

Food Establishment Inspection Report

Score: 98

Establishment Name: HOME PLATE STAND

Establishment ID: 3034020730

Location Address: 951 BALLPARK WAY

City: WINSTON SALEM State: North Carolina

Zip: 27101 County: 34 Forsyth

Permittee: LEGENDS HOSPITALITY LLC

Telephone: (336) 331-3831

Inspection Re-Inspection

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 05/17/2022 Status Code: A

Time In: 4:30 PM Time Out: 5:32 PM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 2

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"/> IN <input checked="" type="checkbox"/> T/N/A | Handwashing sinks supplied & accessible | 2 | 1 | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| Approved Source .2653, .2655 | | | | | |
| 11 | <input checked="" type="checkbox"/> OUT | Food obtained from approved source | 2 | 1 | 0 |
| 12 | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> T | 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> T/N/A/N/O | 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"/> IN <input checked="" type="checkbox"/> OUT/N/A/N/O | Proper cooling time & temperatures | 3 | 1.5 | 0 |
| 21 | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> T/N/A/N/O | Proper hot holding temperatures | 3 | <input checked="" type="checkbox"/> 0 | <input checked="" type="checkbox"/> |
| 22 | <input checked="" type="checkbox"/> OUT/N/A/N/O | Proper cold holding temperatures | 3 | 1.5 | 0 |
| 23 | <input checked="" type="checkbox"/> OUT/N/A/N/O | Proper date marking & disposition | 3 | 1.5 | 0 |
| 24 | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> T/N/A/N/O | Time as a Public Health Control; procedures & records | 3 | 1.5 | 0 |
| Consumer Advisory .2653 | | | | | |
| 25 | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> T | Consumer advisory provided for raw/undercooked foods | 1 | 0.5 | 0 |
| Highly Susceptible Populations .2653 | | | | | |
| 26 | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> T | Pasteurized foods used; prohibited foods not offered | 3 | 1.5 | 0 |
| Chemical .2653, .2657 | | | | | |
| 27 | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> T | 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> T | 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> T | 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> T | 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"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> T/N/A/N/O | Plant food properly cooked for hot holding | 1 | 0.5 | 0 |
| 35 | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> T/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"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> T | 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"/> IN <input checked="" type="checkbox"/> T | Utensils, equipment & linens: properly stored, dried & handled | 1 | 0.5 | <input checked="" type="checkbox"/> |
| 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"/> IN <input checked="" type="checkbox"/> T | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | 1 | <input checked="" type="checkbox"/> 0 | <input checked="" type="checkbox"/> |
| 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"/> 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 <input checked="" type="checkbox"/> T | Physical facilities installed, maintained & clean | 1 | 0.5 | <input checked="" type="checkbox"/> |
| 56 | <input checked="" type="checkbox"/> OUT | Meets ventilation & lighting requirements; designated areas used | 1 | 0.5 | 0 |
| TOTAL DEDUCTIONS: | | | | | 2 |



Comment Addendum to Food Establishment Inspection Report

Establishment Name: HOME PLATE STAND
 Location Address: 951 BALLPARK WAY
 City: WINSTON SALEM State: NC
 County: 34 Forsyth Zip: 27101
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: LEGENDS HOSPITALITY LLC
 Telephone: (336) 331-3831

Establishment ID: 3034020730
 Inspection Re-Inspection Date: 05/17/2022
 Comment Addendum Attached? Status Code: A
 Water sample taken? Yes No Category #: II
 Email 1: kedwards@legends.net
 Email 2:
 Email 3:

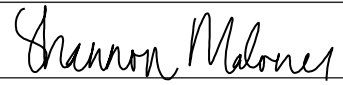
Temperature Observations

Effective January 1, 2019 Cold Holding is now 41 degrees or less

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|--------------|-----------------------|------|------|----------|------|------|----------|------|
| chicken | final cook | 193 | | | | | | |
| ham | reheat | 205 | | | | | | |
| chili | hot holding | 145 | | | | | | |
| nacho cheese | hot holding | 147 | | | | | | |
| tomatoes | make unit | 39 | | | | | | |
| lettuce | make unit | 39 | | | | | | |
| ambient | make unit | 37 | | | | | | |
| hot dog | hot dog cooler 1 | 39 | | | | | | |
| ambient | hot dog cooler 1 | 38 | | | | | | |
| burgers | hot holding | 105 | | | | | | |
| ambient | hot dog unit 2 | 40 | | | | | | |
| hot water | three comp sink | 126 | | | | | | |
| quat sani | three comp sink | 200 | | | | | | |
| ServSafe | Jacqueline H. 8/18/24 | 00 | | | | | | |

Person in Charge (Print & Sign): Kit *First* Edwards *Last*
 Regulatory Authority (Print & Sign): Shannon *First* Maloney *Last*





REHS ID: 2826 - Maloney, Shannon Verification Required Date: _____

REHS Contact Phone Number: (336) 703-3383

Comment Addendum to Inspection Report

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Establishment ID: 3034020730

Date: 05/17/2022 **Time In:** 4:30 PM **Time Out:** 5:32 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.

- 10 5-205.11 Using a Handwashing Sink - Operation and Maintenance (Pf)- two soiled rags stored in front handwashing sink. A handwashing sink shall be maintained so that it is accessible at all times for EMPLOYEE use. A handwashing sink may not be used for purposes other than handwashing. CDI- PIC removed rags.
- 21 3-501.16 (A) (1) Time / Temperature Control for Safety Food, Hot and Cold Holding (P)- Two containers of hamburgers being held hot had temperatures ranging from 105-130. Potentially hazardous foods shall be held at 135 degrees or above. CDI- Employee reheated hamburgers to 203 degrees.
- 44 4-901.11 Equipment and Utensils, Air-Drying Required- employee washed, rinsed, and used a towel to dry grill utensils. After cleaning and sanitizing equipment and utensils shall be air dried. Do not towel dry.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment- REPEAT- Additional screws required in walk in cooler where floor panel is beginning to separate from rest of cooler. Recaulk back handwashing sink back to wall. Monitor water leaking from condenser in walk in cooler. Ice build up on walk in freezer door (commissary). Equipment shall be maintained in good repair.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods- walk in freezer floor buckling creating extensive floor damage with large gaps and cracks. Floors cannot be easily cleaned. (walk in freezer commissary). Repair wall on front line. Physical facilities shall be maintained in good repair.