



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

March 29, 2023

Licensee  
Norris Square  
6995 80th Street South  
Cottage Grove, MN 55016

RE: Project Number(s) SL25676015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on March 8, 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

Norris Square  
March 29, 2023  
Page 2

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 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 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,



Jonathan Hill, Supervisor  
State Evaluation Team  
Health Regulation Division  
85 East Seventh Place, Suite 220  
P.O. Box 3879  
St. Paul, MN 55101-3879  
Email: [jonathan.hill@state.mn.us](mailto:jonathan.hill@state.mn.us)  
Telephone: 651-201-3993 Fax: 651-281-9796

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>25676</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NORRIS SQUARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6995 80TH STREET SOUTH COTTAGE GROVE, MN 55016</b>
--	--

(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	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: SL25676015-0</p> <p>On March 6, 2023, through March 8, 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 fifty-seven residents receiving services under the provider's Assisted Living Facility with Dementia Care license.</p>	0 000	<p>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 with Dementia Care 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.</p> <p>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.</p> <p>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 pursuant to 144G.31 Subd. 1, 2 and 3.</p>	
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents:</p>	0 480		

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:  <b>25676</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NORRIS SQUARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6995 80TH STREET SOUTH COTTAGE GROVE, MN 55016</b>
--	--

(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
0 480	<p>Continued From page 1</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared according to the Minnesota Food Code. This has the potential to affect all 57 residents.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the documentation included in the "Food and Beverage Establishment Inspection Reports," dated March 6, 2023.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 480		
01650 SS=D	<p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current</p>	01650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>25676</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NORRIS SQUARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6995 80TH STREET SOUTH COTTAGE GROVE, MN 55016</b>
--	--

(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
01650	<p>Continued From page 2</p> <p>assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included the required content for one of five residents (R3).</p> <p>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</p>	01650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>25676</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NORRIS SQUARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6995 80TH STREET SOUTH COTTAGE GROVE, MN 55016</b>
--	--

(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
01650	<p>Continued From page 3</p> <p>situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3's service plan lacked identification of wound care services to be provided.</p> <p>R3's service plan dated April 1, 2022, indicated R3 received the following services: medication administration and ted hose/ace wrap/velcro leg wrap assistance.</p> <p>On March 7, 2023, at 8:00 a.m., wound care dressings were observed on R3's bilateral lower extremities.</p> <p>Prescriber orders dated February 21, 2023, indicated wound care to be done daily (three time a week by hospice and two times a week by hearth nurse).</p> <p>On March 7, at 3:00 p.m. Administrator (A)-B indicated R3's signed service plan did not include a description of the services to be provided, the fees for services, and the frequency of each service.</p> <p>The licensee's MN AL [Minnesota Assisted Living] Service Plan policy dated August 1, 2021, indicated the service plan will include: -a description of the services provided -fees for services and -frequency of each service</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01650		



Type: Full  
Date: 03/06/23  
Time: 11:30:00  
Report: 1031231051

# Food and Beverage Establishment Inspection Report

**Location:**

Norris Square  
6995 80th Street South  
Cottage Grove, MN55016  
Washington County, 82

**Establishment Info:**

ID #: 0039356  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6517696600  
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.

### 4-600 Cleaning Equipment and Utensils

#### 4-601.11A **\*\* Priority 2 \*\***

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch. CAN OPENER FOUND WITH FOOD BUILDUP ON BLADE. CAN OPENER SENT TO DISH AREA FOR CLEANING. CLEAN AND MAINTAIN CLEAN ALL FOOD CONTACT SURFACE..

Comply By: 03/06/23

### 4-100 Equipment Construction Materials

#### 4-101.11BCDE

MN Rule 4626.0450BCDE Remove all multi-use equipment, utensils, and food storage containers that are not durable, corrosion-resistant, nonabsorbent, smooth, easily cleanable, resistant to pitting, chipping, scratching or not able to withstand repeated warewashing.

2 TONGS, KNIFE, AND SPATULA FOUND WITH PLASTIC DETATCHING FROM UTENSIL. \*\*\*ITEMS DISCARDED\*\*\* REMOVE FROM SERVICE ALL DAMAGED UTENSILS THAT ARE UNCLEANABLE OR MAY CAUSE PHYSICAL CONTAMINATION.

Comply By: 03/13/23

### 4-600 Cleaning Equipment and Utensils

#### 4-602.11D5

MN Rule 4626.0845D5 Clean equipment used for the storage of packaged or unpackaged food, such as a reach-in refrigerator, at a frequency which precludes accumulation of soil residues.

INTERIOR OF PREP TABLE IN PREP AREA HAS SPILLS/FOOD DEBRIS. CLEAN AND MAINTAIN CLEAN INTERIOR OF ALL COOLERS/FREEZERS.

Comply By: 03/16/23

Type: Full  
Date: 03/06/23  
Time: 11:30:00  
Report: 1031231051  
Norris Square

# Food and Beverage Establishment Inspection Report

---

## 4-600 Cleaning Equipment and Utensils

### 4-602.11E

MN Rule 4626.0845E Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.

OBSERVED A BLACK SUBSTANCE ON ICE MACHINE BAFFLE AND INSIDE OF ICE HEAD. REMOVE AND CLEAN BAFFLE, INSIDE OF ICE HEAD, AND ANY OTHER AREAS INSIDE ICE BIN WHERE DISCOLORATION/IMPURITIES ARE PRESENT.

Comply By: 03/16/23

## 4-600 Cleaning Equipment and Utensils

### 4-602.13

MN Rule 4626.0855 Clean all non-food-contact surfaces of equipment at a frequency necessary to preclude accumulation of soil residues.

SEE COMMENTS....

Comply By: 03/16/23

---

## Surface and Equipment Sanitizers

Smart Water Sanitizer: = 1875 at Degrees Fahrenheit

Location: Sanitizer Dispenser

Violation Issued: No

---

Smart Water Sanitizer: = 704 at Degrees Fahrenheit

Location: Sanitizer Bucket (cook line)

Violation Issued: No

---

Ambient Air Temp: = at 38 Degrees Fahrenheit

Location: Norlake Undercounter Cooler

Violation Issued: No

---

Hot Water: = at 164 Degrees Fahrenheit

Location: Dish Machine

Violation Issued: No

---

---

## Food and Equipment Temperatures

Process/Item: Cold Hold/Tomatoes; Sliced

Temperature: 36 Degrees Fahrenheit - Location: Prep Table (top)(cook line)

Violation Issued: No

---

Process/Item: Cold Hold/Chicken; Diced

Temperature: 39 Degrees Fahrenheit - Location: Prep Table (bottom)(cook line)

Violation Issued: No

---

# Food and Beverage Establishment Inspection Report

Type: Full  
Date: 03/06/23  
Time: 11:30:00  
Report: 1031231051  
Norris Square

Process/Item: Hot Hold/Chili  
Temperature: 152 Degrees Fahrenheit - Location: Steam Table  
Violation Issued: No

Process/Item: Hot Hold/Quiche  
Temperature: 172 Degrees Fahrenheit - Location: Steam Table  
Violation Issued: No

Process/Item: Cold Hold/Noodles  
Temperature: 38 Degrees Fahrenheit - Location: Traulsen Cooler  
Violation Issued: No

Process/Item: Hot Hold/Veg Soup  
Temperature: 156 Degrees Fahrenheit - Location: Soup Warmer 1  
Violation Issued: No

Process/Item: Hot Hold/Spinach Soup  
Temperature: 160 Degrees Fahrenheit - Location: Soup Warmer 2  
Violation Issued: No

Process/Item: Cold Hold/Mandrin Oranges  
Temperature: 41 Degrees Fahrenheit - Location: Prep Table (top)(prep area)  
Violation Issued: No

Process/Item: Cold Hold/Skim Milk  
Temperature: 37 Degrees Fahrenheit - Location: Walk-in Cooler 1  
Violation Issued: No

Process/Item: Cold Hold/Lettuce  
Temperature: 37 Degrees Fahrenheit - Location: Walk-in Cooler 2  
Violation Issued: No

Process/Item: Cold Hold/Melon  
Temperature: 38 Degrees Fahrenheit - Location: Walk-in Cooler 2  
Violation Issued: No

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		0	1	4

Inspection conducted by Chris F (MDH).

All violations discussed with Trevor after inspection.

MN Rule 4626.085

- FRONTS OF RANGE, FRYER, AND STEAM TABLE HAVE SPLASHES OF GREASE.
  - FRONT OF MICROWAVE HAS FOOD DEBRIS.
  - RANGE SHELF AND SHELF UNDER HANDSINK HAVE DIRTY ALUMINIUM FOIL - REMOVE FOIL AND CLEAN. FOIL SHOULD NOT BE NEEDED IN THESE LOCATIONS.
  - TOPS OF DRIED FOOD BINS IN PREP AREA TACKY.
  - STAINLESS SHELVES IN PREP AREA HAVE FOOD SPILLS.
  - PREP TABLE IN PREP AREA HAS FOOD DEBRIS ON FRONT DOORS AND IN DOOR GASKETS.
- ^^^CLEAN ALL ITEMS LISTED ABOVE. CLEAN AND MAINTAIN CLEAN ALL EQUIPMENT SURFACES IN KITCHEN^^^

Type: Full  
Date: 03/06/23  
Time: 11:30:00  
Report: 1031231051  
Norris Square

# Food and Beverage Establishment Inspection Report

Discussed:

- Illness and illness log
- Facilities upkeep and maintenance
- Handwashing and glove use
- Thermometer use (spoke to line cook)

NOTIFY INSPECTOR OF ADDITIONS OR CHANGES TO THE BUILDING, MAJOR EQUIPMENT ADDITIONS, OR CHANGES OF EQUIPMENT DUE TO A MENU CHANGE. THESE ACTIONS MAY REQUIRE A REMODEL PLAN REVIEW.

\*\*\*ANY CUSTOMER COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE CUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

**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 1031231051 of 03/06/23.

Certified Food Protection Manager: Trevor J Helmick


Certification Number: FM97476 Expires: 02/21/25

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

Trevor Helmick  
Person in Charge

Signed: \_\_\_\_\_

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

Report #: 1031231051

# Food Establishment Inspection Report



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

No. of RF/PHI Categories Out	1	Date	03/06/23
No. of Repeat RF/PHI Categories Out	0	Time In	11:30:00
Legal Authority MN Rules Chapter 4626		Time Out	

Norris Square	Address 6995 80th Street South	City/State Cottage Grove, MN	Zip Code 55016	Telephone 6517696600
License/Permit # 0039356	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	Surpervision	COS	R
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC knowledgeable; duties & oversight		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified food protection manager; duties		
Employee Health			
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Mgmt/Staff; knowledge, responsibilities & reporting		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & exclusion		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting & diarrheal events		
Good Hygienic Practices			
6 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands			
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Hands clean & properly washed		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks supplied/accessible		
Approved Source			
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source		
12 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Food received at proper temperature		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated		
14 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated and protected		
16 <input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	Food contact surfaces: cleaned & sanitized		
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status	Time/Temperature Control for Safety	COS	R
18 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper cooking time & temperature		
19 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding		
20 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper cooling time & temperature		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper cold holding temperatures		
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking & disposition		
24 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Time as a public health control: procedures & records		
Consumer Advisory			
25 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances			
27 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Food additives: approved & properly used		
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> 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	Safe Food and Water	COS	R
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized eggs used where required		
31 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Water & ice obtained from an approved source		
32 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods		
Food Temperature Control			
33 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling methods used; adequate equipment for temperature control		
34 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Plant food properly cooked for hot holding		
35 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Approved thawing methods used		
36 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Thermometers provided & accurate		
Food Identification			
37 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food properly labeled; original container		
Prevention of Food Contamination			
38 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Insects, rodents, & animals not present		
39 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Contamination prevented during food prep, storage & display		
40 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Personal cleanliness		
41 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Wiping cloths: properly used & stored		
42 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Washing fruits & vegetables		

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

Food Recalls:

Person in Charge (Signature)

Date: 03/06/23

Inspector (Signature)