Food Establishment Inspection Report Score: 98 Establishment Name: SUMMERSTONE HEALTH AND REHABILITATION Establishment ID: 3034160047 Location Address: 485 VETERANS WAY City: KERNERSVILLE Date: 01/07/2020 Status Code: A State: NC Time In: $\underline{10}:\underline{25}\overset{\otimes}{\bigcirc}_{pm}^{am}$ Time Out: $\underline{01}:\underline{10}\overset{\bigcirc}{\otimes}_{pm}^{am}$ County: 34 Forsyth Zip: 27284 Total Time: 2 hrs 45 minutes LIBERTY LONG TERM CARE, LLC Permittee: Category #: IV Telephone: (336) 515-3000 FDA Establishment Type: Nursing Home Wastewater System:

✓ Municipal/Community

☐ On-Site System No. of Risk Factor/Intervention Violations: 4

Water Supply: Municipal/Community								No. of Repeat Risk Factor/Intervention Violations:												
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.								Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.												
	IN	TUC	N/A	N/O	Compliance Status	OUT	C	DI R	VR		IN	OUT	N/A	N/O	Compliance Status		OUT	CE	DI R	VR
Supervision .2652								_		S	afe I	Food	d an	d W	ater .2653, .2655, .2658		_	-	-	—
1 [X				PIC Present; Demonstration-Certification by accredited program and perform duties	2	0			28					Pasteurized eggs used where required	1	0.5	<u> </u>]	J 🗀
Er	nplo	ye	He	alth	.2652					29	×				Water and ice from approved source	2	10	0 [ı 🗔
2 []	X			Management, employees knowledge; responsibilities & reporting	3 1.5	X			30			X		Variance obtained for specialized processing methods	1	0.5	0 [1	
3	X				Proper use of reporting, restriction & exclusion	3 1.5	0	╗		F	ood	Ten	nper	atur	e Control .2653, .2654					
Good Hygienic Practices .2652, .2653										31		X			Proper cooling methods used; adequate equipment for temperature control	1	×	0 🔀	aT	ıП
4	X				Proper eating, tasting, drinking, or tobacco use	2 1	0			32			П	×	Plant food properly cooked for hot holding	1	0.5 (-	1	
5 [X				No discharge from eyes, nose or mouth	1 0.5	0			33	+			<u> </u>	Approved thawing methods used	1	H		1=	H
Preventing Contamination by Hands .2652, .2653, .2655, .2656										⊢	+			Ш		F	\vdash	+	#	1
6 [X				Hands clean & properly washed	4 2	0			34		Ш			Thermometers provided & accurate	1	0.5	0 [<u> 1</u> L	
7 [X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5	0				Food Identification .2653								-	
Н.	\rightarrow	X			Handwashing sinks supplied & accessible	++		d [1	35			Ш		Food properly labeled: original container	2	1	에니	<u> </u>	Щ
\vdash			l Sn	urce				<u> </u>	7						od Contamination .2652, .2653, .2654, .2656, .2657 Insects & rodents not present; no unauthorized	7		_	-	
-	X		30	uicc	Food obtained from approved source	21	0][_		Ш			animals	2		0 L	<u> </u>	\perp
10 [X	Food received at proper temperature	21	0	1		_	×				Contamination prevented during food preparation, storage & display	2][
11 [X				Food in good condition, safe & unadulterated	21	0	1		_	×				Personal cleanliness	1		0 [
12 [٦Ì	П	X	П	Required records available: shellstock tags, parasite destruction	21	ОГ	1	10	39	×				Wiping cloths: properly used & stored	1	0.5	0 [][
\perp		ctio		m C	parasite destruction Contamination .2653, .2654			7		40					Washing fruits & vegetables	1	0.5	0 [] 🗀
13 [\neg		П	П	Food separated & protected	3 1.5	П	1	ıПП	P	rope	er Us	se of	fUte	ensils .2653, .2654					
14 [-		_	_	Food-contact surfaces: cleaned & sanitized	3 1.5		1	1 🗆	41	X				In-use utensils: properly stored	1	0.5	<u> </u>][
\vdash	X	_			Proper disposition of returned, previously served,	21				42		×			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	3 [] 🗀
		liall	v Ha	72r	reconditioned, & unsafe food dous Food TIme/Temperature .2653				11-	43	×				Single-use & single-service articles: properly stored & used	1	0.5	0 [J 🗆	1
16	\neg		y 110		Proper cooking time & temperatures	3 1.5	ГОГ	TE	ı	_	×				Gloves used properly	1		0 [1	
\vdash	-	_	_	<u> </u>				1					nd l	Eau	,	Ш	0.3	4	15	1
17	-	X	Ш	Ш	Proper reheating procedures for hot holding	3 🗙		+			Utensils and Equipment .2653, .2654, .2663 Equipment, food & non-food contact surfaces							T	T	T
\vdash	\rightarrow	X			Proper cooling time & temperatures	3 1.5	X			45		X			approved, cleanable, properly designed, constructed, & used	2	1	₫ [
19 [\rightarrow				Proper hot holding temperatures	3 1.5	0			46	X				Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0 [
20	X				Proper cold holding temperatures	3 1.5	0			47					Non-food contact surfaces clean	1	0.5	0 [][] 🗀
21	X				Proper date marking & disposition	3 1.5	0			P	hysi	ical	Faci	litie	.2654, .2655, .2656					
22 [X		Time as a public health control: procedures & records	21	0			_	×				Hot & cold water available; adequate pressure	2	1		+-	
Co	nsı	ıme	r Ac	lviso	ory .2653					49					Plumbing installed; proper backflow devices	2	1	ŌC]	
23 [X		Consumer advisory provided for raw or undercooked foods	1 0.5	0			50	×				Sewage & waste water properly disposed	2	1	ا ۵		
$\overline{}$	_	Sι	sce	ptib	le Populations .2653			_		51	×				Toilet facilities: properly constructed, supplied	1	0.5 (σIГ	īE	
\vdash					Pasteurized foods used; prohibited foods not offered	3 1.5									& cleaned Garbage & refuse properly disposed; facilities	1	0.5	0		
$\overline{}$	nem	$\overline{}$.2653, .2657			1	T.	-	-	<u> </u>			maintained	F		4	1	
H	\dashv		×		Food additives: approved & properly used	1 0.5		1 _	1	53	+	×			Physical facilities installed, maintained & clean Meets ventilation & lighting requirements;	+	0.5	_	+	
\vdash	X				Toxic substances properly identified stored, & used	21				54	X				designated areas used	1	0.5	기		
Conformance with Approved Procedures .2653, .2654, .2658												Total Deductions:	2							
27	_		X		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	21		11							Total Deductions.					





	Commen	t Adde	<u>endum to</u>	Food Es	<u>stablishme</u>	<u>ent Ins</u>	<u>spection</u>	Report			
Establis	hment Name: SUMMERST CENTER				Establishme		_	-			
	on Address: 485 VETERANS				X Inspection	n □Re	-Inspection	Date: 01/07/2020)		
City. I	KERNERSVILLE		Sta	☐ Inspection ☐ Re-Inspection ☐ Date: 01/07/2020 ☐ Comment Addendum Attached? ☐ Status Code: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐							
-	y:_34 Forsyth		Water sample to			Category #:					
	/ater System: 🗷 Municipal/Comn	nunity 🗌 (On-Site System	Email 1: ^{jsext}	on@libert	ty-ltc.com	0 , _				
Water S	Supply: ☒ Municipal/Comn ttee: LIBERTY LONG TERM	. —	•	Email 2:							
	none: (336) 515-3000	O/ II (L, LL			Email 3:						
relepi	lone. (edd) and dedd		T - 11-11-1								
					oservations						
Item servsafe	Location B. Fourqurean 1/30/20	Temp 00	•	Derature Location upright coo		Γemp Ite	em	Location walk-in cooler	Temp 40		
hot water	3-compartment sink	120	mash potato	upright coo	ler 39) ha	am v	walk-in cooler	39		
quat sani	3-comp sink (ppm)	200	chix salad	upright coo	ler 40)					
chicken	reheat from package	118	green beans	steam table	e 15						
gravy	cooling @ 1053	80	corn	steam table	e 16	61					
gravy	cooling @ 1110	76	salad	make unit	40)					
gravy	cooling @ 1220	57	lettuce	make unit	39	9					
chicken	final cook	181	milk	drink coole	r 40)					
av 0 8 6-	nployee to reference, despit vare of the 5 major foodborr pts. 301.12 Hand Drying Provisi all be provided with a sanita	ne illness on - PF -	es and sympto No paper tow	oms. CDI: P	IC reposted the	e employe	ee health poli andwashing s	cy in a conspicuou	us location.		
11 P/	403.11 Reheating for Hot H 8F. READY-TO-EAT FOOL ACKAGE from a FOOD PRO ver the plant, shall be heated	taken fr OCESSIN	om a commer IG PLANT tha	cially proces t is inspecte	ssed, HERMET d by the FOOD	ICALLY REGUL	SEALED COL ATORY AUT	NTAINER, or from HORITY that has	an intact jurisdiction		
Lock Text		Ei	rst	1.	ast						
Person ir	n Charge (Print & Sign): Bla	aire	.0.	Fourqurean	401			~	\sim		
Regulato	ry Authority (Print & Sign): ^{Mi}		rst	La Frazier REH	ast SI	M.	·	Tubehiz			
	REHS ID:	2737 - F	razier, Michae	el		/erification	n Required Dat	e: / /			
							*				

REHS Contact Phone Number: (336)703-3382

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program

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Establishment Name: SUMMERSTONE HEALTH AND REHABILITATION Establishment ID: 3034160047

Observations	and Carr	o otiv co	A ations	_
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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



3-501.14 Cooling - P - Leftover gravy cooling from breakfast measured 80F at 1053, and 76F at 1110 (4 degrees / 17 minutes = .23 deg/min). Potentially hazardous foods shall be cooled from 135F to 41F in 6 hours, and from 135F to 70F in 2 hours. CDI: Methods were corrected and gravy cooled to 57F at 1220 (.27 deg/min). 0 pts.

- 3-501.15 Cooling Methods PF Gravy that failed to meet cooling parameters was being cooled in a shallow ice bath in a large thick portion, at ambient temperature with plastic wrap covering the container. Potentially hazardous foods shall be cooled in small, thin portions, uncovered if otherwise protected from overhead contamination, and in equipment suitable for cooling. CDI: PIC removed plastic wrap covering and placed ice bath tray in reach-in cooler. Gravy was observed cooling at an adequate rate following correction.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required C 1 stack of metal pans stacked wet. After cleaning and sanitizing, equipment and utensils shall be air-dried or used after adequate draining. 0 pts.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment C REPEAT Control panel for walk-in freezer malfunctioning. Equipment shall be maintained in good repair. 0 pts.
- 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods C REPEAT Crack/hole in FRP board at doorway to dishwashing area from food prep area. Physical facilities shall be maintained in good repair. 0 pts.





Establishment Name: SUMMERSTONE HEALTH AND REHABILITATION CENTER Establishment ID: 3034160047

Observations and Corrective Actions
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Establishment Name: SUMMERSTONE HEALTH AND REHABILITATION Establishment ID: 3034160047

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.





Establishment Name: SUMMERSTONE HEALTH AND REHABILITATION Establishment ID: 3034160047

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.



