

Food Establishment Inspection Report

Score: 98.5

Establishment Name: VHVH

Establishment ID: 3034012198

Location Address: 3614 NORTH GLENN AVE
 City: WINSTON SALEM State: North Carolina
 Zip: 27105 County: 34 Forsyth
 Permittee: NC HOUSING FOUNDATION
 Telephone: (336) 744-1313

Date: 04/24/2024 Status Code: A
 Time In: 1:30 PM Time Out: 3:45 PM
 Category#: III
 FDA Establishment Type: Full-Service Restaurant

Inspection Re-Inspection Educational Visit

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 2
 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

| Compliance Status | | OUT | CDI | R | VR |
|--|--|-----|-----|---|----|
| Supervision .2652 | | | | | |
| 1 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| PIC Present, demonstrates knowledge, & performs duties | | 1 | 0 | | |
| 2 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Certified Food Protection Manager | | 1 | 0 | | |
| Employee Health .2652 | | | | | |
| 3 | <input checked="" type="checkbox"/> OUT | | | | |
| Management, food & conditional employee; knowledge, responsibilities & reporting | | 2 | 1 | 0 | |
| 4 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper use of reporting, restriction & exclusion | | 3 | 1.5 | 0 | |
| 5 | <input checked="" type="checkbox"/> OUT | | | | |
| Procedures for responding to vomiting & diarrheal events | | 1 | 0.5 | 0 | |
| Good Hygienic Practices .2652, .2653 | | | | | |
| 6 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper eating, tasting, drinking or tobacco use | | 1 | 0.5 | 0 | |
| 7 | <input checked="" type="checkbox"/> OUT | | | | |
| No discharge from eyes, nose, and mouth | | 1 | 0.5 | 0 | |
| Preventing Contamination by Hands .2652, .2653, .2655, .2656 | | | | | |
| 8 | <input checked="" type="checkbox"/> OUT | | | | |
| Hands clean & properly washed | | 4 | 2 | 0 | |
| 9 | <input checked="" type="checkbox"/> OUT/N/A/N/O | | | | |
| No bare hand contact with RTE foods or pre-approved alternate procedure properly followed | | 4 | 2 | 0 | |
| 10 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Handwashing sinks supplied & accessible | | 2 | 1 | 0 | |
| Approved Source .2653, .2655 | | | | | |
| 11 | <input checked="" type="checkbox"/> OUT | | | | |
| Food obtained from approved source | | 2 | 1 | 0 | |
| 12 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Food received at proper temperature | | 2 | 1 | 0 | |
| 13 | <input checked="" type="checkbox"/> OUT | | | | |
| Food in good condition, safe & unadulterated | | 2 | 1 | 0 | |
| 14 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Required records available: shellstock tags, parasite destruction | | 2 | 1 | 0 | |
| Protection from Contamination .2653, .2654 | | | | | |
| 15 | <input checked="" type="checkbox"/> OUT/N/A/N/O | | | | |
| Food separated & protected | | 3 | 1.5 | 0 | |
| 16 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Food-contact surfaces: cleaned & sanitized | | 3 | 1.5 | X | X |
| 17 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper disposition of returned, previously served, reconditioned & unsafe food | | 2 | 1 | 0 | |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | |
| 18 | <input checked="" type="checkbox"/> IN OUT/N/A/N/O | | | | |
| Proper cooking time & temperatures | | 3 | 1.5 | 0 | |
| 19 | <input checked="" type="checkbox"/> IN OUT/N/A/N/O | | | | |
| Proper reheating procedures for hot holding | | 3 | 1.5 | 0 | |
| 20 | <input checked="" type="checkbox"/> IN OUT/N/A/N/O | | | | |
| Proper cooling time & temperatures | | 3 | 1.5 | 0 | |
| 21 | <input checked="" type="checkbox"/> IN OUT/N/A/N/O | | | | |
| Proper hot holding temperatures | | 3 | 1.5 | 0 | |
| 22 | <input checked="" type="checkbox"/> OUT/N/A/N/O | | | | |
| Proper cold holding temperatures | | 3 | 1.5 | 0 | |
| 23 | <input checked="" type="checkbox"/> IN OUT/N/A/N/O | | | | |
| Proper date marking & disposition | | 3 | 1.5 | X | X |
| 24 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Time as a Public Health Control; procedures & records | | 3 | 1.5 | 0 | |
| Consumer Advisory .2653 | | | | | |
| 25 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Consumer advisory provided for raw/undercooked foods | | 1 | 0.5 | 0 | |
| Highly Susceptible Populations .2653 | | | | | |
| 26 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Pasteurized foods used; prohibited foods not offered | | 3 | 1.5 | 0 | |
| Chemical .2653, .2657 | | | | | |
| 27 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Food additives: approved & properly used | | 1 | 0.5 | 0 | |
| 28 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Toxic substances properly identified stored & used | | 2 | 1 | 0 | |
| Conformance with Approved Procedures .2653, .2654, .2658 | | | | | |
| 29 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Compliance with variance, specialized process, reduced oxygen packaging 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.

| Compliance Status | | OUT | CDI | R | VR |
|--|---|-----|-----|---|------------|
| Safe Food and Water .2653, .2655, .2658 | | | | | |
| 30 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Pasteurized eggs used where required | | 1 | 0.5 | 0 | |
| 31 | <input checked="" type="checkbox"/> OUT | | | | |
| Water and ice from approved source | | 2 | 1 | 0 | |
| 32 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Variance obtained for specialized processing methods | | 2 | 1 | 0 | |
| Food Temperature Control .2653, .2654 | | | | | |
| 33 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper cooling methods used; adequate equipment for temperature control | | 1 | 0.5 | 0 | |
| 34 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Plant food properly cooked for hot holding | | 1 | 0.5 | 0 | |
| 35 | <input checked="" type="checkbox"/> OUT | | | | |
| Approved thawing methods used | | 1 | 0.5 | 0 | |
| 36 | <input checked="" type="checkbox"/> OUT | | | | |
| Thermometers provided & accurate | | 1 | 0.5 | 0 | |
| Food Identification .2653 | | | | | |
| 37 | <input checked="" type="checkbox"/> OUT | | | | |
| Food properly labeled: original container | | 2 | 1 | 0 | |
| Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 | | | | | |
| 38 | <input checked="" type="checkbox"/> OUT | | | | |
| Insects & rodents not present; no unauthorized animals | | 2 | 1 | 0 | |
| 39 | <input checked="" type="checkbox"/> OUT | | | | |
| Contamination prevented during food preparation, storage & display | | 2 | 1 | 0 | |
| 40 | <input checked="" type="checkbox"/> OUT | | | | |
| Personal cleanliness | | 1 | 0.5 | 0 | |
| 41 | <input checked="" type="checkbox"/> OUT | | | | |
| Wiping cloths: properly used & stored | | 1 | 0.5 | 0 | |
| 42 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Washing fruits & vegetables | | 1 | 0.5 | 0 | |
| Proper Use of Utensils .2653, .2654 | | | | | |
| 43 | <input checked="" type="checkbox"/> OUT | | | | |
| In-use utensils: properly stored | | 1 | 0.5 | 0 | |
| 44 | <input checked="" type="checkbox"/> OUT | | | | |
| Utensils, equipment & linens: properly stored, dried & handled | | 1 | 0.5 | 0 | |
| 45 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Single-use & single-service articles: properly stored & used | | 1 | 0.5 | X | X |
| 46 | <input checked="" type="checkbox"/> OUT | | | | |
| Gloves used properly | | 1 | 0.5 | 0 | |
| Utensils and Equipment .2653, .2654, .2663 | | | | | |
| 47 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | | 1 | 0.5 | 0 | X |
| 48 | <input checked="" type="checkbox"/> OUT | | | | |
| Warewashing facilities: installed, maintained & used; test strips | | 1 | 0.5 | 0 | |
| 49 | <input checked="" type="checkbox"/> OUT | | | | |
| Non-food contact surfaces clean | | 1 | 0.5 | 0 | |
| Physical Facilities .2654, .2655, .2656 | | | | | |
| 50 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Hot & cold water available; adequate pressure | | 1 | 0.5 | 0 | |
| 51 | <input checked="" type="checkbox"/> OUT | | | | |
| Plumbing installed; proper backflow devices | | 2 | 1 | 0 | |
| 52 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Sewage & wastewater properly disposed | | 2 | X | 0 | X |
| 53 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Toilet facilities: properly constructed, supplied & cleaned | | 1 | 0.5 | 0 | |
| 54 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Garbage & refuse properly disposed; facilities maintained | | 1 | 0.5 | X | |
| 55 | <input checked="" type="checkbox"/> OUT | | | | |
| Physical facilities installed, maintained & clean | | 1 | 0.5 | 0 | |
| 56 | <input checked="" type="checkbox"/> OUT | | | | |
| Meets ventilation & lighting requirements; designated areas used | | 1 | 0.5 | 0 | |
| TOTAL DEDUCTIONS: | | | | | 1.5 |



Comment Addendum to Inspection Report

Establishment Name: VHVH

Establishment ID: 3034012198

Date: 04/24/2024 **Time In:** 1:30 PM **Time Out:** 3:45 PM

Certifications

| Name | Certificate # | Type | Issue Date | Expiration Date |
|-----------------|---------------|--------------|------------|-----------------|
| Mackey Robinson | | Food Service | | 10/04/2028 |

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.

- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf) Food debris on sharpener of slicer. Food contact surfaces shall be clean to sight and touch. CDI - placed at 3 comp sink for cleaning during inspection.
- 23 3-501.18 Ready-To-Eat Time / Temperature Control for Safety Food, Disposition (P) Chicken salad in domestic fridge had an open date of 4/21 and a discard date of 4/30. Time/temperature control for safety (TCS) foods prepared/opened and held in an establishment for >24 hours must be dated; foods can only be held a maximum of 7 days including day of prep/opening. CDI - discard date adjusted to 4/27.
- 45 4-502.13 Single-Service and Single-Use Articles - Use Limitations (C) Several foil pans used as liners in steam table had been reused. Single-service and single-use articles may not be reused. CDI - discarded during inspection.
- 47 4-202.11 Food-Contact Surfaces - Cleanability (Pf) 4 spatulas with pitted/rough/bent edges. Multiuse food contact surfaces shall be smooth; free of breaks, open seams, cracks, chips, inclusions, pits and similar imperfections. VERIFICATION REQUIRED by Friday, May 3.
- 52 5-402.13 Conveying Sewage (P) Grease and mop water being poured into outside drain, it is unclear if this is a storm drain/connected to grease receptor. Sewage shall be conveyed to the point of disposal through an approved sanitary sewage system or other system, including use of sewage transport vehicles, waste retention tanks, pumps, pipes, hoses, and connections that are constructed, maintained, and operated according to law. PIC stated that grease has been poured down this drain since the facility reopened in 2012. Per Plan Review letters on file, a 1500 gallon grease receptor was installed. VERIFICATION REQUIRED by Friday, April 26 - provide documentation from City of WS that this drain is approved for grease disposal or provide approved means for grease disposal, and locate the installed grease receptor.
- 54 5-501.13 Receptacles (C) Drain plug for dumpster has a hole in it and needs to be replaced. Receptacles and waste handling units for refuse shall be durable, cleanable, insect and rodent resistant, LEAKPROOF, and nonabsorbent.

Additional Comments

VERIFICATION REQUIRED Friday, April 26 for grease disposal

VERIFICATION REQUIRED Friday, May 3 for spatulas - text picture of new spatulas to Aubrie 336-830-4460