

# Food Establishment Inspection Report

Score: 100

Establishment Name: OLD VINEYARD BEHAVIORAL HEALTH 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

Telephone: (336) 794-3550

☒ Inspection ☐ Re-Inspection**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site Supply

Date: 03/15/2023 Status Code: A

Time In: 12:31 PM Time Out: 1:56 PM

Category#: IV

FDA Establishment Type: Hospital

No. of Risk Factor/Intervention Violations: 1

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
<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"/> 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 .2653, .2654</b>					
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
<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	1.5	0
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"/> 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 .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"/> IN OUT	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"/> IN OUT/N/A	Toxic substances properly identified stored & used	2	1	X X
<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	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN OUT	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> IN OUT	Thermometers provided & accurate	1	0.5	X X
<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"/> 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"/> IN OUT	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"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> IN OUT	Non-food contact surfaces clean	1	0.5	X
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT	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	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> IN OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	X
55	<input checked="" type="checkbox"/> IN OUT	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
<b>TOTAL DEDUCTIONS:</b>					0



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: SERVICES  
 Location Address: 3637 OLD VINEYARD RD  
 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

Establishment ID: 3034160042  
☒ Inspection ☐ Re-Inspection Date: 03/15/2023  
 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

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

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Pork	Steam Well - Adams	176						
Gravy	Steam Well - Adams	148						
Rice	Steam Well - Adams	178						
Ham	Reach In Cooler - Adams	36						
Ambient	Reach In Cooler - Truman	33						
Rice	Steam Well - Emerson	176						
Peas	Steam Well - Emerson	167						
Pork	Steam Well - Emerson	146						
Hot Water	3 Compartment - Emerson	147						
Sanitizer	3 Compartment - Emerson	200						
Quaternary								
Final Rinse	Dish Machine - Emerson	163						

Person in Charge (Print & Sign): *First* Lashandice  
*Last*  
 Regulatory Authority (Print & Sign): *First* Glen  
*Last*

Jones  
 Pugh

*[Signature]*  
*[Signature]*

REHS ID: 3016 - Pugh, Glen  
 REHS Contact Phone Number: (336) 703-3164

Verification Required Date:

Authorize final report to  
 be received via Email:



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:** OLD VINEYARD BEHAVIORAL HEALTH SERVICES

**Establishment ID:** 3034160042

**Date:** 03/15/2023 **Time In:** 12:31 PM **Time Out:** 1:56 PM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
lashandice jones		Food Service		06/22/2027

### 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.

- 28 7-102.11 Common Name - Working Containers (Pf) - Working containers used for storing POISONOUS OR TOXIC MATERIALS such as cleaners and SANITIZERS taken from bulk supplies shall be clearly and individually identified with the common name of the material.  
\*\*\*A bottle of purple chemical in a bottle labeled as quaternary sanitizer. CDI bottle was removed to be discarded.
- 36 4-302.12 Food Temperature Measuring Devices (Pf) - (A) FOOD TEMPERATURE MEASURING DEVICES shall be provided and readily accessible for use in ensuring attainment and maintenance of FOOD temperatures.  
\*\*\*Thermometer at Emerson serving area was not working. CDI PIC supplied a new thermometer.
- 49 4-601.11 (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) - NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.  
\*\*\*Please clean inside slide door cooler at Emerson kitchen.
- 54 5-501.113 Covering Receptacles (C) - Receptacles and waste handling units for REFUSE, recyclables, and returnables shall be kept covered: (B) With tight-fitting lids or doors if kept outside the FOODESTABLISHMENT.  
\*\*\*Dumpster at Emerson had side doors open.
- 55 6-501.12 Cleaning, Frequency and Restrictions (C) - Physical facilities shall be cleaned as often as necessary to keep them clean.  
\*\*\*Additional floor cleaning needed at floor drain under 3 compartment sink at Adams serving area.