

Food Establishment Inspection Report

Score: 98

Establishment Name: MI CASA WINSTON SALEM

Establishment ID: 3034014121

Location Address: 5096 PETERS CREEK PKWY

City: WINSTON SALEM State: North Carolina

Zip: 27127 County: 34 Forsyth

Permittee: MI CASA RESTAURANTS INC

Telephone: (336) 650-1711

☒ Inspection ☐ Re-Inspection

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 06/24/2022 Status Code: U

Time In: 10:00 AM Time Out: 1:05 PM

Category#: IV

FDA Establishment Type: _____

No. of Risk Factor/Intervention Violations: 5

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

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
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	
Employee Health .2652					
3	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	X
4	<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
5	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting & diarrheal events	1	0.5	X
Good Hygienic Practices .2652, .2653					
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
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
8	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Hands clean & properly washed	4	2	X
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
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0
14	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
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
Potentially Hazardous Food Time/Temperature .2653					
18	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> 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"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Proper cold holding temperatures	3	1.5	X
23	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Proper date marking & disposition	3	1.5	X
24	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> OUT/N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> 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
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> 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
Safe Food and Water .2653, .2655, .2658					
30	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> OUT	Variance obtained for specialized processing methods	2	1	0
Food Temperature Control .2653, .2654					
33	<input checked="" type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Approved thawing methods used	1	0.5	X
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
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 <input checked="" type="checkbox"/> N/A	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
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
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	X
48	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	X
49	<input checked="" type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1	0
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	0.5	X
56	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	X
TOTAL DEDUCTIONS:					2



Comment Addendum to Food Establishment Inspection Report

Establishment Name: MI CASA WINSTON SALEM

Location Address: 5096 PETERS CREEK PKWY

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: MI CASA RESTAURANTS INC

Telephone: (336) 650-1711

Establishment ID: 3034014121

☒ Inspection ☐ Re-Inspection Date: 06/24/2022

Comment Addendum Attached? ☒ Status Code: U

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

Email 1:

Email 2:

Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding is now 41 degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Rice	Cook To	212	Tomato	Grill Drawer	37	Sanitizer Chlorine	Spray Bottle	100
Rice	Steam Well	163	Broccoli	Grill Drawer	35	Victor Vasquez	7-23-2023	0
Beans	Steam Well	150	Black Beans	Reheat	173			
Chicken	Steam Well	179	Tamale	Reach In	46			
Taco meat	Steam Well	173	Tamale	Reach In	49			
Cheese Sauce	Reheat	179	Macaroni Cheese	Reach In	51			
Pork	Reheat	183	Pork	Reach In	52			
Chorizo	Reheat	189	Cheese Sauce	Walk In Cooler	40			
Chicken	Cook To	172	Chicken Stock	Walk In Cooler	38			
Beef Strips	Cook To	181	Tomatoes	Walk In Cooler	41			
Lettuce	Flip Top	40	Refried Beans	Walk In Cooler	37			
Tomato	Flip Top	39	Pulled Chicken	Walk In Cooler	39			
Cheese	Flip Top	41	Lettuce	Walk In Cooler	40			
Pico	Flip Top	40	Queso	Walk In Cooler	41			
Cheese Sauce	Flip Top Reach In	40	Chimichanga	Walk In Cooler	40			
Chimichanga	Flip Top Reach In	40	Taco meat	Walk In Cooler	41			
Shrimp	Flip Top Reach In	41	Orchata	Front Slide Cooler	40			
Poblano	Flip Top Reach In	41	Hot Water	3 Comp sink	142			
Pico	Flip Top Reach In	39	Hot Water	Dish Machin Final Rinse	168			
Raw Beef	Grill Drawer	38	Sanitizer	3 Comp Sink	50			

Person in Charge (Print & Sign): Victor Vasquez

Regulatory Authority (Print & Sign): Glen Pugh

REHS ID: 3016 - Pugh, Glen

Verification Required Date:

REHS Contact Phone Number: (336) 703-3164



North Carolina Department of Health & Human Services

Page 1 of _____

Division of Public Health • Environmental Health Section
DHHS is an equal opportunity employer.
Food Establishment Inspection Report, 10/2021

Food Protection Program



Comment Addendum to Inspection Report

Establishment Name: MI CASA WINSTON SALEM

Establishment ID: 3034014121

Date: 06/24/2022 **Time In:** 10:00 AM **Time Out:** 1:05 PM

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.

- 3 2-201.11 (A) Responsibility of Permit Holder, Person in Charge and Conditional Employees (P) - The PERMIT HOLDER shall require FOOD EMPLOYEES and CONDITIONAL EMPLOYEES to report to the PERSON IN CHARGE information about their health and activities as they relate to diseases that are transmissible through FOOD.
***Establishment is using an outdated employee health policy. CDI discussed new addition of salmonella non-typhoidal and gave a copy of an updated plan.
- 5 2-501.11 Clean-up of Vomiting and Diarrheal Event (Pf) - A FOOD ESTABLISHMENT shall have written procedures for EMPLOYEES to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the FOOD ESTABLISHMENT. The procedures shall address the specific actions EMPLOYEES must take to minimize the spread of contamination and the exposure of EMPLOYEES, consumers, FOOD, and surfaces to vomitus or fecal matter.
***Establishment did not have a vomit diarrhea clean up plan. CDI discussed new requirement with PIC and left a copy of a plan.
- 8 2-301.12 Cleaning Procedure (P) - (C) TO avoid re-contaminating their hands or surrogate prosthetic devices, FOOD EMPLOYEES may use disposable paper towels or similar clean barriers when touching surfaces such as manually operated faucet handles on a HANDWASHING SINK or the handle of a restroom door.
***Employee washed hands but used bare hands to turn off faucet. CDI discussed using paper towel and had employee wash hands again.
- 22 3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding (P) - Time / Temperature Control for Safety Food shall be maintained at 41F or below.
***Several items (noted on pg.2) were above 41F in the reach in cooler next to flip top line. The unit had frozen up and was not operating properly. CDI all TCS foods were discarded. Establishment has adequate refrigeration to operate and PIC is having unit replaced.
- 23 3-501.18 Ready-To-Eat Time / Temperature Control for Safety Food, Disposition (P) - Refrigerated Ready-to-Eat, Time/Temperature Control for Safety Food shall be discarded if: (1) Exceeds 7 days at 41F.
***A container of seafood soup was date marked 6/17. CDI soup was discarded. Facility is doing an excellent job with date marking and no other date marking issues found.
- 35 3-501.13 Thawing (Pf) - (E) REDUCED OXYGEN PACKAGED FISH that bears a label indicating that it is to be kept frozen until time of use shall be removed from the reduced oxygen environment before thawing.
***Vacuum packaged tilapia with warning to remove from package before thawing was thawed out in cooler in intact packaging. CDI product was discarded and discussed proper thawing with staff.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) - Equipment shall be maintained in good repair.
***Repair reach in cooler next to flip top that is not working. Repair bottom left grill drawer so it closes properly. Replace walk in cooler gaskets. Continue to work on all required equipment repairs listed on transitional permit comment addendum.
- 48 4-501.15 Warewashing Machines, Manufacturers' Operating Instructions (C) - (A) A WAREWASHING machine and its auxiliary components shall be operated in accordance with the machine's data plate and other manufacturer's instructions.
***The dish machine uses a hot water final rinse. The data plate states that the pressure should be 20 psi (+/- 5 psi). Machine was operating at 12 psi and needs to be serviced.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) - Physical facilities shall be maintained in good repair.
***Continue to work on all facility repairs (floors, walls, ceilings, and attachments) as required on transitional permit comment addendum.

6-501.12 Cleaning, Frequency and Restrictions (C) - Physical facilities shall be cleaned as often as necessary to keep them clean.
***Clean ceiling and vents above the cook line.
- 56 6-303.11 Intensity - Lighting (C) - The light intensity shall be: 50 foot candles at all food work areas; 20 foot candles in restrooms and hand washing areas.
***Light intensity at cook line from fryers to grill is 26-33 foot candles and 17 foot candles in women's bathroom. Continue to work on increasing lighting as required on transitional permit comment addendum.