

# Food Establishment Inspection Report

Score: 98

Establishment Name: NOVANT REHABILITATION HOSPITAL CAFETERIA Establishment ID: 3034012572Location Address: 2475 HILLCREST CENTER CIRCLECity: WINSTON SALEM State: North CarolinaZip: 27103 County: 34 ForsythPermittee: NOVANT HEALTH REHABILITATION HOSPITAL OF WS,Telephone: (336) 754-3500☒ Inspection ☐ Re-Inspection**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site SupplyDate: 03/13/2023 Status Code: ATime In: 10:35 AM Time Out: 1:30 PMCategory#: IVFDA Establishment Type: HospitalNo. of Risk Factor/Intervention Violations: 2No. 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
<b>Supervision</b> .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	
<b>Employee Health</b> .2652					
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</b> .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
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656					
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</b> .2653, .2655					
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"/> OUT	Food in good condition, safe & unadulterated	2	1	0
14	<input checked="" type="checkbox"/> IN OUT	Required records available: shellstock tags, parasite destruction	2	1	0
<b>Protection from Contamination</b> .2653, .2654					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> IN OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	X
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
<b>Potentially Hazardous Food Time/Temperature</b> .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 OUT/N/A/N/O	Proper cold holding temperatures	3	X	0
23	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN OUT	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory</b> .2653					
25	<input checked="" type="checkbox"/> IN OUT	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations</b> .2653					
26	<input checked="" type="checkbox"/> IN OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical</b> .2653, .2657					
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</b> .2653, .2654, .2658					
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</b> .2653, .2655, .2658					
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</b> .2653, .2654					
33	<input checked="" type="checkbox"/> IN	Proper cooling methods used; adequate equipment for temperature control	1	X	0
34	<input checked="" type="checkbox"/> OUT/N/A/N/O	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT/N/A/N/O	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
<b>Food Identification</b> .2653					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
<b>Prevention of Food Contamination</b> .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"/> IN	Contamination prevented during food preparation, storage & display	2	1	X
40	<input checked="" type="checkbox"/> IN	Personal cleanliness	1	0.5	X
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</b> .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
<b>Utensils and Equipment</b> .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	X
48	<input checked="" type="checkbox"/> IN	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
<b>Physical Facilities</b> .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT/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/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	0.5	X
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS: 2					



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: CAFETERIA  
 Location Address: 2475 HILLCREST CENTER CIRCLE  
 City: WINSTON SALEM State: NC  
 County: 34 Forsyth Zip: 27103  
 Wastewater System: ☒ Municipal/Community ☐ On-Site System  
 Water Supply: ☒ Municipal/Community ☐ On-Site System  
 Permittee: NOVANT HEALTH REHABILITATION HOSPITAL OF  
 Telephone: (336) 754-3500

Establishment ID: 3034012572

☒ Inspection ☐ Re-Inspection Date: 03/13/2023

Comment Addendum Attached? ☒ Status Code: A

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

Email 1: edwardkretz@encompasshealth.com

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
Pork Chop	Steam Well	158						
Rice	Steam Well	189						
Chili	Steam Well	160						
Potato Soup	Steam Well	162						
Chicken Noodle	Steam Well	164						
Sausage Patty	Cooled from breakfast	28						
Sausage Gravy	Cooled from breakfast	37						
Pasta	Walk In Cooler	38						
Cheese	Walk In Cooler	38						
Turkey	Walk In Cooler	38						
Tomato	Salad Bar	50						
Chicken	Salad Bar	52						
Potato Salad	Salad Bar	37						
Lettuce	Salad Bar	50						
Green Beans	Cooked for Hot Holding	195						
Shrimp Scampi	Final Cook	176						
Final Rinse	Dish Machine	152						
Hot Water	3 Compartment Slnk	134						
Sanitizer	3 Compartment Sink	300						
Quaternary								

First  
 Person in Charge (Print & Sign): Edward

Last  
 Kretz



First  
 Regulatory Authority (Print & Sign): Glen

Last  
 Pugh



REHS ID: 3016 - Pugh, Glen

Verification Required Date:

REHS Contact Phone Number: (336) 703-3164

Authorize final report to  
 be received via Email: \_\_\_\_\_



North Carolina Department of Health & Human Services

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 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:** NOVANT REHABILITATION HOSPITAL CAFETERIA

**Establishment ID:** 3034012572

**Date:** 03/13/2023 **Time In:** 10:35 AM **Time Out:** 1:30 PM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Edward Kretz		Food Service	09/22/2021	09/22/2026

### 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 4-703.11 Hot Water and Chemical - Methods (P) - After being cleaned, EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be SANITIZED in: (B) Hot water mechanical operations by being cycled through EQUIPMENT that is set up as specified under §§ 4-501.15, 4-501.112, and 4-501.113 and achieving a UTENSIL surface temperature of 71C (160F) as measured by an irreversible registering temperature indicator.  
\*\*\*Final rinse temperature on dish machine at 152F after several attempts. CDI PIC called technician and he arrived on site during inspection. Hot water booster heater breaker had tripped and technician turned it back on. Final rinse reached 166F.
- 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 on the salad bar that were above 41F (see pg. 2). CDI Items were prepared this morning and pulled to walk in cooler to chill quickly.
- 33 3-501.15 Cooling Methods (Pf) - (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under § 3-501.14 by using appropriate methods based on the type of FOOD being cooled.  
\*\*\*Items that were prepared for the salad bar were placed directly onto the line without proper cooling (turkey 43F, tomatoes 50F, lettuce 50F, chicken 52F). CDI items were pulled to walk in cooler to chill quickly. Discussed proper cooling methods with PIC.
- 39 3-305.11 Food Storage - Preventing Contamination from the Premises (C) - FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor.  
\*\*\*Food stored on the floor in walk in freezer.
- 40 2-303.11 Prohibition - Jewelry (C) - Except for a plain ring such as a wedding band, while preparing FOOD, FOOD EMPLOYEES may not wear jewelry including medical information jewelry on their arms and hands.  
\*\*\*Employees preparing food wearing bracelets and watches.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) - Surfaces such as cutting blocks and boards that are subject to scratching and scoring shall be resurfaced if they can no longer be effectively cleaned and sanitized, or discarded if they are not capable of being resurfaced.  
\*\*\*Cutting boards are heavily scored and need to be replaced.
- 4-202.11 Food-Contact Surfaces - Cleanability (Pf) - Food contact surfaces shall be: (1) Smooth; (2) Free of breaks, open seams, cracks, chips, pits, inclusions, or similar imperfections.  
\*\*\*2 plastic pitchers with crazing cracks. CDI pitchers discarded.
- 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 data plate on the dish machine states that the final rinse pressure shall be between 20-25 psi and was operating at 35-40 psi.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) - PHYSICAL FACILITIES shall be maintained in good repair.  
\*\*\*Replace floor drain cover in the dish room.