

Food Establishment Inspection Report

Score: 97.5

Establishment Name: BRIGHTON GARDENS DINING FACILITY

Establishment ID: 3034011037

Location Address: 2601 REYNOLDA RD

City: WINSTON SALEM

State: NC

Zip: 27106

County: 34 Forsyth

Permittee: SUNRISE SENIOR LIVING CORP

Telephone: (336) 722-2224

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

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

☒ Inspection ☐ Re-Inspection

Date: 06/02/2021

Status Code: A

Time In: 11:05 AM

Time Out: 1:00 PM

Total Time: 1 hrs 55 min

Category #: IV

FDA Establishment Type: Nursing Home

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions										Good Retail Practices									
Risk factors: Contributing factors that increase the chance of developing foodborne illness.										Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR		IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR	
Supervision .2652										Safe Food and Water .2653, .2655, .2658									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0				28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	1	0			
Employee Health .2652										Food Temperature Control .2653, .2654									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	1	0			29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	1	0			30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	0			
Good Hygienic Practices .2652, .2653										Food Identification .2653									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0			31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	0			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	0				32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	0			
Preventing Contamination by Hands .2652, .2653, .2655, .2656										Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2	0			33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	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	1	0			34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	0			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0			Proper Use of Utensils .2653, .2654									
Approved Source .2653, .2655										Utensils and Equipment .2653, .2654, .2663									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0			41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	0			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0			42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	0			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0			43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	0			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0			44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	0			
Protection from Contamination .2653, .2654										Physical Facilities .2654, .2655, .2656									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	1	0			45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1			
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	1	0			46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	0			
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0			47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1				
Potentially Hazardous Food Time/Temperature .2653										Conformance with Approved Procedures .2653, .2654, .2658									
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures	3	1	0			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		
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	1	0			Total Deductions: 2.5									
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures	3	1	0												
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	1	0												
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	1	0												
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	1	0												
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0												
Consumer Advisory .2653																			
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	0													
Highly Susceptible Populations .2653																			
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	1	0												
Chemical .2653, .2657																			
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	0													
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0												



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Food Establishment Inspection Report, 3/2013



Comment Addendum to Food Establishment Inspection Report

Establishment Name: BRIGHTON GARDENS DINING FACILITY

Establishment ID: 3034011037

Location Address: 2601 REYNOLDA RD

☒ Inspection ☐ Re-Inspection Date: 06/02/2021

City: WINSTON SALEM

State: NC

Comment Addendum Attached? ☒

Status Code: A

County: 34 Forsyth

Zip: 27106

Water sample taken? ☐ Yes ☒ No

Category #: IV

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

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

Permittee: SUNRISE SENIOR LIVING CORP

Email 1: WINSTON-SALEM.DSC@SUNRISESENIORLIVING.COM

Email 2:

Telephone: (336) 722-2224

Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding is now 41 degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ServSafe	Jen Todd, 12/18/24	0.0						
Hot water	dish machine	164.0						
hot water	3 comp sink	132.0						
Sanitizer	3 comp sink (mg/L) using lactic acid based sani	700.0						
Sanitizer	bucket (mg/L) using lactic acid based sani	700.0						
potatoes	steam line	154.0						
zucchini	steam line	160.0						
burgers	steam line	135.0						
salad	2 door reach in	41.0						
melon strawberry fruit salad	walk in cooler	37.0						
turkey	walk in cooler	39.0						
salad	prep unit	41.0						
chopped boiled beans	prep unit	40.0						
diced turkey	prep unit	37.0						
pimiento cheese	bottom of prep unit	37.0						
hot dogs	bottom of prep unit	41.0						
cod fish	final cook	177.0						

Person in Charge (Print & Sign): Jennifer *First* Todd *Last*

Regulatory Authority (Print & Sign): Lauren *First* Pleasants *Last*

REHS ID: 2809 - Pleasants, Lauren

Verification Required Date:

REHS Contact Phone Number: (336) 703-3144



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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.

- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C- REPEAT- Replace torn gaskets on 2 door make unit cooler. Adjust threshold at walk in freezer door. Rusty under prep surface at beverage station to the point that metal is starting to peel off. PIC stated gaskets will be replaced today. Equipment shall be maintained in good repair.

- 47 4-602.13 Nonfood Contact Surfaces - C- REPEAT w/ Improvement Additional cleaning is needed on sides of fryer, under fryer, on grill sides, on top of dish machine, on underside of three comp sink, and microwave at beverage station. Non-food contact surfaces shall be cleaned at a frequency necessary to preclude accumulation of soil residues.

- 49 5-205.15 (B) System maintained in good repair - C- Hand sink at back of kitchen has a severe leak when it is in use. Plumbing systems shall be maintained in good repair. Fix leak.

- 52 5-501.114 Using Drain Plugs - C-REPEAT- Green dumpster is missing drain plug. Receptacles for refuse, recyclables, and returnables shall have drain plugs in places. Contact waste management company to replace drain plug.

- 53 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C- REPEAT w/Improvement- Replace caulk at handwashing sink at front line. Physical facilities shall be maintained in good repair.
6-501.12 Cleaning, Frequency, and Restrictions-C- REPEAT-Wall cleaning needed behind fryer/grill station. Floor cleaning needed under ware washing machine and three comp sink. Cleaning needed on metal ceiling air vents in back of kitchen. Clean all floor drains throughout kitchen. Physical facilities shall be cleaned at frequency necessary to maintain them clean.