○On-Site System							

- Click/fill the appropriate circle For "IN, OUT, N/A, N/O".
 IN= In Compliance, OUT= Not in compliance N/O=Not Observed, N/A= Not Applicable
- 3. Click/check the appropriate
 Boxes for CDI and/or R, VR.

 CDI= Corrected During Inspection
 R= Repeat Violation
 VR= Verification Required
- 4. Continue to page 2 for "Good Retail Practices".

North Carolina Department of Health & Human Services ● Division of Public Health Environmental Health Section ● Food Protection Program

____ Establishment ID: _3034011039

Foodborne Illness Risk Factors and Public Health Interventions

Score: 97

Risk factors: Contributing factors that increase the chance of developing foodborne illness. **Public Health Interventions:** Control measures to prevent foodborne illness or injury

	Public Health Interventions: Control measures to prevent foodborne illness or injury.								
Co	mpliance Statu	s	OUT	CDI	R	VR			
Su	pervision	.2652							
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	O O 2 0	0	0	0			
Em	ployee Health								
2	⊗ ○ IN OUT	Management, employees knowledge; responsibilities & reporting	3 1.5 0	0	0	0			
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	O O O 3 1.5 0	0	0	0			
Go	Good Hygienic Practices .2652, .2653								
4	O & IN OUT	Proper eating, tasting, drinking, or tobacco use	○ ⊗ ○ 2 1 0	0	0	0			
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0			
Pre	Preventing Contamination by Hands .2652, .2653, .2655, .2656								
6	⊗ ○ IN OUT	Hands clean & properly washed	0 0 0 4 2 0	0	0	0			
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	0 0 0 3 1.5 0	0	0	0			
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	0 0 0 2 1 0	0	0	0			
Ар	proved Sourc	e .2653, .2655							
9	⊗ ○ IN OUT	Food obtained from approved source	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
10	O O & IN OUT N/O	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 1 0 $	0	0	0			
12	OOO ⊗ IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Pro	Protection from Contamination .2653, .2654								
13	⊗ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	0 0 0 3 1.5 0	0	0	0			
14	O & IN OUT	Food-contact surfaces: cleaned & sanitized	○ ○ ⊗ 3 1.5 0	8	0	0			
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
Po	,	rdous Food Tlme/Temperature .2653							
16	O O O S	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0			
17	O O O S	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0			
10	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0			
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	3 1.5 0	0	0	0			
20	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	3 1.5 0	0	0	0			
	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper date marking & disposition	0 0 0 3 1.5 0	0	0	0			
22	OOO ⊗ IN OUT N/A N/O	Time as a public health control: procedures & records	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
Со	nsumer Advis	ory .2653							
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0			
Hig	, , ,	ole Populations .2653							
24	⊗ ○ ○ IN OUT N/A	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0			
Ch	emical	.2653, .2657							
25	⊗ ○ ○ IN OUT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0			
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Co		th Approved Procedures .2653, .2654,	.2658						
27	⊗ ○ ○ IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$		0	0			

Food Establishment Inspection Report, continued

Establishment Name: HOMESTEAD HILLS ASSISTED LIVING Establishment ID: 3034011039

Instructions, continue	
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5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance N/O=Not Observed, N/A= Not Applicable

- Click or check the appropriate boxes for CDI and/or R, VR CDI= Corrected during Inspection R= Repeat Violation VR= Verification Required Calculate the "Total Deductions" and record.
- 7. Sign and complete "Signature Block".
- Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".
- 9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

First Natalie Last

Person in Charge (Print)

Scott

Person in Charge (Signature)

First

Last

Clark

Sizemore

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number:

 $U_{(336)703-3128}$

Verification Required Date: ___/ ___/

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/ Intervention Violations: 2 No. of Repeat Risk Factor/Intervention Violations:

Г	Good Retail Practices								
Preventative measures to control the addition of pathogens,									
chemicals, and physical objects into foods. Compliance Status OUT CDI R VR									
		od and V		,	JU1		CDI	ĸ	VK
28	⊗ IN	OUT	Pasteurized eggs used where required		0.5	्रा		0	0
29	8	0	Water and ice from approved source	0	0	0	0	0	0
_	IN	TUO	Variance obtained for specialized processing methods	2		0	_	_	_
30 Ec		UT N/A	ure Control .2653, .2654	1	0.5	0	0	0	
31	8	0	Proper cooling methods used; adequate equipment for			्र	0	0	0
32	IN		temperature control Plant food properly cooked for hot holding	0		0	0	0	0
_	IN OU	TN/A N/C		_	0.5	0	-		
33		N/A N/O	Approved thawing methods used		0.5	0 ⊗	0	0	0
34	IÑ	OUT	Thermometers provided & accurate		0.5		0	0	0
	000 IGE ⊗	ntificat	Food properly labeled: original container		0	0 1			
35	IÑ	OUT		2	1	ŏ	0	0	0
	eventi	on of Fo	ood Contamination .2652, .2653, .2654, .2656	ó, . <u>،</u>	$\overline{}$	/ ОТ		_	_
36	IÑ ⊗	OŬT	Insects & rodents not present; no unauthorized animals Contamination prevented during food preparation,	ž	1	ŏ O	0	0	0
37	IN	OUT	storage & display	2	1	Õ	0	0	0
38	⊗ IN	OUT	Personal cleanliness	ĭ	0.5	_	0	0	0
39	⊗ IN	OUT	Wiping cloths: properly used & stored	1	0.5	_	0	0	0
40	⊗¤	OUT	Washing fruits & vegetables		0.5	0	0	0	0
Proper Use of Utensils .2653, .2654									
41	⊗¤	OUT	In-use utensils: properly stored		0.5	0	0	0	0
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled		O.5	$\left \begin{array}{c} \circ \\ \bullet \end{array} \right $	0	0	0
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used		O.5	0	0	0	0
44	⊗ IN	OUT	Gloves used properly	() 1		0	0	0	0
Utensils and Equipment .2653, .2654, .2663									
45	OIN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used) 2		⊗ 0	0	0	0
46	O IN	⊗ OUT	Warewashing facilities: installed, maintained, & used; test strips	0	⊗ 0.5	$\frac{0}{0}$	0	0	0
47	OIN	⊗ OUT	Non-food contact surfaces clean	0	8 0.5	0	0	0	0
Physical Facilities .2654, .2655, .2656									
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	〇 2		0	0	0	0
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	O 2		0	0	0	0
50	⊗ IN	OUT	Sewage & waste water properly disposed	0	0	0	0	0	0
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	0		o	0	0	0
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	0		0	0	0	0
53	⊗ IN	OUT	Physical facilities installed, maintained & clean	0		o	0	0	0
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	0	0.5	o	0	0	0
			Total Deductions:	3					

North Carolina Department of Health & Human Services ● Division of Public Health

Environmental Health Section ● Food Protection Program

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Establishment Name: HOMESTEAD HILLS ASSISTED LIVING	Establishment ID: 3034011039	Date: 03/15/2013
Location Address: 2101 HOMESTEAD HILLS DRIVE		Status Code: A
City: WINSTON SALEM State: NC		Category #:IV
County: 34 Forsyth Zip: 27103		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: HOMESTEAD HILLS RETIREMENT LTD		Email 3:
Telephone:		

	Temperature Observations							
Item dish	Location reciving kitchens	Temp 162	ltem milk	Location cooler	Temp 39	Item	Location	Temp
Hot water	kitchen	153	cheese	cooler.	40			
eggs	steam unit	177	lettuce	cooler	41			
grrits	steam unit	190						
boiled egg	steam unit	140						
chili	under counter unit	41						
ham	cooler	40.						
chicken salad	cooler	39						

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.

One employee water bottle was on a work table. All employee drinks must be a cup, with a lid and a straw stored below a food contact

2-401.11 Eating, Drinking, or Using Tobacco

Need to remove date marking stickers from a few containers before washing. 4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency

Thermometer was off 2 degrees F, need to recalibrate. 4-502.11 (B) Good Repair and Calibration

Dead roaches found behind bulk storage containers, warming unit, and ice machine.

6-501.112 Removing Dead or Trapped Birds, Insects, Rodents and other Pest

6-501.111 Controlling Pests





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Spel

Hole in drawer liner of work table drawer; replace. Knobs missing on flat top and oven. 4-201.11 Equipment and Utensils-Durability and Strength

Need to have chlorine test strips to test sanitizer in low temperature machine in main kitchen. 4-501.116 Warewashing Equipment, Determining Chemical Sanitizer Concentration

47 Need to clean the following: wheels of grill stand, dust on fan guard in cooler, and fryer. 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils 4-602.13 Nonfood Contact Surfaces



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