Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 11, 2025

Licensee
The Prairie Lodge at Earle Brown
6001 Earle Brown Drive
Brooklyn Center, MN 55430

RE: Project Number(s) SL20315016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 23, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, 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.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. 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 . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

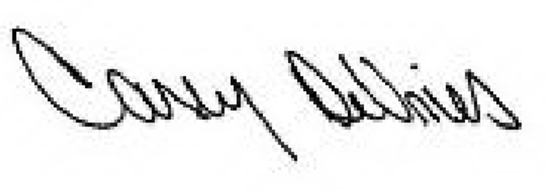
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20315	A. BUILDING: _____ B. WING _____	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRAIRIE LODGE AT EARLE BRO	6001 EARLE BROWN DRIVE BROOKLYN CENTER, MN 55430

(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: SL20315016-0 On July 21, 2025, through July 23, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 46 residents; 44 receiving services under the Assisted Living Facility with Dementia Care license.	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.	
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a	0 660		

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0 660	Continued From page 1 comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an employee's TB test chest Xray (CXR) was completed within 90 days of a documented positive Mantoux skin test or blood test one of two employees (unlicensed personnel (ULP)-C). 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: The licensee's Facility TB Risk Assessment dated June 13, 2025, indicated the facility was at a low risks level.	0 660		

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0 660	Continued From page 2 ULP-C was hired on November 27, 2012, to provide direct cares to residents. ULP-C's employee record included a CXR result document dated September 19, 2018, which indicated ULP-C did not have active signs of TB; it indicated the CXR was done in response to a positive Mantoux skin test in the patients past, but did not indicate a date of the positive Mantoux test. ULP-C's employee record lacked evidence of a Mantoux skin test or blood test completed within 90 days prior to ULP-C's CXR on September 19, 2018. On July 22, 2025, at 11:51 a.m., the surveyor observed ULP-C administer insulin to R5. On July 23, 2025, at 1:13 p.m., licensed assisted living director (LALD)-D and clinical nurse supervisor (CNS)-A stated the only TB testing documentation they had for ULP-C was their CXR; they stated they were aware of the requirement. The Minnesota Department of Health TB FAQ dated July 1, 2025, indicated if the health care worker had a prior positive TB test result, and they only have the CXR but no other test documentation, then they need to take a new TB test. If the result is positive, a new CXR needs to be completed. The CXR needs to be done within 90 days of the positive test date or dated any time after the positive test date. The licensee's TB Prevention and Control policy dated August 1, 2021, indicated: "c. Prior to contact with clients, each staff person will be screened for TB. A two-step skin test or	0 660		

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0 660	Continued From page 3 single interferon gamma release assay (IGRA) for M. tuberculosis will be administered unless the person's past medical history indicates that a TB skin test is contraindicated. i. Individuals who have been vaccinated with Bacillus Calmette-Guerin (BCG) vaccine are not exempt from tuberculin skin testing. ii. Pregnant women are not exempt from tuberculin skin testing unless they have filed the exemption form for TB skin testing of a pregnant health care worker. iii. The RN will follow the MOH guidance regarding how to screen employees with a previous or current positive TST or TB blood test or with a documented history of previous treatment for latent TB infection (L TBI) or active TB disease. a) For any questions the RN will contact the MOH TB staff at 651-201-5414 or 1-877-676-5414 and/or visit http://www.health.state.mn.us/divs/idepc/diseases/tb/tst.html#two." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee	0 775		

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0 775	Continued From page 4 failed to comply with Minnesota State Fire Code in Minnesota Rules chapter 7511. This deficient condition had the ability to affect all staff and residents. 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, but was not likely to cause serious injury, impairment, or death), 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 of the residents). The findings include: On July 23, 2025, at approximately 10:30 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-D and director of operations (DO)-F and. During the tour, the surveyor observed the following: 1. All the resident room doors throughout the facility campus were rated fire doors with tags on the door frame and hinge side of the door, smoke seal, and hinge style closers. It was observed that most of the resident room door closers were adjusted to keep the doors from closing and latching. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. 2. The illuminated emergency lights in the following locations would not operate when tested. 6001 building: E pod by the dining room, 6011 building: at the main entrance. The emergency power system shall provide power for not less than 30 minutes and consist of storage batteries, unit equipment, or an on-site generator. 3. The fire rated doors at the following locations	0 775		

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0 775	Continued From page 5 did not latch and seal. 6001: D pod fire door, 6021: B pod fire door. Swinging fire doors shall close from the full-open position and latch automatically. 4. In the 6011 building the fire rated door separating the kitchen/hall had a permanent doorstop installed and was propped open. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. 5. The facility was not equipped with carbon monoxide alarms in the dwelling units or mechanical rooms. In multifamily dwellings, approved and operational carbon monoxide detectors may be installed between 15 and 25 feet of carbon monoxide-producing central fixtures and equipment provided there is a centralized alarm system. During the facility tour interview on July 23, 2025, LALD-D and DO-F and acknowledged the observation while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
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.	0 800		

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0 800	Continued From page 6 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment 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, but was not likely to cause serious injury, impairment, or death), 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 of the residents). The findings include: On July 23, 2025, at approximately 10:30 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-D and director of operations (DO)-F and. During the tour, the surveyor observed the following: GENERAL MAINTENANCE: 1. Unit A5 the wall base cove was not secured to the wall and was creating a trip hazard at the unit entry door. 2. Building 6001 the common area bathroom countertop was unsecured and had the potential to cause injury to wheelchair bound residents. 3. Unit E1 had a broken bath fan switch in the bathroom. During the facility tour interview on July 23, 2025,	0 800		

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0 800	Continued From page 7 LALD-D and DO-F and acknowledged the observation while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure time-sensitive medications were labeled with an opened-on date for two of three residents (R5, R6) with insulin; three of four insulin pens observed were unlabeled. 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, but was not likely to cause serious injury, impairment, or death), 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 of the residents). The findings include: R5 R5 was admitted to the licensee on July 18, 2024,	01890		

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01890	Continued From page 8 and had a diagnosis of type one diabetes. R5's Service Plan dated June 7, 2025, indicated R5 received services for insulin administration. R5's Medication Administration Record (MAR) for July 2025, indicated R5 was administered the following medication on July 6-23, 2025: -Basaglar Kwikpen 100 units (u)/ milliliter (ml), inject 10u subcutaneously (SQ) once daily for diabetes. R6 R6 was admitted to the licensee on June 30, 2018, and had a diagnosis of type two diabetes. R6's Service Plan dated April 23, 2025, indicated R6 received services for insulin administration. R6's MAR for July 2025, indicated R6 was administered the following medications on July 1-22, 2025: -lispro Kwikpen insulin, 100u/ml, inject 18u SQ three times daily with meals for diabetes; -Tresiba 100u/ml injection, inject 72u SQ at bedtime for diabetes type two. On July 22, 2025, at 11:51 p.m., the surveyor observed unlicensed personnel (ULP)-C administer Novolog insulin to R5. On July 22, 2025, at 12:48 p.m., the surveyor observed ULP-C attempt to administer Lispro insulin to R6, but R6 refused the insulin. On July 21, 025, at 10:45 a.m., the surveyor observed the medication cart in House One in the D-F pod wing with clinical nurse supervisor (CNS)-A. The surveyor observed the above-mentioned insulin pens for R5 and R6	01890		

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01890	Continued From page 9 lacked opened-on dates; all three insulin pens were partially used. CNS-A stated the staff member who opened an insulin pen should label it with an opened-on date on a yellow labeling sticker; CNS-A showed the surveyor the stickers which were in the medication cart drawer near the insulin pens. CNS-A stated they go around and will add expiration dates on insulin pens as well if they were missing them; they do this daily. The manufacturer instructions for Basaglar Kwikpen revised in November 2022, indicated, "Throw away the Pen you are using after 28 days, even if it still has insulin left in it." The manufacturer instructions for Humalog Kwikpen (insulin lispro) revised in July 2023, indicated, "Throw away the HUMALOG Pen you are using after 28 days, even if it still has insulin left in it." The manufacturer instructions for Tresiba dated July 2022, indicated, "The TRESIBA® FlexTouch® Pen you are using should be thrown away after 56 days if it is refrigerated or kept at room temperature, even if it still has insulin left in it and the expiration date has not passed." The licensee's Storage of Medications policy dated August 1, 2021, indicated, "Medications will be handled and stored per acceptable standards." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

The Prairie Lodge at Earl Brown
6001 Earl Brown Drive
Brooklyn Center, MN 55429
Hennepin County
Parcel:

Phone:

License Info

License: HFID 20315

Risk:
License:
Expires on:
CFPM: KEVIN WILLIAMS
CFPM #: FM57719; Exp: 02/24/2028

Inspection Info

Report Number: F8087251063
Inspection Type: Full - Single
Date: 7/22/2025 Time: 12:30:00 PM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

THIS WAS AN UNANNOUNCED AND UNSCHEDULED FULL INSPECTION.

INSPECTION DONE WITH EXECUTIVE DIRECTOR LATOYA TURNER.

TOPICS OF DISCUSSION WITH OPERATOR INCLUDED:

HAND WASHING
NOROVIRUS
BARE HAND CONTACT WITH READY TO EAT FOODS
EMPLOYEE ILLNESS
EMPLOYEE EXCLUSION
COOLING METHODS
REHEATING METHODS
SANITIZER CONCENTRATION
DATE MARKING
ALL ITEMS ON THIS REPORT
ALL ITEMS ON PREVIOUS REPORT

ALL FROZEN FOODS FOUND IN FROZEN CONDITION.

REPORT EMAILED TO ESTABLISHMENT.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F8087251063 from 7/22/2025

John Boettcher

LATOYA TURNER
EXECUTIVE DIRECTOR

John Boettcher,
Public Health Sanitarian 3
651-201-5076
john.boettcher@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

The Prairie Lodge at Earl Brown
Brooklyn Center
County/Group: Hennepin County

Inspection Info

Report Number: F8087251063
Inspection Type: Full
Date: 7/22/2025
Time: 12:30:00 PM

Equipment Temperature: Product/Item/Unit: AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Upright Cooler at 39 Degrees F.
Comment: BUILDING #1
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 40 Degrees F.
Comment: BUILDING #1
Violation Issued?: No

Food Temperature: Product/Item/Unit: YOGURT**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 40 Degrees F.
Comment: BUILDING #1
Violation Issued?: No

Food Temperature: Product/Item/Unit: CHEESE**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 41 Degrees F.
Comment: BUILDING #1
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Upright Freezer at -7 Degrees F.
Comment: BUILDING #1
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Upright Cooler at 36 Degrees F.
Comment: LARGE FRIDGE - BUILDING #2
Violation Issued?: No

Food Temperature: Product/Item/Unit: CHEESE**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 39 Degrees F.
Comment: LARGE FRIDGE - BUILDING #2
Violation Issued?: No

Food Temperature: Product/Item/Unit: CUT MELON**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 38 Degrees F.
Comment: LARGE FRIDGE - BUILDING #2
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Upright Cooler at 35 Degrees F.
Comment: SMALL FRIDGE - BUILDING #2
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** MILK**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 37 Degrees F.
Comment: SMALL FRIDGE - BUILDING #2
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** LIQUID EGG**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 37 Degrees F.
Comment: SMALL FRIDGE - BUILDING #2
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Upright Upright Freezer at -5 Degrees F.
Comment: FREEZER - RIGHT - BUILDING #2
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Upright Freezer at -4 Degrees F.
Comment: FREEZER - LEFT - BUILDING #2
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** CHICKEN CASEROLE**; Temperature Process:** Hot-Holding
Location: Warmer at 151 Degrees F.
Comment: BUILDING #2
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Sanitizer Observations/Recordings

Establishment Info

The Prairie Lodge at Earl Brown
Brooklyn Center
County/Group: Hennepin County

Inspection Info

Report Number: F8087251063
Inspection Type: Full
Date: 7/22/2025
Time: 12:30:00 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 161 Degrees F.
Comment: BUILDING #1
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: 3-Comp Sink **Equal To** 400 PPM
Comment: BUILDING #1
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 164 Degrees F.
Comment: BUILDING #2
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: 3-Comp Sink **Equal To** 400 PPM
Comment: BUILDING #2
Violation Issued?: No