

# Food Establishment Inspection Report

Score: 97.5

Establishment Name: NOVANT REHABILITATION HOSPITAL CAFETERIA Establishment ID: 3034012572

Location Address: 2475 HILLCREST CENTER CIRCLE

City: WINSTON SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: NOVANT HEALTH REHABILITATION HOSPITAL OF WS,

Telephone: (336) 754-3500

Inspection  Re-Inspection  Educational Visit

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 04/29/2024 Status Code: A

Time In: 11:20 AM Time Out: 2:00 PM

Category#: IV

FDA Establishment Type: Hospital

No. of Risk Factor/Intervention Violations: 4

No. of Repeat Risk Factor/Intervention Violations: 1

**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"/> IN <input checked="" type="checkbox"/> OUT	Hands clean & properly washed	4	2	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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 <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
<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"/> IN <input checked="" type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
23	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
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
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> OUT/N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Toxic substances properly identified stored & used	2	1	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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"/> OUT/N/A	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 <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> 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 .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"/> OUT/N/A	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"/> IN <input checked="" type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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"/> IN <input checked="" type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT/N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0
56	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	<input checked="" type="checkbox"/>	0
<b>TOTAL DEDUCTIONS:</b>					<b>2.5</b>



# 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: 04/29/2024  
 Educational Visit Status Code: A  
 Comment Addendum Attached?  Category #: IV  
 Email 1: jarrod.morehead@encompasshealth.com  
 Email 2:  
 Email 3:

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
turkey sausage/COOLING at 11:35 am	60				
turkey sausage/COOLING at 12:21	53				
sliced cheese/1 door cooler	39				
fish/steam table	149				
mixed vegetables/steam table	155				
quinoa/steam table	165				
chicken noodle soup/steam table	165				
rice/steam table	178				
chicken tenders/steam table	147				
potato wedges/steam table	147				
chicken/hot holding in steamer	175				
dressing/walk-in cooler	37				
butter/walk-in cooler	39				
cheese/walk-in cooler	40				
cream of chicken soup/hot cabinet	149				
ambient air /unused chef's base	38				
final rinse/dish machine	163				
sink and surface cleaner/sanitizer/3 comp sink dispenser (ppm DDBSA)	272				

Person in Charge (Print & Sign): Jarrod  
 Regulatory Authority (Print & Sign): Aubrie

Last  
Morehead  
 Last  
Welch

*Jarrod Morehead*

*Aubrie Welch*

REHS ID: 2519 - Welch, Aubrie  
 REHS Contact Phone Number: (336) 703-3131

Verification Dates: Priority:

Priority Foundation: Core:

Authorize final report to  
 be received via Email:

*Jarrod Morehead*



## Comment Addendum to Inspection Report

**Establishment Name:** NOVANT REHABILITATION HOSPITAL CAFETERIA

**Establishment ID:** 3034012572

**Date:** 04/29/2024 **Time In:** 11:20 AM **Time Out:** 2:00 PM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Jarrod Morehead		Food Service		12/08/2028

### 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.

- 8 2-301.14 When to Wash (P) Employee touched face mask then handled dishes. Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and after engaging in other activities that contaminate the hands. CDI - employee washed hands.
- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf) Food debris in bowls, metal containers, on several utensils, can opener blade, slicer blade, robot coupe blade. Food contact surfaces shall be clean to sight and touch. CDI - placed at dish area to be re-cleaned.
- 22 3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding (P) - REPEAT - Foods on serving line for employees above 41F, such as cucumber tomato salad 54F, salad mix 45F, chicken salad sandwich 45F, cut melons 47F. Time / Temperature Control for Safety Food shall be maintained at 41F or below. CDI: per PIC, foods are discarded after lunch which is 11:30-1:00. PIC will provide a written Time As A Public Health Control procedure for foods on serving line.
- 28 7-201.11 Separation - Storage (P) One spray bottle of orange cleaner on shelf over slicer. Poisonous or toxic materials shall be stored so they can not contaminate food, equipment, utensils, linens, and single-service and single-use articles by locating the poisonous or toxic materials in an area that is not above food, equipment, utensils, linens, and single-service and single-use articles. CDI - PIC relocated spray bottle.
- 44 4-903.11 (A), (B), and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles Storing (C) Crumbs/debris in base of one container used to hold misc. utensils. Buildup on container used to hold ice scoop. Cleaned equipment and utensils shall be store in a clean, dry location where they are not exposed to splash, dust, or other contamination. CDI - PIC took bins to dish area, ice scoop and holder cleaned during inspection.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) - REPEAT - Stopper for sanitizer vat at three comp sink not holding water effectively. Cracked handle on bottom steamer, repair tight door of plate warmer. Equipment shall be maintained in good repair.
- 51 5-202.14 Backflow Prevention Device, Design Standard (P) Spray nozzle attached to hose at can wash with only an atomospheric backflow preventer present. A backflow or backsiphonage prevention device installed on a water supply system shall meet standards for construction, installation, maintenance, inspection, and testing for that specific application and type of device. In order to leave spray nozzle attached, a backflow preventer rated for continuous pressure must be installed after the split. CDI - PIC removed spray nozzle from hose.
- 56 6-305.11 Designation - Dressing Areas and Lockers (C) Employee bottled drink in 1 door freezer adjacent to restaurant food. Designate a separate area for employees personal items, such as lockers.