

Food Establishment Inspection Report

Score: 96

Establishment Name: SALEM TERRACE

Establishment ID: 3034160037

Location Address: 2609 OLD SALISBURY RD

Inspection Re-Inspection

City: WINSTON SALEM

State: NC

Date: 07 / 19 / 2016 Status Code: A

Zip: 27127

County: 34 Forsyth

Time In: 09 : 35 ^{am} _{pm} Time Out: 12 : 40 ^{am} _{pm}

Permittee: SIGNATURE HEALTH CARE

Total Time: 3 hrs 5 minutes

Telephone: (336) 785-1935

Category #: IV

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Nursing Home

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 2

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.										
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	1.5	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	1.5	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	0.5	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	1.5	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	1.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	1.5	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	1.5	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	1.5	0	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures			3	1.5	0	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	1.5	0	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	1.5	0	<input type="checkbox"/>
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	1.5	<input checked="" type="checkbox"/>	<input checked="" 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	0.5	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	1.5	0	<input type="checkbox"/>
Chemical .2653, .2657										
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used			1	0.5	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	0.5	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	0.5	0	<input type="checkbox"/>
Food Temperature Control .2653, .2654										
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1	0.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	0.5	0	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			1	0.5	0	<input type="checkbox"/>
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	<input checked="" type="checkbox"/>	0	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0.5	0	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	0.5	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0.5	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	0.5	0	<input type="checkbox"/>
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	0.5	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	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	0.5	0	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	<input checked="" type="checkbox"/>	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	<input checked="" type="checkbox"/>	<input checked="" 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	0.5	0	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0.5	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			<input checked="" type="checkbox"/>	0.5	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"/>	0.5	0	<input checked="" type="checkbox"/>
Total Deductions:							4			



Comment Addendum to Food Establishment Inspection Report

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Location Address: 2609 OLD SALISBURY RD
City: WINSTON SALEM **State:** NC
County: 34 Forsyth **Zip:** 27127
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site System
Permittee: SIGNATURE HEALTH CARE
Telephone: (336) 785-1935

Establishment ID: 3034160037
 Inspection Re-Inspection **Date:** 07/19/2016
 Comment Addendum Attached? **Status Code:** A
Category #: IV
Email 1:
Email 2:
Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ServSafe	Kendall L Bowen Exp.	00						
Final Rinse	Dishmachine	171						
Chicken	Walk-in cooler	43						
Ham	Walk-in cooler	43.5						
Milk	Walk-in cooler	44						
Sausage	Walk-in cooler	46						
Sausage 2	Walk-in cooler	73						
Porkchop	hot hold/final	170						

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.

- 13 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation - P - 0 pts - Unwashed onions and tomatoes stored above milk containers. Food shall be protected from cross contamination by storing unwashed produce below washed or ready-to-eat foods. CDI - Tomatoes and onions moved below ready-to-eat food.
- 21 3-501.18 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Disposition - P - 0 pts - One prepared Ham portion was date marked 7-14-16 (43F). Potentially hazardous foods that are cooked/prepared can be held at 42-45F for 4 days, or 41F and below for 7 days. The day of preparation counts as day one. Discard foods outside of this time/temperature control. CDI - Ham discarded.
- 31 h3-501.15 Cooling Methods - PF - 0 pts - One of two sausage containers started cooling at 8:15AM measured 70-73F at 10:05AM with tight fitting plastic over the container. Foods shall be cooled in shallow containers and loosely covered. CDI - Person in charge chose to discard the sausage.



Person in Charge (Print & Sign): Kendall ^{First} Bowen ^{Last}

Kendall Bowen

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

Grayson Hodge / Michelle Bell

REHS ID: 2464 - Bell, Michelle

Verification Required Date: 07 / 29 / 2016

REHS Contact Phone Number: (336) 703 - 3141



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- 34 4-302.12 Food Temperature Measuring Devices - PF - 0 pts - One of two thermometers did not turn on. Food thermometers shall be provided and readily accessible for use. Replace battery or repair. Verification required by 7-29-16, contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc.
- 42 4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C - 0 pts - Single-use articles stored less than 6 inches above the floor. All single-use and single-service items shall be stored at least 6 inches above the floor. Raise shelving in the storage room beside of the mop sink.
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C - 0 pts - Single-service cups stored in an unfinished storage shed. Food contact items shall be stored in a finished room with coved bases and lighting. Store cups in an approved storage area.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - The following items need repaired: rusting shelving beside of the 3-compartment sink, damaged stopper at prep sink, rusted chains holding pan rack, rusted vent beside pan rack, repaint cart in walk-in, floor separation in the walk-in cooler, chipping paint on the floor of the walk-in cooler, pipe leak in the walk-in freezer, and rusting on the mixer attachment across from the tea dispenser. Equipment shall be maintained in good repair. Repair or replace.// 4-202.16 Nonfood-Contact Surfaces - C - Several milk crates being used for storage and seating and no wrap around the condensate foam cover in the walk-in cooler. Nonfood-contact surfaces shall be smooth and easily cleanable. Replace with cleanable equipment and wrap condensate line with PVC pipe wrap.
- 47 4-602.13 Nonfood Contact Surfaces - C - The following areas need detailed cleaning: Underneath drainboard compartments of the dishmachine, inside perimeters of the dish machine, behind the ice machine on piping and inner panel, on the outside of the dish machine, around the coffee dispenser, and shelving of the cook line. Nonfood contact surfaces shall be clean to sight and touch. Clean frequently.
- 49 5-205.15 System Maintained in Good Repair - P - 0 pts - 2 faucet leaks at the 3-compartment sink. Plumbing systems shall be maintained in good repair. Repair. Contact Grayson Hodge at 336-703-3383 by 7-29-16.
5-203.14 Backflow Prevention Device, When Required - P - 0 pts - Backflow was not observed on the ice machine. Backflow prevention devices are required at each point of water use in a food establishment. Install ASSE 1024 or provide documentation of internal backflow. Verification required by 7-29-16, contact Grayson Hodge at hodgega@forsyth.cc.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C - Repeat: Repair needed in the following areas: wall damage behind the cook line, ceiling damage above the meat prep table, baseboard repair and floor staining in the storage across from the mop sink, the pipes that enter the wall under the 3-comp sink need sealed, grout needed around the drains in the dishmachine room, and recaulk around back handsink. Floors, walls, and ceilings shall be smooth and easily cleanable. Repair.// 6-501.12 Cleaning, Frequency and Restrictions - C - Cleaning needed around, under, and behind equipment and shelving. Floors, walls, and ceilings shall be cleaned frequently.



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Spell

- 54 6-303.11 Intensity-Lighting - C - Repeat: Lighting low in the following areas: 14-25 foot candles at meat prep table, 1-3 back of the walk in cooler, 13-15 ft/c at the cook line, and 3-5 ft/c at bathroom fixtures. Lighting shall be 50 ft/c at food preparation areas, 10 ft/c in walk-ins, and at least 20 in utensil storage rooms and toilet fixtures. Increase lighting.



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✓
Spell

