<u> </u>	<u>oc</u>	<u>)a</u>	E	<u>.S</u>	<u>tabiisnment inspection</u>	K €	g p	<u> </u>	Π_						Sco	ore: <u>9</u>	7.5	<u>_</u>	_
Es	Stablishment Name: TRINITY GLEN									Establishment ID: 3034160043									
Location Address: 849 WATERWORKS RD									☐ Inspection ☐ Re-Inspection										
Ci	City: WINSTON SALEM State: NC								Date: 10 / 10 / 20 18 Status Code: A										
										Time In: $09:35 \otimes am$ Time Out: $01:35 \otimes am$ Time Out: $01:35 \otimes am$									
Zip: 27101 County: 34 Forsyth Permittee: LUTHERAN HOME WINSTON SALEM INC									Total Time: 4 hrs 0 minutes										
_				٠ -						Category #: I									
Telephone: (336) 595-2166																			
Wastewater System: ⊠Municipal/Community ☐ On-Site Syst							tem FDA Establishment Type: Nursing Home No. of Risk Factor/Intervention Violations: 4												
W	ate	r S	up	pl	y: ⊠Municipal/Community □On-	Site	Sup	opl	ly						Repeat Risk Factor/Intervention Violations.			_	
Foodborne Illness Risk Factors and Public Health Interventions								Good Retail Practices											
ı					ributing factors that increase the chance of developing foodb					Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
-				_	rventions: Control measures to prevent foodborne illness or						T	0117				OUT.	001		_
ς.		IN OUT N/A N/O Compliance Status upervision .2652				OUT CDI R VR				S	afe F		N/A d an		- 1	OUT	CDI	X V	/R
1	X			П	PIC Present; Demonstration-Certification by	2	ПП	7		28			×	u **	Pasteurized eggs used where required	1 0.5 0		Ŧ	$\overline{}$
E		oye	e He	alth	accredited program and perform duties .2652					_	\mathbf{X}				Water and ice from approved source	210	=	7	=
2	X				Management, employees knowledge; responsibilities & reporting	3 1.5	0			30		=	X		Variance obtained for specialized processing	1 0.5 0	_	#	_
3	X				Proper use of reporting, restriction & exclusion	3 1.5	0	1				Tor		otur	methods 2452 2454	L] [0.3 [0]	ᆜ┖		_
(3000	ΙНу	gien	gienic Practices .2652, .2653						31	Food Temperature Control .2653, .2654 31								_
4	X				Proper eating, tasting, drinking, or tobacco use	21	0								equipment for temperature control		-	#	_
5	X				No discharge from eyes, nose or mouth	1 0.5	0			32					Plant food properly cooked for hot holding	1 0.5 0	_	-	_
P	reve	ntin	g C	onta	mination by Hands .2652, .2653, .2655, .2656					33				×	Approved thawing methods used	1 0.5 0	_	+	_
6	X				Hands clean & properly washed	4 2	0				X				Thermometers provided & accurate	1 0.5 0		<u> </u>	_
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5	0				ood	Ider	ntific	atic				7.	_
8		X			Handwashing sinks supplied & accessible	2 X	0 2	3 [-	ntio	n of	For	Food properly labeled: original container od Contamination .2652, .2653, .2654, .2656, .2657	210			
P	\ppr	ovec	d So	urce	.2653, .2655						×		11 01	1 00	Insects & rodents not present; no unauthorized	210		Ŧ	_
9	X				Food obtained from approved source	2 1	0				×				animals Contamination prevented during food	210	_		_
10	X				Food received at proper temperature	21	0			_		_			preparation, storage & display	\vdash	_	#	_
11	X				Food in good condition, safe & unadulterated	21	0 [_	×				Personal cleanliness	1 0.5 0	-	+	_
12			X		Required records available: shellstock tags, parasite destruction	21	0 [39	×				Wiping cloths: properly used & stored	1 0.5 0	_	4	_
F	rote	ctio			Contamination .2653, .2654					40			X		Washing fruits & vegetables	1 0.5 0		<u> </u>	_
13	X				Food separated & protected	3 1.5	0				_	$\overline{}$	se of	f Ute	ensils .2653, .2654	1 0.5 0		7.	_
14	X				Food-contact surfaces: cleaned & sanitized	3 1.5	0 [\vdash				In-use utensils: properly stored Utensils, equipment & linens: properly stored,			4	_
15	X				Proper disposition of returned, previously served, reconditioned, & unsafe food	21	0	1		42					dried & handled	1 0.5 0	쁘	4	_
F	oter	ntiall	ly Ha	azar	dous Food Time/Temperature .2653					43	X				Single-use & single-service articles: properly stored & used	1 0.5 0		<u> </u>	
16	X				Proper cooking time & temperatures	3 1.5	0			44	×				Gloves used properly	1 0.5 0][
17				X	Proper reheating procedures for hot holding	3 1.5	0			U	tens	ils a	and	Equ	ipment .2653, .2654, .2663 Equipment, food & non-food contact surfaces		_	Ţ	
18		X			Proper cooling time & temperatures	3 1.5	X	3 [45		X			approved, cleanable, properly designed, constructed, & used	211][
19	X				Proper hot holding temperatures	3 1.5	0			46	×				Warewashing facilities: installed, maintained, & used; test strips	1 0.5 0		1	_
20		X			Proper cold holding temperatures	3 1.5	××	a [47	X				Non-food contact surfaces clean	1 0.5 0		JE	_
21	X				Proper date marking & disposition	3 1.5	0			Р	hysi	cal	Faci	litie	s .2654, .2655, .2656				
22		X			Time as a public health control: procedures & records	2 🗶	0 >	1 [48	X				Hot & cold water available; adequate pressure	210		<u> </u>	
C	Cons	ume	er Ac	dvis	ory .2653					49		X			Plumbing installed; proper backflow devices	211	\mathbf{X}		
23			X		Consumer advisory provided for raw or undercooked foods	1 0.5				50	X				Sewage & waste water properly disposed	210			
		y Sı	isce	ptib	le Populations .2653					51	×				Toilet facilities: properly constructed, supplied & cleaned	1 0.5 0		JE	_
24	X				Pasteurized foods used; prohibited foods not offered	3 1.5][52		П	Ė		Garbage & refuse properly disposed; facilities	1 0.5 0		╬	_ _
		nical			.2653, .2657	1		7			\vdash	_			Physical facilities installed, maintained & clean			#	_
25	X				Food additives: approved & properly used	11 0.5	ШГ	1 -			X				Physical facilities installed, maintained & clean Meets ventilation & lighting requirements;	1 0.5 0		#	_
26	`onf				Toxic substances properly identified stored, & used	2 1		ᆚᆫ		54	X				designated areas used	1 0.5 0		ᅶ	
27	וווטק		ance	= WII	th Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,	21		1/-							Total Deductions:	2.5			
				<u> </u>	reduced oxygen packing criteria or HACCP plan	النات	ے ات	-11	11										





	Commen	t Adde	endum to	Food Es	stablishr	nent l	nspectio	n Report			
Establishme	ent Name: TRINITY GL						: 3034160043				
Location A City: WINS County: 34	ddress: 849 WATERW TON SALEM	ORKS RD	Sta _ Zip:_ ²⁷¹⁰¹	te:_NC_	☑ Inspection ☐ Re-Inspection Date: 10/10/2018 Comment Addendum Attached? ☐ Status Code: A						
Wastewater Supply Permittee:		Water sample taken? Yes No Category #: Email 1: Cmccoy@lutheranhomewinstonsalem.net Email 2:									
Telephone	: (336) 595-2166				Email 3:						
			Tempe	rature Ol	oservation	ns					
	Effectiv	e Janu	ary 1, 2019	Cold Ho	oldina wi	l char	nae to 41 d	dearees			
Item ServSafe	Location Janet H. 3/4/21	Temp 0		Location Final Cook	g	Temp	Item Sausage	Location Cooling 9:40	Temp 94		
Hot Water	3 comp. sink	131	mashed pot.	Final Cook		169	Sausage	Cooling 11:35	51		
Hot Water	dish machine	163	Pureed pot.	Final Cook		192	Chkn salad	Cooling 9:40	61		
quat sani.	3 comp. sink	300	Pureed peas	Final Cook		202	Chkn salad	Cooling 12:05	41		
Cabbage	Delivery	41	Ambient	Pod 4		38	•				
Milk	Delivery	40	deli sand.	Pod 3		41					
Cole Slaw	Upright	41	milk	Pod 2		42					
Chicken tend	Final Cook	190	chknsaladsan	Pod 1		50					
and ha 135°F CDI:Co	14 Cooling - P- Chicke d been moved to a de to 70°F; and within a to poling calculation was n salad to a shallow m	ep plastic otal of 6 h done and	bin with closed ours from 135° determined that	d lid. Cooke 'F to 41°F o at chicken s	ed potentially or less. salad would r	hazardo	ous foods sha within time fra	Il be cooled within 2 ame. Food employed	hours from		
P-Chic 53F an	16 (A)(2) and (B) Pote ken salad sandwich in id was last measured l he chicken salad and a	the uprig by staff at	ht cooler in Po 41F at 7:30am	d 1 measur n. Potentially	ed at 50F. T y hazardous	he ambio foods (F	ent temperatu PHF) shall be	re of the upright me maintained at 45F o	asured at		
Lock Text O Person in Cha	rge (Print & Sign): ^{Ti}	na	rst	Wicks	ast	7	ina l	V WS			
Regulatory Au	ithority (Print & Sign): ^{Iv}	<i>Fi</i> lerly Delgad	rst Iillo REHSI	La Greg Gartne	ast r REHS	9	D/	/ gy	the		
	REHS ID:	2744 - D	elgadillo, lver	ly		_ Verifica	ation Required I	Date://			

REHS Contact Phone Number: (336) 703 - 3141

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program DHHS is an equal opportunity employer.

Page 2 of Food Establishment Inspection Report, 3/2013



Establishment Name: TRINITY GLEN Establishment ID: 3034160043

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



- 3-501.19 Time as a Public Health Control P,PF- Trays sold to employees are held on a Time as a Public Health Control with a discard time of 4 hours with no procedures in place. If time without temperature control is used as the public health control Ready to eat potentially hazardous foods that is displayed or held for sale or service shall have written procedures that are prepared in advance, maintained in the food establishment and made available to the regulatory authority upon request that specify. If time without temperature control is used as the public health control up to a maximum of 4 hours: The food shall be 135°F or greater when removed from hot holding temperature control and be marked to indicate time of discard. CDI: Procedures were written.
- 3-501.15 Cooling Methods PF-Chicken salad prepared today was cooling in a deep plastic bin with lid closed. Cooling shall be accomplished with the time and temperature criteria by placing foods in shallow uncovered pans or other effective means. CDI: The chicken salad was placed in a shallow metal pan.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment C- Upright cooler in Pod 1 operating at 53F. Equipment shall be maintained in good repair.
- 5-202.14 Backflow Prevention Device, Design Standard P- Backflow prevention device (ASSE 1052), not rated for continuous pressure, installed on mop sink with splitter valve and hose with pistol grip below it. A backflow or backsiphonage prevention device installed on a water supply system shall meet American Society of Sanitary Engineering (A.S.S.E.) standards for construction, installation, maintenance, inspection, and testing for that specific application and type of device. CDI: The continuous pressure was removed as correction.





Establishment Name: TRINITY GLEN Establishment ID: 3034160043

Observations and Corrective Actions
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Establishment Name: TRINITY GLEN Establishment ID: 3034160043

Observations and Corrective Actions

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Establishment Name: TRINITY GLEN	Establishment ID: 3034160043
ESTADIISHIMENT Name: TNINTT GEEN	ESTADIISHIIIGHT ID: 3034 100043

Observations and Corrective Actions

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