

Food Establishment Inspection Report

Score: 98.5

Establishment Name: NOVANT REHABILITATION HOSPITAL CAFETERIA Establishment ID: 3034012572

Location Address: 2475 HILLCREST CENTER CIRCLE

City: WINSTON SALEM

State: NC

Zip: 27103

County: 34 Forsyth

Permittee: NOVANT HEALTH REHABILITATION HOSPITAL OF WS, LLC

Telephone: (336) 754-3500

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

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

☒ Inspection ☐ Re-Inspection

Date: 06/11/2021

Status Code: A

Time In: 10:30 AM

Time Out: 1:15 PM

Total Time: 2 hrs 45 min

Category #: IV

FDA Establishment Type: _____

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions										Good Retail Practices									
Risk factors: Contributing factors that increase the chance of developing foodborne illness.										Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR		IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR	
Supervision .2652										Safe Food and Water .2653, .2655, .2658									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0				28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	0.3	0		
Employee Health .2652										Food Temperature Control .2653, .2654									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	1.3	0			29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	1.3	0			30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	0.3	0		
Good Hygienic Practices .2652, .2653										Food Identification .2653									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0			31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	0.3	0		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	0.3	0			32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	0.3	0		
Preventing Contamination by Hands .2652, .2653, .2655, .2656										Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2	0			33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	1	0.3	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	1.3	0			34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	0.3	0		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0			Proper Use of Utensils .2653, .2654									
Approved Source .2653, .2655										Utensils and Equipment .2653, .2654, .2663									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0			41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	0.3	0		
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0			42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	0.3	0		
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0			43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	0.3	0		
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0			44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	0.3	0		
Protection from Contamination .2653, .2654										Physical Facilities .2654, .2655, .2656									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	1.3	0			48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	1	0		
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	0	0			49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	0		
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0			50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1	0		
Potentially Hazardous Food Time/Temperature .2653										Sanitation .2653, .2654, .2657									
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	1.3	0			51	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	0.3	0		
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	3	1.3	0			52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	0.3	0		
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures	3	1.3	0			53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	0.3	0		
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	1.3	0			54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	0.3	0		
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	1.3	0			Total Deductions: 1.5									
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	1.3	0												
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0												
Consumer Advisory .2653																			
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	0.3	0												
Highly Susceptible Populations .2653																			
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	1.3	0												
Chemical .2653, .2657																			
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	0.3	0												
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0												
Conformance with Approved Procedures .2653, .2654, .2658																			
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												



North Carolina Department of Health & Human Services

Division of Public Health • Environmental Health Section

Food Protection Program

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DHHS is an equal opportunity employer. Food Establishment Inspection Report, 3/2013



Comment Addendum to Food Establishment Inspection Report

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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.

- 11 3-202.15 Package Integrity - PF 0 points. One badly dented can observed in dry storage area. Food packaging has be in good condition, intact and protect the food inside. CDI. Can relocated to office area to be returned to vendor.
- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P 5 plastic food pans on clean dish rack had sticker residue present. Equipment food contact surfaces and utensils shall be clean to sight and touch. CDI. Pans sent to dish machine area for additional cleaning.