Electronically Delivered

October 13, 2025

Licensee
SOTAM Homecare LLC
7781 Cayenne Plaza West
Woodbury, MN 55125

RE: Project Number(s) SL40634015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on August 28, 2025, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health 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. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 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 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - $500.00

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
Per 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 residents/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.

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 MDH 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,

Renee L Anderson

Renee Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40634	A. BUILDING: _____ B. WING _____	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOTAM HOMECARE LLC	7781 CAYENNE PLAZA WEST WOODBURY, MN 55125

(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: SL40634015-0 On August 25, 2025, through August 28, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there was one resident; one receiving services under the Provisional Assisted Living 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 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.	
0 110 SS=C	144G.10 Subdivision 1a Assisted living director license required	0 110		

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director who is licensed or permitted by the Board of Executives for Long Term Services and Supports and affiliated as the director of record with the board. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensed assisted living director was listed as the Director of Record for the licensee. This had the potential to affect all the licensee's residents, staff, and visitors. This practice resulted in a level one violation (a violation that will cause only 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 of the residents). The findings include: During the entrance conference on August 25, 2025, at approximately 10:30 a.m., assisted living director-in-residency (ALDR)-B stated they were not listed as director of record for the facility, and were not aware of that requirement. ALDR-B stated they would correct it. On August 25, 2025, at 11:30 a.m., the Minnesota Board of Executives for Long-Term Services and Support (BELTSS) website indicated ALDR-B currently held an assisted	0 110		

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0 110	Continued From page 2 living director residency permit effective through September 4, 2025; the website did not indicate ALDR-B was the director of record for the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 110		
0 775 SS=E	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 failed to maintain facility in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect some residents, staff, 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On August 27, 2025, from approximately 11:25 a.m. to 1:15 p.m., the surveyor toured the facility	0 775		

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0 775	Continued From page 3 with assisted living director-in-residency (ALDR)-B. During the tour the surveyor observed the following: Extension cords were in use in resident room 1 and resident room 3 to power multiple devices. Extension cords are not rated for continuous use and should not be used in lieu of permanent wiring. Use of extension cords in this capacity increases risk of fire. ALDR-B acknowledged use of extension cords and stated that they would be removed from resident rooms. ALDR-B acknowledged the noted deficiencies during the tour and expressed that they would correct the deficiencies. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so	0 780		

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0 780	Continued From page 4 that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnected smoke alarms throughout the facility. This had the potential to directly affect all residents, staff, 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 the potential to affect a large portion or all of the residents). The findings include: On August 27, 2025, from approximately 11:25 a.m. to 1:15 p.m., the surveyor toured the facility with assisted living director-in-residency (ALDR)-B. During the tour the surveyor observed the following: ALDR-B tested smoke alarms during the tour by	0 780		

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0 780	Continued From page 5 activating alarms in resident room 2, resident room 1 and in upper-level hallway. The activation of smoke alarms in resident rooms failed to actuate smoke alarms in the upper-level hallway, and the basement common room. Similarly, when the smoke alarm in the upper-level hallway was activated, it did not cause the smoke alarms in resident rooms to sound. The smoke alarms provided in the basement common room and the upper-level hallway are hardwired alarms that are not properly interconnected with other smoke alarms in the facility. All smoke alarms provided throughout the facility should be interconnected such that the activation of any alarm causes all other alarms to sound. In implementing interconnection of all alarms, the power supply of alarms should be maintained, with hardwired alarms maintaining their hardwired connection. ALDR-B acknowledged the requirements for smoke alarm interconnection. During the survey interview on August 27, 2025, ALDR-B verified the above listed observations while accompanying on the tour. and expressed that they would ensure interconnection of smoke alarms and correct the deficiencies. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date	01760		

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01760	Continued From page 6 and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered for one of one resident (R1). 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 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's diagnoses included type II diabetes and hypertension. R1's service plan, dated January 21, 2025, indicated R1 received services including assistance with activities of daily living, housekeeping, and medication management. R1's medication administration record (MAR) for August 2025, indicated R1 received 10 units (u) of Novolog (fast-acting insulin, a medication to	01760		

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01760	Continued From page 7 control blood sugars) via injection pen, two times each day. On August 26, 2025, at approximately 9:00 a.m., the surveyor observed assisted living director-in-residency (ALDR)-B assist R1 with medication administration. ALDR-B retrieved a Novolog insulin pen, applied a needle to the injection pen and dialed the pen to 10u. Without first checking the flow by priming the pen, ALDR-B injected the Novolog to R1's left upper abdomen. Manufacturer instructions for Novolog, dated 2000, included the following instructions: "Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to ensure proper dosing: -Turn the dose selector to select 2 units. -Hold your NovoLog FlexPen with the needle pointing up. Tap the cartridge gently with your finger a few times to make any air bubbles collect at the top of the cartridge. -Keep the needle pointing upwards, press the push-button all the way. The dose selector returns to 0. -A drop of insulin should appear at the needle tip. If not, change the needle and repeat the procedure no more than 6 times. -If you do not see a drop of insulin after 6 times, do not use the Novolog flex pen." On August 26, 2025, at 10:15 a.m., ALDR-B stated they were trained by the nurse to give Novolog and were not trained to prime the pen before administering the dose. On August 26, 2025, at 11:00 a.m., clinical nurse supervisor (CNS)-A stated that the staff had been	01760		

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01760	Continued From page 8 trained to check the flow of the insulin pen and would provide additional training. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01890 SS=D	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 medications were maintained including the opened date for time sensitive medication storage for one of one resident (R1). 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 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's diagnoses included type II diabetes and hypertension.	01890		

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01890	Continued From page 9 R1's service plan, dated January 21, 2025, indicated R1 received services including assistance with activities of daily living, housekeeping, and medication management. R1's medication administration record (MAR) for August 2025, indicated R1 received 10 units (u) of Novolog (fast-acting insulin, a medication to control blood sugars) via injection pen, two times a day On August 26, 2025, at 9:00 a.m., the surveyor observed assisted living director-in-residency (ALDR)-B assisting R1 with administering NovoLog. On August 26, 2025, at 9:40 a.m., during a review of the medication storage area, the surveyor observed R1 had an open NovoLog insulin pen that lacked an opened date to indicate when the medication was first used and would expire. Manufacturer instructions for NovoLog flexpen, revised December 2022, indicated the medication should not be used longer than 28 days after the first injection. On August 26, 2025, at 10:10 a.m., ALDR-B stated that they were not aware that open dates needed to be added to the insulin pen. On August 26, 2025, at 10:20 a.m., clinical nurse supervisor (CNS)-A stated that injectable medication should have an open date when the first injection was administered. No further information was provided.	01890		

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01890	Continued From page 10 TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide services that complied with accepted health care, medical, and nursing standards for infection control regarding handling sharps, for one of one employee assisted living director-in-residency (ALDR)-B. 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 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: ALDR-B was hired July 1, 2020, and provided direct care services for residents. On August 26, 2025, at approximately 9:00 a.m., the surveyor observed ALDR-B assisting R1 with	02310		

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02310	Continued From page 11 medication administration. ALDR-B removed an Novolog (to treat diabetes) injection pen from the medication cabinet, added a needle to the pen and dialed the pen to 10 milligrams (mg). ALDR-B injected the Novolog to left upper abdomen. ALDR-B held the Novolog pen in her right hand and pushed the soiled needle of the Novolog pen into the needle cap held in her left hand. ALDR-B removed the capped needle from the Novolog pen and disposed of them the sharps container. ALDR-B did not follow recommended safety and infection control measures by holding the cap in hand while recapping a contaminated needle prior to disposing. On August 26, 2025 at 10:30 a.m., ALDR-B stated that she was trained on injection administration by the nurse and was trained to dispose of the needle that way. On August 26, 2025, at 11:10 a.m., clinical nurse supervisor (CNS)-A stated that a staff was trained not to recap a needle after injections. The Centers of Disease Control and Prevention (CDC) guidance, "Workbook for Designing, Implementing & Evaluating a Sharps Injury Prevention Program" dated April 3, 2024, and the Occupational Health and Safety Administration (OSHA) Bloodborne Pathogens Standard indicated recapping needles is prohibited "unless the employer can demonstrate that no alternative is feasible, or that such action is required by a specific medical or dental procedure." No further information was provided.	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40634	A. BUILDING: _____ B. WING _____	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOTAM HOMECARE LLC	7781 CAYENNE PLAZA WEST WOODBURY, MN 55125

(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
02310	Continued From page 12 TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

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

SOTAM HOMECARE LLC
7781 CAYENNE PLAZA WEST
Woodbury, MN 55125
Washington County
Parcel:

Phone:

License Info

License: HFID 40634

Risk:
License:
Expires on:
CFPM: ADEKUNLE ADIGUN
CFPM #: 101429; Exp: 11/1/2025

Inspection Info

Report Number: F1023251093
Inspection Type: Full - Single
Date: 8/26/2025 Time: 9:35:43 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. INSPECTION CONDUCTED IN PRESENCE OF THE PERSON IN CHARGE.

THIS FACILITY DOES NOT HAVE ALL COMMERCIAL GRADE ANSI EQUIPMENT. ALL FOOD MUST BE SERVED THE SAME DAY IT IS PREPARED, AND LEFTOVERS CAN NEVER BE SAVED. FOOD SERVICE IS PROVIDED BY FACILITY STAFF.

FOOD SERVICE AREA FLOORS, WALLS, CEILINGS, COUNTERTOPS, AND FINISH MATERIALS MUST BE NON-ABSORBANT, SMOOTH DURABLE, AND EASILY CLEANABLE. WOOD IS NOT AN APPROVED FOOD CONTACT SURFACE.

THESE TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:
- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- VOMIT CLEAN UP PROCEDURE
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS
- ANSI 184 DISH WASHER

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 F1023251093 from 8/26/2025

Gregory T Nelson

Destina Brownwest
PERSON IN CHARGE

Greg Nelson,
Public Health Sanitarian 3
651-201-4259
greg.nelson@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

SOTAM HOMECARE LLC
Woodbury
County/Group: Washington County

Inspection Info

Report Number: F1023251093
Inspection Type: Full
Date: 8/26/2025
Time: 9:35:43 AM

Food Temperature: Product/Item/Unit: MILK; **Temperature Process:** Cold-Holding
Location: Refrigerator at 41 Degrees F.
Comment:
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

SOTAM HOMECARE LLC
Woodbury
County/Group: Washington County

Inspection Info

Report Number: F1023251093
Inspection Type: Full
Date: 8/26/2025
Time: 9:35:43 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Greater Than** 150 Degrees F.
Comment: SANITIZE CYCLE
Violation Issued?: No

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Equal To** 100 PPM
Comment:
Violation Issued?: No