## **Food Establishment Inspection Report**

Food Establishment Inspection Report	<b>Score</b> : <u>97</u>
Establishment Name: HOMESTEAD HILLS ASSISTED LIVING	Establishment ID: 3034011039
Location Address: 2101 HOMESTEAD HILLS DRIVE  City: WINSTON SALEM State: North Carolina  Zip: 27103 County: 34 Forsyth  Permittee: HOMESTEAD HILLS RETIREMENT LTD PARTNERSHIP  Telephone: (336) 659-0708  Solvent Re-Inspection Educational Visit  Wastewater System:  Municipal/Community On-Site System	Date: 05/10/2024 Status Code: A  Time In: 9:45 AM Time Out: 12:15 PM  Category#: IV  FDA Establishment Type: Nursing Home  No. of Risk Factor/Intervention Violations: 0
Water Supply:  ⊗ Municipal/Community  ○ On-Site Supply	No. of Repeat Risk Factor/Intervention Violations: 0
	Cond Datail Departions

	٧	Vat	er	Sı	upply: icipal/Community On-Site System On-Site Supply								١	No	of F	Repeat Risk Factor/Intervention Violations:	)				_
	Ris	k fa	cto	rs: (	e Illness Risk Factors and Public Health I Contributing factors that increase the chance of developing for Interventions: Control measures to prevent foodborne illness	odb	orne i	llness.	s			(	Good	d R	etail P	Good Retail Practices  Practices: Preventative measures to control the addition of pate and physical objects into foods.	ho	gen	s, c	chemi	icals
	Со	mp	lia	anc	e Status		OUT	CDI	R	VR	(	Co	mp	olia	ance	Status		ΟU	Т	CD	ı
s	upe	rvis	ior	1	.2652	_					S	afe	Foc	od a	and W	/ater .2653, .2655, .2658					
1	·	оит	N/A		PIC Present, demonstrates knowledge, &	1	П	0			30	)  1	ı ou	T N	<b>(</b> A		1	0.5	По	, T	-
	1	оит	_	-	performs duties  Certified Food Protection Manager	1				$\vdash$	31	1)	<b>(</b> ou	ΙΤ	Ì		2				#
2	_	_	_	lealt		1		0			32	2 11	OU	IT I)	<b>(</b> A	Variance obtained for specialized processing methods	2	1	0	,	
3	Т	оит	Т	lean	Management, food & conditional employee;	2	1 (					00	d Te	mp	eratu	re Control .2653, .2654			_		
	Ľ	оит		Н	knowledge, responsibilities & reporting  Proper use of reporting, restriction & exclusion	$\perp$	1.5			$\sqcup$		Т	$\top$	Ť		Proper cooling methods used; adequate		Π	Т	$\top$	-
5	+	оит	+	Н	Procedures for responding to vomiting &	+	0.5			$\vdash$	33	3 )	(OU	IT		equipment for temperature control	1	0.5	0	,	
			_	Ш	diarrheal events	1	0.5	,		L.					/A N/O						I
				nic	Practices .2652, .2653	L	I I .								/A 1 <b>)X</b> (0				_		4
		OUT OUT		Н	Proper eating, tasting, drinking or tobacco use  No discharge from eyes, nose, and mouth		0.5 (			-			<b>(</b> ou		$\perp$	-	1	0.5	0	1	_L
			_	$\perp$		_	0.5	7			F	00	d Ide	enti	ficatio	on .2653					
			_	Con	tamination by Hands .2652, .2653, .2655, .265 Hands clean & properly washed	_					37	<b>(</b> )	<b>(</b> OU	IT		Food properly labeled: original container	2	1	0	)	
8	+-	оит	-	Н	No bare hand contact with RTE foods or pre-	4	2 (	J		H	F	re	venti	ion	of Fo	od Contamination .2652, .2653, .2654, .2656, .265	57	0.5   0 0.5   0 0.5   0 0.5   0 0.5   0 1   0 1   0 0.5   0 0.5   0 0.5   0 0.5   0 0.5   0 0.5   0 0.5   0			
9	┸	оит оит		N/O	approved alternate procedure properly followed  Handwashing sinks supplied & accessible	4	2 (				38	3 >	( ou	т		Insects & rodents not present; no unauthorized animals	2	1	0	,	T
		_	_	our		1-	11	,			2/		( ou			Contamination prevented during food		0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Ť	$\top$	$\dagger$
		OUT			Food obtained from approved source	2	1 (	n I				1	1			preparation, storage & display	2				
		оит		NXO		2	_	_		$\vdash$			( ou				1				I
		оит		7.	Food in good condition, safe & unadulterated	2				$\Box$	-	-	)X(	_	$\perp$		1	-	_		4
	+-		T	N/O	Required records available: shellstock tags,	2					42	2 )>	(OU	T N	/A	Washing fruits & vegetables	1	0.5	0	<u>,                                    </u>	_L
14		001	'''	N/O	parasite destruction		1 (				F	ro	per l	Jse	of Ut	ensils .2653, .2654					
P	rot	ectio	on f	rom	Contamination .2653, .2654						43	3 )	(OU	IT		In-use utensils: properly stored	1	0.5	5 0	)	
				N/O	Food separated & protected		1.5				44	1 >	( ou	IT		Utensils, equipment & linens: properly stored,	1	١.,	ا	,	
_	_	оит		Ш	Food-contact surfaces: cleaned & sanitized	3	1.5	)		Ш	_	Ļ	1	$\perp$	_	und a nanalea	1	0.3	10	4	$^{+}$
		оит	_		Proper disposition of returned, previously served, reconditioned & unsafe food	2	1 (	0		Щ	-		( ou			otorea a acca	1	ı			
					ardous Food Time/Temperature .2653	-	la ela				46	5 )	(OU	IT	$\perp$	Gloves used properly	1	0.5	5 0	<u>'_</u>	_L
					Proper cooking time & temperatures  Proper reheating procedures for hot holding		1.5 (			H	ι	Jte	nsils	an	d Equ	ipment .2653, .2654, .2663					
					Proper cooling time & temperatures		1.5 (			$\vdash$		Γ		Τ		Equipment, food & non-food contact surfaces			Τ		T
	/ ·				Proper hot holding temperatures		1.5			$\Box$	47	T II	۱ (X	T		approved, elements, property accepting,	1	0%	5 0	'	
					Proper cold holding temperatures	3	1.5	)				+		+	-	constructed & used			+	+-	+
23	X	оит	N/A	N/O	Proper date marking & disposition	3	1.5	0			48	3	(OU	т		Warewashing facilities: installed, maintained & used; test strips	1	0.5	5 0	,	
24	IN	оит	ιX	N/O	Time as a Public Health Control; procedures & records	3	1.5	0			49	11	1 0)(	ĺΤ			1	0.5	5 0	K	+
C	ons	um	er A	Advi	sory .2653						F	hy	sica	l Fa	cilitie	es .2654, .2655, .2656					
_	_	оит	_	_	Consumer advisory provided for raw/	1	0.5	1			50	)	(OU	TN	/A	Hot & cold water available; adequate pressure	1	0.5	5 0	)	Т
		٠.	13/4		undercooked foods	Ľ.	0.5			Ш			ίου				2				I
Н	ligh	ly S	usc	epti	ble Populations .2653						52	2 )	(OU	IT			2	1	0	)	I
26	IN	оит	١X	•	Pasteurized foods used; prohibited foods not offered	3	1.5	0			53	3	(OU	IT N	/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	5 0	,	
		nica			.2653, .2657						54	1 11	) (X	ĺΤ		Garbage & refuse properly disposed; facilities		بد	5 0	T	T
		оит			Food additives: approved & properly used		0.5			Ш		┸		$\perp$	+	mamamea	1 ¥				+
		оит	_		Toxic substances properly identified stored & used	2	1 (	0		Щ		$^{+}$	ı ox	+	+		χ	0.5	10	+	
	$\neg$		Т	$\Box$	ith Approved Procedures .2653, .2654, .2658	_					56	11	)X(	(τ		Meets ventilation & lighting requirements; designated areas used	X	0.5	5 0	,	;
29	IN	оит	ΝX	Á	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1 (	0						_		TOTAL DEDUCTIONS:	3		_		





Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034011039 Establishment Name: HOMESTEAD HILLS ASSISTED LIVING Location Address: 2101 HOMESTEAD HILLS DRIVE Date: 05/10/2024 X Inspection Re-Inspection City: WINSTON SALEM State: NC Educational Visit Status Code: A Zip: 27103 County: 34 Forsyth Category #: IV Comment Addendum Attached? Email 1:mnasrallah@homestead-hills.com Water Supply: Municipal/Community On-Site System Permittee: HOMESTEAD HILLS RETIREMENT LTD Email 2: Telephone: (336) 659-0708 Email 3: Temperature Observations Item/Location Temp Item/Location Temp Item/Location Temp hot water/skilled nursing dish machine 165 air temp/skilled nursing upright beverage 38 41 cut melon/upright kitchen cooler 152 hot water/3 compartment sink burger patty/cook temp 177 ground sausage/cooling 1 hour from breakfast 87 ground sausage/cooling 2 hours from 44 breakfast 167 sweet potato/steam table 39 tomato/prep unit

First Last Person in Charge (Print & Sign): Chris Payne Last Regulatory Authority (Print & Sign): Amanda Stevens Verification Dates: Priority: Core: Priority Foundation: REHS ID:2543 - Stevens, Amanda

REHS Contact Phone Number: (336) 703-3129

meatloaf/steam table

lactic acid/produce wash oz per gallon

vegetable medley/cook temp for hot holding 168

quat sanitizer/3 compartment sink hot water/kitchen dish machine

> Authorize final report to be received via Email:



173 .75

200

178

## Comment Addendum to Inspection Report

Establishment Name: HOMESTEAD HILLS ASSISTED LIVING Establishment ID: 3034011039

Date: 05/10/2024 Time In: 9:45 AM Time Out: 12:15 PM

Certificate #	Туре	Issue Date	<b>Expiration Date</b>
3365582	Food Service		02/22/2028
	3365582	3365582 Food Service	3,1

- 41 3-304.14 Wiping Cloths, Use Limitations (B)One damp wiping cloth observed on prep unit cutting board. Hold in-use wiping cloths in sanitizer between uses. 0 points.
- 47 4-501.11 Good Repair and Proper Adjustment Equipment (C) Replace torn gasket on upright main kitchen refrigerator. Repair or remove non-working hot holding unit in skilled nursing satellite kitchen. Repair non-working dish machine in memory care satellite kitchen(not used as all serveware is disposable). Recondition legs and lower shelve of prep tables to remove oxidation. Adjust closure mechanism on middle compartment of 3 compartment sink to close properly. Equipment shall be in good repair.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) Minor cleaning needed on sides of griddle and stove burners to remove food buildup. Non-food contact surfaces and utensils shall be clean to sight and touch. 0 points.
- 54 5-501.113 Covering Receptacles (C)//5-501.115 Maintaining Refuse Areas and Enclosures (C) Dumpster door open. Maintain closed. Dumpster pad in need of cleaning. Accumulation of grease and some trash present. Maintain clean.
- 55 6-201.13 Floor and Wall Junctures, Coved, and Enclosed or Sealed (C) Coved base needed in wait staff area outside kitchen as well as throughout satellite kitchens. In food service establishments in which cleaning methods other than water flushing are used for cleaning floors, the floor and wall junctures shall be coved and closed to no larger than one thirty-second inch (1 mm). Repeat violation.
  - 6-501.11 Repairing Premises, Structures, Attachments, and Fixtures Methods (C) Damage to door frames in satellite kitchen. Repair. Recommend installation of corner guards to prevent damage from rolling carts. Cabinets in both satellite kitchens in need of repair. One drawer missing facing. Reattach ice scoop holder to wall in skilled nursing kitchen. Physical facilities shall be in good repair.
- 56 6-303.11 Intensity Lighting (C) Repeat violation. Lighting low in wait staff area of main kitchen(12 footcandles) and in satellite kitchens where coffee pots and ice machines are located (25-35 ftcndl) Increase lighting to 50 foot-candles in food prep areas. 6-501.110 Using Dressing Rooms and Lockers (C) Employee bags observed on shelf in room where unopened boxes of single use cups and disposable placemats are stored. Lockers or other suitable facilities shall be provided for the orderly storage of employees' clothing and other possessions.

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