## Food Establishment Inspection Report

Establishment Name: OLD	O VINEYARD BEHAVIORAL HEALT	H SERVICES Establishment ID: 3034160042					
Location Address: 3637 OLD VINEYARD RD  City: WINSTON SALEM State: North Carolina  Zip: 27104 County: 34 Forsyth  Permittee: KEYSTONE WSNC LLC		Date: 01/13/2022 Status Code: A Time In: 2:32 PM Time Out: 4:03 PM Category#: IV					
<b>Telephone</b> : (336) 794-3550							
	○ Re-Inspection	FDA Establishment Type: Hospital					
Wastewater System:  Municipal/Community On-Site System  Water Supply:		No. of Risk Factor/Intervention Violations: 1  No. of Repeat Risk Factor/Intervention Violations: 0					
	On-Site Supply						

Water Supply:  ⊗ Municipal/Community ○ On-Site Supply	,					1	No.	of F	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					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			R C	Compliance Status						OUT	CD	) R	VF
Supervision .2652				s	afe	Fo	od an	d W	ater .2653, .2655, .2658					
1 NOUT N/A PIC Present, demonstrates knowledge, & performs duties	1 0						JT 1 <b>)</b> (A		Pasteurized eggs used where required	-	0.5	0		
2 Mout N/A Certified Food Protection Manager	1 0				+	<b>(</b> OL			Water and ice from approved source  Variance obtained for specialized processing	2	1	0	+	_
Employee Health .2652	1-1-1-			32	2 IN	OL	JT <b>1)X</b> (A		methods	2	1	0		
3 Mout Management, food & conditional employee;	2 1 0			F	Food Temperature Control .2653, .2654									
knowledge, responsibilities & reporting  knowledge, responsibilities & reporting  Proper use of reporting, restriction & exclusion	3 1.5 0		+	<b>⊣</b> ⊢	Т	<b>(</b> oı	Ť		Proper cooling methods used; adequate	Τ		Т		
Procedures for responding to vomiting &	1 0.5 0			1 L		1			equipment for temperature control	_	0.5			
diarrileal events	1 0.5 0						JT N/A				0.5		4	
Good Hygienic Practices .2652, .2653  6  X Out   Proper eating, tasting, drinking or tobacco use	1 0.5 0					Or Or	JT N/A	NXO	Approved thawing methods used Thermometers provided & accurate		0.5		+	
7 Nout No discharge from eyes, nose, and mouth	1 0.5 0			_		-		ootio		1	0.5	0		
Preventing Contamination by Hands .2652, .2653, .2655, .26	56		_		Food Identification .2653  37   X   Out   Food properly labeled: original container   2   1   0							_		
8 X out Hands clean & properly washed	4 2 0		$\top$	i -	1	•		f East	, , ,	2	1	0		
9 Mout N/AN/O No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4 2 0				<u> </u>	_		1 FO	od Contamination .2652, .2653, .2654, .2656, .26  Insects & rodents not present; no unauthorized	51		_		
10 (OUT N/A) Handwashing sinks supplied & accessible	2 1 0			38	3 04	( OL	JΤ		animals	2	1	0		
Approved Source .2653, .2655				39	×	( ou	JΤ		Contamination prevented during food preparation, storage & display	2	1	0		
11 X out Food obtained from approved source	2 1 0			40	) M	( OL	IT	Н	Personal cleanliness	1	0.5	_	+	-
12 IN OUT  Food received at proper temperature	2 1 0					OL		Н	Wiping cloths: properly used & stored	1	-		+	$\vdash$
Food in good condition, safe & unadulterated  Required records available: shellstock tags,	2 1 0		_		<u> </u>	`	JT N/A		Washing fruits & vegetables	1	0.5		$\top$	
14 IN OUT NO parasite destruction	2 1 0			P	rop	per	Use o	f Ute	ensils .2653, .2654					
Protection from Contamination .2653, .2654				43	3 (4)	( OL	JT		In-use utensils: properly stored	1	0.5	0		
15 X out N/A N/O Food separated & protected	3 1.5 0			44	1 00	( ou	JT		Utensils, equipment & linens: properly stored,	_				
16 IN ONT Food-contact surfaces: cleaned & sanitized	3 1.5	X			1	1	_		dried & handled	1	0.5	0	+-	
Proper disposition of returned, previously served, reconditioned & unsafe food	2 1 0			45	5 M	( OL	JΤ		Single-use & single-service articles: properly stored & used	1	0.5	0		
Potentially Hazardous Food Time/Temperature .2653				46	5 M	( OL	JT		Gloves used properly	1	0.5	0		
18 IN OUT N/A NO Proper cooking time & temperatures 3 1			_	_   u	Utensils and Equipment .2653, .2654				ipment .2653, .2654, .2663					
19 IN OUT N/A/NO Proper reheating procedures for hot holding 20 IN OUT N/A/NO Proper cooling time & temperatures	3 1.5 0 3 1.5 0			$\dashv$ $\sqcap$	Т	Т	Т		Equipment, food & non-food contact surfaces	Т				Г
21 IN OUT N/AINO Proper hot holding temperatures	3 1.5 0			47	7 IN	ı ox	(™		approved, cleanable, properly designed,	1	0.5	X	X	
22 Nout N/AN/O Proper cold holding temperatures	3 1.5 0			7 ⊢	+	+	+-		constructed & used			-	+	-
23 X OUT N/AN/O Proper date marking & disposition	3 1.5 0			48	×	(OL	JT		Warewashing facilities: installed, maintained & used; test strips	1	0.5	0		
24 IN OUT NO Time as a Public Health Control; procedures & records	3 1.5 0			49	×	( οι	JT		Non-food contact surfaces clean	1	0.5	0		
Consumer Advisory .2653				P	Phys	sica	al Fac	ilitie	s .2654, .2655, .2656					
25 IN OUT NA Consumer advisory provided for raw/	1 0.5 0			50	×	( οι	JT N/A		Hot & cold water available; adequate pressure	1		0		
Undercooked loods						( OL			Plumbing installed; proper backflow devices	2			4	
Highly Susceptible Populations .2653  Pasteurized foods used; prohibited foods not		П			$\neg$	( OL		Н	Sewage & wastewater properly disposed  Toilet facilities: properly constructed, supplied	2	1	0	+	┢
26 IN OUT PASTEURZED TOODS USED; pronibited toods not offered	3 1.5 0		$\perp$	53	3 🔀	OL	JT N/A		& cleaned	1	0.5	0	Ш	
Chemical .2653, .2657	I I C E I C			54	1 IN	ı ox	<b>(</b> T		Garbage & refuse properly disposed; facilities maintained	1	0.5	X		
27 IN OUT NA Food additives: approved & properly used  28   OUT NA Toxic substances properly identified stored & used	1 0.5 0 2 1 0		+	55	5 IN	1 0)	<b>(</b> T	$\forall$	Physical facilities installed, maintained & clean	1	0.5		+	$\vdash$
Conformance with Approved Procedures .2653, .2654, .2658	1-11-10							П	Meets ventilation & lighting requirements;				$\top$	Т
Compliance with variance specialized process			T	56	7	( OL	"		designated areas used	1	0.5	0		
reduced oxygen packaging criteria or HACCP plan									TOTAL DEDUCTIONS:	0				
North Carolina Department of Health	0 Lluman 6	Condone	- Divis	ion of Du	ملامل	a Lla	alth -	Emilia	ironmental Health Section - Food Protection					





Score:

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	Comment	Addendun	n to Food I	<u>Establishm</u>	nent Inspection	Report				
Establishme	ent Name: SERVICES	TAND BLITAVIOR	VALTILALITI	Establishment ID: 3034160042						
Location A	Address: <u>3637 OLD VII</u> STON SALEM		State:NC	X Inspection						
County: 34		Zip:_2		Water sample taken? Yes X No Category #: IV						
Water Supply	System: ☑ Municipal/Comr y: ☑ Municipal/Comr KEYSTONE WSNC L	munity On-Site Sy		Email 1:sha	ay.jones@uhsinc.com					
	: (336) 794-3550	-10		Email 3:						
		Te	emperature (	Observation	S					
	Effective		•		now 41 degrees o	or less				
Item inal rinse	Location dishmachine	Temp Item 160	Location	_	Temp Item	Location	Temp			
not water	3 compartment sink	140								
quat sanitizer	3 compartment sink	200								
not water	2 compartment sink in Adan	<sub>ns</sub> 148								
air temperature	milk dispenser	32.3								
air temperature	milk dispenser	33.4								
milk carton	upright cooler in Truman	40								
salad	sliding door reach in-Emers	on 40								
salad	Adams reach in	40								
Person in Char	rge (Print & Sign): Lasha	First	Jones	Last		,				
	o ( a sa s	First		Last	$\frac{1}{\sqrt{1111}}$	= KEMS [				
Regulatory Aut	thority (Print & Sign): Ja	ckie	Martinez		JAMM/4	= KENY)				

REHS ID: 3003 - Martinez, Jackie REHS Contact Phone Number: (336) 703-3137

Verification Required Date:



## Comment Addendum to Inspection Report

Establishment Name: OLD VINEYARD BEHAVIORAL HEALTH SERVICES Establishment ID: 3034160042

## **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.

- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils-P- 1 scooper found soiled on clean dish rack. Equipment food contact surfaces and utensils shall be clean to sight and touch. CDI- Scooper placed at dishmachine to be rewashed.
- 47 4-501.11 Good Repair and Proper Adjustment Equipment-C-Repeat- Ice machine in Emerson building is broken. Equipment shall be maintained in good repair. Ice machine is cleaned out and not in use.
- 54 5-501.113 Covering Receptacles-C- 2 dumpsters outside had side door open. Keep dumpster and other outside waste handling containers for refuse, recyclables, and returnables covered with tight-fitting lids or doors. Side doors were closed.
- 55 6-501.11 Repairing Premises, Structures, Attachments, and Fixtures Methods-C-Reattach baseboard to wall on right side of handsink in Truman dining area. Floors, walls, and ceilings including the attachments such as soap and towel dispensers; light fixtures; and heat/ac vents shall be maintained in good repair.

## **Additional Comments**

Per discussion with management, Emerson, Truman, and Adams kitchens are not used for prepping or cooking. In these kitchen areas, food is served from the hotlines. All food for patients are prepared at Franklin kitchen and distributed to the other buildings. Emerson kitchen is to be used in emergencies. Food is distributed through hot boxes. Employees wash dishes in 2-compartment sink in Adams building but sanitize utensils back at Franklin building. At time of inspection, walk in refrigeration units in Emerson were not in use.