Electronically Delivered

February 21, 2025

Licensee
Moose Lake Village Assisted Living
1200 Talbot Drive
Moose Lake, MN 55767

RE: Project Number(s) SL28089016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 15, 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 . . ."

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

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by 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

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,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28089	A. BUILDING: _____ B. WING _____	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOOSE LAKE VILLAGE ASSISTED LI	1200 TALBOT DRIVE MOOSE LAKE, MN 55767

(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 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: SL28089016-0 On January 14, 2025, through January 15, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 9 residents; 9 receiving services under the Assisted Living Facility 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.	

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0 650	Continued From page 1	0 650		
0 650 SS=F	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records contained the required content for one of two employees (unlicensed personnel (ULP)-D). 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 is issued at a widespread scope (when problems	0 650		

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0 650	Continued From page 2 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: ULP-D was re-hired by the licensee October 9, 2024, to provided direct care services to the licensee's residents. R1 and R2's medication administration record for January 2025 included ULP-D's initials indicating ULP-D monitored R1's vital signs, assisted R1 with dressing and administered R2's scheduled evening medications. ULP-D's employee record lacked evidence ULP-D demonstrated competency in administering medications and treatments/therapy services upon rehire. In addition, ULP-D's employee record lacked evidence ULP-D had been supervised within 30 days of performing delegated tasks. On January 16, 2025, at 12:25 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated when ULP-D was rehired, ULP-D should have been retrained and completed new employee orientation in the event there had been any changes in systems or procedures since last employed. ULP-D's employee record did not include competency evaluations in required skills topics when ULP-D was rehired. LALD/CNS-A stated registered nurse (RN)-B completed ULP-D's training in medications and treatments and did not document ULP-D's competencies. On January 15, 2025, at 1:33 p.m., during a telephone interview, ULP-D stated she was	0 650		

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0 650	Continued From page 3 re-trained, and competency tested by RN-B. ULP-D stated on ULP-D's first day of training, RN-B went over medications, insulins, vital signs, ULP-D shadowed other ULPs for five days and ULP-D completed training on Relias (electronic training program). ULP-D stated she was unable to recall if RN-B completed a competency evaluation form at the time of training. The licensee's Unlicensed Personnel Training and Competency-AL (Assisted Living) MN (Minnesota) policy dated March 21, 2024, indicated prior to providing assisted living services to a resident, unlicensed personnel must satisfactory complete a written or oral test or practical skills test on topics. The RN or Licensed Health Professional would document the competency of all unlicensed personnel on all topics identified in the unlicensed person's personnel file. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment 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;	0 780		

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0 780	Continued From page 4 (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so 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 keep the facility in compliance with the Minnesota Fire Code. The deficient conditions have 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). Findings include: On facility tour with the Licensed Assisted Living Director (LALD/CNS)-A and Environmental Safety Director (ESD)-E on January 15, 2025, between 11:30 a.m. and 1:00 p.m. the following deficient conditions were observed:	0 780		

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0 780	Continued From page 5 EXTENSION CORD: The surveyor observed a green extension cord to the TV in the room by the kitchen. The surveyor explained to the LALD/CNS-A and ESD-E extension cords cannot be used for permanent use. EXIT/EMERGENCY LIGHTS: The survey observed the exit/emergency light between resident rooms 7 and 8 did not operate when push button tested. The surveyor asked the ESD-E how often they test the exit/emergency lights and he stated he was new. The surveyor explained to the LALD/CNS-A and ESD-E that the exit/emergency lights shall be push button tested monthly and the 30-minute test conducted annually and that these tests shall be documented. FIRE SPRINKLER HEAD: The survey observed a protective orange plastic cover on the side wall fire sprinkler in the closet by resident room 5. The surveyor explained to the LALD/CNS-A and ESD-E that the cover shall be removed. It was there to protect the head during construction. The deficient conditions were visually verified by the LALD/CNS-A and ESD-E accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		

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01290	Continued From page 6	01290		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure background studies (BGS) were submitted and a clearance received in affiliation with the assisted living licensee's current health facility identification (HFID) for five of eight on-call employees (registered nurse (RN)-F, RN-G, RN-H, RN-J, RN-L). This had the potential to affect all 9 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	01290		

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01290	Continued From page 7 a large portion or all of the residents). The findings include: During entrance conference on January 14, 2025, at 10:03 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee utilized an RN on-call center who were all employed by the licensee's cooperate offices to provide on-call services remotely for the licensee's residents. LALD/CNS-A stated staff were to call the on-call service Monday through Friday 5:00 p.m. to 7:00 a.m., and Friday 5:00 p.m. through Monday 7:00 a.m. The licensee's On Call Nurse Program indicated to call the afterhours phone number Monday 5:00 p.m., to Friday 7:00 p.m., and 24 hours Saturday and Sunday and to call the building nurse Monday through Friday 7:00 a.m., to 5:00 p.m. RN-F RN-F was licensed December 14, 2014, and background study cleared January 15, 2025. RN-F was hired by the licensee's management company March 13, 2023, to provide on-call RN services for multiple sites to include the licensee. RN-G RN-G was licensed May 24, 2012, and background study cleared May 1, 2023. RN-G was hired by the licensee's management company May 8, 2023, to provide on-call RN services for multiple sites to include the licensee. RN-H RN-H was licensed June 28, 1999, and background study cleared June 8, 2023. RN-H was hired by the licensee's management	01290		

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01290	Continued From page 8 company June 12, 2023, to provide RN on-call services for multiple sites to include the licensee. RN-J RN-J was licensed July 9, 2003, and background study cleared February 23, 2023. RN-J was hired by the licensee's management company February 26, 2024, to provide on-call RN services for multiple sites to include the licensee. RN-L RN-L was licensed June 29, 2012, and background study was cleared December 12, 2024. RN-L was hired by the licensee's management company January 6, 2025, to provide RN on-call services for multiple sites to include the licensee. The licensee's Department of Human Services (DHS) NetStudy employee roster dated January 15, 2025, did not include RN-F, RN-G, RN-H, RN-J or indicate their BGSs were affiliated with the licensee's HFID 28089. On January 15, 2025, at 11:09 a.m., regional director of operations (RDO)-N stated the on-call RNs were not employees of the licensee and were hired by [corporate office name] to provide on-call services remotely. RDO-N stated the on-call RNs do not go onsite and strictly provide on-call services remotely. The licensee's On-Call policy dated March 21, 2024, indicated a registered nurse would be available for consultation at all times when staff were providing services to residents or residents and to respond to concerns from residents and their representatives. The facility or agency would make adequate provisions to ensure that RN coverage was available at all times whenever	01290		

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01290	Continued From page 9 staff was providing services, including when regular nursing staff was off duty, on vacation or on sick leave. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
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 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 unlicensed personnel (ULP)-C administered medications as prescribed for one of three residents (R2) who received medication management services by the licensee. 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	01760		

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01760	Continued From page 10 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: During entrance conference on January 14, 2025, from 10:03 a.m. to 10:37 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee provided medication management services to include medication administration. R2's diagnoses included slow transit constipation (slow moving stool through the intestines), syncope and collapse (fainting or passing out), hypertension (high blood pressure), and heart disease. R2's Resident Service Plan/Agreement dated January 1, 2025, indicated R2 received medication administration services. R2's prescriber orders dated January 3, 2025, included the following: -metoprolol succinate 100 milligrams (mg) one tablet daily for hypertension (HTN) and to hold if pulse was below 50 beats per minute; -metoprolol succinate 25 mg one tablet daily for HTN and to hold if pulse was below 50 beats per minute; -acetaminophen 500 mg one tablet three times a day for pain; -aspirin 81 mg one table daily with food for supplementation; -Senexon-S 8.6-50 mg one tablet for loose stool; -polyethylene glycol powder 17 grams (one capful) in 8 ounces of liquid for constipation; and	01760		

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01760	Continued From page 11 -deep sea nasal spray two sprays in each nostril twice a day for dryness. R2's August 2025 Medication Administration Record included the following medications were listed and administered: -metoprolol succinate 100 mg one tablet daily; -metoprolol succinate 25 mg one tablet daily; -acetaminophen 500 mg one tablet three times a day; -aspirin 81 mg one table daily with food; -Senexon-S 8.6-50 mg one tablet; -polyethylene glycol powder 17 grams (one capful) in 8 ounces of liquid; and -deep sea nasal spray two sprays in each nostril twice a day. On January 15, 2025, at 8:00 a.m., the surveyor observed ULP-C prepare and administer the above listed medications R2. After ULP-C administered R2's medications and began to exit R2's room, R2 reminded ULP-C to check her pulse. ULP-C monitored R2's pulse with the use of a pulse oximeter (a small device that clips onto the finger and measures a person's oxygen level and pulse). Immediately following R2's pulse monitoring, ULP-C stated she almost forgot to monitor R2's pulse and should have monitored R2's pulse before administering R2's metoprolol as directed. On January 15, 2025, at 1:33 p.m., LALD/CNS-A stated ULP-C should have monitored R2's pulse as directed before administering R2's metoprolol medications. The licensee's Medication Administration AL (Assisted Living) policy revised November 4, 2024, indicated medications would be administered to residents as prescribed.	01760		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOOSE LAKE VILLAGE ASSISTED LI	1200 TALBOT DRIVE MOOSE LAKE, MN 55767

(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
01760	Continued From page 12 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

MN Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *01/15/25*
Time: 10:30:00
Report: 1027251004

Food and Beverage Establishment Inspection Report

Location:
Moose Lake Village Assisted Li
1200 Talbot Drive
Moose Lake, MN55767
Carlton County, 09

Establishment Info:
ID #: 0037839
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2184858795
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit
Location: SANITIZER WIPES
Violation Issued: No

Hot Water: = at 168 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 34 Degrees Fahrenheit - Location: THERMOMETER
Violation Issued: No

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

Process/Item: Upright Freezer
Temperature: Degrees Fahrenheit - Location: ALL FOODS FROZEN
Violation Issued: No

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

DISCUSSED EMPLOYEE ILLNESS AND EXCLUSIONS, REQUIRED SANITIZER USE, AND GLOVE USE WHEN HANDLING READY TO EAT FOODS.

Type: Full
Date: *01/15/25*
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Report: 1027251004
Moose Lake Village Assisted Li

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 MN Department of Health inspection report number 1027251004 of 01/15/25.

Certified Food Protection Manager: THERESA HEAVIRLAND

Certification Number: FM107154 Expires: 01/25/27

Inspection report reviewed with person in charge and emailed.

Signed: _____
THERESA HEAVIRLAND
MANAGER

Signed: Ian Harrison
Ian H

651-201-4500
health.foodlodging@state.mn.us

Food Establishment Inspection Report

Report #: 1027251004

DEPARTMENT OF HEALTH

MN Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975

No. of RF/PHI Categories Out	0	**Date**	01/15/25
No. of Repeat RF/PHI Categories Out	0	**Time In**	10:30:00
Legal Authority MN Rules Chapter 4626		**Time Out**	

Moose Lake Village Assisted Li	**Address** 1200 Talbot Drive	**City/State** Moose Lake, MN	**Zip Code** 55767	**Telephone** 2184858795
License/Permit # 0037839	**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
Surpervision							
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		
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:** 01/15/25

Inspector (Signature) Dan Harrison