Electronically Delivered

September 11, 2024

Licensee
Sunshine Group Home LLC
125 Magnolia Avenue West
Saint Paul, MN 55117

RE: Project Number(s) SL36922015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 9, 2024, 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
	36922	A. BUILDING: _____ B. WING _____	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE GROUP HOME LLC	125 MAGNOLIA AVENUE WEST SAINT PAUL, MN 55117

(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: SL36922015-0 On August 6, 2024, through August 9, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four residents; four of whom were receiving services under the provider's 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.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This had the potential to affect all residents of the assisted living facility. 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 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 the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 9, 2024, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that	0 680		

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0 680	Continued From page 2 contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, employees, and visitors to the facility. 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 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).	0 680		

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0 680	Continued From page 3 The findings include: On August 7, 2024, at 10:45 a.m., unlicensed personnel (ULP)-B, who functioned as the house manager, provided an Emergency Preparedness binder, and indicated the licensee was actively fixing the EP binder due to the findings of a recent survey at a sister facility The licensee's EP plan dated January 1, 2024, lacked: - process for cooperation and collaboration with local, tribal, regional, State and Federal EP to maintain integrated response. - process for arrangements with other facilities/providers to receive residents in the event of limitation/cessation of operations to maintain the continuity of services to residents. - policies and procedures on volunteers; and - process to address the role of the facility under a waiver declared by the secretary in accordance with section 1135 of the act On August 8, 2024, at 2:00 p.m., ULP-C, who also was the office manager, stated they were responsible for the contents of the EP program. ULP-C stated the areas listed above were overlooked and therefore were missing from the EP plan. The licensee's Emergency Preparedness policy dated July 22, 2021, indicated EP references from CMS State Operations Manual Appendix Z. Additionally, the EP plan/program would be reviewed/updated at least annually. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 680		

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0 680	Continued From page 4 (21) days	0 680		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. 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) 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 7, 2024, at 1:25 p.m., survey staff toured the facility with office manager/consultant (OM/C)-C. During the tour, survey staff observed the following: 1. The carpet was soiled in resident occupied	0 800		

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0 800	Continued From page 5 bedrooms 1 and 2. During the tour interview, OM/C-C verified the condition of the carpet and stated they did not know what had caused the soiling. 2. Window screens were torn in resident occupied bedroom 2 and unoccupied bedroom 3. During the tour interview, OM/C-C verified these screens required repair. 3. The bedroom door panel was cracked for occupied resident room 2. During the tour interview, OM/C-C verified this door required repair. 4. There was a gap between the wall and cove base installed behind the toilet. One section of the cove base was not attached to the wall. When properly installed, cove base protects wall surfaces from moisture and provides an easily cleanable surface. During the tour interview, OM/C-C verified the cove base required repair. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique	0 810		

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0 810	Continued From page 6 or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to develop a fire safety and evacuation plan with the required content and provide required training. 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) 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:	0 810		

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0 810	Continued From page 7 On August 7, 2024, office manager/consultant (OM/C)-C provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and employee evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN The licensee failed to develop and maintain a facility FSEP, evident by the use of templates from a third-party provider. The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The employee actions were limited to the RACE acronym (Remove, Alarm, Confine, Evacuate). The FSEP 9.06 fire policy dated December 15, 2022, inappropriately referenced smoke compartment doors, sprinklers, magnetic door holders, and pull fire alarms.The 9.06 fire policy was designed for a building with life safety systems or a fire-resistant construction type. The FSEP failed to identify specific fire protection procedures necessary for residents evident by limited instructions for employees to remove residents from immediate danger. The FSEP failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency evident by a lack of these procedures in the plan. During an interview on August 7, 2024, at 2:45 p.m., OM/C-C verified the FSEP required revision.	0 810		

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0 810	Continued From page 8 TRAINING Record review indicated the licensee failed to provide fire safety and evacuation training to residents at least once per year evident by a training schedule that did not meet the frequency requirement. A resident training record for fire safety and evacuation dated February 2023 was provided. During an interview on August 7, 2024, at 2:45 p.m., OM/C-C stated residents were trained when they moved in and when the plans changed. OM/C-C verified the training frequency was not met. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents residing in the facility. This practice resulted in a level one violation (a violation that has no potential to cause more than	0 970		

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0 970	Continued From page 9 a 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: On August 8, 2024, at 1:00 p.m., a copy of the facility's assisted living contract was requested and provided. The licensee's [licensee name] Assisted Living Contract Form 5.1, undated, included a waiver of liability which indicated the resident would be liable for all charges accrued or incurred prior to the effective date of termination, regardless of whether the resident vacated the room prior to the effective date of termination and regardless of whether [licensee name] or the resident terminated the Contract. [Licensee name] reserved the right to remove, and the resident would pay the cost of storing any property of the resident remaining in the room after the termination of this Contract. Miscellaneous Provisions: -Insurance Liability and Release. The resident would maintain at all times his or her own health, personal property, liability, automobile (if applicable), and other insurance coverages and shall provide evidence of same by copies of binders or policies provided to [licensee name] upon request. The resident acknowledged that [licensee name] was not an insurer of the resident's person or property. The resident agreed that [licensee name] would not be liable to the resident for any personal injury or property damage (including, without limitation, damage to,	0 970		

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0 970	Continued From page 10 or loss or theft of, automobiles or personal property of resident) suffered by the resident or the resident's agents, guests or invitees, unless and to the extent that the injury or damage was caused by the negligence of [licensee name] or its employees or agents. The resident hereby released [licensee name] from liability for any personal injury or property damage suffered by the resident or the resident's agents, guests, or invitees, unless caused by the negligence of [licensee name] or its employees or agents. Indemnification: [Licensee name] would not be liable for any damage or injury to the resident, or any other person, or to any property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agreed to hold [licensee name] harmless from any claims or damages unless caused solely by negligence of [licensee name]. It was recommended that renter's insurance be purchased at the resident's expense. Nothing contained herein was intended to create a waiver of facility liability for the health and safety or personal property of a resident. Liability: The resident agreed to be liable and responsible for all obligations herein referenced, monetary and otherwise, of the resident and where this Contract had been executed by a party designated below. Or where a separate Responsible Party Agreement had been executed by a third party, said third party and the resident would be jointly and severally liable and responsible for all obligations, monetary and otherwise of the resident herein referenced. On August 8, 2024, at 2:00 p.m., unlicensed personnel (ULP)-B, who was also the house manager, stated the licensee was not aware the licensee's assisted living contract required residents to waive the facility's liability for health,	0 970		

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0 970	Continued From page 11 safety, or personal property. LALD-A stated the licensee received the contract from their lawyer and assumed it would be sufficient and valid. LALD-A further stated the same assisted living contract was used for all residents at the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		

Minnesota Department of Health
Food, Pools, and Lodging Services
625 Robert Street North
St. Paul
6512014500

Type: Full
Date: *08/09/24*
Time: 10:22:16
Report: 1029241239

Food and Beverage Establishment Inspection Report

Location:

Sunshine Group Home Llc
125 Magnolia Avenue West
St Paul, MN55117
Hennepin County, 27

Establishment Info:

ID #: 0038798
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 6124477258
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.

3-500B Microbial Control: hot and cold holding

3-501.16A2 ***** Priority 1 *****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

TEMPERATURE ABUSE IDENTIFIED WITH TCS ITEMS IN REFRIGERATOR. ITEMS DISCARDED BY OPERATOR. OPERATOR ADJUSTED COOLER AND INSTRUCTED TO VERIFY SAFE TEMPERATURES PRIOR TO PLACING ADDITIONAL TCS ITEMS INTO COOLER.

Comply By: 08/09/24

3-500C Microbial Control: date marking

3-501.17B ***** Priority 2 *****

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

DATEMARKING ABSENT FROM SHREDDED CHEESE. OPERATOR INSTRUCTED TO DATE MARK SHREDDED CHEESE AND OTHER TCS ITEMS.

Comply By: 08/09/24

4-300 Equipment Numbers and Capacities

4-302.12B ***** Priority 2 *****

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

NO SMALL DIAMETER PROBE THERMOMETER. OPERATOR INSTRUCTED TO OBTAIN SMALL DIAMETER TEMPERATURE MEASURING DEVICE.

Comply By: 08/16/24

Type: Full
Date: *08/09/24*
Time: 10:22:16
Report: 1029241239
Sunshine Group Home Llc

Food and Beverage Establishment Inspection Report

Food and Equipment Temperatures

Process/Item: MILK
Temperature: 45 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

Process/Item: BUTTER
Temperature: 47 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

Process/Item: SHREDDED CHEESE
Temperature: 48 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

Process/Item: CREAM CHEESE
Temperature: 49 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

Process/Item: SLICED TURKEY
Temperature: 47 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

Process/Item: MILK
Temperature: 44 Degrees Fahrenheit - Location: REFRIGERATOR (DELIVERED 2 HOURS AGO)
Violation Issued: No

Process/Item: TOMATO PASTA SAUCE
Temperature: 47 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

Process/Item: TOMATO PASTA SAUCE
Temperature: 48 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

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

Topics discussed included employee illness reporting and exclusion procedures, handwashing and employee hygiene, sanitizing by heat and by chemical, temperature control, signs of spoilage and contamination, bare-hand-contact and utensil use, and things to look for with packaged products to avoid possible botulism toxin from Clostridium botulinum.

Establishment uses ANSI/NSF 184 GE dishwasher for sanitizing equipment and utensils. Previously used temp sticker showed a possible testing range of 160-180°F but the previously used sticker did not show a clear indication of any temperature reached. Different temp sticker provided to operator with a range of 150 -170°F more in accordance with ANSI/NSF 184 standard. Operator used provided temp sticker on sanitize cycle which subsequently showed the dishwasher reached 160°F at a minimum.

Temperature abuse identified in refrigerator. Internal thermometer read 48°F upon opening. Multiple TCS items in danger zone and discarded by operator. Refrigerator adjusted to a colder setting. Operator instructed to verify safe temperatures by 1:00 p.m. and to not place any additional TCS items into cooler until safe temps were verified. Operator subsequently provided images of the internal thermometer showing an internal (in door) temperature of 38°F.

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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 Minnesota Department of Health inspection report number 1029241239 of 08/09/24.

Certified Food Protection Manager: FEISEL H. MOHAMED

Certification Number: FM118761 Expires: 07/07/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
FEISAL MOHAMED
OWNER

Signed: Trevor McCliment
Trevor McCliment
Public Health Sanitarian
Metro District Office
651-201-3957
trevor.mccliment@state.mn.us

Report #: 1029241239

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department of Health
Food, Pools, and Lodging Services
625 Robert Street North
St. Paul

No. of RF/PHI Categories Out	2	Date	08/09/24
No. of Repeat RF/PHI Categories Out	0	Time In	10:22:16
Legal Authority MN Rules Chapter 4626		Time Out	

Sunshine Group Home Llc	Address: 125 Magnolia Avenue West	City/State: St Paul, MN	Zip Code: 55117	Telephone: 6124477258
License/Permit #: 0038798	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	X	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:** 08/09/24

Inspector (Signature) Trevor McCliment