

Food Establishment Inspection Report

Score: 98

Establishment Name: CANCER CENTER KITCHEN

Establishment ID: 3034012429

Location Address: 301 MEDICAL CENTER BLVD
 City: WINSTON SALEM State: North Carolina
 Zip: 27157 County: 34 Forsyth
 Permittee: WAKE FOREST BAPTIST HEALTH
 Telephone: (336) 713-3010

Date: 04/10/2024 Status Code: A
 Time In: 11:00 AM Time Out: 1:30 PM
 Category#: IV
 FDA Establishment Type: Full-Service Restaurant

Inspection Re-Inspection Educational Visit

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

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"/>	OUT/N/A				Handwashing sinks supplied & accessible	2	1	0	
Approved Source .2653, .2655										
11	<input checked="" type="checkbox"/>	OUT				Food obtained from approved source	2	1	0	
12	<input checked="" type="checkbox"/>	IN/OUT	<input checked="" type="checkbox"/>			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/OUT	<input checked="" type="checkbox"/>	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"/>	IN/OUT	<input checked="" type="checkbox"/>			Food-contact surfaces: cleaned & sanitized	3	1.5	0	X
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"/>	OUT/N/A/N/O				Proper cooling time & temperatures	3	1.5	0	
21	<input checked="" type="checkbox"/>	OUT/N/A/N/O				Proper hot holding temperatures	3	1.5	0	
22	<input checked="" type="checkbox"/>	IN/OUT/N/A/N/O	<input checked="" type="checkbox"/>			Proper cold holding temperatures	3	1.5	X	X
23	<input checked="" type="checkbox"/>	OUT/N/A/N/O				Proper date marking & disposition	3	1.5	0	
24	<input checked="" type="checkbox"/>	IN/OUT	<input checked="" type="checkbox"/>	N/O		Time as a Public Health Control; procedures & records	3	1.5	0	
Consumer Advisory .2653										
25	<input checked="" type="checkbox"/>	IN/OUT	<input checked="" type="checkbox"/>			Consumer advisory provided for raw/undercooked foods	1	0.5	0	
Highly Susceptible Populations .2653										
26	<input checked="" type="checkbox"/>	OUT/N/A				Pasteurized foods used; prohibited foods not offered	3	1.5	0	
Chemical .2653, .2657										
27	<input checked="" type="checkbox"/>	IN/OUT	<input checked="" type="checkbox"/>			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/OUT	<input checked="" type="checkbox"/>			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/OUT	<input checked="" type="checkbox"/>			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/OUT	<input checked="" type="checkbox"/>			Variance obtained for specialized processing methods	2	1	0	
Food Temperature Control .2653, .2654										
33	<input checked="" type="checkbox"/>	IN/OUT	<input checked="" type="checkbox"/>			Proper cooling methods used; adequate equipment for temperature control	1	0.5	X	X
34	<input checked="" type="checkbox"/>	IN/OUT	N/A	<input checked="" type="checkbox"/>		Plant food properly cooked for hot holding	1	0.5	0	
35	<input checked="" type="checkbox"/>	OUT/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"/>	OUT/N/A				Washing fruits & vegetables	1	0.5	0	
Proper Use of Utensils .2653, .2654										
43	<input checked="" type="checkbox"/>	IN/OUT	<input checked="" type="checkbox"/>			In-use utensils: properly stored	1	0.5	0	X
44	<input checked="" type="checkbox"/>	OUT				Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	
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"/>	OUT				Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0	
48	<input checked="" type="checkbox"/>	OUT				Warewashing facilities: installed, maintained & used; test strips	1	0.5	0	
49	<input checked="" type="checkbox"/>	IN/OUT	<input checked="" type="checkbox"/>			Non-food contact surfaces clean	1	0.5	X	
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"/>	IN/OUT	<input checked="" type="checkbox"/>			Plumbing installed; proper backflow devices	2	1	X	X
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"/>	OUT				Physical facilities installed, maintained & clean	1	0.5	0	
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

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 Permittee: WAKE FOREST BAPTIST HEALTH
 Telephone: (336) 713-3010

Establishment ID: 3034012429
 Inspection Re-Inspection Date: 04/10/2024
 Educational Visit Status Code: A
 Comment Addendum Attached? Category #: IV
 Email 1: wcbailey@wakehealth.edu
 Email 2: amilot@wakehealth.edu
 Email 3: _____

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
stir fry vegetables (cut greens) @ 11:13/walk in cooler	47	pot roast veggies/make unit	38		
egg noodles @11:13/walk in cooler	44	fruit / melon cup/reach in	37		
stir fry vegetables @ 11:58/walk in cooler	39	prepared salads/reach in	39		
egg noodles @ 11:58/walk in cooler	40	salmon/walk in cooler	40		
cantelope/walk in cooler	37	hot water rinse/dish machine	163.7		
roast beef/walk in cooler	37	cheeseburger/final cook	188		
chx salad /walk in cooler	40	hot water /3-comp sink 145	145		
chicken/hot hold	171	sink/surface sani/wiping cloth bucket	700		
grits/hot hold	140				
pork/hot hold	172				
rice/steam table	180				
soup/steam table	173				
pork/reheat	165				
sh cheese/cold drawer	42				
ham/cold drawer	42				
utensil water/grill top	80				
pot roast/cold drawer	38				
noodles/cold drawer	41				
raw chx/cold drawer	39				
sliced tomato/sand unit	39				

Person in Charge (Print & Sign): *Wiley* *Bailey*
 Regulatory Authority (Print & Sign): *Leslie* *Easter*

WC Bailey

Leslie Easter

REHS ID: 1908 - Easter, Leslie Verification Dates: Priority: _____ Priority Foundation: _____ Core: _____

REHS Contact Phone Number: (336) 703-3138 Authorize final report to be received via Email: _____



Comment Addendum to Inspection Report

Establishment Name: CANCER CENTER KITCHEN

Establishment ID: 3034012429

Date: 04/10/2024 **Time In:** 11:00 AM **Time Out:** 1:30 PM

Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Wiley Bailey		Food Service		06/16/2026

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.

- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf). Soiled plastic black bowl, ceramic boats, metal pans stored with clean utensils; pizza slide has food build up on slide. Food contact surfaces shall be clean to sight and touch. CDI - items returned to warewashing for further cleaning and new pizza slide to be obtained.
- 22 3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding (P). Cut cantaloupe and honeydew were overstacked in the salad unit and were above 41F on top. Cold TCS foods shall be maintained at 41F or below; do not overstack containers. CDI - melon above the fill line on pans was removed and placed in walk in cooler; observed temperature of 41F during inspection.
- 33 3-501.15 Cooling Methods (Pf). Stir fry vegetables and cooked noodles received today from main kitchen were above 41F (see temp log). Items were tightly covered in walk in cooler. Allow foods to cool quickly by loosely covering or venting containers, using shallow pans, thin portions, rapid cooling equipment, etc. CDI - containers were vented and cooled rapidly.
- 43 3-304.12 In-Use Utensils, Between-Use Storage (C). Utensils on grill in standing water of 80-90F. Store in-use utensils in a clean, dry place, in food with handles out, in 135F or greater water or in running water which quickly moves food particles to the drain. CDI - pans placed on active heat and water heated to 157F.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C). Upper shelf of shelving unit soiled with dust (under HVAC vent); hood vents over flat top soiled. Nonfood contact surfaces of equipment shall be cleaned at a frequency to prevent accumulation of debris.
- 51 5-205.15 (B) System maintained in good repair. Substantial leak in drain pipe of dump sink. CDI - leak was repaired.