

Food Establishment Inspection Report

Score: 98.5

Establishment Name: SPRAGUE STREET COMMUNITY CENTER

Establishment ID: 3034090016

Location Address: 1350 EAST SPRAGUE STREET

City: WINSTON SALEM State: North Carolina

Zip: 27107 County: 34 Forsyth

Permittee: SENIOR SERVICES INC.

Telephone: (336) 650-7680

☒ Inspection ☐ Re-Inspection**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site Supply

Date: 09/23/2022 Status Code: A

Time In: 10:05 AM Time Out: 11:40 AM

Category#: IV

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: 1

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 <input type="checkbox"/> N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager	1	0	
Employee Health .2652					
3	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0
4	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper use of reporting, restriction & exclusion	3	1.5	0
5	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Procedures for responding to vomiting & diarrheal events	1	0.5	0
Good Hygienic Practices .2652, .2653					
6	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper eating, tasting, drinking or tobacco use	1	0.5	0
7	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	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 <input type="checkbox"/> IN <input type="checkbox"/> N/A	Hands clean & properly washed	4	2	0
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Handwashing sinks supplied & accessible	2	X	0
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food in good condition, safe & unadulterated	2	1	0
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food-contact surfaces: cleaned & sanitized	3	1.5	0
17	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
Potentially Hazardous Food Time/Temperature .2653					
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Toxic substances properly identified stored & used	2	1	0
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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 <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5	0
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Water and ice from approved source	2	1	0
32	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods	2	1	0
Food Temperature Control .2653, .2654					
33	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
37	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Contamination prevented during food preparation, storage & display	2	1	X
40	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Personal cleanliness	1	0.5	0
41	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	In-use utensils: properly stored	1	0.5	0
44	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Single-use & single-service articles: properly stored & used	1	0.5	0
46	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	X
48	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Non-food contact surfaces clean	1	0.5	0
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Plumbing installed; proper backflow devices	2	1	0
52	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage & refuse properly disposed; facilities maintained	1	X	0
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Physical facilities installed, maintained & clean	1	0.5	X
56	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					1.5



Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034090016

Location Address: 1350 EAST SPRAGUE STREET

☒ Inspection ☐ Re-Inspection Date: 09/23/2022

City: WINSTON SALEM State: NC

Comment Addendum Attached? ☒ Status Code: A

County: 34 Forsyth Zip: 27107

Water sample taken? ☐ Yes ☒ No Category #: IV

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

Email 1: lkearsley@seniorservicesinc.org

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

Email 2: fredrickc@cityofws.org

Permittee: SENIOR SERVICES INC.

Email 3:

Telephone: (336) 650-7680

Temperature Observations

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

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ambient air	refrigerator	39						
chlorine sanitizer	spray bottle	50						
hot water	2 comp sink	113						
milk	delivery	41						
beef stroganoff	delivery	155						
baked apples	delivery	161						
ixed veggies	delivery	145						

Person in Charge (Print & Sign): *First* Leonard

Last Worthy

Leonard L Worthy

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

Last Pleasants

Lauren Pleasants

REHS ID: 2809 - Pleasants, Lauren

Verification Required Date:

REHS Contact Phone Number: (336) 462-7783

Authorize final report to
be received via Email:



North Carolina Department of Health & Human Services

Page 1 of • Division of Public Health • Environmental Health Section
DHHS is an equal opportunity employer.
Food Establishment Inspection Report, 10/2021

• Food Protection Program



Comment Addendum to Inspection Report

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Date: 09/23/2022 **Time In:** 10:05 AM **Time Out:** 11:40 AM

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.

- 10 6-301.13 Handwashing Aids and Devices, Use Restrictions (C) - Repeat- The sink used for washing, rinsing and sanitizing has soap dispenser and paper towel dispenser. Sinks used for other purposes other than handwashing, may not be provided with the handwashing aids and devices.
- 39 3-305.11 Food Storage - Preventing Contamination from the Premises (C) - Water pitchers were being placed at tables uncovered with no lids. Food shall be protected from splash, dust, or other contamination. CDI- Lids placed on pitchers.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) - The cabinets underneath the 2 compartment sink and handwashing sink are water-damaged and need repair. Maintain equipment in good repair.
- 54 5-501.113 Covering Receptacles (C)- Repeat- Dumpster door and lid open. Keep dumpster and other outside waste handling containers for refuse, recyclables, and returnables covered with tight-fitting lids or doors.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) - Floor tiles damaged in the women's restroom. Maintain physical facilities in good repair.