

# Food Establishment Inspection Report

Score: 93

Establishment Name: OAK FOREST HEALTH AND REHABILITATION

Establishment ID: 3034160025

Location Address: 5680 WINDY HILL RD

City: WINSTON SALEM State: North Carolina

Zip: 27105 County: 34 Forsyth

Permittee: NC BAPTIST HOSPITAL

Telephone: (336) 776-5009

Inspection  Re-Inspection  Educational Visit

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 05/13/2024 Status Code: A

Time In: 11:25 AM Time Out: 2:20 PM

Category#: 1

FDA Establishment Type: Nursing Home

No. of Risk Factor/Intervention Violations: 4

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"/> OUT/N/A				
Certified Food Protection Manager		1	0		
<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"/> OUT/N/A				
Handwashing sinks supplied & accessible		2	1	0	
<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				
Food received at proper temperature		2	1	0	
13	<input checked="" type="checkbox"/> IN OUT				
Food in good condition, safe & unadulterated		2	X	0	X X
14	<input checked="" type="checkbox"/> IN OUT				
Required records available: shellstock tags, parasite destruction		2	1	0	
<b>Protection from Contamination .2653, .2654</b>					
15	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
Food separated & protected		3	X	0	X X
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	X	0	X
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"/> IN OUT/N/A/N/O				
Proper date marking & disposition		3	1.5	X	X
24	<input checked="" type="checkbox"/> IN OUT				
Time as a Public Health Control; procedures & records		3	1.5	0	
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN OUT				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> OUT/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				
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				
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				
Pasteurized eggs used where required		1	0.5	0	
31	<input checked="" type="checkbox"/> OUT				
Water and ice from approved source		2	1	0	
32	<input checked="" type="checkbox"/> IN OUT				
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/N/A				
Plant food properly cooked for hot holding		1	0.5	0	
35	<input checked="" type="checkbox"/> IN OUT/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"/> OUT				
Insects & rodents not present; no unauthorized animals		2	1	0	
39	<input checked="" type="checkbox"/> IN				
Contamination prevented during food preparation, storage & display		2	1	X	X
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				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	0.5	X	X X
48	<input checked="" type="checkbox"/> OUT				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	
49	<input checked="" type="checkbox"/> IN				
Non-food contact surfaces clean		1	X	0	X
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT/N/A				
Hot & cold water available; adequate pressure		1	0.5	0	
51	<input checked="" type="checkbox"/> IN				
Plumbing installed; proper backflow devices		X	1	0	X X
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				
Physical facilities installed, maintained & clean		1	X	0	X
56	<input checked="" type="checkbox"/> OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	0	
<b>TOTAL DEDUCTIONS:</b>					<b>7</b>



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** REHABILITATION  
**Location Address:** 5680 WINDY HILL RD  
**City:** WINSTON SALEM **State:** NC  
**County:** 34 Forsyth **Zip:** 27105  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site System  
**Permittee:** NC BAPTIST HOSPITAL  
**Telephone:** (336) 776-5009

**Establishment ID:** 3034160025  
 Inspection  Re-Inspection **Date:** 05/13/2024  
 Educational Visit **Status Code:** A  
**Comment Addendum Attached?**  **Category #:** I  
**Email 1:** carspencer@liberty-ltc.com  
**Email 2:** kkiger@liberty-healthcare.com  
**Email 3:**

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
pintos/hot cabinet	92	water/3 comp	157		
"/reheat	190	final rinse/dish machine	168		
puree turkey/hot cabinet	81	DDBSA/3 comp	272-700		
"/reheat	172	ambient/hot cabinet	141		
rice/hot cabinet	63				
baked beans/hot cabinet	54				
"/reheat	187				
black eye peas/hot cabinet	56				
"/reheat	202				
puree broccoli/hot cabinet	93				
"/reheat	182				
meatballs/oven	168				
chopped pork/hot cabinet	47				
chicken soup/hot cabinet	116				
chicken soup/hot hold after reheat	166				
cheese/upright	41				
ham/walk in	38				
potato/"	39				
baked potatoes/"	40				
spag. sauce/"	39				

**Person in Charge (Print & Sign):** *First* Tina *Last* Jackson  
**Regulatory Authority (Print & Sign):** *First* Nora *Last* Sykes

  


**REHS ID:** 2664 - Sykes, Nora **Verification Dates:** Priority:05/16/2024 **Priority Foundation:** \_\_\_\_\_ **Core:** \_\_\_\_\_  
**REHS Contact Phone Number:** (336) 703-3161 **Authorize final report to be received via Email:** \_\_\_\_\_



# Comment Addendum to Inspection Report

**Establishment Name:** OAK FOREST HEALTH AND REHABILITATION

**Establishment ID:** 3034160025

**Date:** 05/13/2024 **Time In:** 11:25 AM **Time Out:** 2:20 PM

## Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Tina Jackson		Food Service		08/23/2028

## 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 3-202.15 Package Integrity (Pf). REPEAT- Seven dented cans on can rack with foods for use. One of these was punctured with some leakage. Food packaging shall be in good condition, intact and protect the food inside. CDI -Cans removed.
  
- 15 3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation (P) REPEAT- In walk in cooler: Raw turkey sausage above cooked items and raw bacon above cooked chili. Food shall be protected from cross contamination by separation during storage, preparation, holding, and display. CDI - foods rearranged to proper stacking order.  
3-304.15 (A) Gloves, Use Limitation (P)- Employee handled soiled dishes and rack at dish machine area and then handled a clean dish for ice. Discard gloves after a task is complete or any time they are damaged or soiled. CDI-Employee removed gloves, washed hands, donned new gloves.
  
- 19 3-403.11 Reheating for Hot Holding (P)- Container of rice and container of pulled pork did not reheat to 165F within the allotted two hour time frame. Additionally, foods were pulled from walk in cooler at approximately 10:50, per employee, and placed into holding cabinet that is not designed for rapid reheat of food. Reheating for hot holding as specified under (A) - (C) of this section shall be done rapidly and the time the FOOD is between 41F and the temperatures specified under (A) - (C) of this section may not exceed 2 hours. CDI- Approximately 11:45 REHS took temperatures of foods and asked that methods of reheat be changed. This allowed majority of foods to reach the required 165F. Pulled pork and rice were discarded.
  
- 23 3-501.18 Ready-To-Eat Time / Temperature Control for Safety Food, Disposition (P)- Spaghetti sauce dated 5/2; corn dated 5/6 exceeded datemarking parameters. Discard the food requiring date labels once time/temperature window has expired, if it is not been labeled, or if the label is incorrect. CDI-Items discarded.
  
- 39 3-305.14 Food Preparation (C)- Washed tomatoes placed back into tomato box that once stored unwashed tomatoes. During preparation unpackaged food shall be protected from environmental sources of contamination. CDI-Tomatoes rewashed.
  
- 47 4-202.11 Food-Contact Surfaces - Cleanability (Pf)- REPEAT- Four teflon pans with scoring and scratching. Multiuse food-contact surfaces shall be smooth, in good repair, free of sharp angles, and finished to have smooth seams and joints. CDI - Pans discarded.  
4-501.11 Good Repair and Proper Adjustment - Equipment (C) REPEAT One shelving unit in walk in cooler rusting. Equipment shall be maintained in good repair.  
4-202.16 Nonfood-Contact Surfaces (C)- Crate being used as shelf in walk in freezer. Nonfood-contact surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance.
  
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C)- REPEAT- Nonfood contact surfaces need additional cleaning, including, but not limited to: fan covers in walk in cooler, fans in kitchen, top and bottom shelf of prep table where drinks were being made, tray roller shelf at steam table, double prep sinks, hood, metal wall covering behind oven, table under steamer. Non-food contact surfaces and utensils shall be cleaned at a frequency to prevent accumulation of soil or debris.
  
- 51 5-203.14 Backflow Prevention Device, When Required (P)- REPEAT- Coffee, tea, and juice machines need backflow prevention devices added to each machine. Prevent backflow or back siphonage at each point of use in a water supply system by installing an approved backflow device. Verification required that three backflow preventors have been installed by 5/16/24.  
5-205.15 (B) Maintain a plumbing system in good repair- Leaking sanitizer vat. This vat does not hold water and needs to be repaired, or obtain a stopper that will allow vat to hold sanitizer water.
  
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C)- REPEAT- Wall scuffing and hole near door in dry storage. Low grout in dish machine area.  
6-501.12 Cleaning, Frequency and Restrictions (C)- Floor cleaning needed in the following areas: under equipment, at dish

machine behind booster heater, in walk in cooler and freezer.