Food Establishment Inspection Report

Establishment Name: CORNERSTONE LIVING CENTER OF WINSTON SALEM Establishment ID: 3034160009

Date: <u>Ø 2</u> / <u>2 6</u> / <u>2 Ø 1 3</u> Status Code: A							
Time In: $\underline{\emptyset \ 8}$: $\underline{2 \ \emptyset} \overset{\otimes}{\bigcirc} \overset{am}{pm}$ Time Out: $\underline{1 \ \emptyset}$: $\underline{3 \ \emptyset} \overset{\otimes}{\bigcirc} \overset{am}{pm}$							
Total Time: 2 hrs 10 minutes							
Category #: IV							
Establishment Type:							

Instructions:

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

Location Address: 2900 REYNOLDS PARK RD									
City: WINSTON SALEM									
State: NC Zip: 27107									
County: 34 Forsyth									
Permittee: AMERICAN LIVING CENTERS LLC									
Telephone:									
⊗Inspection									
○Re-Inspection									
Wastewater System:									
⊗Municipal/Community									
○On-Site System									
Water Supply: ⊗Municipal/Community On-Site System									

- 2. 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".

Foodborne Illness Risk Factors and Public Health Interventions

Score: 98

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 lilness or injury.										
Compliance Status OUT CE										
Supervision .2652										
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ○ 2 0	0	0	0				
Employee Health .2652										
2	⊗ ⊖ IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ ○ 3 1.5 0	0	0	0				
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	○ ○ ○ 3 1.5 0	0	0	0				
Go	od Hygienic P									
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	O O O 2 1 0	0	0	0				
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0 1 0.5 0	0	0	0				
Pre	eventing Cont	amination by Hands .2652, .2653, .2655, .265	5							
6	⊗ ○ IN OUT	Hands clean & properly washed	$ \bigcirc \bigcirc \bigcirc \bigcirc \\ 4 2 0 $	0	0	0				
7	O O & IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ○ ○ 3 1.5 0	0	0	0				
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	O O O 2 1 0	0	0	0				
Αp	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 S IN OUT N/O	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 \bigcirc 1 \bigcirc 0 $	0	0	0				
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated		0	0	0				
12	O O & O IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction		0	0	0				
Pro	otection from	Contamination .2653, .2654								
13	⊗ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	○ ○ ○ 3 1.5 0	0	0	0				
14	⊗ ○ IN OUT	Food-contact surfaces: cleaned & sanitized	0 0 0 3 1.5 0	0	0	0				
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0				
Po	tentially Haza	rdous Food Time/Temperature .2653								
16	OOO ⊗ IN OUT N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0				
17	OOO ⊗ IN OUT N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0				
18	OOO ⊗ IN OUT N/A N/O	Proper cooling time & temperatures	○ ○ ○ 3 1.5 0	0	0	0				
19	OOO ⊗ 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				
21	O & O O IN OUT N/A N/O	Proper date marking & disposition	○ ○ ⊗ 3 1.5 0	8	0	0				
22	O O SO O IN OUT N/A N/O	Time as a public health control: procedures & records	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0				
Со	nsumer Advis	ory .2653								
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	O O O 1 0.5 0	0	0	0				
Ηiς	hly Susceptil	le Populations .2653								
24	⊗ ○ ○ IN OUT N/A	Pasteurized foods used; prohibited foods not offered	○ ○ ○ 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				
Со	nformance wi	th Approved Procedures .2653, .2654,	.2658							
27	O O & IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0				

Food Establishment Inspection Report, continued

Establishment Name: CORNERSTONE LIVING CENTER OF WINSTON SALEM Establishment ID: 3034160009

I	nstri	uction	is co	ntini	ıed:
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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".
- 8. 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:

Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Aythority (Signature)

Contact Number (336)703 - 3128

Verification Required Date: ___/ ___/

REHS ID: 944 - Sizemore, Clark

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

Good Retail Practices										
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
Сс	mplian	0	UT	CDI	R	VR				
Safe Food and Water .2653, .2655, .2658										
28	⊗ IN	OUT	Pasteurized eggs used where required	1 0	0.5 0	0	0	0		
29	⊗ IN	OUT	Water and ice from approved source) () 1 0	0	0	0		
30		O & UT N/A	Variance obtained for specialized processing methods	0 (0.5 0	0	0	0		
Fo	od Tei									
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control).5 0	0	0	0		
32	O O	○ ⊗ ΓN/A N/O	Plant food properly cooked for hot holding).5 0	0	0	0		
33	⊗ ○ IN OUT	O O	Approved thawing methods used) 1 ().5 0	0	0	0		
34	O IN	⊗ OUT	Thermometers provided & accurate		○ ⊗ 0.5 0	0	0	0		
Fo	od Ide	ntificat	ion .2653							
35	⊗ IN	OUT	Food properly labeled: original container	O 2) () 1 0	0	0	0		
Pr		_	ood Contamination .2652, .2653, .2654, .2656	5, .2	657					
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals		0 1 0	0	0	0		
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display) () 1 0	0	0	0		
38	⊗ IN	OUT	Personal cleanliness	01).5 0	0	0	0		
39	⊗ IN	OUT	Wiping cloths: properly used & stored).5 0	0	0	0		
40	⊗ IN	OUT	Washing fruits & vegetables) (1 ().5 0	0	0	0		
Pr	oper U	lse of U	tensils .2653, .2654							
41	⊗ IN	OUT	In-use utensils: properly stored).5 0	0	0	0		
42	O IN	⊗ OUT	Utensils, equipment & linens: properly stored, dried & handled		⊗ ○ 0.5 0	0	0	0		
43	⊗ IN	OUT).5 0	0	0	0			
44	⊗ IN	OUT	_).5 0	0	0	0			
Ut	ensils		uipment .2653, .2654, .2663							
45	IN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used		○ ⊗ 1 0	0	0	0		
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips		0.5 0	0	0	0		
47	⊗ IN	OUT	Non-food contact surfaces clean	0 0).5 0	0	0	0		
Ph		Faciliti	es .2654, .2655, .2656							
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	2) () 1 0	0	0	0		
49	⊗ IN	OUT	Plumbing installed; proper backflow devices) () 1 0	0	0	0		
50	⊗ IN	OUT	Sewage & waste water properly disposed	2) () 1 0	0	0	0		
51	O IN	⊗ OUT	Toilet facilities: properly constructed, supplied & cleaned	1 0	8 O	0	0	0		
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained).5 0	0	0	0		
53	O IN	⊗ OUT	Physical facilities installed, maintained & clean		⊗ ○ 0.5 0	0	0	0		
54	O IN	⊗ OUT	Meets ventilation & lighting requirements; designated areas used	1 0	⊗ ○ 0.5 0	0	0	0		
			Total Deductions:	2						

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

Comment Addendum to Food Establishment Inspection Report									
Establishment Name: CORNERSTONE LIVING CENTER OF WINSTON SALEM Location Address: 2900 REYNOLDS PARK RD City: WINSTON SALEM State: NC				Establishme	nt ID: _	3034160009	Date: 02/26/2013 Status Code: A Category #: 1		
County: 34 Forsyth Zip: 27107 Wastewater System: Municipal/Community On-Site System							Email 1:		
Permittee	: AMERICAN	LIVING CENTERS					Email 2: Email 3:		
Telephon				re Observatio	ns				
Item chicken salad	Location up right	Temp 36	Item Loc	cation	Temp	Item	Location	Temp	
apple sauce	up right	40 45							
dishmachine	rinse	167							
hot water milk	faucet	174 41							
hamburger butter	cooler	32							

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.

21 Fish warped in foil in freezer were not marked with date frozen. 3-501.17,3-501.18



- You have one approved calibrated thermometer and two dial thermometers that are 50F to 550F. Need to replace dial heads with 0F to 220F thermometers. 4-203.11,4-502.11
- 42 Need to air dry plastic cups before stacking. 4-901.11

45 Need to caulk sink in dining room. 4-201.11



Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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51 Men's room does not have paper towels or toilet paper, correct as soon as possible. 6-302.11,

There is a leak in the ceiling and water is dripping into a bucket in hall way leading to restrooms. There is also water in the light fixture have this problem corrected as soon as possible. Need to repaint floor in areas missing coating. 6-201.11,6-501.11

Lights on hood do not work. 6-303.11



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SALEM

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: CORNERSTONE LIVING CENTER OF WINSTON Establishment ID: 3034160009

Observations and Corrective Actions

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