

# Food Establishment Inspection Report

Score: 97.5

Establishment Name: BABCOCK HEALTH CARE CENTER KITCHEN

Establishment ID: 3034012466

Location Address: 1550 BABCOCK DR.

Inspection  Re-Inspection

City: WINSTON SALEM State: NC

Date: 06 / 11 / 2021 Status Code: A

Zip: 27106 County: 34 Forsyth

Time In: 11 : 20  am  pm Time Out: 03 : 05  am  pm

Permittee: THE MORAVIAN HOME, INC.

Total Time: 3 hrs 45 minutes

Telephone: (336) 767-8130

Category #: IV

Wastewater System:  Municipal/Community  On-Site System

FDA Establishment Type: Nursing Home

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.						
IN	OUT	N/A	N/O	Compliance Status	OUT	CDI R VR
<b>Supervision .2652</b>						
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	<input checked="" type="checkbox"/> 0 0 0
<b>Employee Health .2652</b>						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	13 0 0 0
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	13 0 0 0
<b>Good Hygienic Practices .2652, .2653</b>						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1 0 0 0 0
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	03 0 0 0 0
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2 0 0 0 0
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	13 0 0 0 0
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1 0 0 0 0
<b>Approved Source .2653, .2655</b>						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1 0 0 0 0
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1 0 0 0 0
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1 0 0 0 0
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1 0 0 0 0
<b>Protection from Contamination .2653, .2654</b>						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	13 0 0 0 0
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	13 0 0 0 0
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1 0 0 0 0
<b>Potentially Hazardous Food Time/Temperature .2653</b>						
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	13 0 0 0 0
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	13 0 0 0 0
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	13 0 0 0 0
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	13 0 0 0 0
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	<input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 0 0 0
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	13 0 0 0 0
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1 0 0 0 0
<b>Consumer Advisory .2653</b>						
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	03 0 0 0 0
<b>Highly Susceptible Populations .2653</b>						
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	13 0 0 0 0
<b>Chemical .2653, .2657</b>						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	03 0 0 0 0
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1 0 0 0 0
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>						
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2	1 0 0 0 0

Good Retail Practices						
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
IN	OUT	N/A	N/O	Compliance Status	OUT	CDI R VR
<b>Safe Food and Water .2653, .2655, .2658</b>						
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	03 0 0 0 0
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1 0 0 0 0
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	03 0 0 0 0
<b>Food Temperature Control .2653, .2654</b>						
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="checkbox"/>	03 0 0 <input checked="" type="checkbox"/> 0
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	03 0 0 0 0
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	1	03 0 0 0 0
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	03 0 0 0 0
<b>Food Identification .2653</b>						
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1 0 0 0 0
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>						
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	2	1 0 0 0 0
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	1 0 0 0 0
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	03 0 0 0 0
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1	03 0 0 0 0
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	1	03 0 0 0 0
<b>Proper Use of Utensils .2653, .2654</b>						
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	03 0 0 0 0
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	03 0 0 0 0
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	03 0 0 0 0
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	03 0 0 0 0
<b>Utensils and Equipment .2653, .2654, .2663</b>						
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1 0 0 0 0
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	03 0 0 0 0
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	03 0 0 0 0
<b>Physical Facilities .2654, .2655, .2656</b>						
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	1 0 0 0 0
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1 <input checked="" type="checkbox"/> 0 0 0
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1 0 0 0 0
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	03 0 0 0 0
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	03 0 0 0 0
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	03 0 0 0 0
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	03 0 0 0 0
<b>Total Deductions:</b>					<b>2.5</b>	



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** BABCOCK HEALTH CARE CENTER KITCHEN  
**Location Address:** 1550 BABCOCK DR.  
**City:** WINSTON SALEM **State:** NC  
**County:** 34 Forsyth **Zip:** 27106  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site System  
**Permittee:** THE MORAVIAN HOME, INC.  
**Telephone:** (336) 767-8130

**Establishment ID:** 3034012466  
 Inspection  Re-Inspection **Date:** 06/11/2021  
**Comment Addendum Attached?**  **Status Code:** A  
**Water sample taken?**  Yes  No **Category #:** IV  
**Email 1:** salemtowne@salemtowne.org  
**Email 2:**  
**Email 3:**

## Temperature Observations

### Cold Holding Temperature is now 41 Degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
collard	steamer	167	corn beef	steam well	142	dish machine	1st floor main	168
beef veggie	kettle	170	carrots	steam well	150	dish machine	1st floor 2nd	161
roast	walk in	40	potato	steam well	149	dish machine	2nd floor k3	167
clam chowder	walk in	39	shrimp grits	steam well	170	dish machine	2nd floor salem	169
crab dip	walk in	39	chicken salad	reach in	40	dish machine	2nd floor large	165
chicken	make unit	39	shrimp	upright	40	sanitizer (qac)	three comp sink (all)	200
ham	make unit	50	potato	steam well	172	hot water	three comp high	140
upright cooler	air temp	36	grits	steam well	178	hot water	three comp low	126

## 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.

- 1 2-102.12 Certified Food Protection Manager - C PIC serv safe certificate expired during exemption period from state. A Person in Charge must be present at all hours with active Food Protection Manager Certification. Have staff attain Certification
  
- 20 3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P Mushroom soup in walk in cooler at 42 - 44F, Brussel sprouts and slaw in make unit cooler of 2nd first floor kitchen at 47-50F, Slaw in make unit of salem kitchen at 44F, Marinated beef tips in upright cooler of large 2nd floor kitchen at 44-45F. Potentially hazardous foods held cold must be kept at 41F or lower at all times. Some of the noted foods were cooled from the previous day 6/10 and were tightly wrapped, reducing ability to cool, Items in make units were stacked outside of the cold holding portion of the unit tops disallowing cooling from the unit. Review cooling and cold holding practices with employees to keep foods at 41F and lower. CDI: Foods discarded.
  
- 31 3-501.15 Cooling Methods - PF REPEAT: Multiple foods stored from 6/10 wrapped tightly that exceeded 41F holding temperatures. One pan of cooked shrimp in 2nd first floor kitchen at 120F that was wrapped tight to cool prior to being stored in upright cooler. Potentially hazardous foods cooled must be cooled using rapid methods such as shallow metal pans, ice baths, and being lightly covered to allow air exchange. CDI: Foods discarded, shrimp uncovered and cooled using ice bath.

Lock Text



**Person in Charge (Print & Sign):** David *First* Andrews *Last*  
**Regulatory Authority (Print & Sign):** Joseph *First* Chrobak *Last*

  


**REHS ID:** 2450 - Chrobak, Joseph

**Verification Required Date:** \_\_\_ / \_\_\_ / \_\_\_

**REHS Contact Phone Number:** ( 3 3 6 ) 7 0 3 - 3 1 6 4



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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- 49 5-205.15 (B) System maintained in good repair - C Hand washing sink drain leaking by ice machine in first floor kitchen. All plumbing fixtures shall be kept in good repair. Repair drain. 0 pts



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✓  
Spell



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Spell

