

# Food Establishment Inspection Report

Score: 97

Establishment Name: OLD VINEYARD BEHAVIORAL HEALTH SERVICES

Establishment ID: 3034160042

Location Address: 3637 OLD VINEYARD RD

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 02 / 22 / 2021 Status Code: A

Zip: 27104 County: 34 Forsyth

Time In: 12 : 01 <sup>am</sup>/<sub>pm</sub> Time Out: 01 : 25 <sup>am</sup>/<sub>pm</sub>

Total Time: 1 hr 24 minutes

Permittee: KEYSTONE WSNC LLC

Category #: IV

Telephone: (336) 794-3550

FDA Establishment Type: Hospital

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: 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
<b>Supervision</b> .2652										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	0		
<b>Employee Health</b> .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	
<b>Good Hygienic Practices</b> .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	
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			4	2	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	
<b>Approved Source</b> .2653, .2655										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			2	1	0	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	
<b>Protection from Contamination</b> .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	X	0	X
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food			2	1	0	
<b>Potentially Hazardous Food Time/Temperature</b> .2653										
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures			3	13	0	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	
<b>Consumer Advisory</b> .2653										
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	03	0	
<b>Highly Susceptible Populations</b> .2653										
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	13	0	
<b>Chemical</b> .2653, .2657										
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used			1	03	0	
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	X	0	X
<b>Conformance with Approved Procedures</b> .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	N/O	Compliance Status			OUT	CDI	R	VR
<b>Safe Food and Water</b> .2653, .2655, .2658										
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	
<b>Food Temperature Control</b> .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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	
<b>Food Identification</b> .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	
<b>Prevention of Food Contamination</b> .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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	03	X	
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	
<b>Proper Use of Utensils</b> .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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	03	X	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	03	0	
<b>Utensils and Equipment</b> .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	X	
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	X	0	X
<b>Physical Facilities</b> .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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	03	0	
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	03	X	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	03	X	
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	03	0	
Total Deductions: <u>3</u>										



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CR  
Off



# Comment Addendum to Food Establishment Inspection Report

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City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27104

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

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

Permittee: KEYSTONE WSNC LLC

Telephone: (336) 794-3550

☒ Inspection ☐ Re-Inspection Date: 02/22/2021

Comment Addendum Attached? ☐ Status Code: A

Water sample taken? ☐ Yes ☒ No Category #: IV

Email 1: shay.jones@uhsinc.com

Email 2:

Email 3:

## Temperature Observations

**Cold Holding Temperature is now 41 Degrees or less**

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot plate temp	dish machine	162	cabbage	Emerson serving line	155			
cabbage	Adams serving line	165	milk	milk dispenser	38			
chicken	Adams serving line	155	rice	Emerson serving line	148			
hamburger	delivery	180	ServSafe	Shandice Jones	0			
rice	delivery	175						
salad	upright cooler	40						
hot water	3-compartment sink	140						
quat (ppm)	3-compartment sink	200						

## 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.

- 14 4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - P - Ice machine has visible buildup on shield and needs to be cleaned. Ice machines shall be cleaned at a frequency necessary to maintain them clean.
- 26 7-207.11 Restriction and Storage-Medicines - P,PF - Bottle of pills sitting on table with wiping cloth bucket and toaster. Medicines shall be stored in a separate area where they cannot contaminate food, clean utensils, food preparation areas, or single-service/single-use articles. CDI - Bottle of pills removed.
- 38 2-303.11 Prohibition-Jewelry - C - Employee setting up serving line in Emerson building had bracelet on wrist. Food employees shall not wear jewelry on their hands or wrists, with the exception of a plain band ring. 0 pts.

Lock  
Text



Person in Charge (Print & Sign): Shay Jones

Regulatory Authority (Print & Sign): Andrew Lee

*[Signature]*  
*[Signature]*

REHS ID: 2544 - Lee, Andrew

Verification Required Date:     /     /    

REHS Contact Phone Number: ( 336 ) 703 - 3128



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- 43 4-904.11 Kitchenware and Tableware-Preventing Contamination - C - Disposable cup dispenser in Adams building dining area does not have lid. Put lid on dispenser to protect top cup from potential contamination. 0 pts.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - Ice machine in Emerson building is not functioning and not in use. Equipment shall be maintained in good repair. Remove broken ice machine. 0 pts.
- 47 4-602.13 Nonfood Contact Surfaces - C - Clean underside and sides of soup well beside handsink in Emerson building. Clean below fryers in Emerson building. Clean spray arm at warewashing area in Emerson building. Nonfood contact surfaces of equipment shall be cleaned at a frequency necessary to maintain them clean.
- 52 5-501.16 Storage Areas, Rooms and Receptacles, Capacity and Availability - C - No trash can at handsink in Truman dining room. Handwashing sinks shall have trash cans or other receptacles to discard used paper towels. 0 pts.
- 53 6-501.12 Cleaning, Frequency and Restrictions - C - Clean floors in all old walk-in units in Emerson. Floors, walls and ceilings shall be cleaned at a frequency necessary to maintain them clean. // 6-201.11 Floors, Walls and Ceilings-Cleanability - C - Recaulk dish machine drainboard to wall in Emerson building. Floors, walls and ceilings shall be smooth and easily cleanable and in good repair. 0 pts.



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✓  
Spell



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Spell

