F	00)d	E	S	tablishment Inspection	R	e.	po	or	t							Score	: [<u>8</u>		_
Es	tal	olis	hn	ner	nt Name: TRINITY ELMS HEALTH AND F	REH	ΑE	}						_ E	S	tablishment ID: 3034160044					
					ess: 7449 FAIR OAKS DRIVE																
Ci	ty:	CL	EM	МО	NS	Sta	ate	e: _	NC							11 / 23 / 2016 Status Code:			_		
		270			County: 34 Forsyth			_					Ti	me	e li	n: 11 : $15 \overset{\otimes}{\bigcirc}$ am Time Out: 01	: 35) a ∛ b	m m		
					LUTHERAN SERVICES CAROLINA								To	ota	ιT	Fime: 2 hrs 20 minutes	. — `	, ,			
		itte		_									Ca	ate	ego	ory #: IV					
	_				(336) 747-1153	_							FI	DΑ	F	stablishment Type: Nursing Home			-		
					System: ⊠Municipal/Community [-	ter	n				Risk Factor/Intervention Violation	ıs: 2		-		_
W	ate	r S	up	ply	y: ⊠Municipal/Community □On-	Site	e S	Sup	ply	/						Repeat Risk Factor/Intervention		ns:			
_	-00	dha	orn/	^ III	noce Dick Easters and Dublic Health Int	on.	on.	tion	_							Good Retail Practices		=		=	_
ı					ness Risk Factors and Public Health Int ibuting factors that increase the chance of developing foods	-			S		١,	Goo	d Re	tail I	Pra	ctices: Preventative measures to control the addition o	f pathogens	, che	mical	s,	
F	Publi	c He	alth	Inter	ventions: Control measures to prevent foodborne illness or	injur	у.									and physical objects into foods.					
		OUT		N/O	Compliance Status	0	UT	CDI	R	VR			OUT		_		OU	JT	CDI	R۱	VR
1	upe 🔀	rvisi	on		.2652 PIC Present; Demonstration-Certification by		17		Г	П		$\overline{}$			$\overline{}$	Vater .2653, .2655, .2658					
, E		oyee		alth	PIC Present; Demonstration-Certification by accredited program and perform duties .2652			ᆀᆜ		ᆜ	28			X		Pasteurized eggs used where required	1 0.			긔	ᆜ
_	×		е пе	aiui	Management, employees knowledge; responsibilities & reporting	3 1	.5 (ТП	П	29	×				Water and ice from approved source	2 1	1 0	쁘	긔	Ш
\vdash	X					3 1	.5 (+-			30			×		Variance obtained for specialized processing methods	1 0	5 0		ᆜ	
_			nion	ic D	Proper use of reporting, restriction & exclusion ractices .2652, .2653	ال	.3	411				$\overline{}$	Tem	per	ratu	Proper cooling methods used; adequate		_	_	4	
	×		gien		Proper eating, tasting, drinking, or tobacco use	2	1 (ПП	П	П	31	×				equipment for temperature control	1 0.	5 0][
5	×				No discharge from eyes, nose or mouth	Ħ	.5	7=			32				×	Plant food properly cooked for hot holding	1 0	.5 0			
_			n Co	onta	mination by Hands .2652, .2653, .2655, .2656						33		X			Approved thawing methods used	1	(0	X		
	×		y o	l	Hands clean & properly washed	4	2 [ПП	П	34	X				Thermometers provided & accurate	10	.5 0			
7	×			П	No bare hand contact with RTE foods or pre-	3 1	.5			Ħ	Fo	ood	lder	ntific	cati	ion .2653					
		×			approved alternate procedure properly followed	H	#	4=			35	X				Food properly labeled: original container	2 [1	0			
8		ovec	1 50	urce	Handwashing sinks supplied & accessible 2 .2653, .2655		1 2		닏	브		_		n o	f Fo	ood Contamination .2652, .2653, .2654, .2656		_		_	
-	X		ı 30	uice	Food obtained from approved source	2	1 (Ιп	П	36	×				Insects & rodents not present; no unauthorize animals	a 2 1	1 0		긔	
⊢				×	Food received at proper temperature	2	#	₽		H	37	X				Contamination prevented during food preparation, storage & display	2 [1	0			
\vdash	-						#	4=			38	X				Personal cleanliness	1 0.	.5 0			
Н	×				Food in good condition, safe & unadulterated Required records available: shellstock tags,	2	_	+-			39		X			Wiping cloths: properly used & stored	10	.5 🗶			
12			X		parasite destruction	2	1 (L	40	×				Washing fruits & vegetables	1 0.	.5 0		寸	$\overline{\Box}$
	1016		n ire		Contamination .2653, .2654 Food separated & protected	3 1	5 7			П			r Us	se o	f U	tensils .2653, .2654					
-			ш				+				41	X				In-use utensils: properly stored	1 0	.5 0			
⊢	×	Ш			Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously served,	\equiv	.5 (+=		Ц	42		X			Utensils, equipment & linens: properly stored, dried & handled	10	.5 🗶			
_	×				reconditioned, & unsafe food	2	1 (ЦЦ	Ш	Ш	\vdash	×				Single-use & single-service articles: properly	1 0.	.5 0		寸	_
	otei	ntiaii	ly Ha	azar 	dous Food Time/Temperature .2653	3 1	.5 (Г	П						stored & used Gloves used properly	10	#			Ξ
] [Proper cooking time & temperatures							tons	ilc	nd	Ear	uipment .2653, .2654, .2663		الا			_
H	X	Ш			Proper reheating procedures for hot holding	3 1	.5 (Ш					iiiu	Eq	Equipment, food & non-food contact surfaces				\blacksquare	_
18				×	Proper cooling time & temperatures	3 1	.5 (45	Ш	X			approved, cleanable, properly designed, constructed, & used		1 🗶	Ш	긔	Ш
19		×			Proper hot holding temperatures	3	X				46	X				Warewashing facilities: installed, maintained, used; test strips	& 1 0.	.5 0			
20	X				Proper cold holding temperatures	3 1	.5 (47	X				Non-food contact surfaces clean	1 0.	.5 0			
21	X				Proper date marking & disposition	3 1	.5 (Pl	hysi	cal I	Fac	iliti	es .2654, .2655, .2656					
22			X		Time as a public health control: procedures & records	2	1 (48	X				Hot & cold water available; adequate pressure	e 2 1	10			
(Cons	ume	er Ac	dvis							49	X				Plumbing installed; proper backflow devices	2 1	1 0			
23			X		Consumer advisory provided for raw or undercooked foods	1 0	.5 (50	X				Sewage & waste water properly disposed	2 1	1 0			
		ly Sι	isce	ptib	le Populations .2653		Ţ				51	×			t	Toilet facilities: properly constructed, supplied	1 10	.5 0		計	
	×				Pasteurized foods used; prohibited foods not offered	3 1	.5 (-	×	_		H	& cleaned Garbage & refuse properly disposed; facilities	10	.5 0		7	_
$\overline{}$		nical			.2653, .2657						_	-			┝	maintained		Ξ		井	_
25		Ш	X		Food additives: approved & properly used		.5 (Щ		×			_	Physical facilities installed, maintained & clea Meets ventilation & lighting requirements;				븨	<u> </u>
26	$ \mathbf{X} $			L	Toxic substances properly identified stored, & used	2	1 [54	X				designated areas used	1 0.	5 0][_	┙

Conformance with Approved Procedures .2653, .2654, .2658

Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan



Total Deductions: 2

Establishme	ent Name: TRINITY ELM	MS HEALT	H AND REHAB		Establis	hment ID): 3034160044					
Location A	Address: 7449 FAIR OAK	(S DRIVE			✓ Inspection							
City: CLEN			Sta	ate: NC	Comment Addendum Attached? Status Code: A							
County: 34			Zip: ²⁷⁰¹²		Category #: IV							
Water Suppl	System: ☑ Municipal/Comn y: ☑ Municipal/Comn LUTHERAN SERVICES	nunity 🗌 (On-Site System		Email 1: mturman@trinityelms.net Email 2:							
Telephone	e: (336) 747-1153				Email 3:							
			Tempe	erature C	bservatio	ons						
Item ServSafe	Location Frederick McClelland	Temp 00	Item Turkey	Location Walk-in co	ooler	Temp 44	Item Lasagna	Location Satellite 4 hot hold	Temp 149			
Chicken	Hot hold	129	Tomatoes	Upright co	ooler	42	Chicken stir	Satellite 3 hot hold	160			
Lasagna	Hot hold	130	Quat ppm	Sanitizer	bottle	200	Quat ppm	Satellite 2 bottle	200			
Rice	Hot hold 2	139	Rinse cycle	Dish mac	hine	169	Fried chicken	Final cook	170			
Chicken stir	Hot hold 2	144	Hot water	3-compar	tment sink	135						
Rice	Hot hold 3	138	Broccoli	Hot hold s	satellite 1	143	-					
Chicken	Hot hold 3	3 140 Ambient Satell			cooler	44						
Mashed	Hot hold 3	147	Ambient	Satellite 2	cooler	42						
6-301.11	Violations cited in this report Handwashing Cleanse hing cleanser shall be μ	rt must be r, Availab	ility - PF - 0 p	the time frants - No han	nes below, or dsoap was	as stated in available a	n sections 8-405. at the handsink					

19 3-501.16 (A)(1) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P - A large container of lasagna and a container of chicken stir fry measured 122-132F. Potentially hazardous food shall be maintained at 135F or above. CDI - Lasagna and chicken reheated to 170F and the temperature of the hot hold unit was increased.

33 3-501.13 Thawing - C - Several vacuum packages of salmon were thawing inside of the walk-in cooler. The package stated that the package needed to be slit or opened before thawing. No slit were observed. Thaw potentially hazardous food according to the manufacturer's instructions. CDI - Packages slit.

First Last Garland Mcbride Person in Charge (Print & Sign): First Last Regulatory Authority (Print & Sign): Grayson Hodge

REHS ID: 2554 - Hodge, Grayson

Verification Required Date:

REHS Contact Phone Number: (3 3 6) 7 Ø 3 - 3 3 8 3



Establishment Name: TRINITY ELMS HEALTH AND REHAB Establishment ID: 3034160044

Observations	and (Orra	ctiva	Actions
Chacinaliona	anu v	JULE	ve	ACHORS

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.



- 39 3-304.14 Wiping Cloths, Use Limitation C 0 pts 4 wet wiping cloths were stored on prep surfaces and one wet wiping cloth stored in soapy water. Wet wiping cloths shall be stored in a sanitizer solution maintained at the appropriate concentration. Relocate wet wiping cloths to sanitizer buckets.
- 42 4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing C 0 pts A few stacks of plates/bowls were stored on satellite kitchen counters with the food-contact surfaces exposed. Cover or invert the stack to prevent splash, dust, or other contamination.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment C 0 pts Repair the leaking booster heater underneath the dish machine. Equipment and utensils shall be maintained in good repair.



Establishment Name: TRINITY ELMS HEALTH AND REHAB Establishment ID: 3034160044

Observations and Corrective Actions
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Establishment Name: TRINITY ELMS HEALTH AND REHAB Establishment ID: 3034160044

Observations and Corrective Actions

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Establishment Name: TRINITY ELMS HEALTH AND REHAB Establishment ID: 3034160044

Observations and Corrective Actions

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