Electronically Delivered

February 10, 2023

Licensee
Elk River Senior Living
11124 183rd Circle Northwest
Elk River, MN 55330

RE: Project Number(s) SL34079015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on January 11, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health 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.

LICENSING ORDERS
The enclosed State Form documents the state licensing orders. The Department of Health 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 evaluation of your facility**.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 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 Department of Health within 15 calendar days of the correction order receipt date.

A state licensing 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 general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general 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

Free from Maltreatment reconsideration requests should be addressed 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 this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: Jess.Schoenecker@state.mn.us
Phone: 651-201-3789 Fax: 651-215-9697

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34079	A. BUILDING: _____ B. WING _____	01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELK RIVER SENIOR LIVING	11124 183RD CIRCLE NW ELK RIVER, MN 55330

(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: SL34079015-0 On January 9, 2023, through January 11, 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 101 active residents; 58 receiving services under the Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been 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 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 evaluators' 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 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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 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: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated January 9, 2023, for the specific Minnesota Food Code deficiencies.	0 480		

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0 480	Continued From page 2 No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents. This deficient condition had the potential to affect all staff, residents, and visitors. 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 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 of the residents). Findings include:	0 800		

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0 800	Continued From page 3 On January 11, 2023, between 10:30 a.m. and 12:05 p.m., survey staff toured the facility with maintenance (DM)-E. During the facility tour, survey staff observed the following: 1. Outside a marked exit door, the path leading to the public way was covered with snow and had not been maintained. DM-E verified this deficient condition during the facility tour. 2. The trash chute access door was not closing properly on the first floor. DM-E explained that the trash chute door required cleaning and verified this deficient condition during the facility tour. TIME PERIOD FOR CORRECTION: Two (2) days	0 800		
0 970 SS=C	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.	0 970		

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0 970	Continued From page 4 This practice resulted in a level one violation (a violation that has no potential to cause more than 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 potential to affect a large portion or all the residents). The findings include: The licensee's current assisted living contract included three clauses that indicated the resident would waive the facility's liability for health, safety, or personal property of a resident. -Page 9, number 18. Personal Property indicated "Resident agrees that Provider is not responsible for any loss or damage to Resident's personal property due to any reason or cause, including theft, other than Provider's own negligence. Resident further agrees that Provider is not responsible for damage to Resident's personal property due to fire, water, tornado or other acts of nature and events beyond Provider's control. Resident is strongly encouraged to obtain renter's insurance." -Page 12, number 23 Indemnification indicated "As an occupant of the Community, Resident assumes the risk for Resident's own safety ... Resident will indemnify and hold harmless Provider, its employees, officers, managers, owners, and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of, or caused wholly or in part by an act or omission of Resident ..."	0 970		

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0 970	Continued From page 5 -Page 13, number 25 Liability indicated "Provider is not liable to Resident ..., for any injury, death, or property damage occurring in the Apartment or on Provider's premises unless such injury, death, or property damage occurs as the result of Provider's own negligent acts or those of its employees, officers, managers, owners, or agents ... Unless caused by one of the aforementioned excepted reasons, Resident agrees to hold Provider harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Apartment or on Provider's premises. On January 10, 2023, at 2:35 p.m., licensed assisted living director (LALD)-C stated they are aware all the contracts have waivers of liability, and their corporate attorneys are reviewing and changing the contract. They have not yet received new contracts from corporate for residents to sign. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:	01060		

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01060	Continued From page 6 (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident, legal representative, or designated representative and failed to provide the notification to the Office of Ombudsman for	01060		

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01060	Continued From page 7 Long-Term Care of the emergency relocation greater than four days for three of three residents (R8, R9, R10). 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 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 of the residents). The findings include: R8 R8's Service Plan dated January 9, 2023, indicated R8 was receiving services to include nursing assessments and reassessments, medication management, daily safety checks and personal cares. R8's Progress Notes dated January 4, 2023, at 6:55 a.m., indicated R8 had an emergency relocation to hospital due to "unresponsive to HHA at 0630, and possible stroke." R9 R9's Service Plan dated August 26, 2022, indicated R9 was receiving services to include nursing assessments and reassessments, medication management, daily safety checks and personal cares. R9's Progress Notes dated January 3, 2023, at 8:41 p.m., indicated R9 had an emergency relocation to hospital due to "feeling weird." R10 R10's Service Plan dated November 11, 2022,	01060		

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01060	Continued From page 8 indicated R10 was receiving services to include nursing assessments and reassessments, medication management, daily safety checks and personal cares. R10's Progress Notes dated January 6, 2023, at 8:27 a.m., indicated R10 had an emergency relocation to hospital due to "a fall and resident unable to move his legs." R8, R9, and R10's record lacked a written notice with the required statutory content provided to resident, resident representative or to the OOLTC within four days of emergency relocation. On January 11, 2023, at 10:10 a.m., registered nurse (RN)-A stated licensee did not provide any emergency relocation notification for residents admitted to hospital for any period of time. RN-A also stated licensee did not consider hospitalization an emergency relocation. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to store all prescription	01880		

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01880	Continued From page 9	01880		

medications according to the manufacturer's directions for one of one resident (R2). Additionally, the licensee failed to secure medications to be accessed by authorized individuals only for two of four residents (R1, R11).

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 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 of the residents).

The findings include:

R2
R2's diagnoses included type 2 diabetes without complications.

R2's service plan dated January 9, 2023, indicated R2 received services of medication management, blood glucose monitoring, and insulin administration.

R2's Medication Management plan dated December 19, 2022, indicated R2 was unable to store prescribed medications independently and safely and did not indicate R2 had special manufacturer's instructions (including refrigeration): insulin pens unopened in medication refrigerator.

On January 10, 2023, at 7:30 a.m., the surveyor observed the contents of R2's refrigerator that included: Basaglar KwikPen 100 units/milliliter one unopened pen. The refrigerator did not have a thermometer and lacked a daily temperature

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01880	Continued From page 10 log. On January 10, 2023, at 9:20 a.m., registered nurse (RN)-A stated they probably don't monitor the temperature of this resident's refrigerator and stated they would move the insulin to be stored in the facilities temperature monitored refrigerator. The manufacturer's instructions for Basaglar KwikPen insulin pens indicated before opening store the insulin pens in the refrigerator (36-46 degrees Fahrenheit), but do not freeze it. R1 R1 diagnoses included cerebral infarction, unspecified, hemiplegia, unspecified affecting right dominant side, muscle weakness (generalized), abnormal posture, unspecified symptoms and signs involving cognitive functions and awareness, attention and concentration deficit following cerebral infarction, memory deficit following cerebral infarction. R1's Service Plan signed November 2, 2022, indicated R1 received services to include medication management, needs moderate assistance. On January 10, 2023, at approximately 7:20 a.m., the surveyor observed R1's room and noted unsecured medications stored at the bedside. Medications keep unsecured at the bedside included, Tums (antacid), Centrum(multi-vitamin), and refresh tears (eye drops). R11 R11' diagnoses included dementia, bipolar disorder, cellulitis, depression with anxiety, dysphagia, and esophageal reflux.	01880		

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01880	Continued From page 11 R11's unsigned Service Plan dated April 21, 2021, indicated R11 received services to include medication management, needs moderate assistance. On January 10, 2023, at approximately 8:50 a.m., the surveyor observed R11's medication pass and noted in bathroom unsecured medications in unlocked bathroom cabinet. Medications keep unsecured in bathroom included, calcium carbonate (antacid), and Milk of Magnesia (antacid). On January 10, 2023, at 9:30 a.m., registered nurse (RN)-A stated non-controlled medications in memory care are stored in locked cabinet in resident room, never to be left at the bedside or unattended in memory care. The licensee's Medication Management-Administration and Setup policy dated August 1, 2022, indicated the licensed nurse who sets up the medications will also be observant of problems regarding storage of medications. No further information was provided. TIME PERIOD TO CORRECT: Seven (7) days	01880		

DEPARTMENT OF HEALTH

Type: Full
Date: *01/09/23*
Time: 11:35:47
Report: 1037231007

Food and Beverage Establishment Inspection Report

Location:
Elk River Senior Living
11124 183rd Circle Nw
Elk River, MN55330
Sherburne County, 71

Establishment Info:
ID #: 0037847
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7632767076
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.

The following orders were issued during this inspection.

4-500 Equipment Maintenance and Operation

4-501.114C3 ** Priority 1 **

MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

SANITIZER BUCKET IN THE KICTHEN HAD 0 PPM QUATERNARY AMMONIUM CONCENTRATION AT TIME OF INSPECTION. MAINTAIN 200-400 PPM QUATERNARY AMMONIUM IN WET WIPING CLOTH SANITIZER BUCKETS.

Corrected on Site

3-500C Microbial Control: date marking

3-501.17B ** Priority 2 **

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

PRECOOKED GREEN BEANS IN PREP COOLER WERE NOT DATE MARKED. DATE MARK ALL TCS FOOD ITEMS AS DESCRIBED ABOVE.

Comply By: 01/09/23

Surface and Equipment Sanitizers

Quaternary Ammonia: = 0 at Degrees Fahrenheit
Location: SANITIZER BUCKET - KITCHEN
Violation Issued: Yes

Hot Water: = at 165 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Prep Cooler
Temperature: 36 Degrees Fahrenheit - Location: SLICED CHEESE
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 35 Degrees Fahrenheit - Location: SLICED TOMATOES
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 34 Degrees Fahrenheit - Location: TURKEY ALA KING
Violation Issued: No

Process/Item: Hot Holding
Temperature: 171 Degrees Fahrenheit - Location: CARROTS
Violation Issued: No

Process/Item: Hot Holding
Temperature: 167 Degrees Fahrenheit - Location: WILD RICE MEATBALLS IN MUSHROOM SAUCE
Violation Issued: No

Process/Item: Hot Holding
Temperature: 152 Degrees Fahrenheit - Location: EGG NOODLES
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: PORTIONED RANCH DRESSING
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 39 Degrees Fahrenheit - Location: SLICED CUCUMBERS
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 39 Degrees Fahrenheit - Location: CHILI
Violation Issued: No

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

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the inspection report number 1037231007 of 01/09/23.

Certified Food Protection Manager: JEREMY R. SCHOUVELLER

Certification Number: 60136 Expires: 10/22/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: Michelle L Hovanes
Michelle Hovanes
Public Health Sanitarian
St. Cloud
320-223-7307
michelle.hovanes@state.mn.us

Report #: 1037231007

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

No. of RF/PHI Categories Out	2	Date	01/09/23
No. of Repeat RF/PHI Categories Out	0	Time In	11:35:47
Legal Authority MN Rules Chapter 4626		Time Out	

Elk River Senior Living	Address: 11124 183rd Circle Nw	City/State: Elk River, MN	Zip Code: 55330	Telephone: 7632767076

License/Permit #: 0037847	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 Hygenic 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 pprocedure 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	X
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 proceedures 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

		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 labled; 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		

		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:** 01/09/23

Inspector (Signature) Michelle L Thomas