



**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 Northwood Manor	Telephone Number (765) Establishment (662) Owner 4700	Date of Inspection (mm/dd/yr) 8-26-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1590 W Tiber View Dr Marion	Purpose: 1. Routine	Follow-up NO	Release Date 10 days
Owner Five Star Senior Living	2. Follow-up	Summary of Violations: C 1 NC 2 R 1	
Owner's Address 400 Centre St Newton MA	3. Complaint	Menu Type (See back of page) 1 2 3 X 4 5	
Person in Charge Erica Vosberg	4. Pre-Operational		
Responsible Person's E-mail _____	5. Temporary		
Certified Food Handler ERICA Vosberg Exp 11-11-2022	6. HACCP		
	7. Other (list)		

• 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
295	NC		THE FOLLOWING NON FOOD CONTACT ITEMS ARE SOILED WITH DRIED FOOD DEBRIS 1) INSIDE RACKS ON FREEZER OF G-E FRIDGE 2) HANDLES ON DOORS OF TRUE FREEZER	TODAY
308	NC	X	THE HVAC CEILING VENTS ARE SOILED WITH LINT DEBRIS INCLUDING CEILING TILES AROUND HVAC ALSO TO INCLUDE LIGHTS ON CEILING THROUGH OUT KITCHEN	Removed
191	C		THE FOLLOWING ITEMS WERE OUT OF SET DATE MARKED: 1) Pineapple dated 8-4-2020 2) SWEET CAKE DATED 7-23-2020	

Received by (name and title printed): Erica Vosberg	Inspected by (name and title printed): Scott Kikendall / Dean Small
Received by (signature): <i>Erica Vosberg</i>	Inspected by (signature): <i>Scott Kikendall / Dean Small</i>
cc:	cc:

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 8.26.20

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 8-26-20.

DATE: 8-26 295 ^{Action Taken: (GE)} FREEZER COMPLETELY CLEANED OUT TODAY

8-26 295 TRUE FREEZER HANDLES SPRAYED W/ DEGREASER + WIPED DOWN TODAY

8-26 308 MAINTENANCE WORK ORDER PUT IN TO CLEAN HVAC, CEILING VENTS + LIGHTS. TO BE COMPLETED BY MONDAY AUG. 31ST STARTING TODAY

8-26 191 MISDATED CAKE DISCARDED. PINEAPPLE DISCARDED TODAY

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

Name of Respondent: AMANDA TUCKER Title: FOOD + BEVERAGE DIRECTOR

Establishment Name: NORTHWOOD MANOR

Address: 1590 W. TIMERVUE DR.