PRINTED: 11/25/2015
FORM APPROVED

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
	HAL040008	A. BUILDING: 01 B. WING	11/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SNOW HILL ASSISTED LIVING	1328 S. E. SECOND STREET SNOW HILL, NC 28580

(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 This report is of a Biennial Construction Survey done by Bob Getchell on November 5, 2015. This Facility was first licensed as a Home for the Aged on November 6, 1996 for Forty (40) Resident Beds. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code Section 409.1 Group I Unrestrained Occupancies. Deficiencies were noted which 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 observation, the fire drills are not being conducted on the proper schedule. This could cause personnel to not know their responsibilities in a fire emergency. Findings include: Some fire drills are being conducted at shift change using personnel from both shifts. Each shift must have separate fire drills to specifically train personnel on that shift to evacuate residents, without guidance from personnel on other shifts. 2. Based on observation, current reports were	C 111 C-1	One will be done per shift per quarter	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Owner (X6) DATE: 12-16-15

PRINTED: 11/25/2015
FORM APPROVED

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
	HAL040008	A. BUILDING: 01 B. WING	11/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SNOW HILL ASSISTED LIVING	1328 S. E. SECOND STREET SNOW HILL, NC 28580

(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 111	Continued From page 1 not available at the time of the survey. Findings include: The following reports were not available at the time of the survey: a) Sanitation report for the building, b) Fire Marshal's Report,	C 111	Have attached	
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having a loose grab bar at the toilet. Findings Include: The room 109 bathroom has a loose grab bar at the toilet.	C 133	Remounted the Grab Bar	12/7/15
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 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	C 164		

PRINTED: 11/25/2015
FORM APPROVED

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
	HAL040008	A. BUILDING: 01 B. WING _____	11/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SNOW HILL ASSISTED LIVING	1328 S. E. SECOND STREET SNOW HILL, NC 28580

(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 2 facilities. This Rule is not met as evidenced by: 1. Based on observation, the resident furnishings in bedrooms and other areas were not maintained in good condition. Findings include: a) Room 210 has furniture with handles loose/missing on the drawers. b) Room 208 has furniture with handles loose/missing on the drawers. c) Room 203 has furniture with handles loose/missing on the drawers. d) Room 105 has furniture with handles loose/missing on the drawers. e) Room 104 has furniture with handles loose/missing on the drawers f) Room 102 has furniture with handles loose/missing on the drawers	C 164	Have replaced missing handles on all furnitu	12 hrs
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by improper storage of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder.	C 166		

PRINTED: 11/25/2015
FORM APPROVED

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
	HAL040008	A. BUILDING: 01 B. WING	11/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SNOW HILL ASSISTED LIVING	1328 S. E. SECOND STREET SNOW HILL, NC 28580

(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 166	Continued From page 3 Findings include: The oxygen bottles are being stored in a beverage crate that can not adequately prevent them from tipping over.	C 166	Have replaced the crate with proper storage container	11/6/15
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. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire. Findings include: a. The sample tubes for the HVAC duct mounted smoke detectors were dirty in the HVAC unit over the center section 2. Based on observation, the building mechanical equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire. Findings include: Radiation dampers in the HVAC ceiling vents are	C 189 1-a	Sample tubes were cleaned and will be checked on a monthly base	11/6/15

PRINTED: 11/25/2015
FORM APPROVED

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
	HAL040008	A. BUILDING: 01 B. WING	11/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SNOW HILL ASSISTED LIVING	1328 S. E. SECOND STREET SNOW HILL, NC 28580

(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 4 disabled, or have activated in the following locations: a. Soiled Linen room b) Laundry room damper has been tied open, c) Dining Room d) Pantry	C 189 2-A-d	All fuses have been replaced on radiation dampers	12/1/15
	3. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.	3-a	Remounted Vent	11/6/15
	Findings include: a. The HVAC vent in the Laundry/water heater room is falling out of the ceiling	3-b	Slid the escutcheons back up the pipe and secured	12/9/15
	b. The flue escutcheons on the two gas-fired water heater exhausts in the Laundry / water heater room have slid down and no longer cover openings to the attic.	3-c	Will patch Hole in wall by 12-31-15	
	c) Activity Room has an unprotected penetration in the wall	3-d	Have patched the ceiling by Ansul piping	12/8/15
	d) The Kitchen ceiling has unprotected penetrations by Ansul piping	3e	Replaced escutcheon	12/8/15
	e) The kitchen ceiling has a sprinkler escutcheon that has a gap revealing an opening to the attic.	3-f	Will Repair ceiling by 12/31/15	12/
	f) Dining Room has a gypsum patch covering a hole in the ceiling. Repair and refinish	3-g	Will patch Hole by details	
	g) The Nurse Station has an unprotected penetration in the ceiling.	3-H	Will plug Hole in Door by 12/31/15	
	h) The corridor med room door at the Nurse station has a hole over the knob	3-I	Will Repair Hole over the Office by 12/31/15	
	i) Room 105 bathroom has wall and ceiling joints that are separating.			
	j) There is a hole over the door in the Care Coordinators office			
	These unprotected openings are not in conformance with the requirement to use a			

PRINTED: 11/25/2015
FORM APPROVED

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
	HAL040008	A. BUILDING: 01 B. WING	11/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SNOW HILL ASSISTED LIVING	1328 S. E. SECOND STREET SNOW HILL, NC 28580

(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 5 through penetration fire stop system that has been tested in accordance with ASTM E-814. 4. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch. Findings include: The following doors have issues: a) Dining Room door is beeing held open with a wedge, b) Room 102 has a corridor door that will not close and latch, c) Room 101 has a bathroom door that will not close and latch, 5. Based on observation, the building plumbing equipment was not maintained in a safe manner. This would affect all residents by potentially creating a slip and fall hazard Findings include: a) There is a toilet coming loose from the floor in the room 103 bathroom 6. Based on observation, the building electrical system was not maintained to keep the facility safe. This would affect all residents by potentially exposing them to a shock hazard. Findings include: Damaged outlets were observed in the following locations: a) Laundry has a duplex outlet cover missing. b) Room 108 has a broken duplex outlet with exposed contacts, (repaired by licensed electrician while on-site),	C 189 4-a 4-b 4-c 5-a 6a-a 6-b	Removed wedge Adjusted door & Replaced door latch Adjusted door Tighten the Toilet Replaced cover Replaced Rec	11-6-15 11/6/15 11/6/15 11/6/15 11/6/15 11/6/15

PRINTED: 11/25/2015
FORM APPROVED

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
	HAL040008	A. BUILDING: 01 B. WING _____	11/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SNOW HILL ASSISTED LIVING	1328 S. E. SECOND STREET SNOW HILL, NC 28580

(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 199	Continued From page 6	C 199		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule. Findings include: The exhaust fans are not working in the following locations: a) Laundry b) Room 209 shared bathroom c) Bathing Room near 207 d) Room 110 shared bathroom	C 199	1-a b c d Have ordered new motors should have them by 1-5-16	

N.C. Department of Health and Human Services
Division of Public Health
Environmental Health Section
Inspection of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions

Score: 98
Date of Insp/Chg: 11/2-7/15
Status Code: A

Health Department: Greene Co.
Current Facility ID: 040 HOOD 14
Old Facility ID:

Water Supply: [X] Community [ ] Transient Non-Community [ ] Non-Transient Non-Community [ ] Non-Public Water Supply
Water sample taken today? [ ] YES [X] NO
Wastewater System: [X] Community [ ] On-Site Systems
[X] Inspection [ ] Re-Inspection [ ] Visit [ ] Name Change [ ] Verification of Closure [ ] Status Change

Name of Establishment: Snow Hill Assisted Liv. Permittee: Randy + Paula Armstrong
Location Address: 1328 S.E. 2nd St. Mailing Addr.
City: Snow Hill State: NC Zip: City: State: Zip:

	Deduction Factor (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	
3. Walls and ceilings cleanable, clean, good repair	2	
LIGHTING, VENTILATION, MOISTURECONTROL: [.1311]		
4. Lighting at least 10 foot candles 30 inches above floor	2	
5. Ambient air temperature 65° to 85° F, equipment clean	2	
6. No evidence of microbial growth — blue mold	3	1.5
7. Indoor smoking limited to declared smoking rooms	2	1
TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES: [.1312]		
8. Facilities conveniently located, clean and in good repair — not used	2	
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. Disinfectant accessible, properly used	2	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
DRINKINGWATERFACILITIES, ICEHANDLING: [.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
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	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	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 2

Rept. Received by: Sonya Smith

Comments: #3 - some mildew on bath walls (shower)
#5 - some dusty blinds.
Odorban used
water - 113/114/117

Inspection by: Heath Environmental Health Section BHS I.D.# 0365 Comment Sheet Attached [ ] Yes [X] No

INSTRUCTIONS: Purpose: General Statute 130A-235 requires the Commission for Public Health to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1304 specifies the content of an inspection form to ensure 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. Disposition: This form may be destroyed in accordance with Standard 6.3.6., 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 Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 59-01-00)

BHS 1313 (Revised 7/12)
Environmental Health Section

Whitecap Linen 252-796-6777 1-800-791-2976

Comment Addendum to Food Establishment Report

Establishment Name: Snow Hill Assisted
Location Address: 1328 SE 2nd St
City: Snow Hill State: NC
County: Greene Zip:
Wastewater System: ☑ Municipal/Community ○ On-Site System
Water Supply: ☑ Municipal/Community ○ On-Site Supply
Permittee: Paula and Kady Armstrong
Telephone:

Establishment ID: 0640016000
☑ Inspection ○ Re-Inspection
○ Visit
○ Verification
○ Name Change
○ Status Change
○ Pre-Opening Visit
○ Other

Date: 11-26-15
Status Code: A
Category#: 4

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Stove top		Cooler			
Garden Beans	150°F	All foods	40°F		
				Sanitizer	100ppm

Item Number	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.
#1	PIC must be present @ all times. 2.102.11
#13	Stack foods according to Cook temps. 3.302.11 CDT
#21	Date mark all cooked foods stored in cooler 3.501.17 CDT
#36	Eliminate flies. 6.501.11
#45	Replace gaskets in cooler and ice maker. Retrig unit in laundry area is not commercial grade.

Person in Charge (Print & Sign): X Angie Smith
Regulatory Authority (Print & Sign): Scott Lewis

Verification Required Date:
REHS ID: 1529
REHS Contact Phone Number: 252-747-8158

Food Establishment Inspection Report

Score: 95

Establishment Name: Snow Hill Assisted Living **Establishment ID:** 060401620021

Location Address: 1308 SE 2nd Street

City: Snow Hill State: North Carolina

Zip: 28580 County: Greene

Permittee: Paula and Randy Armstrong

Telephone:

Date: 12/16/15 Status Code: A

Time In: 10:30 Time Out:

Category#: 4

FDA Establishment Type: Institution Cafeteria

No. of Risk Factor/Intervention Violations: 3

No. of Repeat Risk Factor/Intervention Violations: 0

Ø Inspection ○ Re-inspection

Wastewater System:

Ø Municipal/Community ○ On-Site System

Water Supply:

Ø Municipal/Community ○ On-Site Supply

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
1 IN OUT N/A — PIC Present; Demonstration - Certification by accredited program & performs duties	0			
2 IN OUT — Management, employees knowledge; responsibilities & reporting	0			
3 IN OUT — Proper use of reporting, restriction & exclusion	0			
4 IN OUT — Proper eating, tasting, drinking or tobacco use	0			
5 IN OUT — No discharge from eyes, nose or mouth	0			
6 IN OUT — Hands clean & properly washed	0			
7 IN OUT N/A N/O — No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	0			
8 IN OUT N/A — Handwashing sinks supplied & accessible	0			
9 IN OUT — Food obtained from approved source	0			
10 IN OUT — Food received at proper temperature	0			
11 IN OUT — Food in good condition, safe & unadulterated	0			
12 IN OUT N/A N/O — Required records available: shellstock tags, parasite destruction	0			
13 IN OUT N/A — Food separated & protected	0			
14 IN OUT — Food-contact surfaces: cleaned & sanitized	0			
15 IN OUT — Proper disposition of returned, previously served, reconditioned & unsafe food	0			
16 IN OUT N/A N/O — Proper cooking time & temperatures	0			
17 IN OUT N/A N/O — Proper reheating procedures for hot holding	0			
18 IN OUT N/A N/O — Proper cooling time & temperatures	0			
19 IN OUT N/A — Proper hot holding temperatures	0			
20 IN OUT N/A N/O — Proper cold holding temperatures	0			
21 IN OUT N/A — Proper date marking & disposition	0			
22 IN OUT N/A N/O — Time as a public health control: procedures & records	0			
23 IN OUT — Consumer advisory provided for raw or undercooked foods	0			
24 IN OUT — Pasteurized foods used; prohibited foods not offered	0			
25 IN OUT — Food additives: approved & properly used	0			
26 IN OUT N/A — Toxic substances properly identified stored & used	0			
27 IN OUT N/A — Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	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
28 IN OUT — Pasteurized eggs used where required	0			
29 IN OUT — Water and ice from approved source	0			
30 IN OUT N/A — Variance obtained for specialized processing methods	0			
31 IN OUT — Proper cooling methods used; adequate equipment for temperature control	0			
32 IN OUT N/A N/O — Plant food properly cooked for hot holding	0			
33 IN OUT N/A N/O — Approved thawing methods used	0			
34 IN OUT — Thermometers provided & accurate	0			
35 IN OUT — Food properly labeled; original container	0			
36 IN OUT — Insects & rodents not present; no unauthorized animals	0			
37 IN OUT — Contamination prevented during food preparation, storage & display	0			
38 IN OUT — Personal cleanliness	0			
39 IN OUT — Wiping cloths: properly used & stored	0			
40 IN OUT N/A — Washing fruits & vegetables	0			
41 IN OUT — In-use utensils: properly stored	0			
42 IN OUT — Utensils, equipment & linens: properly stored, dried & handled	0			
43 IN OUT — Single-use & single-service articles: properly stored & used	0			
44 IN OUT — Gloves used properly	0			
45 IN OUT — Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	0			
46 IN OUT — Warewashing facilities: installed, maintained & used; test strips	0			
47 IN OUT — Non-food contact surfaces clean	0			
48 IN OUT N/A — Hot & cold water available; adequate pressure	0			
49 IN OUT — Plumbing installed; proper backflow devices	0			
50 IN OUT — Sewage & waste water properly disposed	0			
51 IN OUT N/A — Toilet facilities: properly constructed, supplied & cleaned	0			
52 IN OUT — Garbage & refuse properly disposed; facilities maintained	0			
53 IN OUT — Physical facilities installed, maintained & clean	0			
54 IN OUT — Meets ventilation & lighting requirements; designated areas used	0			

TOTAL DEDUCTIONS: 7.0

GREENE COUNTY DEPARTMENT OF EMERGENCY SERVICES

252-747-2144
252-747-7641
FAX 252-747-4222

THE FOLLOWING ITEMS ARE IN VIOLATION OF THE FIRE CODE

RECOMMENDATIONS TO PROVIDE GREATER SAFETY:

INSPECTION FEE

INSPECTOR | COPY RECEIVED BY | POSITION

FIRE OR EMERGENCY CALL 911