

Food Establishment Inspection Report

Score: 97Establishment Name: HERITAGE HEALTH CARE OF HIGH POINTEstablishment ID: 3034160017Location Address: 3830 NORTH MAIN STREET☒ Inspection ☐ Re-InspectionCity: HIGH POINTState: NCDate: 06 / 29 / 2015 Status Code: AZip: 27265County: 34 ForsythTime In: 11 : 00 ☒ am ☐ pmTime Out: 02 : 00 ☐ am ☒ pmPermittee: UHS PRUITT CORPORATIONTotal Time: 3 hrs 0 minutesTelephone: (336) 869-3752Category #: IWastewater System: ☐ Municipal/Community ☒ On-Site SystemFDA Establishment Type: Nursing HomeWater Supply: ☒ Municipal/Community ☐ On-Site SupplyNo. of Risk Factor/Intervention Violations: 1No. 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
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	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health .2652											
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting				3	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion				3	15	0	<input type="checkbox"/>
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	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth				1	03	0	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656											
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed				4	2	0	<input type="checkbox"/>
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	15	0	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible				2	1	0	<input type="checkbox"/>
Approved Source .2653, .2655											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				2	1	0	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature				2	1	0	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated				2	1	0	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction				2	1	0	<input type="checkbox"/>
Protection from Contamination .2653, .2654											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected				3	15	0	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				3	15	0	<input type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food				2	1	0	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653											
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures				3	15	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding				3	15	0	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures				3	15	0	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures				3	15	0	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures				3	15	0	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition				3	15	0	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records				2	1	0	<input type="checkbox"/>
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	<input type="checkbox"/>
Highly Susceptible Populations .2653											
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered				3	15	0	<input type="checkbox"/>
Chemical .2653, .2657											
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used				1	03	0	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used				2	1	0	<input type="checkbox"/>
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	<input type="checkbox"/>

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
Safe Food and Water .2653, .2655, .2658											
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required				1	05	0	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				2	1	0	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods				1	05	0	<input type="checkbox"/>
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	05	0	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				1	05	0	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used				1	05	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate				1	05	0	<input type="checkbox"/>
Food Identification .2653											
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container				2	1	0	<input type="checkbox"/>
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	<input type="checkbox"/>
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				1	05	0	<input type="checkbox"/>
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored				1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables				1	05	0	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654											
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored				1	05	0	<input type="checkbox"/>
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled				1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used				1	05	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly				1	05	0	<input type="checkbox"/>
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				2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips				1	05	0	<input type="checkbox"/>
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				1	05	0	<input type="checkbox"/>
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	<input type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices				2	1	0	<input type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed				2	1	0	<input type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned				1	05	0	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained				1	05	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean				<input checked="" type="checkbox"/>	05	0	<input checked="" type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used				<input checked="" type="checkbox"/>	05	0	<input checked="" type="checkbox"/>
Total Deductions:										3	

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: HERITAGE HEALTH CARE OF HIGH POINT

Establishment ID: 3034160017

Location Address: 3830 NORTH MAIN STREET

☒ Inspection ☐ Re-Inspection Date: 06/29/2015

City: HIGH POINT State: NC

Comment Addendum Attached? ☒ Status Code: A

County: 34 Forsyth Zip: 27265

Category #: I

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

Email 1: hjones@uhs-pruitt.com

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

Email 2:

Permittee: UHS PRUITT CORPORATION

Email 3:

Telephone: (336) 869-3752

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
chlorine	dishmachine	100	squash	final cook	215			
hot water	sprayer by dish	135	salad	cold hold	45			
hot water	three comp sink	135	stuffing	walk in cooler	43			
quat sanitizer	three comp sink	200	servsafe	Howard Jones 5-17-17	00			
mashed	hot hold	173						
gravy	buffet	168						
hamburger	steamer	156						
peas	buffet	166						

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 2-201.11 (A), (B), (C), & (E) Responsibility of Permit Holder, Person in Charge, and Conditional Employees - P: 0 pts. Employee health policy given through Pruitt corporate. Provide documentation that employees are aware of their responsibility to report symptoms and diseases related to foodborne illnesses to management. CDI: FDA guidance manual given to kitchen manager. Have employees sign conditional agreement acknowledging responsibility and keep on-site. ✓ Spell
- 37 3-306.11 Food Display-Preventing Contamination by Consumers - P: 0 pts. Kitchen sets up chafing dishes and sterno (for hot dishes) and food on ice (for cold dishes) with a station for beverages in dining room when serving residents (just started practice a few weeks ago in an effort to increase resident relationships/communication). This set-up is unapproved for the following reasons: no handsink is present in food area where dispensing is taking place (closest handwashing sink is in soiled utility room or down the hall in the restrooms), proper approved equipment is not being used (an approved hot/cold holding table), lighting does not meet requirements, and buffet display does not have proper sneeze guards to protect food from contamination. Submit plans to Michelle Bell at bellmi@forsyth.cc with construction/equipment specifications, and only continue this practice once approval from the health department has been granted./ Wrap condensate line in walk in cooler./ Clean utensils stored on drainboard of prep sink. Do not
- 39 3-304.14 Wiping Cloths, Use Limitation - C: Quat sanitizer in wiping cloth bucket less than 150 ppm. Wet wiping cloths present in soapy water bucket. Wiping cloths, when wet, must remain submerged in a sanitizer solution (quat is 150-400 ppm, or as directed by the manufacturer). Remove wet wiping cloths from soapy water. Sanitizer solution discarded during inspection.

Person in Charge (Print & Sign): Howard ^{First} Jones ^{Last}

Howard Jones

Regulatory Authority (Print & Sign): Michelle ^{First} Bell ^{Last}

Michelle Bell REHS

REHS ID: 2464 - Bell, Michelle

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3141



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- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C: Some plates and containers stacked wet. After washing, rinsing, and sanitizing, equipment and utensils shall air dry.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C: 0 pts. Ceiling paneling in walk in cooler starting to buckle. Edges where walls meet floor are rusting because no coved base exists. Threshold is rusting. Repair all items for walk in cooler./ Buffet table has broken welds on front tray line. Repair./ Some shelving starting to wear in dry storage. Replace when needed. / Some utensils starting to wear (with melting handles). Tea dispenser lid cracked. Replace.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C: REPEAT: Storage room for plates/chemicals has three walls of unfinished brick, one wall with screens covered by plastic sheeting, and floor that is unfinished concrete. Floors, walls, and ceilings shall be smooth and easily cleanable. Remove storage from area or renovate area to meet requirement (pertaining to equipment, utensils, linens, single service, and single use articles)/ Floors, around edges, beginning to rust and hold soil. Place coved base around all wall/floor junctures in kitchen and storage./ Repair hole in ceiling by handwash sink by pipe intrusions./ Some tile damage present in dry storage room and cleaning needed around edges of room./ Caulk back of three compartment sink to wall./ Tile damage and puddling water present under dishmachine. Repair.
- 54 6-303.11 Intensity-Lighting - C: REPEAT: Lighting low in some areas (in fcd): handwashing sink 2, coffee prep station 7-15, prep sink 40-49, prep table 10-25, equipment under hood 12-25, and walk in cooler 4-7. Increase lighting to meet 50 fcd requirement in food prep areas and areas working with equipment, 20 fcd at handwashing sinks, and 10 fcd in walk in cooler.



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✓
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