



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 15, 2023

Licensee

Walker Methodist Westwood II
61 Thompson Avenue West
West Saint Paul, MN 55118

RE: Project Number(s) SL28949015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 24, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with

the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

\You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jonathan Hill", is written over a faint, circular official stamp.

Jonathan Hill, Supervisor
State Evaluation Team
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-281-9796

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28949	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2023
NAME OF PROVIDER OR SUPPLIER WALKER METHODIST WESTWOOD II		STREET ADDRESS, CITY, STATE, ZIP CODE 61 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118		
(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
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL28949015 On May 22, 2023, through May 24, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 32 active residents; 31 receiving services under the Assisted Living/Dementia Care license. Tag number 0480 did not apply and was deleted from the survey documentation on June 27, 2023.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility	0 950		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28949	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2023
NAME OF PROVIDER OR SUPPLIER WALKER METHODIST WESTWOOD II		STREET ADDRESS, CITY, STATE, ZIP CODE 61 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118		
(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
0 950	Continued From page 1 must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure contact information of designated representative, or indication they declined to designate a representative, was completed for three of three residents (R1, R2, R3). This practice resulted in a level one violation (a violation that has no potential to cause more than	0 950		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28949	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2023
NAME OF PROVIDER OR SUPPLIER WALKER METHODIST WESTWOOD II		STREET ADDRESS, CITY, STATE, ZIP CODE 61 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118		
(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
0 950	Continued From page 2 a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: R1 was admitted November 5, 2021, and received services including assistance with meals, transfers, toileting, activities of daily living (ADLs), and medication management. R2 was admitted April 8, 2022, and received services including assistance with meals, toileting, transfers, ADLs, and medication management. R3 was admitted on September 8, 2021, and received services including assistance with meals, ADLs, medication management and blood glucose (BG) management. R1, R2, and R3's assisted living contract's dated, November 3, 2021, April 8, 2022, and September 8, 2021, respectively, lacked designation of a representative, contact information of designated representative, or indication they declined to designate a representative. On May 24, 2023, at 1:35 p.m. licensed assisted living director (LALD)-E stated the licensee was aware of the need to improve completion of the designated representative information. LALD-E added they were looking into the format of their designated representative form on a corporate level. No further information was provided.	0 950		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28949	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/24/2023
NAME OF PROVIDER OR SUPPLIER WALKER METHODIST WESTWOOD II			STREET ADDRESS, CITY, STATE, ZIP CODE 61 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118		
(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
0 950	Continued From page 3	0 950			
	TIME PERIOD FOR CORRECTION: Twenty-One (21) days				
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident monitoring and reassessment, utilizing a uniform assessment tool, no more than 14 days after admission for	01620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28949	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/24/2023
NAME OF PROVIDER OR SUPPLIER WALKER METHODIST WESTWOOD II			STREET ADDRESS, CITY, STATE, ZIP CODE 61 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118		
(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
01620	Continued From page 4 two of three residents (R1, R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1 R1 was admitted November 5, 2021, and received services including assistance with meals, transfers, toileting, activities of daily living (ADLs), and medication management. R1's record included an initial comprehensive nursing assessment dated October 21, 2021, and a subsequent assessment dated January 15, 2022, 71 days after start of services. R1's record lacked an assessment completed within 14 days after start of services. R2 R2 was admitted April 8, 2022, and received services including assistance with meals, toileting, transfers, ADLs, and medication management. R2's record included an initial comprehensive nursing assessment dated April 7, 2022, and a subsequent assessment dated April 28, 2022, 20 days after start of services. R2's record lacked an assessment completed within 14 days after start of services.	01620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28949	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2023
NAME OF PROVIDER OR SUPPLIER WALKER METHODIST WESTWOOD II		STREET ADDRESS, CITY, STATE, ZIP CODE 61 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118		
(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
01620	Continued From page 5 On May 22, 2023, at 10:25 a.m., during the entrance conference, clinical nurse supervisor (CNS)-C stated an initial assessment would be completed as soon as possible prior to admission, and an additional assessment would be completed in 14-days, and every 90 days, thereafter. On May 24, 2023, at 9:45 a.m., CNS-C stated she was unable to locate a 14-day assessment for R1. On May 24, 2023, at 1:04 p.m., CNS-C confirmed the assessment completed January 15, 2022, was the only available assessment after R1 started services. CNS-C further stated a service item is typically added to the electronic record to trigger completion of the 14-day assessment. CNS-C did not know why R2's 14-day assessment was not completed on time. The licensee's Resident Assessments and Service Agreements policy, revised December 1, 2022, indicated, "Resident re-assessment and monitoring must be conducted no more than 14 calendar days after admission/initiation of services." No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		

Type: Full
Date: 05/22/23
Time: 10:00:00
Report: 1031231129

Food and Beverage Establishment Inspection Report

Page 1

Location:

Walker Methodist Westwood II
61 Thompson Avenue West
West St Paul, MN55118
Dakota County, 19

Establishment Info:

ID #: 0038341
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6512592701
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 at Degrees Fahrenheit
Location: Sanitizer Dispenser (3-comp)
Violation Issued: No

Quaternary Ammonia: = 400 at Degrees Fahrenheit
Location: Sanitizer Bucket (expo)
Violation Issued: No

Quaternary Ammonia: = 400 at Degrees Fahrenheit
Location: Sanitizer Bucket (FOH)
Violation Issued: No

Quaternary Ammonia: = 400 at Degrees Fahrenheit
Location: Sanitizer Bucket (prep area)
Violation Issued: No

Hot Water: = at 168 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Ambient Air Temp: = at 38 Degrees Fahrenheit
Location: Display Cooler (bistro)
Violation Issued: No

Ambient Air Temp: = at Degrees Fahrenheit
Location: Undercounter Cooler (bistro)
Violation Issued: No

Ambient Air Temp: = at 36 Degrees Fahrenheit
Location: Hoshi Cooler (serving kitchen)
Violation Issued: No

Type: Full
Date: 05/22/23
Time: 10:00:00
Report: 1031231129
Walker Methodist Westwood II

Food and Beverage Establishment Inspection Report

Page 2

Food and Equipment Temperatures

Process/Item: Cold Hold/Pickles
Temperature: 37 Degrees Fahrenheit - Location: 6 Prep Cooler (top)
Violation Issued: No

Process/Item: Cold Hold/Mushrooms
Temperature: 41 Degrees Fahrenheit - Location: 6 Prep Cooler (bottom)
Violation Issued: No

Process/Item: Cooking/Fish; Breaded
Temperature: 188 Degrees Fahrenheit - Location: Fryer Basket
Violation Issued: No

Process/Item: Cold Hold/Ham
Temperature: 40 Degrees Fahrenheit - Location: 7 Drawer Cooler (cook line)
Violation Issued: No

Process/Item: Hot Hold/Mixed Veg
Temperature: 141 Degrees Fahrenheit - Location: Steam Table (cook line)
Violation Issued: No

Process/Item: Hot Hold/Fish; Breaded
Temperature: 153 Degrees Fahrenheit - Location: Steam Table (cook line)
Violation Issued: No

Process/Item: Cooling/Soup
Temperature: 90 Degrees Fahrenheit - Location: Cambro in Walk-in Cooler
Violation Issued: No

Process/Item: Cooling/Soup
Temperature: 78 Degrees Fahrenheit - Location: Cambro in Walk-in Cooler (20min later)
Violation Issued: No

Process/Item: Cold Hold/Split Pea Soup
Temperature: 40 Degrees Fahrenheit - Location: Walk-in Cooler
Violation Issued: No

Process/Item: Cold Hold/Garlic; Minced
Temperature: 40 Degrees Fahrenheit - Location: Walk-in Cooler
Violation Issued: No

Process/Item: Cold Hold/Tomatoes
Temperature: 38 Degrees Fahrenheit - Location: 2 True Cooler (cook line)
Violation Issued: No

Process/Item: Cold Hold/OJ
Temperature: 38 Degrees Fahrenheit - Location: 1 True Cooler (server area)
Violation Issued: No

Process/Item: Hot Hold/Soup
Temperature: 154 Degrees Fahrenheit - Location: Soup Warmer (expo area)
Violation Issued: No

Type: Full
Date: 05/22/23
Time: 10:00:00
Report: 1031231129
Walker Methodist Westwood II

Food and Beverage Establishment Inspection Report

Page 3

Process/Item: Hot Hold/Fish; Breaded
Temperature: 136 Degrees Fahrenheit - Location: Steam Table (serving kitchen)
Violation Issued: No

Process/Item: Cold Hold/Ranch Dressing
Temperature: 41 Degrees Fahrenheit - Location: Norlake Cooler (mem care)
Violation Issued: No

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		0	0	0

Inspection conducted by Chris F (MDH).

All violations discussed with Jake after inspection.

Memory care dish machine not used - NOT INSPECTED

Discussed:

- Illness and illness log
- Facilities upkeep and maintenance
- Handwashing and glove use

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Environmental Health inspection report number
1031231129 of 05/22/23.

Certified Food Protection Manager: Jennifer M Camplin

Certification Number: FM70463 Expires: 12/23/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Jake Collins
Person in Charge

Signed: _____

Chris Foster
Public Health Sanitarian I
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us

Report #: 1031231129

Food Establishment Inspection Report



Environmental Health
Food, Pools, and Lodging
625 Robert St. N
St. Paul

No. of RF/PHI Categories Out

0

Date 05/22/23

No. of Repeat RF/PHI Categories Out

0

Time In 10:00:00

Legal Authority MN Rules Chapter 4626

Time Out

Walker Methodist Westwood li

Address

61 Thompson Avenue West

City/State

West St Paul, MN

Zip Code

55118

Telephone

6512592701

License/Permit #
0038341

Permit Holder

Purpose of Inspection
Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance

OUT=not in compliance

N/O=not observed

N/A=not applicable

COS=corrected on-site during inspection

R=repeat violation

Compliance Status		COS	R
Supervision			
1	(IN) OUT	PIC knowledgeable; duties & oversight	
2	(IN) OUT N/A	Certified food protection manager; duties	
Employee Health			
3	(IN) OUT	Mgmt/Staff; knowledge, responsibilities & reporting	
4	(IN) OUT	Proper use of reporting, restriction & exclusion	
5	(IN) OUT	Procedures for responding to vomiting & diarrheal events	
Good Hygienic Practices			
6	IN OUT (N/O)	Proper eating, tasting, drinking, or tobacco use	
7	(IN) OUT N/O	No discharge from eyes, nose, & mouth	
Preventing Contamination by Hands			
8	(IN) OUT N/O	Hands clean & properly washed	
9	(IN) OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	
10	(IN) OUT	Adequate handwashing sinks supplied/accessible	
Approved Source			
11	(IN) OUT	Food obtained from approved source	
12	IN OUT N/A (N/O)	Food received at proper temperature	
13	(IN) OUT	Food in good condition, safe, & unadulterated	
14	IN OUT (N/A) N/O	Required records available; shellstock tags, parasite destruction	
Protection from Contamination			
15	(IN) OUT N/A N/O	Food separated and protected	
16	(IN) OUT N/A	Food contact surfaces: cleaned & sanitized	
17	(IN) OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	IN OUT N/A (N/O)	Proper cooking time & temperature	
19	IN OUT N/A (N/O)	Proper reheating procedures for hot holding	
20	(IN) OUT N/A N/O	Proper cooling time & temperature	
21	(IN) OUT N/A N/O	Proper hot holding temperatures	
22	(IN) OUT N/A	Proper cold holding temperatures	
23	(IN) OUT N/A N/O	Proper date marking & disposition	
24	IN OUT N/A (N/O)	Time as a public health control: procedures & records	
Consumer Advisory			
25	IN OUT (N/A)	Consumer advisory provided for raw/undercooked food	
Highly Susceptible Populations			
26	(IN) OUT N/A	Pasteurized foods used; prohibited foods not offered	
Food and Color Additives and Toxic Substances			
27	IN OUT (N/A)	Food additives: approved & properly used	
28	(IN) OUT	Toxic substances properly identified, stored, & used	
Conformance with Approved Procedures			
29	IN OUT (N/A)	Compliance with variance/specialized process/HACCP	

Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	(IN) OUT N/A	Pasteurized eggs used where required	
31		Water & ice obtained from an approved source	
32	IN OUT (N/A)	Variance obtained for specialized processing methods	
Food Temperature Control			
33		Proper cooling methods used; adequate equipment for temperature control	
34	IN OUT N/A (N/O)	Plant food properly cooked for hot holding	
35	(IN) OUT N/A N/O	Approved thawing methods used	
36		Thermometers provided & accurate	
Food Identification			
37		Food properly labeled; original container	
Prevention of Food Contamination			
38		Insects, rodents, & animals not present	
39		Contamination prevented during food prep, storage & display	
40		Personal cleanliness	
41		Wiping cloths: properly used & stored	
42		Washing fruits & vegetables	

Compliance Status		COS	R
Proper Use of Utensils			
43		In-use utensils: properly stored	
44		Utensils, equipment & linens: properly stored, dried, & handled	
45		Single-use/single service articles: properly stored & used	
46		Gloves used properly	
Utensil Equipment and Vending			
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
48		Warewashing facilities: installed, maintained, & used; test strips	
49		Non-food contact surfaces clean	
Physical Facilities			
50		Hot & cold water available; adequate pressure	
51		Plumbing installed; proper backflow devices	
52		Sewage & waste water properly disposed	
53		Toilet facilities: properly constructed, supplied, & cleaned	
54		Garbage & refuse properly disposed; facilities maintained	
55		Physical facilities installed, maintained, & clean	
56		Adequate ventilation & lighting; designated areas used	
57		Compliance with MCIAA	
58		Compliance with licensing & plan review	

Food Recalls:

Person in Charge (Signature)

Date: 05/23/23

Inspector (Signature)