Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: 01 B. WING _____	R 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Ed Miller and Dennis Harrell, conducted on December 6, 2017. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{C 111}	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on December 6, 2017: a. Administrator was away from the facility and staff had no keys to her office where the documents are kept. So no current Fire Marshal Inspection Report was not available for Surveyor's review. b. Administrator was away from the facility and staff had no keys to her office where the documents are kept. So there was no documention of the dry sprinklers heads having there 10 year service.	{C 111}	All Current Sanitation and Fire Safety Reports have been obtained and are maintained in a notebook to be kept in the Administrator's office. All future reports will be handed in directly to the Administrator for maintenance of the reports. Managers have a key to the Administrator's office and will be instructed as to where to find reports needed by State Surveyors. **Attachment A**: 2017 Fire Marshall Report **Attachment B**: 2017 Health Department Inspections – Building dated 3-2017 & 10-2017 **Attachment C**: 2017 Food Establishment Inspection Reports dated 4-2017, 7-2017, 10-2017	
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	{C 164}		

Immediately
&
on going

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Yvonne D. Peterson	Administrator	1-29-18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: 01 B. WING _____	R 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 164)	Continued From page 1 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not in good repair. Findings on December 6, 2017: d. Men Public Restrooms near ED's Office - Staff were unaware of why the exhaust fan is not exhusting the air. e. Women Public Restrooms near ED's Office - Staff were unaware of why the exhaust fan is not exhusting the air.	(C 164)	The exhaust fans in the Men's public bathroom and the Woman's public bathroom are run by a fan system located in the attic of the facility. The two public rest room bathrooms fans will be re-inspected and repaired to ensure good air flow. 2-15-18 All fans will be kept in working order. Maintenance will routinely inspect all building exhaust fans to confirm continued working order is maintained.	
(C 185)	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.	(C 185)	All Fire drills will be conducted within a timely manner. Fire drills will be conducted on each shift, each quarter. Fire drill reports will include date and time of drills along with signatures of all who participate and descriptive details related to the performance of all	Effecti Immed + on go

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: 01 B. WING _____	R 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 185}	Continued From page 2 This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Technician/Manager, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter.. Findings on December 6, 2017: a. Administrator was away from the facility and no one had keys to her office where the documents are kept. So there is no access to the 1st Quarter fire drills for the last 12 months. b. Administrator was away from the facility and no one had keys to her office where the documents are kept. So there is no access to the 3rd Quarter fire drills for the last 12 months.. 2. Based on Record review and interview with Executive Director and Maintenance, the Facility failed to document all aspects of the fire plan rehearsals. Findings on December 6, 2017: a. Administrator was away from the facility and no one had keys to her office where the documents are kept. So there is no access to the fire plan rehearsal record descriptions of what the rehearsal involved.	{C 185}	employees and fire equipment. Fire Drill Reports will be turned in to the county upon request or reviewed during County Monitoring visits. Fire Drills will be maintained in a notebook in the Administrator's Office. Managers have a key to the Administrator's office and will be instructed as to where to find reports needed by State Surveyors.	
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	{C 189}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: 01 B. WING _____	R 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 189)	Continued From page 3 This Rule is not met as evidenced by: 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on December 6, 2017: a. Smoke Barrier near Bedroom 124 - the front leaf, of the double-egress cross-corridor door, now hits the other leaf and did not latch into its frame when the fire alarm system released the doors.	(C 189)	The smoke barrier door near Bedroom 124 has been inspected and the door adjustments done so that they close neatly and completely latch. Maintenance will inspect these doors monthly to ensure continued compliance when doing fire drills.	Effective Immediately - on-going

Attachment A

FORSYTHCOUNTY

3000 Aviation DR
Winston-Salem, NC 27105
Forsyth County Violation Notice (17)

Tuesday May 23, 2017

BROOKSTONE TERRACE 140544
4430 Clinard RD
PO BOX 1682
Clemmons, NC 27012

An inspection of your facility on Friday June 10, 2016 revealed the violations listed below.
ORDER TO COMPLY: Since these conditions are contrary to law, you must correct them upon receipt of this notice.
If you fail to comply with this notice before the reinspection date you may be liable for the penalties provided for by law for such violations.

Violation Code

605.5 Extension cords
Extension cords and flexible cords shall not be a substitute for permanent wiring. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. (REMOVE EXTENSION CORD IN FRONT LOBBY ATTACHED TO THE CEILING)

Repaired 05/23/2017

1003.4 Floor surface
Walking surfaces of the means of egress shall have a slip-resistant surface and be securely attached.(REPAIR DOOR THRESH HOLD NEXT TO ROOM 117, TO REMOVE THE TRIP HAZARD THAT HAS BEEN CREATED)

Repaired 05/23/2017

901.6 Inspection, testing and maintenance
Fire detection, alarm and extinguishing systems shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or removed. (HAVE SPRINKLER SYSTEM INSPECTED YEARLY)

Repaired 05/23/2017

904.11.6.2 Extinguishing system service
Automatic fire-extinguishing systems shall be serviced at least every 6 months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion.

Repaired 05/23/2017

FORSYTHCOUNTY

3000 Aviation DR
Winston-Salem, NC 27105
Forsyth County Violation Notice (17)

Tuesday May 23, 2017

BROOKSTONE TERRACE
4430 Clinard RD
PO BOX 1682
Clemmons, NC 27012

140544

Comments

Routh, Christopher S
Inspector

ALICE PAYNE
Inspection Pointed out to

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions

Score 93.5 Attachment D

Date of Insp Chg 03 / 29 / 2017

Status Code A

Health Department 34

Current Facility ID 3034400041

Old Facility ID

Water Supply: [x] Municipal/Community [ ] On-Site Supply

Wastewater: [x] Municipal/Community [ ] On-Site System

Capacity 35

Water sample taken today? [ ] Yes [x] No

[x] Inspection [ ] Re-inspection [ ] Visit

[ ] Name Change [ ] Verification of Closure [ ] Status Change

Name of Establishment: BROOKSTONE TERRACE

Permittee: ~~DE RAUL~~ ADULT CARE COMMUNITY

Location Address: 4430 CLINARD RD

Mailing Addr. P O BOX 1682

City: CLEMMONS State: NC Zip: 27012

City: CLEMMONS State: NC Zip: 27012

	Deductions Full	Half (circle one)
FLOORS, WALLS AND CEILINGS: [.1309, .1310]		
1. Floors easy to clean, no obstacles, drains where needed	[ ] 2	[ ] 1
2. Floors clean, carpet clean, dry, odor free	[ ] 2	[x] 1
3. Walls and ceilings cleanable, clean, good repair	[ ] 2	[ ] 1
LIGHTING, VENTILATION, MOISTURE CONTROL: [.1311]		
4. Lighting at least 10 foot candles 30 inches above floor	[ ] 2	[ ] 1
5. Ambient air temperature 65° to 85° F, equipment clean	[ ] 2	[ ] 1
6. No evidence of microbial growth	[ ] 3	[ ] 1.5
7. Indoor smoking limited to dedicated smoking rooms	[ ] 2	[ ] 1
TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES: [.1312]		
8. Facilities conveniently located, clean and in good repair	[ ] 2	[x] 1
9. Toilet rooms free of storage, handwash signs posted	[ ] 1	[ ] .5
10. Bedpans, urinals, bedside commodes and emises basins properly cleaned and disinfected	[ ] 1	[ ] .5
11. Hand sinks used only for intended purpose	[ ] 2	[ ] 1
12. Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device	[ ] 3	[x] 1.5
13. Lavatory and bathing hot water between 100° and 116° F	[ ] 2	[x] 1
Disinfectant accessible, properly used	[ ] 2	[ ] 1
..TER SUPPLY: [.1313]		
15. Approved water supply, no cross-connections	[ ] 4	[ ] 2
16. Quantity and hot water sufficient, backup water supply plan	[ ] 2	[ ] 1
DRINKING WATER FACILITIES, ICE HANDLING: [.1314]		
17. Water fountains clean, good repair, properly regulated	[ ] 2	[ ] 1
18. Drinking utensils properly handled	[ ] 2	[ ] 1
19. Ice protected, dispensed, equipment clean, in good repair	[ ] 2	[ ] 1
LIQUID AND SOLID WASTES [.1315, .1316]		
20. Wastewater disposed of properly	[ ] 4	[ ] 2
21. Solid waste stored properly, areas clean, facilities for cleaning	[ ] 4	[ ] 2
22. Solid waste disposed of frequently, no insect breeding or nuisance	[ ] 2	[ ] 1
23. Medical wastes handled and disposed of properly	[ ] 2	[ ] 1
VERMIN CONTROL, PREMISES: [.1317]		
24. Vermin excluded	[ ] 3	[ ] 1.5
25. Approved pesticides properly stored and handled	[ ] 2	[ ] 1
26. Premises clean, no breeding places or rodent harborage	[ ] 2	[ ] 1
27. Pet areas clean, veterinary records available	[ ] 2	[ ] 1

	Deductions Full	Half (circle one)
MISCELLANEOUS: [.1318]		
28. Adequate storage, area clean, items properly stored	[ ] 1	[ ] .5
29. Mop sinks provided and used	[ ] 1	[ ] .5
30. Medication carts clean, sharps containers affixed, food and utensils handled properly	[ ] 2	[ ] 1
31. Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions	[ ] 2	[ ] 1
FURNISHINGS AND PATIENT CONTACT ITEMS: [.1319, .1312]		
32. Furniture clean and in good repair. Mattresses clean, dry, odor free	[ ] 2	[x] 1
33. Linen changed when soiled. Soiled linen handled properly	[ ] 2	[ ] 1
34. Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately	[ ] 2	[ ] 1
35. Patient contact items in good repair, properly stored, cleaned and disinfected	[ ] 1	[ ] .5
FOOD SERVICE UTENSILS AND EQUIPMENT: [.1320]		
36. Approved utensils and equipment, cleaned and sanitized	[ ] 2	[ ] 1
37. Activity kitchens used only for approved activities	[ ] 1	[ ] .5
38. Handwash lavatory provided wherever food is handled	[ ] 2	[ ] 1
FOOD SUPPLIES AND PROTECTION: [.1321, .1322, .1323]		
39. Food supply complies with 15A NCAC 18A .2600	[ ] 4	[ ] 2
40. Food brought by employees or visitors handled properly	[x] 1	[ ] .5
41. Milk and milk products comply with 15A NCAC 18A .1200	[ ] 2	[ ] 1
42. Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control	[ ] 4	[ ] 2
43. Food storage units with thermometers, maintain temperatures	[ ] 1	[ ] .5
44. Food stored above floor	[ ] 1	[ ] .5
45. No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals	[ ] 2	[ ] 1
EMPLOYEES: [.1324]		
46. Clothing clean, no tobacco used while handling food	[ ] 1	[ ] .5
47. Hands properly washed or decontaminated	[ ] 3	[ ] 1.
48. Persons with infections excluded from food service work	[ ] 2	[ ] 1

TOTAL 6.5

Rept Received by

Inspection by: Grayson Hodge REHSI EHS I.D. = 2554 - Hodge, Grayson

Additional Comment Sheet Attached [x] Yes [ ] No

..NSTRUCTIONS: Purpose: General Statute 130A-227 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1304 specifies the contents of an inspection form to record the results of inspections made of institutional facilities. This form is developed to be used in making inspections of orphanages, children's homes, and similar institutions. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and one copies for: 1. Original to be left with the administrator or manager. 2. Copy for the local health department. 3. Copy for the Environmental Health Services Section, Division of Environmental Health. **Disposition:** This form may be destroyed in accordance with Standard 6 B.8., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 52-01-20)

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: BROOKSTONE TERRACE
ID: 3034400041
Street: 4430 CLINARD RD
City: CLEMMONS

Time In: 01:25 ☐a ☒p
Time Out: 04:20 ☐a ☒p
Total Time: 2 hrs 55 minutes

2 The carpet in room 125 has several stains. Floor cleaning needed in laundry rooms (behind and around washers/dryers) and in room 5 near the window. Floors shall be maintained clean.

8 Cleaning/repair needed around the following: toilet seat and outside of the bowl in room 121, toilet seat starting to rust in room 111, caulk shower to the floor tile in room 111 (clean shower floor), rusting escutcheons behind toilets throughout, toilet seat is damaged i room 8, underside of the shower chair is soiled in room 2. Bathing and toilet equipment shall be maintained clean and in good repair.

12 The eyewash station handsink (beside of the memory care laundry room) and the restroom in room 5 were not supplied with soap or paper towels. One handsink in the activity kitchen did not have paper towels. Room 121 did not have paper towels at the handsink. Room 8 and 2 restroom handsinks were not supplied with paper towels.

13 Hot water measured 120-122F in rooms 8 and 2 in memory care. Hot water shall be maintained between 100-116F at all times.

32 Stains present on the couch and two chairs in room 2. Blinds with dust accumulation in room 121. One chair is stained in room 125. Chipped table in the memory care dining room. Torn chair cushion in room 5. Mattress is torn in room 111. Furniture and other furnishings shall be maintained clean and in good repair.

40 Repeat: A carton of milk and an employees packed lunch were not labeled in the activity kitchen refrigerator. Food brought from home by employees or visitors of patients or residents shall be stored separately from the institution's food supply and shall be labeled with the name of the person to receive the food and the date the food was brought in and shall be kept only as long as it is clean, and free from spoilage.

N.C. Department of Environment and Natural Resourses

Division of Environmental Health

COMMENT ADDENDUM

Name: BROOKSTONE TERRACE

ID: 3034400041

Street: 4430 CLINARD RD

City: CLEMMONS

General Comments:

Rooms checked: 5, 2, 111, 121, 125, 8
Hot water: 104-122F
Disinfectant: TB-Cide Quat EPA Reg No 1839-083-5741

Light cleaning needed inside of the cooler in the activity kitchen and inside of the cooler in the dining room.
Clean/replace stained pillow in room 8.
The floor is starting to separate in room 5 restroom.
Clean the leaf debris from around the outdoor dumpsters to prevent pest harborage.

A backflow preventer is not visible on the water line of the coffee brewer in the activity kitchen. Provide documentation of an internal backflow preventer/air gap, or install a backflow preventer according to plumbing code (ASSE 1022). Contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc once the backflow preventer is installed.

Specify which company water will be received from for the backup water supply plan.

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions

Score 94.5

Date of Insp/Chg: 10 / 09 / 2017

Status Code: A

Health Department 34

Current Facility ID 3034400041

Old Facility ID

Water Supply: [x] Municipal/Community [ ] On-Site Supply

Wastewater: [x] Municipal/Community [ ] On-Site System

Capacity 35

Water sample taken today? [ ] Yes [x] No

[x] Inspection [ ] Re-inspection [ ] Visit

[ ] Name Change [ ] Verification of Closure [ ] Status Change

Name of Establishment: BROOKSTONE TERRACE

Permittee: DE PAUL ADULT CARE COMMUNITY

Location Address: 4430 CLINARD RD

Mailing Addr. P O BOX 1682

City: CLEMMONS State: NC Zip: 27012

City: CLEMMONS State: NC Zip: 27012

	Deductions Full Half (circle one)
FLOORS, WALLS AND CEILINGS: [.1309, .1310]	
1. Floors easy to clean, no obstacles, drains where needed	☐2 ☐1
2. Floors clean, carpet clean, dry, odor free	[x]2 ☐1
3. Walls and ceilings cleanable, clean, good repair	☐2 ☐1
LIGHTING, VENTILATION, MOISTURE CONTROL: [.1311]	
4. Lighting at least 10 foot candles 30 inches above floor	☐2 ☐1
5. Ambient air temperature 65° to 85° F, equipment clean	☐2 ☐1
6. No evidence of microbial growth	☐3 ☐1.5
7. Indoor smoking limited to dedicated smoking rooms	☐2 ☐1
TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES: [.1312]	
8. Facilities conveniently located, clean and in good repair	☐2 ☐1
9. Toilet rooms free of storage, handwash signs posted	☐1 ☐.5
10. Bedpans, urinals, bedside commodes and emises basins properly cleaned and disinfected	☐1 ☐.5
11. Hand sinks used only for intended purpose	☐2 ☐1
12. Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device	☐3 ☐1.5
13. Lavatory and bathing hot water between 100° and 116° F	☐2 ☐1
14. fectant accessible, properly used	☐2 [x]1
WATER SUPPLY: [.1313]	
15. Approved water supply, no cross-connections	☐4 ☐2
16. Quantity and hot water sufficient, backup water supply plan	☐2 ☐1
DRINKING WATER FACILITIES, ICE HANDLING: [.1314]	
17. Water fountains clean, good repair, properly regulated	☐2 ☐1
18. Drinking utensils properly handled	☐2 ☐1
19. Ice protected, dispensed, equipment clean, in good repair	☐2 ☐1
LIQUID AND SOLID WASTES [.1315, .1316]	
20. Wastewater disposed of properly	☐4 ☐2
21. Solid waste stored properly, areas clean, facilities for cleaning	☐4 ☐2
22. Solid waste disposed of frequently, no insect breeding or nuisance	☐2 ☐1
23. Medical wastes handled and disposed of properly	☐2 ☐1
VERMIN CONTROL, PREMISES: [.1317]	
24. Vermin excluded	☐3 ☐1.5
25. Approved pesticides properly stored and handled	☐2 ☐1
26. Premises clean, no breeding places or rodent harborage	☐2 ☐1
27. Pet areas clean, veterinary records available	☐2 ☐1

	Deductions Full Half (circle one)
MISCELLANEOUS: [.1318]	
28. Adequate storage, area clean, items properly stored	☐1 [x].5
29. Mop sinks provided and used	☐1 ☐.5
30. Medication carts clean, sharps containers affixed, food and utensils handled properly	☐2 ☐1
31. Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions	☐2 ☐1
FURNISHINGS AND PATIENT CONTACT ITEMS: [.1319, .1312]	
32. Furniture clean and in good repair. Mattresses clean, dry, odor free	☐2 [x]1
33. Linen changed when soiled. Soiled linen handled properly	☐2 ☐1
34. Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately	☐2 ☐1
35. Patient contact items in good repair, properly stored, cleaned and disinfected	☐1 ☐.5
FOOD SERVICE UTENSILS AND EQUIPMENT: [.1320]	
36. Approved utensils and equipment, cleaned and sanitized	☐2 ☐1
37. Activity kitchens used only for approved activities	☐1 ☐.5
38. Handwash lavatory provided wherever food is handled	☐2 ☐1
FOOD SUPPLIES AND PROTECTION: [.1321, .1322, .1323]	
39. Food supply complies with 15A NCAC 18A .2600	☐4 ☐2
40. Food brought by employees or visitors handled properly	[x]1 ☐.5
41. Milk and milk products comply with 15A NCAC 18A .1200	☐2 ☐1
42. Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control	☐4 ☐2
43. Food storage units with thermometers, maintain temperatures	☐1 ☐.5
44. Food stored above floor	☐1 ☐.5
45. No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals	☐2 ☐1
EMPLOYEES: [.1324]	
46. Clothing clean, no tobacco used while handling food	☐1 ☐.5
47. Hands properly washed or decontaminated	☐3 ☐1.5
48. Persons with infections excluded from food service work	☐2 ☐1

TOTAL 5.5

Repr Received by:

Additional Comment Sheet Attached [x] Yes [ ] No

Inspection by: Grayson Hodge REHS

EHS I.D. = 2554 - Hodge, Grayson

INSTRUCTIONS: Purpose: General Statute 130A-23 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1304 specifies the use of an inspection form to record the results of inspections made of institutional facilities. This form is developed to be used in making inspections of orphanages, children's homes, and similar institutions. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the administrator or manager. 2. Copy for the local health department. 3. Copy for the Environmental Health Services Section, Division of Environmental Health. **Disposition:** This form may be destroyed in accordance with Standard 8.B.5., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: BROOKSTONE TERRACE

ID: 3034400041

Street: 4430 CLINARD RD

City: CLEMMONS

General Comments:

Resident rooms checked: 118, 119, 4, 7
Hot water range: 100-116F
Refrigeration: 28-42F
Disinfectant: NABC Concentrate 1, 10 minute contact time.

Packages of butter/margarine mix were stored on dining tables labeled "Keep Refrigerated". Provide documentation that states the butter can be stored at room temperature or store the butter in the refrigerator until they are served.

Repair the broken window in the memory care living room.
Backflow preventer is required on the Nescafe machine in the activity kitchen. Provide documentation of internal air gap/backflow or install a backflow preventer rated ASSE 1022.

Soap and paper towels had to be provided at the handsink near the memory care laundry areas.
Clean leaf debris from around the outdoor dumpsters.
The pillow case room 118.
Clean drawers on the med cart in the med room and in the med cooler.
Comforter stain and pillow damage in room 7.
Recaulk toilet bases in rooms 4 and 119.

De Paul Adult Care Community is no longer the permittee. (Brookstone of Clemmons LLC)

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: BROOKSTONE TERRACE

ID: 3034400041

Street: 4430 CLINARD RD

City: CLEMMONS

Attachment C

Food Establishment Inspection Report

Score: 98.5

Establishment Name: BROOKSTONE TERRACE
Establishment ID: 3034160006
Location Address: 4430 CLINARD RD
☒ Inspection ☐ Re-Inspection
City: CLEMMONS **State:** NC
Date: 04 / 18 / 2017 **Status Code:** A
Time In: 10 : 50 ○ am ◉ pm **Time Out:** 12 : 55 ◉ am ○ pm
Zip: 27012 **County:** 34 Forsyth
Total Time: 2 hrs 5 minutes
Permittee: BROOKSTONE TERRACE INC
Category #: IV
Telephone: (336) 766-5000
FDA Establishment Type: Nursing Home
Wastewater System: ☒ Municipal/Community ☐ On-Site System
No. of Risk Factor/Intervention Violations: 0
Water Supply: ☒ Municipal/Community ☐ On-Site Supply
No. of Repeat Risk Factor/Intervention Violations:

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.

	IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R	VR
Supervision 2-102									
1	☒	☐	☐		PIC Present, Demonstration/Certification by accredited program, and performs duties				
Employee Health 2-201									
2	☒	☐			Management, employees knowledge, responsibilities & reporting				
3	☒	☐			Proper use of reporting, restriction & exclusion				
Good Hygienic Practices 2-301, 2-303									
4	☒	☐			Proper eating, tasting, drinking, or tobacco use				
5	☒	☐			No discharge from eyes, nose or mouth				
Preventing Contamination by Hands 2-301, 2-301, 2-301, 2-302									
6	☒	☐			Hands clean & properly washed				
7	☒	☐	☐	☐	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed				
8	☒	☐			Handwashing sinks supplied & accessible				
Approved Source 3-201, 3-202									
9	☒	☐			Food obtained from approved source				
10	☐	☐	☒		Food received at proper temperature				
11	☒	☐			Food in good condition, safe & unadulterated				
12	☐	☐	☒	☐	Required records available: shellstock tags parasite destruction				
Protection from Contamination 3-302, 3-304									
13	☒	☐	☐	☐	Food separated & protected				
14	☒	☐			Food-contact surfaces: cleaned & sanitized				
15	☒	☐			Proper disposition of returned, previously served, reconditioned, & unsafe food				
Potentially Hazardous Food Time/Temperature 3-501									
16	☒	☐	☐	☐	Proper cooking time & temperatures				
17	☐	☐	☐	☒	Proper reheating procedures for hot holding				
18	☒	☐	☐	☐	Proper cooling time & temperatures				
19	☐	☐	☐	☒	Proper hot holding temperatures				
20	☒	☐	☐	☐	Proper cold holding temperatures				
21	☒	☐	☐	☐	Proper date marking & disposition				
22	☐	☐	☒	☐	Time as a public health control: procedures & records				
Consumer Advisory 3-603									
23	☐	☐	☒		Consumer advisory provided for raw or undercooked foods				
Highly Susceptible Populations 3-801									
24	☒	☐	☐		Pasteurized foods used; prohibited foods not offered				
Chemical 3-302, 3-307									
25	☒	☐	☐		Food additives: approved & properly used				
26	☒	☐	☐		Toxic substances properly identified stored, & used				
Conformance with Approved Procedures 3-502, 3-504, 3-642									
27	☐	☐	☒		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan				

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

	IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R	VR
Safe Food and Water 3-401, 3-501, 3-801									
28	☐	☐	☒		Pasteurized eggs used where required				
29	☒	☐			Water and ice from approved source				
30	☐	☐	☒		Variance obtained for specialized processing methods				
Food Temperature Control 3-501, 3-504									
31	☒	☐			Proper cooling methods used; adequate equipment for temperature control				
32	☐	☐	☐	☒	Plant food properly cooked for hot holding				
33	☐	☐	☐	☒	Approved thawing methods used				
34	☒	☐			Thermometers provided & accurate				
Food Identification 3-601									
35	☒	☐			Food properly labeled; original container				
Prevention of Food Contamination 3-602, 3-603, 3-801, 3-802, 3-803									
36	☒	☐			Insects & rodents not present, no unauthorized animals				
37	☒	☐			Contamination prevented during food preparation, storage & display				
38	☒	☐			Personal cleanliness				
39	☐	☒			Wiping cloths: properly used & stored				
40	☒	☐	☐		Washing fruits & vegetables				
Proper Use of Utensils 3-301, 3-304									
41	☐	☒			In-use utensils: properly stored				
42	☒	☐			Utensils, equipment & linens: properly stored, dried & handled				
43	☒	☐			Single-use & single-service articles: properly stored & used				
44	☒	☐			Gloves used properly				
Utensils and Equipment 3-501, 3-304, 3-501									
45	☐	☒			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used				
46	☒	☐			Warewashing facilities: installed, maintained & used; test strips				
47	☒	☐			Non-food contact surfaces clean				
Physical Facilities 3-501, 3-501, 3-501									
48	☒	☐	☐		Hot & cold water available; adequate pressure				
49	☒	☐			Plumbing installed; proper backflow devices				
50	☒	☐			Sewage & waste water properly disposed				
51	☒	☐	☐		Toilet facilities: properly constructed, supplied & cleaned				
52	☐	☒			Garbage & refuse properly disposed; facilities maintained				
53	☐	☒			Physical facilities installed, maintained & clean				
54	☒	☐			Meets ventilation & lighting requirements; designated areas used				

Total Deductions: 1.5

Comment Addendum to Food Establishment Inspection Report

Establishment Name: BROOKSTONE TERRACE **Establishment ID:** 3034160008

Location Address: 4430 CLINARD RD

City: CLEMMONS State: NC

County: 34 Forsyth Zip: 27012

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

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

Permittee: BROOKSTONE TERRACE INC

Telephone: (336) 766-5000

☒ Inspection ☐ Re-Inspection Date: 04/10/2017

Comment Addendum Attached? ☐ Status Code: A

Category #: IV

Email 1: SHERRY_DUBE@YAHOO.COM

Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ServSafe	Kevin Burns 11-27-17	00	Quat ppm	Bucket	0			
Pork chops	Final cook	162	Quat ppm	3-compartment sink	200			
Oatmeal	Cooling, upright cooler	41	Ham	Upright cooler	41			
Green beans	Upright cooler	40						
Egg salad	Upright cooler	41						
Ambient	Upright freezer	5						
Hot water	3-compartment sink	140						
Rinse cycle	Dish machine	184						

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.

39 3-304.14 Wiping Cloths, Use Limitation - C - The bulk sanitizer bucket for the wet wiping cloths measured 0 ppm quat. Sanitizer buckets for wet wiping cloths shall be maintained between 150-400 ppm quat or according to the manufacturer's instructions. Soak cloths in the sanitizer vat of the 3-compartment sink to help maintain the sanitizer concentration. All staff in Dietary are informed.

41 3-304.12 In-Use Utensils, Between-Use Storage - C - 0 pts - The scoop handle for the flour bin scoop and cereal scoop were submerged in the food. Scoop handles shall be stored upright, outside of the food. CDI - Handles adjusted out of the food. Done.

45 4-502.11 (A) and (C) Good Repair and Calibration-Utensils and Temperature and Pressure Measuring Devices - C - Repeat: The wash temperature gauge for the dish machine is not functioning properly. Water temperature measuring devices shall be maintained in good repair. Documentation was provided that stated the dish machine company had repaired the machine on three separate dates. Repair/replace gauge. Needs repair/replacement.

Kevin - Rust need new temperature gauge on Dish machine

Person in Charge (Print & Sign): Fa

Regulatory Authority (Print & Sign): Grayson Hodge REHS

REHS ID: 2554 - H ified Date: __/__/____

REHS Contact Phone Number: (336)

North Carolina Department of Health & Hu n • Food Protection Program

Comment Addendum to Food Establishment Inspection Report

Establishment Name: BROOKSTONE TERRACE **Establishment ID:** 3034160006

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

5. 5-501.115 Maintaining Refuse Areas and Enclosures - C - 0 pts - Leaf debris present around the outdoor dumpsters. Refuse areas shall be maintained clean to prevent pest harborage. Clean frequently. *

(Belongs to Regency →)
will need to contract.

53 6-201.11 Floors, Walls and Ceilings-Cleanability - C - 0 pts - Wall paint is starting to chip/peel in several areas around the dish machine. Rusting escutcheons present in both employee restrooms. Floors, walls, and ceilings shall be smooth and easily cleanable.//6-501.12 Cleaning, Frequency and Restrictions - C - Wall cleaning is needed around the soap/sanitizer dispenser above the handsink in the kitchen. Floors, walls, and ceilings shall be maintained clean.

Kitchen needs maintenance
- replace escutcheons as necessary
- repair + repaint
✓ = Wall around soap dispenser cleaned.

* Hosea ?

Food Establishment Inspection Report

Score: 97.5

Establishment Name: BROOKSTONE TERRACE
Establishment ID: 3034160008
Location Address: 4430 CLINARD RD
☑ Inspection ☐ Re-Inspection
City: CLEMMONS **State:** NC **Date:** 07 / 17 / 2017 **Status Code:** A
Zip: 27012 **County:** 34 Forsyth **Time In:** 10 : 15 ○ am ○ pm **Time Out:** 12 : 10 ○ am ◉ pm
Total Time: 1 hr 55 minutes
Permittee: BROOKSTONE TERRACE INC **Category #:** IV
Telephone: (336) 766-5000 **FDA Establishment Type:** Nursing Home
Wastewater System: ☑ Municipal/Community ☐ On-Site System **No. of Risk Factor/Intervention Violations:** 2
Water Supply: ☑ Municipal/Community ☐ On-Site Supply **No. of Repeat Risk Factor/Intervention Violations:**

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.

	IN	OUT	N/A	N/O	Compliance Status	OUT	COS	R	VR
Supervision .2652									
1	☑	☐	☐		PIC Present, Demonstration-Certification by accredited program and perform duties	07		0	
Employee Health .2652									
2	☑	☐			Management, employees knowledge, responsibilities & reporting	35		0	
3	☑	☐			Proper use of reporting, restriction & exclusion	36		0	
Good Hygienic Practices .2652, .2653									
4	☑	☐			Proper eating, tasting, drinking, or tobacco use	20		0	
5	☑	☐			No discharge from eyes, nose or mouth	36		0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656									
6	☑	☐			Hands clean & properly washed	42		0	
7	☑	☐	☐	☐	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	34		0	
8	☑	☐			Handwashing sinks supplied & accessible	21		0	
Approved Source .2653, .2655									
9		☐			Food obtained from approved source	21		0	
10	☐	☐		☑	Food received at proper temperature	21		0	
11	☑	☐			Food in good condition, safe & unadulterated	21		0	
12	☐	☐	☑	☐	Required records available: shellstock tags, parasite destruction	21		0	
Protection from Contamination .2653, .2654									
13	☑	☐	☐	☐	Food separated & protected	35		0	
14	☐	☒			Food-contact surfaces: cleaned & sanitized	32		0	
15	☒	☐			Proper disposition of returned, previously served, reconditioned, & unsafe food	21		0	
Potentially Hazardous Food Time/Temperature .2653									
16	☑	☐	☐	☐	Proper cooking time & temperatures	31		0	
17	☐	☐	☐	☑	Proper reheating procedures for hot holding	31		0	
18	☑	☐	☐	☐	Proper cooling time & temperatures	31		0	
19	☑	☐	☐	☐	Proper hot holding temperatures	31		0	
20	☑	☐	☐	☐	Proper cold holding temperatures	31		0	
21	☐	☑	☐	☐	Proper date marking & disposition	31	☒	0	
22	☐	☐	☒	☐	Time as a public health control: procedures & records	20		0	
Consumer Advisory .2653									
23	☐	☐	☒		Consumer advisory provided for raw or undercooked foods	35		0	
Highly Susceptible Populations .2653									
24	☑	☐	☐		Pasteurized foods used; prohibited foods not offered	31		0	
Chemical .2653, .2657									
25	☐	☐	☒		Food additives: approved & properly used	35		0	
		☐	☐		Toxic substances properly identified stored, & used	21		0	
Conformance with Approved Procedures .2653, .2654, .2658									
27	☐	☐	☒		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	20		0	

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

	IN	OUT	N/A	N/O	Compliance Status	OUT	COS	R	VR
Safe Food and Water .2653, .2655, .2658									
28	☐	☐	☒		Pasteurized eggs used where required	10		0	
29	☑	☐			Water and ice from approved source	21		0	
30	☐	☐	☑		Variance obtained for specialized processing methods	10		0	
Food Temperature Control .2653, .2654									
31	☑	☐			Proper cooling methods used; adequate equipment for temperature control	10		0	
32	☒	☐	☐	☐	Plant food properly cooked for hot holding	10		0	
33	☐	☒	☐	☐	Approved thawing methods used	12		0	
34	☑	☐			Thermometers provided & accurate	50		0	
Food Identification .2653									
35	☒	☐			Food properly labeled: original container	21		0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
36	☑	☐			Insects & rodents not present; no unauthorized animals	21		0	
37	☑	☐			Contamination prevented during food preparation, storage & display	21		0	
38	☑	☐			Personal cleanliness	10		0	
39	☐	☒			Wiping cloths: properly used & stored	50		0	☒
40	☑	☐	☐		Washing fruits & vegetables	12		0	
Proper Use of Utensils .2653, .2654									
41	☑	☐			In-use utensils: properly stored	10		0	
42	☑	☐			Utensils, equipment & linens: properly stored, dried & handled	10		0	
43	☑	☐			Single-use & single-service articles: properly stored & used	10		0	
44	☑	☐			Gloves used properly	10		0	
Utensils and Equipment .2653, .2654, .2663									
45	☑	☐			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	21		0	
46	☑	☐			Warewashing facilities: installed, maintained, & used; test strips	10		0	
47	☐	☑			Non-food contact surfaces clean	10	☒	0	
Physical Facilities .2654, .2655, .2656									
48	☑	☐	☐		Hot & cold water available; adequate pressure	21		0	
49	☑	☐			Plumbing installed, proper backflow devices	21		0	
50	☑	☐			Sewage & waste water properly disposed	21		0	
51	☑	☐	☐		Toilet facilities: properly constructed, supplied & cleaned	10		0	
52	☑	☐			Garbage & refuse properly disposed; facilities maintained	10		0	
53	☐	☒			Physical facilities installed, maintained & clean	10	☒	0	☐
54	☑	☐			Meets ventilation & lighting requirements; designated areas used	10		0	

Total Deductions: 2.5

Comment Addendum to Food Establishment Inspection Report

Establishment Name: BROOKSTONE TERRACE **Establishment ID:** 3034160008

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.

3-304.14 Wiping Cloths. Use Limitation - C - Repeat: The main wet wiping cloth bucket measured 0 ppm quat. The sanitizer solution was dispensed with very hot water (>120F). Dispense sanitizer at room temperature to ensure the correct concentration/test measure, or at a temperature specified by the manufacturer. CDI - Sanitizer dispensed at 80F and measured 200 ppm quat.

47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C - 0 pts - Cleaning needed inside of the utensils drawer across from the stove, inside of the upright freezer, and the outside of a couple dry storage bins. Nonfood contact surfaces shall be maintained clean.

53 6-201.11 Floors, Walls and Ceilings-Cleanability - C - 0 pts - Repeat: Wall paint is starting to chip/peel in several areas around the dish machine. A work order has been placed to install stainless steel panels. Floors, walls, and ceilings shall be smooth and easily cleanable.//6-501.12 Cleaning, Frequency and Restrictions - C - 0 pts - Light wall cleaning is needed around the entrance of the dry storage room. Floors, walls, and ceilings shall be maintained clean.

Food Establishment Inspection Report

Score: 98.5

Establishment Name: BROOKSTONE TERRACE
Establishment ID: 3034160008
Location Address: 4430 CLINARD RD
☑ Inspection ☐ Re-Inspection
City: CLEMMONS **State:** NC **Date:** 10 / 19 / 2017 **Status Code:** A
Z 7012 **County:** 34 Forsyth **Time In:** 10 : 15 ◉ am ○ pm **Time Out:** 12 : 00 ○ am ◉ pm
Total Time: 1 hr 45 minutes
Permittee: BROOKSTONE TERRACE INC **Category #:** IV
Telephone: (336) 766-5000 **FDA Establishment Type:** Nursing Home
Wastewater System: ☑ Municipal/Community ☐ On-Site System **No. of Risk Factor/Intervention Violations:** 2
Water Supply: ☑ Municipal/Community ☐ On-Site Supply **No. of Repeat Risk Factor/Intervention Violations:**

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.

	IN	OUT	N/A	N/O	Compliance Status	OUT	COS	R	VR
Supervision .2652									
1	☑	☐	☐		PIC Present: Demonstration-Certification by accredited program and perform duties	7	8	☐	☐
Employee Health .2652									
2	☑	☐			Management, employees knowledge responsibilities & reporting	3	4	☐	☐
3	☑	☐			Proper use of reporting, restriction & exclusion	5	6	☐	☐
Good Hygienic Practices .2652, .2653									
4	☑	☐			Proper eating, tasting, drinking, or tobacco use	7	8	☐	☐
5	☑	☐			No discharge from eyes, nose or mouth	7	8	☐	☐
Preventing Contamination by Hands .2652, .2653, .2655, .2656									
6	☑	☐			Hands clean & properly washed	4	5	☐	☐
7	☑	☐	☐	☐	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	4	☐	☐
8	☑	☐			Handwashing sinks supplied & accessible	2	3	☐	☐
Approved Source .2653, .2655									
9	☐	☐			Food obtained from approved source	7	8	☐	☐
10	☐	☐		☑	Food received at proper temperature	2	3	☐	☐
11	☑	☐			Food in good condition, safe & unadulterated	7	8	☐	☐
12	☐	☐	☐	☑	Required records available: shellstock tags, parasite destruction	7	8	☐	☐
Protection from Contamination .2653, .2654									
13	☐	☑	☐	☐	Food separated & protected	5	☑	6	☑
14	☑	☐			Food-contact surfaces: cleaned & sanitized	3	4	☐	☐
15	☑	☐			Proper disposition of returned, previously served, reconditioned, & unsafe food	7	8	☐	☐
Potentially Hazardous Food Time/Temperature .2653									
16	☑	☐	☐	☐	Proper cooking time & temperatures	3	4	☐	☐
17	☑	☐	☐	☐	Proper reheating procedures for hot holding	5	6	☐	☐
18	☑	☐	☐	☐	Proper cooling time & temperatures	5	6	☐	☐
19	☐	☑	☐	☐	Proper hot holding temperatures	5	☑	6	☐
20	☑	☐	☐	☐	Proper cold holding temperatures	5	6	☐	☐
21	☑	☐	☐	☐	Proper date marking & disposition	5	6	☐	☐
22	☐	☐	☑	☐	Time as a public health control: procedures & records	7	8	☐	☐
Consumer Advisory .2653									
23	☐	☐	☑		Consumer advisory provided for raw or undercooked foods	7	8	☐	☐
Highly Susceptible Populations .2653									
24	☑	☐	☐		Pasteurized foods used; prohibited foods not offered	5	6	☐	☐
Chemical .2653, .2657									
25	☐	☐	☑		Food additives: approved & properly used	5	6	☐	☐
26	☐	☐			Toxic substances properly identified stored, & used	7	8	☐	☐
Conformance with Approved Procedures .2653, .2654, .2658									
27	☐	☐	☑		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	7	8	☐	☐

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

	IN	OUT	N/A	N/O	Compliance Status	OUT	COS	R	VR
Safe Food and Water .2653, .2655, .2658									
28	☐	☐	☑		Pasteurized eggs used where required	M	O	M	☐	☐	☐
29	☑	☐			Water and ice from approved source	7	8	☐	☐	☐
30	☐	☐	☑		Variance obtained for specialized processing methods	5	6	☐	☐	☐
Food Temperature Control .2653, .2654									
31	☑	☐			Proper cooling methods used; adequate equipment for temperature control	M	2	M	☐	☐	☐
32	☐	☐	☐	☑	Plant food properly cooked for hot holding	M	5	M	☐	☐	☐
33	☐	☐	☐	☑	Approved thawing methods used	5	6	☐	☐	☐	☐
34	☑	☐			Thermometers provided & accurate	5	6	☐	☐	☐	☐
Food Identification .2653									
35	☑	☐			Food properly labeled; original container	7	8	☐	☐	☐	☐
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
36	☑	☐			Insects & rodents not present; no unauthorized animals	7	8	☐	☐	☐	☐
37	☑	☐			Contamination prevented during food preparation, storage & display	7	8	☐	☐	☐	☐
38	☑	☐			Personal cleanliness	5	6	☐	☐	☐	☐
39	☑	☐			Wiping cloths: properly used & stored	5	6	☐	☐	☐	☐
40	☑	☐	☐		Washing fruits & vegetables	5	6	☐	☐	☐	☐
Proper Use of Utensils .2653, .2654									
41	☐	☑			In-use utensils: properly stored	5	6	☑	☑	☐	☐
42	☑	☐			Utensils, equipment & linens: properly stored, dried & handled	5	6	☐	☐	☐	☐
43	☑	☐			Single-use & single-service articles: properly stored & used	5	6	☐	☐	☐	☐
44	☑	☐			Gloves used properly	5	6	☐	☐	☐	☐
Utensils and Equipment .2653, .2654, .2663									
45	☑	☐			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	7	8	☐	☐	☐	☐
46	☑	☐			Warewashing facilities: installed, maintained, & used; test strips	5	6	☐	☐	☐	☐
47	☑	☐			Non-food contact surfaces clean	5	6	☐	☐	☐	☐
Physical Facilities .2654, .2655, .2656									
48	☑	☐	☐		Hot & cold water available; adequate pressure	7	8	☐	☐	☐	☐
49	☑	☐			Plumbing installed; proper backflow devices	7	8	☐	☐	☐	☐
50	☑	☐			Sewage & waste water properly disposed	7	8	☐	☐	☐	☐
51	☑	☐	☐		Toilet facilities: properly constructed, supplied & cleaned	5	6	☐	☐	☐	☐
52	☐	☑			Garbage & refuse properly disposed; facilities maintained	5	6	☐	☐	☐	☐
53	☐	☑			Physical facilities installed, maintained & clean	5	6	☐	☐	☐	☐
54	☐	☑			Meets ventilation & lighting requirements; designated areas used	5	6	☐	☐	☐	☐

Total Deductions: 1.5

Comment Addendum to Food Establishment Inspection Report

Establishment Name: BROOKSTONE TERRACE **Establishment ID:** 3034160008

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.

5-501.115 Maintaining Refuse Areas and Enclosures - C - 0 pts - Remove plant, leaf, and other debris from around the outdoor dumpsters. Refuse areas shall be maintained clean.

53 6-201.11 Floors, Walls and Ceilings-Cleanability - C - 0 pts - Caulk around the handsink beside of the cook line. Caulk/seal around the tops of the new wall installation so that splash, dust, and other debris does not get trapped behind the wall panels. Minor water damage around the base of the toilet in the men's restroom. Floors, walls, and ceilings shall be smooth and easily

54 6-303.11 Intensity-Lighting - C - 0 pts - Lighting is low at the right side of the stove at 30-40 foot candles. Lighting shall be at least 50 foot candles at food prep areas. Replace burnt out bulb and increase lighting.