

Food Establishment Inspection Report

Score: 94

Establishment Name: ADDICTION RECOVERY CARE ASSOC

Establishment ID: 3034160038

Location Address: 1931 UNION CROSS RD

Inspection Re-Inspection

City: WINSTON SALEM

State: NC

Date: 12 / 06 / 2017 Status Code: A

Zip: 27107

County: 34 Forsyth

Time In: 11 : 25 ^{am} _{pm} Time Out: 02 : 15 ^{am} _{pm}

Total Time: 2 hrs 50 minutes

Permittee: ARCA INC

Category #: IV

Telephone: (336) 784-9470

FDA Establishment Type: Nursing Home

Wastewater System: Municipal/Community On-Site System

No. of Risk Factor/Intervention Violations: 2

Water Supply: Municipal/Community On-Site Supply

No. of Repeat Risk Factor/Intervention Violations: 1

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	NO	Compliance Status	OUT	CDI	R	VR
Supervision .2652								
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0		
Employee Health .2652								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	13	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	13	0	
Good Hygienic Practices .2652, .2653								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	03	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656								
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	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	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0	
Approved Source .2653, .2655								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0	
Protection from Contamination .2653, .2654								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	13	0	
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	13	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	
Potentially Hazardous Food Time/Temperature .2653								
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	13	0	
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	3	13	0	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	13	0	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	3	13	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	13	0	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	13	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	03	0	
Highly Susceptible Populations .2653								
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	13	0	
Chemical .2653, .2657								
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	03	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	

Good Retail Practices								
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
IN	OUT	N/A	NO	Compliance Status	OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658								
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	03	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	03	0	
Food Temperature Control .2653, .2654								
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	03	0	
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	1	03	0	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	1	03	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	03	0	
Food Identification .2653								
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657								
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	2	1	0	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	1	0	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	03	0	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1	03	0	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	1	03	0	
Proper Use of Utensils .2653, .2654								
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	03	0	
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	03	0	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	03	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	03	0	
Utensils and Equipment .2653, .2654, .2663								
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	0	1	0	0
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	03	0	
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	03	0	
Physical Facilities .2654, .2655, .2656								
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	1	0	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	0	
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1	0	
51	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	03	0	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	03	0	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	0	03	0	0
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	0	03	0	0
Total Deductions:					6			



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 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: ARCA INC
 Telephone: (336) 784-9470

Establishment ID: 3034160038
 Inspection Re-Inspection Date: 12/06/2017
 Comment Addendum Attached? Status Code: A
 Category #: IV
 Email 1: annec@arcanc.org
 Email 2: _____
 Email 3: _____

Temperature Observations

Effective January 1, 2019 Cold Holding will change to 41 degrees

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Michael Marks	11/26/18	0						
Hot water	3 comp sink	157						
Quat sanitizer	3 comp sink	200						
Sausages	Reheat	172						
Corn	Final	191						
Milk	3 door cooler	39						
Turkey	3 door cooler	40						
Milk	Walk-in cooler	40						

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.

- 6 2-301.14 When to Wash - P- REPEAT. One employee washed hands, then recontaminated hands by turning off the faucets without using a barrier, like a paper towel. Hands shall be washed when contaminated. CDI: Hands re-washed and paper towel used to turn off faucet after drying off hands. ✓ Spell
- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P- 0 pts. Three utensils observed with dried food residue. Food-contact surfaces shall be clean to sight and touch. CDI- Utensils were placed inside wash vat of three-compartment sink.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C: REPEAT: Floor for outside walk in freezer buckling/rusting. Contact equipment manufacturer for proper repair./ Shelving in three door reach in chipping on ends. Handles of walk in coolers (inside and out) rusting/losing finish. Toilet fixture cracked at base. Metal flaking in one hood (over storage shelving). Paint chipping from outside of hood (over cookline). Coved base (stainless or aluminum) needed in walk in coolers and freezers either where walls/floors create 90 degree angle or where gaps exist due to panels being improperly installed/settling over time. Equipment shall be maintained in good repair.

Lock Text

Person in Charge (Print & Sign): Michael *First* Marks *Last*

Regulatory Authority (Print & Sign): ^{Eva} *First* Robert *Last* REHS

[Handwritten Signature]
 Eva Robert, REHS

REHS ID: 2551 - Robert, Eva

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3135



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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- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C- 0 pts. Cleaning is needed on sauce container inside three-door cooler, handle of three-door cooler, fan guards inside walk-in cooler.
- 51 6-501.18 Cleaning of Plumbing Fixtures - C- 0 pts. Cleaning needed inside basin of toilet in employee restroom. Plumbing fixtures shall be kept clean.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C- REPEAT- Chipping paint from walls throughout facility. Some chipping paint on ceilings. Seal any gaps around pipe penetrations into ceiling. Grout wearing from mopsink. Seal escutcheon plates to walls where needed. Floors, walls, and ceilings shall be easily cleanable.//6-501.12 Cleaning, Frequency and Restrictions - C- Clean any exposed piping and maintain clean. Clean walls at tops of baseboards/windowsills. Floors, walls, and ceilings shall be maintained clean.//6-201.13 Floor and Wall Junctures, Coved, and Enclosed or Sealed - C- Coved base missing in some areas of kitchen and creating 90 degree floor/wall junctures. Add coved base in these areas.
- 54 6-303.11 Intensity-Lighting - C- REPEAT. Light burned out in 2nd walk in freezer. Lighting low in the following areas (in foot candles): 2-6 USDA storage closet; 41-45 prep table near desk; 40-48 stove; 43 fryer; 42-45 stove/flat top; 28-46 serving line. Lighting shall be at least 10 foot candles in areas of food storage and 50 foot candles in areas of food prep. Increase lighting.



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