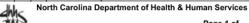
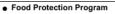
-(00	a		SI	tablishment inspection	h	ĸе	pc	or	τ						Sco	re	: 9	7.5	_	_			
Establishment Name: BRIGHTON GARDENS DINING FACILITY Establishment ID: 3034011037															_									
Location Address: 2601 REYNOLDA RD X Inspection Re-Inspection																								
City: WINSTON SALEM State: NC													D	ate		6/02/2021 Status Code: A								
): <u>2</u>				County: 34 Forsyth	_		_								n:11:05 AM Time Out:1:00 PM			-					
Permittee: SUNRISE SENIOR LIVING CORP												Total Time: 1 hrs 55 min												
Ге	Felephone: (336) 722-2224											Category #: IV												
	Nastewater System:													em FDA Establishment Type: Nursing Home										
Nater Supply: ⊠Municipal/Community ☐ On-Site Supply													No. of Risk Factor/Intervention Violations: 0 No. of Repeat Risk Factor/Intervention Violations: 0											
1														· · · · · · · · · · · · · · · · · · ·										
Foodborne Illness Risk Factors and Public Health Interventions Risk factors: Contributing factors that increase the chance of developing foodborne illness.												Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,												
	Public Health Interventions: Control measures to prevent foodborne illness or injury.									'	and physical objects into foods.													
	IN C	DUT	N/A	N/C	Compliance Status	(TUC	CD	l R	VR		IN	OUT	N/A	N/C	Compliance Status	Ol	JT	CDI	R	VI			
S	upe	rvis	sion		.2652						S	afe	Foc	d a	nd	Water .2653, .2655, .2658	Ţ							
1	X				PIC Present; Demonstration-Certification by accredited program and perform duties	2	[1 I			28	X				Pasteurized eggs used where required	1 0	.5 0			L			
\neg	mpl		ee H		th .2652 Management, employees knowledge;						29	X				Water and ice from approved source	2 1	0						
2	X				responsibilities & reporting	3	1.5			\Box	30			X		Variance obtained for specialized processing methods	1 0	.5 0						
3	X				Proper use of reporting, restriction & exclusion	3	1.5				F	ood			era	ture Control .2653, .2654	t							
(_	/gie		Practices .2652, .2653 Proper eating, tasting, drinking, or tobacco			_			31	X				Proper cooling methods used; adequate equipment for temperature control	1 0	.5 0						
4	=				use	2	1 (32			П	X		1 0	.5 0	П	П	F			
5	X				No discharge from eyes, nose or mouth	1	0.5				33				_		1 0	.5 0	\exists		F			
\neg	$\overline{}$	enti	ng (tamination by Hands .2652, .2653, .2655, .265	\Box		_			\vdash					The state of the s	1 0	50		H	Ë			
6	X				Hands clean & properly washed		2 (0 0					Ide	ntif	ioo	Thermometers provided & accurate [ation .2653]	110	200	Ш	ᆜ	Ŀ			
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3	1.5					X		11111	100		2 1		П		F			
8					Handwashing sinks supplied & accessible	2	1				\vdash	-		on (of I	1	.265							
F	ppr	ove	ed S	our	ce .2653, .2655							X	П			Insects & rodents not present; no	2 1	\neg	П	П	F			
9	X				Food obtained from approved source	2	1				\vdash					unaumonzeu ammais	2 1	+			Ē			
10				X	Food received at proper temperature	2	10	ם ב			\vdash					preparation, storage & display	#	#		븬	Ë			
11	X				Food in good condition, safe & unadulterated	2	1 (38		Ш				1 0	.5 0	Ш	븨	Ŀ			
12			X		Required records available: shellstock tags, parasite destruction	2	1 (te	ᅦ	39	X				Wiping cloths: properly used & stored	1 0	.5 0		믜	E			
F	rote	ectio			n Contamination .2653, .2654						40						1 0	5 0			E			
13	X				Food separated & protected	3	1.5	ם מ					er L	lse	of	Utensils .2653, .2654								
14	X				Food-contact surfaces: cleaned & sanitized	3	1.5				\vdash	X	Ш			In-use utensils: properly stored	1 0	5 0	Ш	븨	Ŀ			
15	-				Proper disposition of returned, previously	-	_		t	d	42	X				Utensils, equipment & linens: properly stored dried & handled	1 0	5 0			E			
			lly l		Served, reconditioned, & unsafe food ardous Food Time/Temperature .2653			7		1	43	X				Single-use & single-service articles: properly stored & used	1 0	.5 0						
$\overline{}$	X	$\overline{}$			Proper cooking time & temperatures	3	1.5		T		44	X					1 0	.5 0			Ē			
17				N	Proper reheating procedures for hot holding	3	1.5		t	ᅦ	U	tens	sils	and	ΙE	quipment .2653, .2654, .2663								
18		_		\vdash	Proper cooling time & temperatures	3	1.5				45		X			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1	1 🗶	П	X	l			
_					, , ,	3	1.5 (_	1_	\pm						11A/	_	\perp	-		┡			
_	\rightarrow] [\vdash	Proper hot holding temperatures		=	+	Ł	\pm	\vdash	X				& used; test štrips	#	.5 0	-		⊢			
20	\rightarrow				Proper cold holding temperatures		1.5	+	L	44	47						1 9	0		X	E			
21	X				Proper date marking & disposition	=	1.5 (hys	ical	Fac	cili	Liet 0 seld weter evelleble.	2012							
22			X		Time as a public health control:procedures & records	2	1 (X	Ш	Ш		adequate pressure	#	0	Ш	\vdash	L			
(cons				isory .2653			_			49	-	X			Plumbing installed; proper backflow devices	2	0			E			
23			X		Consumer advisory provided for raw or undercooked foods	1	0.5				50	X						1 0			C			
\neg		y S	usc		ible Populations .2653 Pasteurized foods used; prohibited foods not						51	X				Toilet facilities: properly constructed, supplied & cleaned								
24	\X\				offered	3	1.5			ഥ	52		X			Garbage & refuse properly disposed; facilities	1 0		П	X	F			
25	Chen		al X		.2653, .2657	т	n a l		Ī		-		X			Physical facilities installed, maintained	+	X 0		\vdash	⊢			
20	-			\vdash	Food additives: approved & properly used Toxic substances properly identified stored,	<u> 1</u>	=		-	##	\vdash	\vdash		\vdash		& clean	+	+	믬	\vdash	\vdash			
26	Conf		120		with Approved Procedures .26532654, .2658	اكا	1 (54	X	Ш			designated areas used	1 0	.5 0	Ш		L			
27	$\overline{}$	_	X		Compliance with variance, specialized	21	10	ם ם	Ī							Total Deductions: 2	2.5							
		_	Z		process, reduced oxygen packing criteria or HACCP plan	L.			Ľ		L													
				'			-												_	_	_			



27 🗆 🗆 🖾







Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034011037 Establishment Name: BRIGHTON GARDENS DINING FACILITY Date: 06/02/2021 Location Address: 2601 REYNOLDA RD X Inspection Re-Inspection State: NC City: WINSTON SALEM Comment Addendum Attached? X Status Code: A County: 34 Forsyth Zip: 27106 Water sample taken? Yes X No Category #: IV Wastewater System:

Municipal/Community

On-Site System Email 1: WINSTON-SALEM.DSC@SUNRISESENIORLIVING.COM Water Supply: Municipal/Community On-Site System Permittee: SUNRISE SENIOR LIVING CORP 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 Temp 0.0 Jen Todd, 12/18/24 ServSafe 164.0 Hot water dish machine 132.0 hot water 3 comp sink 3 comp sink (mg/L) using 700.0 Sanitizer lactic acid based sani bucket (mg/L) using lactic acid 700.0 Sanitizer based sani 154.0 potatoes steam line 160.0 zuchini steam line 135.0 burgers steam line 41.0 salad 2 door reach in melon strawberry 37.0 walk in cooler fruit salad 39.0 walk in cooler turkey 41.0 salad prep unit chopped boiled 40.0 prep unit eaas 37.0 diced turkey prep unit 37.0 pimiento cheese bottom of prep unit 41.0 hot dogs bottom of prep unit 177.0 cod fish final cook

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

Last

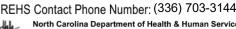
First Last

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

REHS ID: 2809 - Pleasants, Lauren

Page 1 of _

Verification Required Date:









Comment Addendum to Food Establishment Inspection Report

Establishment Name: BRIGHTON GARDENS DINING FACILITY Establishment ID: 3034011037

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.
- 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.