Food Establishment Inspection Report

Establishment Name: FOREST HEIGHTS

Date: 01/04/2013 Status Code: A

Time In: $07:45^{\otimes}_{O\ pm}$ Time Out: $10:15^{\otimes}_{O\ pm}$ Total Time: 2 hrs 30 minutesCategory #: IV

Establishment Type: Nursing Home

Instructions:

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

Location Address: 2500 POLO RIDGE CT					
City: _WINSTON SALEM					
State: NC Zip: 27106					
County: 34 Forsyth					
Permittee: 5 STAR QULALITY CARE, INC					
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

Establishment ID: 3034160027

Pul	Public Health Interventions: Control measures to prevent foodborne illness or injury. Compliance Status									
Со	mpliance Statu	s	OUT	CDI	R	VR				
Su	Supervision .2652									
1		PIC Present; Demonstration-Certification by accredited program and perform duties	○ ○ 2 0	0	0	0				
Em	ployee Health	.2652								
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ ⊗ 3 1.5 0	8	0	0				
3	O & IN OUT	Proper use of reporting, restriction & exclusion	○ ○ ⊗ 3 1.5 0	8	0	0				
Go	od Hygienic P	Practices .2652, .2653								
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	0	0	0				
Pre	Preventing Contamination by Hands .2652, .2653, .2655, .2656									
6	⊗ O 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 S IN OUT N/O	Food received at proper temperature	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0				
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0				
12	O O & O 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	otection from	Contamination .2653, .2654								
13	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	O O O 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	0 0 0 2 1 0	0	0	0				
Po	tentially Haza	rdous Food Time/Temperature .2653								
16	O O O S IN OUT N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0				
17	O O O S IN OUT N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0				
18	O O O S 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				
21	⊗ ○ ○ ○ IN OUT N/A N/O	Proper date marking & disposition	○ ○ ○ 3 1.5 0	0	0	0				
22	OOO ⊗ 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				
Consumer Advisory .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				
Hiç	hly Susceptik	ple Populations .2653								
24	⊗ ○ ○ IN OUT N/A	Pasteurized foods used; prohibited foods not offered	O O O 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				
Со	nformance wi	th Approved Procedures .2653, .2654,	.2658							
27	⊗ ○ ○ IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{c} \bigcirc \bigcirc$		0	0				

Food Establishment Inspection Report, continued

Establishment Name: FOREST HEIGHTS Establishment ID: 3034160027

ı	netri	uction	C CO	ntınıı	·hα
ı	เมอนเ	a Guion	3, CU	HUHU	cu.

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:

DEDRICK POSSES Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory/Authority (Signature)

Contact Number: (<u>336</u>) <u>703</u> - <u>3128</u>

Verification Required Date: ___/ ___/

REHS ID: 944 - Sizemore, Clark

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

Good Retail Practices Preventative measures to control the addition of pathogens. chemicals, and physical objects into foods Compliance Status OUT CDI R VR .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ 0 O O O 0 0 0 29 Water and ice from approved source OUT O O & IN OUT N/A Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653...2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 O O S Plant food properly cooked for hot holding 0 0 0 1 0.5 0 32 0 0 0 0 0 0 1 0.5 0 ⊗ ○ ○ ○ Approved thawing methods used IN OUT N/A N/O 0 0 ○ **⊗** ○ 1 0.5 0 ⊗ OUT Thermometers provided & accurate 0 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 Insects & rodents not present; no unauthorized animals 0 0 36 OUT Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display OUT O O O 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT ○ ○ ○ 1 0.5 0 Washing fruits & vegetables 40 0 0 **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT 41 0 0 In-use utensils: properly stored 000Utensils, equipment & linens: properly stored, dried & handled 0 0 42 0 OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ⊗ OUT ○ ⊗ ○ 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 0 0 0 47 Non-food contact surfaces clean **Facilities Physical** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN OUT 0 0 0 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 OUT 0 0 0 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 facilities maintained O 8 $\circ \circ \otimes$ 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 **⊗** IN OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0

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

Total Deductions:

			l .	
Establishment Name: FOREST HEIGHTS	_ Establish	hment ID:	3034160027	Date: 01/04/2013
Location Address: 2500 POLO RIDGE CT				Status Code: A
City: WINSTON SALEM State: NO.	<u>></u>			Category #:IV
County: 34 Forsyth Zip: 27106	_			Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site Syst Water Supply: ⊗ Municipal/Community ○ On-Site Syst				Email 2:
Permittee: _5 STAR QULALITY CARE, INC	_			Email 3:
Telephone:	_			

Temperature Observations								
Item oatmeal	Location steam table	Temp 174	Item turkey	Location cooler	Temp 39	Item	Location	Temp
grits	steam table	150	gravy	cooler	37			
pimento	up right	41						
slaw	up right	38						
water	faucet	144						
boiled eggs	cooler	39						
milk	cooler	36						
pork	cooler	38						

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.

The person in charge must review the employee health policy with each employee and have them sign a statement. 2-103.11, 2-201.11



- The person in charge must review with employees the diagnosed illnesses that need to be reported to the health 3 department.2-201.13
- Thermometer was out of calibration. 4-502.11

Hand wash sink near the dish machine is leaking and needs repair. 4-201.11



Establishment Name: FOREST HEIGHTS Establishment ID: 3034160027

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.

√ Soe

47 Need to clean the top of the dish machine, plastic rolling cart, and fryer.4-501.14

Need detail cleaning of floor around fryer. 6-501,12



Establishment Name: FOREST HEIGHTS Establishment ID: 3034160027

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.





Establishment Name: FOREST HEIGHTS Establishment ID: 3034160027

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.



