



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)
SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|--|--|---|--------------------------------|
| Establishment Name <i>Northwood Manor</i> | Telephone Number <i>765</i> Establishment <i>662-4700</i> Owner | Date of Inspection (mm/dd/yr) <i>11-8-19</i> | ID # <i>27</i> |
| Establishment Address (number and street, city, state, ZIP code) <i>1590 W Tiberview DR</i> | Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) | Follow-up <i>NO</i> | Release Date <i>10 days</i> |
| Owner <i>Five STAR Senior Living</i> | Owner's Address <i>400 Centre St</i> | Summary of Violations: <i>C <u>1</u> NC <u>—</u> R <u>—</u></i> | |
| Person in Charge <i>Amanda Tucker</i> | Responsible Person's E-mail <i>—</i> | Menu Type (See back of page) <i>1 <u>—</u> 2 <u>—</u> 3 <u>/</u> 4 <u>—</u> 5 <u>—</u></i> | |
| Certified Food Handler <i>Chelsey Strausbaugh exp 6/2023</i> | <ul style="list-style-type: none"> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" | | |

| Section# | C/NC | R | Narrative | To Be Corrected By |
|------------|----------|---|--|--------------------|
| <i>295</i> | <i>C</i> | | <i>metal container holding plastic cups is sited on inside w/ cheese</i> | <i>To Day</i> |
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|---|---|
| Received by (name and title printed): <i>AMANDA TUCKER</i> | Inspected by (name and title printed): <i>Drew Small RSB</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature] RSB</i> |
| cc: | cc: |

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone: 765-651-2401

Fax: 765-651-2419

DATE: 11.9.19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 11-9-19.

DATE: 11.9 Action Taken: 3RD PAN TAKEN & WASHED REPLACED WITH NEW CLEAN CONTAINER. SPOKE WITH STAFF ABOUT REGULARLY CHECKING & CHANGING STORAGE CONTAINERS AND THE IMPORTANCE OF DOING THAT.

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: AMANDA TUCKER Title: FOOD & BEV DIRECTOR

Establishment Name: NORTH WOOD MANOR

Address: 1590 W. TIMBERVIEW DR.

Attach additional sheets as needed.