Food Establishment Inspection Report

Score: 100

Establishment Name: SILAS CREEK REHABILITATION
Establishment ID: 3034160031

Location Address: 3350 SILAS CREEK PKWY
City: WINSTON SALEM   State: North Carolina
Zip: 27103   County: 34 Forsyth
Permittee: SOUTHERN HEALTHCARE MANAGEMENT
Telephone: (336) 765-0550

☒ Inspection   ○ Re-Inspection

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

Water Supply:
☒ Municipal/Community   ○ On-Site Supply

Date: 06/21/2022   Status Code: A
Time In: 2:00 PM   Time Out: 4:10 PM
Category#: I
FDA Establishment Type: Nursing Home

No. of Risk Factor/Intervention Violations: 4
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	☒OUT N/A PIC Present, demonstrates knowledge, & performs duties	1	0		
2	IN ☒OUT N/A Certified Food Protection Manager	1	☒		
Employee Health .2652					
3	IN ☒OUT Management, food & conditional employee; knowledge, responsibilities & reporting	2 1 ☒	X		
4	☒OUT Proper use of reporting, restriction & exclusion	3 1.5 0			
5	IN ☒OUT Procedures for responding to vomiting & diarrheal events	1 0.5 ☒	X		
Good Hygienic Practices .2652, .2653					
6	☒OUT Proper eating, tasting, drinking or tobacco use	1 0.5 0			
7	☒OUT No discharge from eyes, nose, and mouth	1 0.5 0			
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
8	☒OUT Hands clean & properly washed	4 2 0			
9	☒OUT N/A N/O No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4 2 0			
10	☒OUT N/A Handwashing sinks supplied & accessible	2 1 0			
Approved Source .2653, .2655					
11	☒OUT Food obtained from approved source	2 1 0			
12	IN OUT ☒N/O Food received at proper temperature	2 1 0			
13	☒OUT Food in good condition, safe & unadulterated	2 1 0			
14	IN OUT ☒N/A N/O Required records available: shellstock tags, parasite destruction	2 1 0			
Protection from Contamination .2653, .2654					
15	IN ☒OUT N/A N/O Food separated & protected	3 1.5 ☒	X		
16	☒OUT Food-contact surfaces: cleaned & sanitized	3 1.5 0			
17	☒OUT Proper disposition of returned, previously served, reconditioned & unsafe food	2 1 0			
Potentially Hazardous Food Time/Temperature .2653					
18	IN OUT N/A ☒N/O Proper cooking time & temperatures	3 1.5 0			
19	IN OUT N/A ☒N/O Proper reheating procedures for hot holding	3 1.5 0			
20	IN OUT N/A ☒N/O Proper cooling time & temperatures	3 1.5 0			
21	☒OUT N/A N/O Proper hot holding temperatures	3 1.5 0			
22	☒OUT N/A N/O Proper cold holding temperatures	3 1.5 0			
23	☒OUT N/A N/O Proper date marking & disposition	3 1.5 0			
24	IN OUT ☒N/A N/O Time as a Public Health Control; procedures & records	3 1.5 0			
Consumer Advisory .2653					
25	IN OUT ☒N/A Consumer advisory provided for raw/ undercooked foods	1 0.5 0			
Highly Susceptible Populations .2653					
26	☒OUT N/A Pasteurized foods used; prohibited foods not offered	3 1.5 0			
Chemical .2653, .2657					
27	IN OUT ☒N/A Food additives: approved & properly used	1 0.5 0			
28	☒OUT N/A Toxic substances properly identified stored & used	2 1 0			
Conformance with Approved Procedures .2653, .2654, .2658					
29	☒OUT 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	☒OUT N/A Pasteurized eggs used where required	1 0.5 0			
31	☒OUT Water and ice from approved source	2 1 0			
32	IN OUT ☒N/A Variance obtained for specialized processing methods	2 1 0			
Food Temperature Control .2653, .2654					
33	☒OUT Proper cooling methods used; adequate equipment for temperature control	1 0.5 0			
34	IN OUT N/A ☒N/O Plant food properly cooked for hot holding	1 0.5 0			
35	IN OUT N/A ☒N/O Approved thawing methods used	1 0.5 0			
36	☒OUT Thermometers provided & accurate	1 0.5 0			
Food Identification .2653					
37	☒OUT Food properly labeled: original container	2 1 0			
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
38	☒OUT Insects & rodents not present; no unauthorized animals	2 1 0			
39	☒OUT Contamination prevented during food preparation, storage & display	2 1 0			
40	☒OUT Personal cleanliness	1 0.5 0			
41	☒OUT Wiping cloths: properly used & stored	1 0.5 0			
42	☒OUT N/A Washing fruits & vegetables	1 0.5 0			
Proper Use of Utensils .2653, .2654					
43	☒OUT In-use utensils: properly stored	1 0.5 0			
44	☒OUT Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0			
45	☒OUT Single-use & single-service articles: properly stored & used	1 0.5 0			
46	☒OUT Gloves used properly	1 0.5 0			
Utensils and Equipment .2653, .2654, .2663					
47	IN ☒OUT Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1 0.5	X		
48	☒OUT Warewashing facilities: installed, maintained & used; test strips	1 0.5 0			
49	☒OUT Non-food contact surfaces clean	1 0.5 0			
Physical Facilities .2654, .2655, .2656					
50	☒OUT N/A Hot & cold water available; adequate pressure	1 0.5 0			
51	☒OUT Plumbing installed; proper backflow devices	2 1 0			
52	☒OUT Sewage & wastewater properly disposed	2 1 0			
53	☒OUT N/A Toilet facilities: properly constructed, supplied & cleaned	1 0.5 0			
54	☒OUT Garbage & refuse properly disposed; facilities maintained	1 0.5 0			
55	☒OUT Physical facilities installed, maintained & clean	1 0.5 0			
56	☒OUT Meets ventilation & lighting requirements; designated areas used	1 0.5 0			
		TOTAL DEDUCTIONS: 0			

Comment Addendum to Food Establishment Inspection Report

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City: WINSTON SALEM   State: NC

County: 34 Forsyth   Zip: 27103

Wastewater System: [X] Municipal/Community [ ] On-Site System
Water Supply: [X] Municipal/Community [ ] On-Site System
Permittee: SOUTHERN HEALTHCARE MANAGEMENT

Telephone: (336) 765-0550

Establishment ID: 3034160031

[X] Inspection [ ] Re-Inspection   Date: 06/21/2022
Comment Addendum Attached? [X]   Status Code: A
Water sample taken? [ ] Yes [x] No   Category #: I

Email 1: scdiet@sliascreekrehab.com
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
hot water	three compartment sink	148						
quat sanitizer	three compartment sink in ppm	400						
chlorine sanitizer	dishmachine in ppm	100						
puree beef	hot holding	170						
puree vegetable	hot holding	168						
puree potatoes	hot holding	158						
milk	walkin-cooler	42						
air temp	walk-in cooler	38						
air temp	3 door refrigerator	38						

Person in Charge (Print & Sign): First Garret   Last Saake

Regulatory Authority (Print & Sign): First Craig   Last Bethel

REHS ID: 1766 - Bethel, Craig   Verification Required Date:

REHS Contact Phone Number: (336) 703-3143

North Carolina Department of Health & Human Services ● **Division of Public Health** ● **Environmental Health Section** ● **Food Protection Program**
DHHS is an equal opportunity employer.
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Comment Addendum to Inspection Report

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.

2   2-102.12 (A) Certified Food Protection Manager (C)(0pts)
PIC Certified Food Protection Manager Certificate has run out.
The Person in Charge shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an Accredited Program.

3   2-201.11 (A), B), (C), and (E) Responsibility of Permit Holder, Person in Charge and Conditional Employees (P)(0pts)
if the FOOD EMPLOYEE or CONDITIONAL EMPLOYEE:
reportable symptoms.
Facility needed an updated employee health agreement
(1) Has any of the following symptoms: (a) Vomiting,P (b) Diarrhea,P (c) Jaundice,P (d) Sore throat with fever,P or (e) A lesion containing pus such as a boil or infected wound that is open or draining or(2) Has an illness diagnosed by a HEALTH PRACTITIONER due to:
(a) Norovirus,P (b) Hepatitis A virus,P (c) Shigella spp., P (d) SHIGA TOXIN-PRODUCING ESCHERICHIA COLI,P (e) Typhoid fever (caused by Salmonella Typhi)P or (f) Salmonella (nontyphoidal);P
CDI - Information was left with administration.

5   2-501.11 Clean-up of Vomiting and Diarrheal Event (Pf)(0pts)
No written plan.
A food establishment shall have written procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.
CDI - Information was left with administration.

15   3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation (P)(0pts)
A box of tomatoes was being stored over ready to eat foods.
(A)(8) Food shall be protected from cross contamination by:
Separating fruits and vegetables, before they are washed as specified under § 3-302.15 from Ready to Eat Foods.
CDI - Tomatoes were moved to another shelf with unwashed produce.

47   4-501.11 Good Repair and Proper Adjustment - Equipment (C)(0pts)
Cold water leaking from the backside of the dual steamer unit.
Equipment shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2 of the 2017 FDA Food Code.