Electronically Delivered

March 11, 2025

Licensee
Gentle Haven LLC
8045 159th Street West
Apple Valley, MN 55124

RE: Project Number(s) SL36562016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 12, 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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 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
	36562	A. BUILDING: _____ B. WING _____	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTLE HAVEN LLC	8045 159TH STREET WEST APPLE VALLEY, MN 55124

(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: SL36562016-0 On February 10, 2024, through February 12, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were three residents; three 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.	
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to	01640		

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01640	Continued From page 1 (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided 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) 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:	01640		

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01640	Continued From page 2 On February 10, 2025, at 9:36 a.m. during the entrance conference, clinical nurse supervisor (CNS)-B stated he set up medications in weekly medication boxes for all residents at the facility. R1 was admitted on December 21, 2024, with diagnoses that included schizophrenia (disorder that affects a person's ability to think, feel and behave clearly). On February 11, 2025, at 8:17 a.m., the surveyor observed unlicensed personnel (ULP)-E administer medications from a pre-filled medication box to R1. R1's service plan dated December 21, 2024, indicated R1 received services to include bedmaking, CPAP (continuous positive airway pressure) (treatment for sleep apnea and other breathing disorders), grooming, behavior management, and medication administration. The service plan did not include medication setup services. In addition, R1's service plan included CPAP services, however, R1 no longer received this service. On February 10, 2025, at 12:32 p.m., licensed assisted living director (LALD)-A stated R1 no longer used his CPAP. LALD-A stated the service plan should be updated when services were added or removed so that it reflects the services being provided to the resident accurately. The licensee's Service Plan Modifications policy dated September 3, 2023, indicated changes to the service plan must be amended in writing and signed by the resident or resident's designated	01640		

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01640	Continued From page 3 representative. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse documented resident-specific instructions for one of one resident (R1) whose medication administration was delegated to unlicensed personnel (ULP). 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	01750		

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01750	Continued From page 4 only occasionally). The findings include: R1 was admitted on December 21, 2024, with diagnoses that included schizophrenia (disorder that affects a person's ability to think, feel and behave clearly). On February 11, 2025, at 8:17 a.m., the surveyor observed ULP-E administer medications to R1. R1's service plan dated December 21, 2024, indicated R1 received services to include medication administration. R1's Medication Administration Record (MAR) dated February 2025, included the following medications: -acetaminophen 650 milligrams (mg); take 650 mg by mouth every 4-6 hours as needed. Maximum of 4,000 mg in a day -calcium carbonate; take 1-2 tablets by mouth every hour as needed. Maximum 10 times per day. R1's signed prescriber orders dated December 23, 2024, included: -acetaminophen 650 mg; take one tablet by mouth every 8 hours as needed for pain. R1's record lacked prescriber orders for calcium carbonate. The licensee failed to have resident-specific instructions regarding when to give acetaminophen every four hours versus every eight hours and when to give one table or two tablets of calcium carbonate.	01750		

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01750	Continued From page 5 On February 11, 2025, at 8:17 a.m., clinical nurse supervisor (CNS)-B stated there were no specific instructions regarding the frequency of administering acetaminophen or regarding the dose for calcium carbonate. The licensee's Medication and Treatment Orders policy dated September 1, 2023, indicated current, written prescriber's order must be obtained for any treatment or medication administration provided to a resident. An order for medication or treatment must contain the name of the resident, a description of the medication, treatment or therapy to be provided and the frequency, duration, and other information needed to carry out the order. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
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.	01760		

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01760	Continued From page 6 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were clarified and transcribed correctly per physician order 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) 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 was admitted on December 21, 2024, with diagnoses that included schizophrenia (disorder that affects a person's ability to think, feel and behave clearly). On February 11, 2025, at 8:17 a.m., the surveyor observed unlicensed personnel (ULP)-E administer medications to R1. R1's service plan dated December 21, 2024, indicated R1 received services to include medication administration. R1's signed prescriber orders dated December 23, 2024, included the following medication orders: -acetaminophen 650 milligram (mg); take one tablet by mouth every eight hours as needed for pain -benzonatate 200 mg; take one capsule by mouth three times daily as needed for cough	01760		

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01760	Continued From page 7 -clonidine 0.1 mg; take one tablet by mouth twice daily as needed for anxiety -hydroxyzine pamoate 50 mg; take one capsule by mouth twice daily as needed for anxiety/insomnia -ibuprofen 600 mg; take one tablet by mouth every eight hours as needed for pain -Ventolin HFA 90 microgram (mcg); inhale two puffs into the lungs every four hours as needed for wheezing cough or shortness of breath -aripiprazole 5 mg; take one tablet by mouth daily (antispsychotic) -fluoxetine 40 mg; take one capsule by mouth once daily (antidepressant) -pantoprazole 40 mg; take one tablet by mouth once daily (acid reflux) -divalproex 500 mg; take three tablets (1500 mg) by mouth at bedtime (anticonvulsant) -benztropine 1 mg; take one tablet by mouth twice daily (anti-tremor) -diclofenac 1% gel; apply four grams topically to affected areas four times daily (pain) R1's Medication Administration Record (MAR) dated February 2025, included the following medications: -acetaminophen 650 milligrams (mg); take 650 mg by mouth every 4-6 hours as needed. Maximum of 4,000 mg in a day. R1's MAR did not include an order for clonidine 0.1 mg. On February 11, 2025, at 9:40 a.m., clinical nurse supervisor (CNS)-B stated R1's medication orders for acetaminophen and clonidine were not transcribed accurately into R1's MAR. The licensee's Medication and Treatment Orders policy dated September 1, 2023, indicated a	01760		

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01760	Continued From page 8 current, written prescriber's order must be obtained for any treatment or medication administration provided to a resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for all medications the provider managed 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) 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 was admitted on December 21, 2024, with diagnoses that included schizophrenia (disorder that affects a person's ability to think, feel and	01820		

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01820	Continued From page 9 behave clearly). On February 11, 2025, at 8:17 a.m., the surveyor observed unlicensed personnel (ULP)-E administer medications to R1. R1's service plan dated December 21, 2024, indicated R1 received services to include medication administration. R1's signed prescriber orders dated December 23, 2024, included the following medication orders: -acetaminophen 650 milligram (mg); take one tablet by mouth every eight hours as needed for pain -benzonatate 200 mg; take one capsule by mouth three times daily as needed for cough -clonidine 0.1 mg; take one tablet by mouth twice daily as needed for anxiety -hydroxyzine pamoate 50 mg; take one capsule by mouth twice daily as needed for anxiety/insomnia -ibuprofen 600 mg; take one tablet by mouth every eight hours as needed for pain -Ventolin HFA 90 microgram (mcg); inhale two puffs into the lungs every four hours as needed for wheezing cough or shortness of breath -aripiprazole 5 mg; take one tablet by mouth daily (antispsychotic) -fluoxetine 40 mg; take one capsule by mouth once daily (antidepressant) -pantoprazole 40 mg; take one tablet by mouth once daily (acid reflux) -divalproex 500 mg; take three tablets (1500 mg) by mouth at bedtime (anticonvulsant) -benztropine 1 mg; take one tablet by mouth twice daily (anti-tremor) -diclofenac 1% gel; apply four grams topically to affected areas four times daily (pain)	01820		

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01820	Continued From page 10 R1's Medication Administration Record (MAR) dated February 2025, included the following medications: -calcium carbonate; take 1-2 tablets by mouth every hour as needed. Maximum 10 times per day. R1's signed prescriber orders did not include an order for calcium carbonate. On February 11, 2025, at 9:40 a.m., clinical nurse supervisor (CNS)-B stated R1's MAR reflected medication orders from a medication list that was provided to the licensee from R1's previous assisted living facility. However, this medication list was not signed by R1's prescriber. CNS-B stated R1's prescriber orders dated December 23, 2024, did not include an order for calcium carbonate. The licensee's Medication and Treatment Orders policy dated September 1, 2023, indicated a current, written prescriber's order must be obtained for any treatment or medication administration provided to a resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		

Minnesota Department of Health
Food, Pools and Lodging Services Section
625 N Robert St
St Paul, MN 55164
651-201-4500

Type: Full
Date: *02/10/25*
Time: 08:58:14
Report: 7963251005

Food and Beverage Establishment Inspection Report

Location:
Gentle Haven Llc
8045 159th Street West
Apple Valley, MN55124
Dakota County, 19

Establishment Info:
ID #: 0037945
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6129139934
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

Hot Water: = at 160 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: MILK
Temperature: 37 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

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

MET WITH MDH NURSE SURVEYOR KASSIE MARKING AND ESTABLISHMENT REPRESENTATIVE STEVE O MANDIEKA. DISCUSSED THE FOLLOWING-

-EMPLOYEE ILLNESS POLICY AND LOG
-VOMIT/FECAL CLEANUP
-PREVENTION OF FOODBOURNE ILLNESS
-SUSCEPTIBLE POPULATION RESTRICTIONS
-SAME-DAY SERVICE OF FOOD

THIS IS A RESIDENTIAL HOME. THE KITCHEN HAS A DISHWASHER AND A TWO COMPARTMENT SINK. THERE IS POPCORN CEILING, LAMINATE COUNTERTOP, PAINTED CABINETS, PAINTED WALLS AND LAMINATE FLOORS.

LAMINATE COUNTERTOP BY THE STOVE HAS BEEN DAMAGED. REPAIR/REPLACE.

Type: Full
Date: *02/10/25*
Time: 08:58:14
Report: 7963251005
Gentle Haven Llc

Food and Beverage Establishment Inspection Report

A FREEZER IS LOCATED IN THE GARAGE.

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 7963251005 of 02/10/25.

Certified Food Protection Manager: Steven O Mandieka

Certification Number: FM 107736 Expires: 09/17/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

Steven O Mandieka

Signed: Peggy Spadafore

Peggy Spadafore
Sanitarian Supervisor
metro
651-201-4500
peggy.spadafore@state.mn.us

Report #: 7963251005

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department of Health
Food, Pools and Lodging Services Section
625 N Robert St
St Paul, MN 55164

No. of RF/PHI Categories Out	0	Date	02/10/25
No. of Repeat RF/PHI Categories Out	0	Time In	08:58:14
Legal Authority MN Rules Chapter 4626		Time Out	

Gentle Haven Llc	**Address** 8045 159th Street West	**City/State** Apple Valley, MN	**Zip Code** 55124	**Telephone** 6129139934
License/Permit # 0037945	**Permit Holder**	**Purpose of Inspection** Full	**Est Type**	**Risk Category**

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item — Mark "X" in appropriate box for COS and/or R

IN= in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

	Compliance Status	COS	R
Supervision			
1	IN OUT	PIC knowledgeable; duties & oversight		
2	IN OUT N/A	Certified food protection manager, duties		
Employee Health			
3	IN OUT	Mgmt/Staff;knowledge,responsibilities&reporting		
4	IN OUT	Proper use of reporting, restriction & exclusion		
5	IN OUT	Procedures for responding to vomiting & diarrheal events		
Good Hygenic Practices			
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		
7	IN OUT N/O	No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands			
8	IN OUT N/O	Hands clean & properly washed		
9	IN OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed		
10	IN OUT	Adequate handwashing sinks supplied/accessible		
Approved Source			
11	IN OUT	Food obtained from approved source		
12	IN OUT N/A N/O	Food received at proper temperature		
13	IN OUT	Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O	Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
15	IN OUT N/A N/O	Food separated and protected		
16	IN OUT N/A	Food contact surfaces: cleaned & sanitized		
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:** 02/11/25

Inspector (Signature) Peggy Spurley