Electronically Delivered

April 22, 2025

Licensee
Greenwood Connections
501 Main Street Northeast
Menahga, MN 56464

RE: Project Number(s) SL20240016

Dear Licensee:

On March 27, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on February 26, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

Electronically Delivered

March 11, 2025

Licensee
Greenwood Connections
501 Main Street Northeast
Menahga, MN 56464

RE: Project Number(s) SL20240016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 26, 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.

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 . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at

the website listed above.

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, 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
	20240	A. BUILDING: _____ B. WING _____	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENWOOD CONNECTIONS	501 MAIN STREET NE MENAHGA, MN 56464

(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: SL20240016-0 On February 24, 2025, through February 26, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 37 residents; 31 receiving services under the assisted living facility license. Immediate correction orders were identified on February 25, 2025, for project SL20240016-0, for tag identification 1290. Tag 1290 was issued at a scope and level of isolated level three (G).	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.	
01290 SS=G	144G.60 Subdivision 1 Background studies required	01290		

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01290	Continued From page 1 (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 a background study was completed for one of one unlicensed personnel (ULP)-E and failed to ensure staff was affiliated with the assisted living license for six of six employees, (registered nurse (RN)- C, ULP-F, ULP-G, ULP-H, ULP-I, ULP-J). This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). This resulted in an immediate correction order issued on February 25, 2025.	01290		

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01290	Continued From page 2 The findings include: During the entrance conference on February 24, 2025, at 9:30 a.m., licensed assisted living director (LALD)-A stated LALD-A was aware of the required contents of employee records. LACKED BACKGROUND STUDY ULP-E was hired August 30, 2018, and began providing services to the assisted living residents on August 1, 2021. ULP-E's background study was affiliated with Menahga Home Health, Health Identification Health Facility Identification (HFID) 3629, which was the comprehensive license held prior to the assisted living license. The comprehensive license was no longer active in NETStudy 2.0. ULP-E's timecard dated January 24, 2025, through February 24, 2025, indicated the ULP-E worked approximately 108 hours during this time with the licensees residents. AFFILIATION The following shared employees had a cleared background study with the campus skilled nursing facility (SNF) HFID 678: RN-C was hired May 4, 2017, and began to provide services to the assisted living residents on August 1, 2021. RN-C's background study clearance letter indicated RN-C's background study was cleared November 9, 2021. ULP-F was hired January 15, 2025, background study clearance letter indicated ULP-F's background study was cleared January 31, 2025. ULP-G was hired August 16, 2022, background study clearance letter indicated ULP-G's	01290		

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01290	Continued From page 3 background study was cleared August 3, 2022. ULP-H was hired October 11, 2024, background study clearance letter indicated ULP-H's background study was cleared October 9, 2024. ULP-I was hired January 15, 2020, and began to provide services to the assisted living residents on August 1, 2021. ULP-I's background study clearance letter indicated ULP-I's background study was cleared January 15, 2023. ULP-J was hired March 13, 2009, and began to provide services to assisted living residents on August 1, 2021. ULP-J's background study clearance letter indicated ULP-F's background study was cleared May 29, 1996. On February 24, 2025, at 2:00 p.m., LALD-A stated ULP-E was the only employee that was not shared by the SNF prior to the assisted living license, all the other staff above were shared employees. The licensee's NETStudy 2.0 Roster with HFID 20240 printed on February 24, 2025, indicated ULP-F, ULP-G and ULP-H were affiliated on February 24, 2025 (after the start of survey). On February 24, 2025, at 3:15 p.m., LALD-A stated LALD-A was unable to locate ULP-E on any of the campus HFID numbers. LALD-A stated she was unaware the background studies would either need to be completed again or affiliated with the assisted living licensure. LALD-A stated it has been confusing as the Green Pine Acres Nursing facility was the operator, but Greenwood Connections was the registered name.	01290		

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01290	Continued From page 4 The licensee's undated ADM-8.0 Background Checks policy indicated all employees; as well as contractors, and regularly scheduled volunteers of the facility with direct resident contact will undergo a background study the Department of Human Services (DHS). Only those with satisfactory results will continue to work with the facility and its residents. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	01290		
01500 SS=F	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging	01500		

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01500	Continued From page 5 behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees performing direct care services completed the required annual training for three of three employees (clinical nurse supervisor (CNS)-B, unlicensed personnel (ULP)-G, ULP-I). This had the potential	01500		

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01500	Continued From page 6 to affect all 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). The findings include: CNS-B CNS-B was hired on September 8, 2014, began to supervise and provide direct care to the licensee's residents on August 1, 2021. CNS-B's employee record lacked evidence CNS-B successfully completed annual training in 2024 as required to include: -review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; and -a review of provider's policies and procedures. ULP-G ULP-G was hired on August 16, 2022, to provide direct care to the licensee's residents. ULP-G's employee record lacked evidence ULP-G successfully completed annual training in 2024 as required to include: -review of provider's policies and procedures; -effective approaches for communication with residents with dementia, Alzheimer's disease or related disorders; and -principles of person-centered planning and service delivery and how they apply to direct	01500		

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01500	Continued From page 7 support services provided by the staff person. ULP-I ULP-I was hired on January 15, 2020, and began to provide direct care to the licensee's residents on August 1, 2021. ULP-I's employee record lacked evidence ULP-I successfully completed annual training in 2024 as required to include: -training on reporting of maltreatment of vulnerable adults under section 626.557; -review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; -review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; -review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and -the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. On February 26, 2025, at 11:15 a.m., CNS-B stated annual training starts January 1 and goes through December 31 each calendar year. On February 26, 2025, at 11:25 a.m., licensed assisted living director (LALD)-A, CNS-B and surveyor reviewed CNS-B, ULP-G, and ULP-I's	01500		

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01500	Continued From page 8 training documents. LALD-A and CNS-B stated annual training was not complete for CNS-B, ULP-G, and ULP-I. LALD-A stated the human resources department (HR) assigned the annual training. LALD-A stated HR hired new personnel in 2024 and the new HR personnel did not assign the proper annual training. The licensee's undated HRM-1.0 Assisted Living Annual Training policy indicated all assisted living employees will complete annual education on the following topics: -reporting of maltreatment of vulnerable adults under section 626.557 -assisted living bill of rights; -staff responsibility related to ensuring the exercise and protection in the assisted living bill of rights; -infection control techniques used in the home and implementation of infection control standards including, hand washing, need for and use of protective gloves, gowns, and masks, appropriate disposal of contaminated materials and equipment such as dressings, needles, syringes, and razor blades, disinfecting reusable equipment, disinfecting environmental surfaces and reporting communicable diseases; -effective approaches for problem solving when working with challenging behaviors; -effective approaches for communication with residents with dementia, Alzheimer's disease or related disorders; -review of policies and procedures relating to the provision of assisted living services and how to implement them; -principles of person-centered planning and service delivery; -how person-centered planning and service delivery applies to direct support services provided by staff; and	01500		

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01500	Continued From page 9 -emergency and disaster training. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		
01530 SS=D	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by:	01530		

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01530	Continued From page 10 Based on interview and record review, the licensee failed to ensure one of three employees (unlicensed personnel (ULP)-G) received at least two hours of dementia training for each 12 months of employment. 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: ULP-G was hired on August 16, 2022, to provide direct care to the licensee's residents. ULP-G's employee record indicated ULP-G completed one hour of the two-hour requirement for annual dementia training. On February 26, 2025, at 11:15 a.m., clinical nurse supervisor (CNS)-B stated annual training starts January 1 and goes through December 31 each calendar year. On February 26, 2025, at 11:25 a.m., licensed assisted living director (LALD)-A, CNS-B and surveyor reviewed ULP-G's training documents. LALD-A and CNS-B stated ULP-G's annual dementia training lacked one hour of the two-hour requirement for 2024. LALD-A stated the human resources department (HR) assigned the annual training. LALD-A stated HR had hired new personnel in 2024 and the new HR personnel did not assign the proper annual training.	01530		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENWOOD CONNECTIONS	501 MAIN STREET NE MENAHGA, MN 56464

(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
01530	Continued From page 11 The licensee's HRM 3.0 Assisted Living Dementia Training policy indicated assisted living staff would receive required training on dementia care during orientation and annually. Direct-care employees will have a minimum of two hours on training topics related to dementia for each 12 months of employment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01530		

Minnesota Department of Health
Fergus Falls District
2312 College Way
Fergus Falls
218-332-5150

Type: Full
Date: *02/25/25*
Time: 11:30:00
Report: 1049251042

Food and Beverage Establishment Inspection Report

Location:
Greenwood Connections
501 Main Street Ne
Menahga, MN56464
Wadena County, 80

Establishment Info:
ID #: 0039264
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2185644101
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.

Food and Equipment Temperatures

Process/Item: Hot Holding
Temperature: 176 Degrees Fahrenheit - Location: Meatloaf
Violation Issued: No

Process/Item: Hot Holding
Temperature: 186 Degrees Fahrenheit - Location: Peas
Violation Issued: No

Process/Item: Hot Holding
Temperature: 188 Degrees Fahrenheit - Location: Green Beans
Violation Issued: No

Process/Item: Hot Holding
Temperature: 166.5 Degrees Fahrenheit - Location: Fried Chicken
Violation Issued: No

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

INSPECTOR MET WITH MDH NURSE EVALUATOR. THE ASSISTED LIVING KITCHEN IS A SERVING KITCHEN. THE NURSING HOME PREPARES AND COOKS ALL OF THE FOOD FOR THE ASSISTED LIVING. THE FOOD WAS MAINTAINING PROPER TEMPERATURE IN A HOT HOLDING UNIT.

THE ASSISTED LIVING KITCHEN CONSISTED OF TILE FLOORING, LAMINATE COUNTERTOPS, POPCORN CEILING, AND PAINTED WALLS.

Type: Full
Date: *02/25/25*
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Greenwood Connections

Food and Beverage Establishment Inspection Report

Things to Remember:

1. The Certified Food Manager should be routinely conducting self inspections to ensure that employees are following proper food handling practices.

2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up to date employee illness log.

3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.

4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

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 1049251042 of 02/25/25.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Signed:_____
Establishment Representative

Signed: *Stephanie Reynolds*
Stephanie Reynolds
Public Health Sanitarian
Fergus Falls
218-332-5179
stephanie.reynolds@state.mn.us

Report #: 1049251042

Food Establishment Inspection Report

Minnesota Department of Health
Fergus Falls District
2312 College Way
Fergus Falls

No. of RF/PHI Categories Out	0
No. of Repeat RF/PHI Categories Out	0
Legal Authority MN Rules Chapter 4626	

Date 02/25/25
Time In 11:30:00
Time Out

	Address	City/State	Zip Code	Telephone
Greenwood Connections	501 Main Street Ne	Menahga, MN	56464	2185644101

License/Permit #	Permit Holder	Purpose of Inspection	Est Type	Risk Category
0039264		Full		

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:** 02/25/25

Inspector (Signature) Stephanie Reynolds