

# Food Establishment Inspection Report

Score: 95

Establishment Name: SIMPLY SOUL RESTAURANT

Establishment ID: 3034012155

Location Address: 4339 SOUTH MAIN STREET

City: WINSTON SALEM State: North Carolina

Zip: 27127 County: 34 Forsyth

Permittee: SIMPLY SOUL LLC

Telephone: (336) 788-0400

☒ Inspection ☐ Re-Inspection

## Wastewater System:

☒ Municipal/Community ☐ On-Site System

## Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 05/25/2023 Status Code: A

Time In: 1:50 PM Time Out: 4:20 PM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 2

## 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
<b>Supervision .2652</b>					
1	<input checked="" type="checkbox"/> OUT/N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Certified Food Protection Manager	<input checked="" type="checkbox"/>	0	X
<b>Employee Health .2652</b>					
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
<b>Good Hygienic Practices .2652, .2653</b>					
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
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
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"/> IN <input checked="" type="checkbox"/> N/A	Handwashing sinks supplied & accessible	2	<input checked="" type="checkbox"/>	X
<b>Approved Source .2653, .2655</b>					
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"/> N/A	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/A/N/O	Required records available: shellstock tags, parasite destruction	2	1	0
<b>Protection from Contamination .2653, .2654</b>					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
18	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN 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"/> OUT/N/A/N/O	Proper cold holding temperatures	3	1.5	0
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/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	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
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN OUT <input checked="" 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
<b>Safe Food and Water .2653, .2655, .2658</b>					
30	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5	0
31	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Water and ice from approved source	2	<input checked="" type="checkbox"/>	X
32	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Variance obtained for specialized processing methods	2	1	0
<b>Food Temperature Control .2653, .2654</b>					
33	<input checked="" type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
38	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Insects & rodents not present; no unauthorized animals	2	<input checked="" type="checkbox"/>	X
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
<b>Proper Use of Utensils .2653, .2654</b>					
43	<input checked="" type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0
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
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	<input checked="" type="checkbox"/>	X
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Plumbing installed; proper backflow devices	2	1	<input checked="" type="checkbox"/>
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"/> IN <input checked="" type="checkbox"/> N/A	Physical facilities installed, maintained & clean	1	<input checked="" type="checkbox"/>	X
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
<b>TOTAL DEDUCTIONS:</b>					<b>5</b>



# Comment Addendum to Food Establishment Inspection Report

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County: 34 Forsyth Zip: 27127

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

Permittee: SIMPLY SOUL LLC

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☒ Inspection ☐ Re-Inspection Date: 05/25/2023

Comment Addendum Attached? ☒ Status Code: A

Water sample taken? ☐ Yes ☒ No Category #: IV

Email 1: SONYAWADDELL@icloud.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	116						
chlorine sanitizer	three compartment sink ppm	50						
baked chicken	hot holding	164						
mac and cheese	hot holding	155						
beans	hot holding	170						
mashed potatoes	hot holding	160						
meat loaf	hot holding	155						
cabbage	hot holding	137						
green beans	hot holding	137						
rice	hot holding	170						
air temp	single door refrigerator	33						
air temp	3 door freezer	28						

Person in Charge (Print & Sign):

*First*

*Last*

Regulatory Authority (Print & Sign): Craig

Bethel

REHS ID: 1766 - Bethel, Craig

Verification Required Date:

REHS Contact Phone Number: (336) 703-3143

Authorize final report to  
be received via Email:



North Carolina Department of Health & Human Services

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• Division of Public Health • Environmental Health Section  
DHHS is an equal opportunity employer.  
Food Establishment Inspection Report, 10/2021

• Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** SIMPLY SOUL RESTAURANT

**Establishment ID:** 3034012155

**Date:** 05/25/2023 **Time In:** 1:50 PM **Time Out:** 4:20 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.

- 2 2-102.12 (A) Certified Food Protection Manager (C)(Repeat)  
No certified food protection manager on site at the time of inspection.  
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.
- 10 6-301.12 Hand Drying Provision (Pf)(Repeat)  
Papertowel dispenser not working at both handwash sinks in the kitchen area and men's bathroom.  
Each HANDWASHING SINK or group of adjacent HANDWASHING SINKS shall be provided with:  
(A) Individual, disposable towels; Pf (B) A continuous towel system that supplies the user with a clean towel; Pf
- 31 5-101.11 Approved System - Source (P)  
Using bagged ice for drinks.  
DRINKING WATER shall be obtained from an APPROVED source that is:  
(A) A PUBLIC WATER SYSTEM; P or  
(B) A nonPUBLIC WATER SYSTEM that is constructed, maintained, and operated according to LAW. P  
CDI - No more ice will be used to be for drinks. Management will put canned drinks into refrigeration.
- 38 6-202.15 Outer Openings, Protected - C (Repeat)  
Air conditioner in kitchen has opening to outside where it is not properly enclosed/sealed. Fans on roof with no screen covering them in dry storage ceiling.  
Outer openings of a FOOD ESTABLISHMENT shall be protected against the entry of insects and rodents by: (1) Filling or closing holes and other gaps along floors, walls, and ceilings; (2) Closed, tight-fitting windows; and (3) Solid, self-closing, tight-fitting doors.
- 47 4-501.11 Good Repair and Proper Adjustment-Equipment - C (Repeat)  
Pepsi drink machine is out of order. Refinish support legs of prep tables and flat top grill.  
(A) 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.  
  
4-205.10 Food Equipment, Certification and Classification - C- REPEAT- New Adcraft steam table with only CE listing, Ninja blender, and Serv-ware EF-06L fryer do not meet sanitization standards.  
Except for toasters, mixers, microwave ovens, water heaters, and hoods, FOOD EQUIPMENT shall be used in accordance with the manufacturer's intended use and certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program.
- 51 5-205.15 System Maintained in Good Repair. (0pts)  
Hot water at the three compartment sink will not turn off all the way.  
(B) Maintained in good repair.
- 55 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods-(C)(Repeat)  
Replace broken ceiling tiles in dry storage area around water heater, and seal any holes remaining; repair cracked floor tiles in service area; Raw wood and holes and tape around air conditioning unit in kitchen; regrouting needed under rug in service area and in kitchen under and in front of 3 compartment sink; Repair all areas that have cracks and crevices to be smooth and easily cleanable throughout the facility.  
Physical facilities shall be maintained in good repair.  
  
6-201.11 Floors, Walls and Ceilings-Cleanability - C-  
Ceiling tiles in kitchen are not smooth.  
Facilities shall be smooth and easily cleanable.