

# Food Establishment Inspection Report

Score: 99.5

Establishment Name: KATE B. REYNOLDS HOSPICE

Establishment ID: 3034012108

Location Address: 101 HOSPICE LANE

☒ Inspection ☐ Re-Inspection

City: WINSTON-SALEM

State: NC

Date: 02 / 12 / 2019 Status Code: A

Zip: 27103 County: 34 Forsyth

Time In: 10 : 15 ☒ am ☐ pm Time Out: 11 : 45 ☒ am ☐ pm

Permittee: HOSPICE OF WS AND FORSYTH COUNTY

Total Time: 1 hr 30 minutes

Telephone: (336) 760-1114

Category #: IV

Wastewater System: ☒ Municipal/Community ☐ On-Site System

FDA Establishment Type: Hospital

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

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.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
<b>Supervision .2652</b>										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	0		
<b>Employee Health .2652</b>										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	13	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	13	0	
<b>Good Hygienic Practices .2652, .2653</b>										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			2	1	0	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	03	0	
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			4	2	0	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			3	13	0	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	1	0	
<b>Approved Source .2653, .2655</b>										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			2	1	0	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			2	1	0	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	0	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	
<b>Protection from Contamination .2653, .2654</b>										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	13	0	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	13	0	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food			2	1	0	
<b>Potentially Hazardous Food Time/Temperature .2653</b>										
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures			3	13	0	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	13	0	
18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures			3	13	0	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	13	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	13	0	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	13	0	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	
<b>Consumer Advisory .2653</b>										
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	03	0	
<b>Highly Susceptible Populations .2653</b>										
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	13	0	
<b>Chemical .2653, .2657</b>										
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used			1	03	0	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	1	0	
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>										
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing 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.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
<b>Safe Food and Water .2653, .2655, .2658</b>										
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			1	03	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	03	0	
<b>Food Temperature Control .2653, .2654</b>										
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1	03	0	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	03	0	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			1	03	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	03	0	
<b>Food Identification .2653</b>										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>										
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals			2	1	0	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	03	0	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	03	0	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	03	0	
<b>Proper Use of Utensils .2653, .2654</b>										
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	03	0	
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	03	0	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	03	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	03	0	
<b>Utensils and Equipment .2653, .2654, .2663</b>										
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2	1	0	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	03	0	
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	03	0	
<b>Physical Facilities .2654, .2655, .2656</b>										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	0	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	0	
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	03	0	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	03	0	
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	03	0	
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	03	0	
Total Deductions: <u>0.5</u>										



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CR  
Off



# Comment Addendum to Food Establishment Inspection Report

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County: 34 Forsyth Zip: 27103

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site System

Permittee: HOSPICE OF WS AND FORSYTH COUNTY

Telephone: (336) 760-1114

Establishment ID: 3034012108

☒ Inspection ☐ Re-Inspection Date: 02/12/2019

Comment Addendum Attached? ☐ Status Code: A

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

Email 1: kitchen@hospicecarecenter.org

Email 2: \_\_\_\_\_

Email 3: \_\_\_\_\_

## Temperature Observations

**Effective January 1, 2019 Cold Holding will change to 41 degrees**

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
12-2-19	Ricky Clark	0	chicken	final cook	172			
eggs	hot hold	135	pork loin	final cook	202			
potato	hot hold	137	rinse	dish machine	175			
thai sauce	3 door cooler	38	water	3 comp	149			
fruit	3 door cooler	42	chlorine-ppm	bucket	100			
chic noodle	2 door cooler	40						
boiled eggs	2 door cooler	41						
ham	2 door cooler	38						

## 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.

- 18 3-501.14 Cooling - P- Fruit containing melon was cut at approximately 5:30am and had not cooled to 41F by approximately 10:30am when checked. The fruit measured 42-43F. Cooling shall be accomplished from 135F to 70F within the first 2 hours, and then down to 41F within the remaining 4 hours, entire cooling process not to exceed 6 hours. If foods are not cooled to 70F within the first two hours, the next stage of cooling can not proceed. When working with ingredients that measure 70F or less, cooling to 41F shall be complete within 4 hours. CDI-Allowed to place in thinner portion and uncover in refrigerator. Opts.
- 31 3-501.15 Cooling Methods - PF- Cut fruits cooling in refrigerator in thick, covered plastic container. Cooling shall be accomplished in accordance with the time/temperature criteria specified in 3-501.4 by using the following methods: placing food in shallow pans, separating food into smaller or thinner portions, using rapid cooling equipment, stirring the food in a container placed in an ice water bath, using containers that facilitate heat transfer, using ice as an ingredient, other effective methods. CDI-Placed fruit in thin portion in larger container, uncovered to finish cooling to 41F.

Lock  
Text



Person in Charge (Print & Sign): Ricky Clark

Regulatory Authority (Print & Sign): Nora Sykes

*Ricky L Clark*

*Nora Sykes*

REHS ID: 2664 - Sykes, Nora

Verification Required Date:     /     /    

REHS Contact Phone Number: ( 336 ) 703 - 3161



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✓  
Spell



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