



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 28, 2023

Licensee
Epiphany Care Homes, LLC
4441 Hunters Ridge Road
Minnetonka, MN 55345

RE: Project Number(s) SL39137015

Dear Licensee:

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

The Minnesota Department of Health completed an initial survey on June 7, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

resident(s)/employee(s) identified in the correction order.

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

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Paul Spencer, Supervisor
State Rapid Response Team
Email: paul.spencer@state.mn.us
Telephone: 651-201-4222 Fax: 651-215-6894
PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2023
NAME OF PROVIDER OR SUPPLIER EPIPHANY CARE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4441 HUNTERS RIDGE ROAD MINNETONKA, MN 55345		
(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 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: SL39137015 On June 5, 2023 through June 7, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four residents received 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 License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. 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 subd. 1, 2, and 3.	
0 800 SS=E	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including	0 800		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 800	Continued From page 1 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 maintain 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 and staff. 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On June 7, 2023, at approximately 10:00 a.m., survey staff toured the facility with the Maintenance Manager (MM)-D. During the facility tour, survey staff observed the following: In bedrooms #1 and #3 on the main level, it was observed that the window crank handle was stripped, and we could not open the window. In bedrooms #5 and #6 on the lower level, it was observed that the window opening crank handle was broken with a missing cover.	0 800		

Minnesota Department of Health

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0 800	Continued From page 2 In lower-level exit door was locked with a code, and the door was marked as egress on the emergency evacuation plan. During the interview, MM-D stated that all staff has access to the key for the door, but residents do not have access to the key. During the facility tour, MM-D visually verified these deficient findings at the time of discovery. 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 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	0 810		

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0 810	Continued From page 3 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, observation, and interview, the licensee failed to develop a fire safety and evacuation plan with the required elements; failed to provide required employee training on fire safety and evacuation; failed to show fire protection procedures necessary for residents and failed to complete required employee evacuation drills. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: An interview and record review of the available documentation were conducted on June 7, 2023, at approximately 10:00 a.m., with the Licensed assisted living director (LALD)-C and Office Manager (OM)-E on the fire safety and evacuation plan, fire safety and evacuation training for the facility, and fire safety and	0 810		

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0 810	Continued From page 4 evacuation drills for the facility. Record review of the available documentation indicated that the fire safety and evacuation plan was not maintained. The licensee provided a copy of the Emergency Preparedness Manual for review, but the manual did not include a fire safety and evacuation provision for the Minnesota Statutes. During the interview, LALD-C stated that she was not aware of any provisions in the fire safety and evacuation plan required by the Minnesota Statutes. LALD-C verified that the fire safety and evacuation plan for the facility lacked these provisions Record review of the available documentation indicated that the Emergency Preparedness Manual did not have employee actions to be taken in the event of a fire or similar emergency. During the interview, LALD-C stated that the fire safety and evacuation plan did not have provisions for this requirement. Record review of the available documentation indicated that the licensee did not have fire protection procedures necessary for residents included in the Emergency Preparedness Manual. During the interview, LALD-C verified that the Emergency Preparedness Manual for the facility lacked these provisions. Record review of the available document indicated that all staff receives emergency and disaster training in orientation and annually, not twice per year after initial hire as required by statute. During the interview, LALD-C stated that the facility considered the fire drills as fire safety and evacuation training educations and did not provide addition training. Record review of the available documentation did	0 810		

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0 810	Continued From page 5 not indicate that the licensee provides annual training to residents who can assist in their own evacuation on the proper actions to take in the event of a fire, including movement, evacuation, or relocation as required by statute. Record review of the available documentation indicated that the licensee did not conduct evacuation drills twice per year per shift and every other month as required by statute. Provided documentation indicated that the drills were conducted on 3-23-23 at 4:30 p.m. with no further drills being documented. LALD-C verified that there were no further documented drills for the facility and verified this deficient condition. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure medications were properly stored and secured. This had the potential to affect all residents in 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, but was not likely to cause serious injury, impairment, or death), and	01880		

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01880	Continued From page 6 is 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). Findings include: During an observation on June 6, 2023, at 8:02 a.m., the surveyor observed a key on the top corner of the medication cart in the kitchen. On June 6, 2023, at 10:38 a.m., the surveyor asked the registered nurse (RN)-A to show the medication cart. RN-A pulled out the drawer and stated it should be locked as it was no locked. She said she could either used the key pad or the key to lock it. She took the key from the corner on top of the medication cart and locked all the drawers. After showing the cart and the refrigerator, RN-A returned the key to where she found it. On June 6, 2023, at 10:40 a.m., the nursing assistant (CNA)-B stated she often keeps the keys on the side of the medication cart in the gloves box. On June 6, 2023, at 11:31 a.m., the Licensed Assisted Living Director (LALD) confirmed that the key to the medication closet should be kept on the staff at all times and that it was found on top of the medication cart in the kitchen. The licensee's policy titled Storage of Medications, dated January 1, 2023, indicated medications managed must be in securely locked and constructed compartments and permit only authorized personnel to have access. Schedule drugs will be stored under a double lock system and stored separately from other medications.	01880		

Minnesota Department of Health

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01880	Continued From page 7 TIME PERIOD FOR CORRECTION: Seven (7) days.	01880			



Minnesota Department of Health

625 Robert Street North
St Paul
651-201-4500

Type: Full
Date: 06/06/23
Time: 12:40:13
Report: 7994231129

Food and Beverage Establishment Inspection Report

Page 1

Location:

Epiphany Care Homes LLC
4441 Hunters Ridge Road
Minnetonka, MN55345
Hennepin County, 27

Establishment Info:

ID #: 0037714
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2677219838
ID #:

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

The following orders were issued during this inspection.

4-300 Equipment Numbers and Capacities

4-302.13A

**** Priority 2 ****

MN Rule 4626.0710A Provide a readily accessible temperature measuring device for measuring the washing and sanitizing temperatures in manual warewashing operations.

DISHWASHER THERMOMETER WAS NOT WORKING DURING INSPECTION. PROVIDE A WORKING THERMOMETER OR OTHER TEST METHODS.

Comply By: 06/06/23

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

INSPECTION CONDUCTED AS PART OF A HRD SURVEY.

WILL EMAIL SUPPORTING DOCUMENTS AND LINKS TO HRD STAFF AT THE END OF THE DAY.

. I SPOKE WITH THE PERSON IN CHARGE ABOUT THIS REPORT AND ANY ITEMS WITHIN.

TEMPERATURES:

MILK 40

PRE PORTIONED MEALS 40

Type: Full
Date: 06/06/23
Time: 12:40:13
Report: 7994231129
Epiphany Care Homes LLC

Food and Beverage Establishment Inspection Report

Page 2

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 7994231129 of 06/06/23.

Certified Food Protection Manager: Melissa Jones

Certification Number: 1113278 Expires: 07/13/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: 
Crystal Elva
Public Health Sanitarian 3
St Paul
651-201-3981
Crystal.Elva@state.mn.us

Report #: 7994231129

Food Establishment Inspection Report



Minnesota Department of Health

625 Robert Street North
St Paul

No. of RF/PHI Categories Out

0

Date 06/06/23

No. of Repeat RF/PHI Categories Out

0

Time In 12:40:13

Legal Authority MN Rules Chapter 4626

Time Out

Epiphany Care Homes LLC

Address

4441 Hunters Ridge Road

City/State

Minnetonka, MN

Zip Code

55345

Telephone

2677219838

License/Permit #
0037714

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 Hygienic 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 procedure 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 procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

COS= corrected on-site during inspection

R= repeat violation

Compliance Status		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 labeled; 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			

Compliance Status		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	X		
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: 06/06/23

Inspector (Signature)