

Food Establishment Inspection Report

Score: 99

Establishment Name: SUNRISE TOWERSEstablishment ID: 3034090011Location Address: 1201 MARTIN LUTHER KING JRCity: WINSTON SALEM State: North CarolinaZip: 27101 County: 34 ForsythPermittee: SENIOR SERVICESTelephone: (336) 727-8555☒ Inspection ☐ Re-Inspection ☐ Educational Visit**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site SupplyDate: 04/25/2025 Status Code: ATime In: 11:40 AM Time Out: 12:10 PMCategory#: IVFDA Establishment Type: Full-Service RestaurantNo. of Risk Factor/Intervention Violations: 1No. 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 <input type="checkbox"/> N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager	1	0	
Employee Health .2652					
3	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0
4	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper use of reporting, restriction & exclusion	3	1.5	0
5	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Procedures for responding to vomiting & diarrheal events	1	0.5	0
Good Hygienic Practices .2652, .2653					
6	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper eating, tasting, drinking or tobacco use	1	0.5	0
7	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	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 <input type="checkbox"/> IN <input type="checkbox"/> N/A	Hands clean & properly washed	4	2	0
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Handwashing sinks supplied & accessible	2	X	0
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food in good condition, safe & unadulterated	2	1	0
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food-contact surfaces: cleaned & sanitized	3	1.5	0
17	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
Potentially Hazardous Food Time/Temperature .2653					
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> 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 type="checkbox"/> OUT <input type="checkbox"/> N/A	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 type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5	0
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Water and ice from approved source	2	1	0
32	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods	2	1	0
Food Temperature Control .2653, .2654					
33	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
37	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Contamination prevented during food preparation, storage & display	2	1	0
40	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Personal cleanliness	1	0.5	0
41	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	In-use utensils: properly stored	1	0.5	0
44	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Single-use & single-service articles: properly stored & used	1	0.5	0
46	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0
48	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Non-food contact surfaces clean	1	0.5	X
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Plumbing installed; proper backflow devices	2	1	0
52	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Physical facilities installed, maintained & clean	1	0.5	X
56	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					1



Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUNRISE TOWERS

Establishment ID: 3034090011

Location Address: 1201 MARTIN LUTHER KING JR

☒ Inspection ☐ Re-Inspection Date: 04/25/2025

City: WINSTON SALEM State: NC

☐ Educational Visit

Status Code: A

County: 34 Forsyth Zip: 27101

Comment Addendum Attached? ☒

Category #: IV

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Email 1: lkearsley@seniorservicesinc.org

Water Supply: ☒ Municipal/Community ☐ On-Site System

Permittee: SENIOR SERVICES

Email 2:

Telephone: (336) 727-8555

Email 3:

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
mash potato/steam well	172				
greens/"	170				
meatloaf/"	191				

Person in Charge (Print & Sign): Kevin

First
Last
Adams

Regulatory Authority (Print & Sign): Nora

First
Last
Sykes

REHS ID: 2664 - Sykes, Nora

Verification Dates: Priority:

Priority Foundation:

Core:

REHS Contact Phone Number: (336) 703-3161

Authorize final report to
be received via Email: _____



North Carolina Department of Health & Human Services

Page 2 of _____
● Division of Public Health ● Environmental Health Section
DHHS is an equal opportunity employer.
Food Establishment Inspection Report, 12/2023

● Food Protection Program



Comment Addendum to Inspection Report

Establishment Name: SUNRISE TOWERS

Establishment ID: 3034090011

Date: 04/25/2025 **Time In:** 11:40 AM **Time Out:** 12:10 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 6-301.11 Handwashing Cleanser, Availability (Pf)
Sanitizer at hand sink instead of soap. CDI-Soap provided.

- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C)
Clean inside of drawer to right of stove--not used by program.

- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) REPEAT
Some ceiling tiles missing/water damaged.