DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 29, 2026

Licensee
Residential Care Nine Mile Creek
6520 Portland Avenue
Richfield, MN 55423

RE: Project Number(s) SL33756016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 23, 2026, 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.

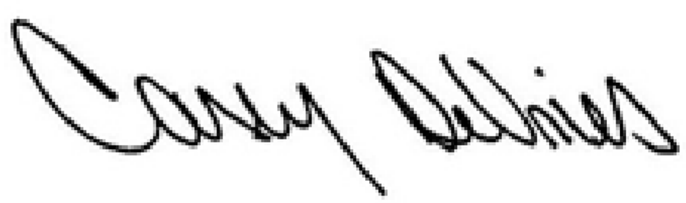
To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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.

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,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33756	A. BUILDING: _____ B. WING _____	09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL CARE NINE MILE CRK	6520 PORTLAND AVENUE RICHFIELD, MN 55423

(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: SL33756016-0 On September 21, 2026, through September 23, 2026, 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 six residents: all of whom received services under the 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.	
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a	01060		

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01060	Continued From page 1 resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process	01060		

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01060	Continued From page 2 in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation for one of one resident (R5). 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 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: R1 was admitted to the licensee on October 18, 2018, with diagnoses including manic episodes r/t bipolar disorder, cocaine use disorder, nicotine dependent, hypothyroid, hypertension, left foot pain, hidradenitis, and asthma/COPD. R1's service plan signed and dated July 15, 2026, indicated R1 received assistance with medication and treatment administration, bathing, dressing, hygiene, grooming, continence care, personal laundry, housekeeping, shopping, assistance making appointments, transportation, positioning and transfers, assistance with walking, socialization, other delegated clinical tasks, managing anxiety, repetitive behavior, agitation, self-injurious behavior, verbal aggression, and other cognitive and mental health needs. R1's After Visit Summary (AVS) electronically	01060		

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01060	Continued From page 3 signed and dated July 15, 2026, indicated R1 was admitted to the hospital on July 9, 2026, and discharged on July 15, 2026. R1's record lacked evidence of a written notice was provided that contained, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal; and - a notice to the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. On September 23, 2026, at 1:24 p.m., clinical nurse supervisor (CNS)-C stated the emergency relocation form was not done, but they were aware that they were supposed to provide residents with an emergency relocation form. CNS-C stated they did have the forms ready and available for use, but they had to retrain their staff and the housing managers to fill them out. CNS-C also stated they were aware that they were supposed to inform the ombudsman if the resident stayed out of the facility for more than four days.	01060		

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01060	Continued From page 4 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a medication was labeled with the resident's name for one of one resident (R1) who utilized insulin. 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 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: R1 was admitted to the licensee on October 18, 2018, with diagnoses including manic episodes r/t bipolar disorder, cocaine use disorder, nicotine dependent, hypothyroid, hypertension, left foot pain, hidradenitis, and asthma/COPD.	01890		

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01890	Continued From page 5 R1's service plan signed and dated July 15, 2026, indicated R1 received assistance with medication and treatment administration, bathing, dressing, hygiene, grooming, continence care, personal laundry, housekeeping, shopping, assistance making appointments, transportation, positioning and transfers, assistance with walking, socialization, other delegated clinical tasks, managing anxiety, repetitive behavior, agitation, self-injurious behavior, verbal aggression, and other cognitive and mental health needs. On September 21, 2026, at 12:20 p.m., the surveyor observed insulin administration to R1 by unlicensed personnel (ULP)-A. The surveyor observed Lantus insulin pen and Novolog insulin pen placed in a plastic bag without an identifying name label and no opened-on date. The surveyor asked ULP-A whose insulin pen it was and ULP-A stated it was R1's insulin pen. ULP-A stated they knew it was R1's insulin because they got it from R1's cubby. ULP-A stated the pen did not have opened on dated, "I always write the opened-on date on the pen, I do not know why it was not written." On September 22, 2026, at 10:34 a.m., clinical nurse supervisor (CNS)-C stated the opened on date had to be on the pens because the insulin pens had to be discarded within 28 days of opening. CNS-C stated the name label also had to go on the pen; CNS-C stated, "I think they forgot to put the label and opened on date on it." A Novolog Insulin Aspart Injection 100 unit/ml Highlights of Prescribing Information PDF document last revised February 2023 indicated the NovoLog pen in use has to be discarded after 28 days even if it still has insulin left in it.	01890		

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01890	Continued From page 6 A Sanofi-aventis U.S LLC PDF document last revised August 2022, entitled How to Use Your Lantus Solostar Pen read, "HOW TO STORE YOUR OPENED LANTUS SOLOSTAR PEN After its first use, don't refrigerate the Lantus SoloStar pen. Keep it at room temperature only (below 86°F). After 28 days, throw your opened Lantus pen away-even if it still has insulin in it." The licensee's undated 7.36 Insulin policy dated June 30, 2021, read, " POLICY: Only properly trained staff of Residential Care at Nine Mile Creek may provide medication assistance or administration. ULP must be trained, and competency tested by a RN, with documentation on file. Insulin medications must be administered according to the prescribers' orders. PROCEDURE: 1. Medications always need to be administered according to the "6 Rights" o Right person o Right medication o Right time o Right route (i.e., by mouth, eye drop, to the skin) o Right dose (i.e., how many milligrams, drops) o Right chart/record to document that the medication was taken 2. Some important tips to remember when assisting residents with self-administered insulin medications are: A. Always know what medications you are giving, what effect they have, and what their side effects are. If you are not sure about any medications, check your medication reference manual and/or call the nurse. B. Medications should be set up, given to the	01890		

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01890	Continued From page 7 individual, and documented by the same staff member. Do not give out medications that another person has set up. C. To avoid confusion, it is best to give the medications as quickly as possible after they are set up. Set up the medications for one person, give them to the person, and document that they were given before you set up the medications for the next person. D. Always wash your hands before setting up medications and at any time during the process if your hands have been contaminated. (See hand washing procedure) E. Compare the information of the MAR with the label on the medication container. The following information should be in all the places: o Resident name o Name of the medication o The strength and dosage of the medication o The route o The time that the medication is to be given o Any special instructions F. If you cannot read the label, or if the MAR and the label do not all say the same thing, stop and call the nurse for instructions. The directions on the label and the MAR should be the same. 3. Read the label and compare it with the information on the MAR three (3) times to make sure that you haven't made a mistake. 4. Provide privacy for the individual. Tell him/her what you are going to do. 5. Review the MAR, if resident needs glucose monitoring, do before resident gives insulin to himself or herself. 6. Chart the accu check results on the MAR. 7. Roll the insulin between your hands to gently mix the insulin. Hand the resident the syringe and the insulin for them to draw up or dial up their insulin. Give them an alcohol wipe to clean the top of the insulin bottle.	01890		

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01890	Continued From page 8 8. Confirm accuracy of dose with prescriber order 9. Monitor the resident injecting the medication. 10. Instruct the resident to place the used syringe in the Sharps container. 11. Replace the medication in the appropriate container. 12. Wash hands. 13. Document that you observed the resident injecting the insulin." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one unlicensed personnel (ULP)-A followed appropriate medication administration procedures. 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	02320		

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02320	Continued From page 9 cause 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). The findings include: R1 was admitted to the licensee on October 18, 2018, with diagnoses including manic episodes r/t bipolar disorder, cocaine use disorder, nicotine dependent, hypothyroid, hypertension, left foot pain, hidradenitis, and asthma/COPD. R1's service plan signed and dated July 15, 2026, indicated R1 received assistance with medication and treatment administration, bathing, dressing, hygiene, grooming, continence care, personal laundry, housekeeping, shopping, assistance making appointments, transportation, positioning and transfers, assistance with walking, socialization, other delegated clinical tasks, managing anxiety, repetitive behavior, agitation, self-injurious behavior, verbal aggression, and other cognitive and mental health needs. R1's After Visit Summary (AVS) electronically signed and dated July 15, 2026, indicated the following insulin order for R1: Insulin aspart 100 UNIT/ML pen Also known as: NovoLOG PEN. Inject 1-7 Units subcutaneously 3 times daily (before meals). 1 unit if blood glucose (BG) 140-189, 2 units if BG 190-239, 3 units if BG 240-289, 4 units if 290-339, 5 units if BG 340-399, 6 units if BG 400-499, 7 units if BG > 450. On September 21, 2026, at 12:20 p.m., the surveyor observed insulin administration to R1 by unlicensed personnel (ULP)-A. The surveyor	02320		

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02320	Continued From page 10 observed the insulin was not labeled with the resident's name, and there was no opened-on date on the pen. ULP-A checked R1's BG and it was 196. ULP-A checked R1's order on the medication administration record (MAR) and stated R1 gets 2 units of insulin. The surveyor observed ULP-A clean the tip of the Novolog insulin pen, dial it and then push the injector. ULP-A stated that he was priming the pen by pushing the injector; then ULP-A cleaned the resident's abdomen and moved to administer; the surveyor intervened and asked if ULP-A had re-dialed the insulin pen to two units after priming. ULP-A explained that they initially dialed the pen to three units and then they pushed the injector a little bit to prime and then was going to administer the remainder; the surveyor observed the insulin pen was dialed to three units after the priming. The surveyor asked ULP-A to confirm the number of units dialed on the pen. ULP-A stated, "almost two", then ULP-A dialed it back to two units and administered. On September 22, 2026, at approximately 10:40 a.m., the surveyor explained the above-mentioned insulin administration observation to clinical nurse supervisor (CNS)-C and asked if that was the right procedure. CNS-C stated that was not the standard practice at the licensee's facility, ULP-A was trained to dial the insulin pen to two units; push the injector for priming and then dial the insulin pen to the appropriate number of units per the MAR and then administer it to the resident. On September 22, 2026, at approximately 11:00 a.m., ULP-A stated they had been administering insulin for a long time, and they were a little overconfident.	02320		

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02320	Continued From page 11 ULP-A's employee record included a Skill Competency Medication and Treatment Insulin Pens completed on November 8, 2019, which indicated the ULP passed the competency. The licensee's undated 7.36 Insulin policy dated June 30, 2021, read, " POLICY: Only properly trained staff of Residential Care at Nine Mile Creek may provide medication assistance or administration. ULP must be trained, and competency tested by a RN, with documentation on file. Insulin medications must be administered according to the prescribers' orders. PROCEDURE: 1. Medications always need to be administered according to the "6 Rights" o Right person o Right medication o Right time o Right route (i.e., by mouth, eye drop, to the skin) o Right dose (i.e., how many milligrams, drops) o Right chart/record to document that the medication was taken 2. Some important tips to remember when assisting residents with self-administered insulin medications are: A. Always know what medications you are giving, what effect they have, and what their side effects are. If you are not sure about any medications, check your medication reference manual and/or call the nurse. B. Medications should be set up, given to the individual, and documented by the same staff member. Do not give out medications that another person has set up. C. To avoid confusion, it is best to give the medications as quickly as possible after they are set up. Set up the medications for one person,	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33756	A. BUILDING: _____ B. WING _____	09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL CARE NINE MILE CRK	6520 PORTLAND AVENUE RICHFIELD, MN 55423

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02320	Continued From page 12 give them to the person, and document that they were given before you set up the medications for the next person. D. Always wash your hands before setting up medications and at any time during the process if your hands have been contaminated. (See hand washing procedure) E. Compare the information of the MAR with the label on the medication container. The following information should be in all the places: o Resident name o Name of the medication o The strength and dosage of the medication o The route o The time that the medication is to be given o Any special instructions F. If you cannot read the label, or if the MAR and the label do not all say the same thing, stop and call the nurse for instructions. The directions on the label and the MAR should be the same. 3. Read the label and compare it with the information on the MAR three (3) times to make sure that you haven't made a mistake. 4. Provide privacy for the individual. Tell him/her what you are going to do. 5. Review the MAR, if resident needs glucose monitoring, do before resident gives insulin to himself or herself. 6. Chart the accu check results on the MAR. 7. Roll the insulin between your hands to gently mix the insulin. Hand the resident the syringe and the insulin for them to draw up or dial up their insulin. Give them an alcohol wipe to clean the top of the insulin bottle. 8. Confirm accuracy of dose with prescriber order 9. Monitor the resident injecting the medication. 10. Instruct the resident to place the used syringe in the Sharps container. 11. Replace the medication in the appropriate	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02320	Continued From page 13 container. 12. Wash hands. 13. Document that you observed the resident injecting the insulin." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

Rochester District Office
Minnesota Department of Health
3425 40th Ave NW, Suite 115
Rochester, MN 55901
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

RESIDENTIAL CARE NINE MILE CRE
6520 PORTLAND AVENUE
Richfield, MN 55423
Hennepin County
Parcel:

Phone:
rescareninemile@gmail.com

License Info

License: HFID 33756

Risk:
License:
Expires on:
CFPM: Abdifatah H. Mohamed
CFPM #: 119617; Exp: 11/06/2026

Inspection Info

Report Number: F8044261364
Inspection Type: Full - Single
Date: 9/22/2026 Time: 11:01:48 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

HRD inspection conducted with nurse evaluator Dee Morissa. Inspection report reviewed on site with Sadiq.

Domestic kitchen consists of tile floors, painted walls, textured ceilings, wooden hollow base cabinets, granite counters, and domestic equipment.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Rochester District Office inspection report number F8044261364 from 9/22/2026

Establishment Representative

Michael DeMars, RS
Public Health Sanitarian 3
michael.demars@state.mn.us

Rochester District Office
Minnesota Department of Health
3425 40th Ave NW, Suite 115
Rochester, MN 55901

Temperature Observations/Recordings

Establishment Info

RESIDENTIAL CARE NINE MILE CRE
Richfield
County/Group: Hennepin County

Inspection Info

Report Number: F8044261364
Inspection Type: Full
Date: 9/22/2026
Time: 11:01:48 AM

Food Temperature: Product/Item/Unit: Hot dogs**; Temperature Process:** Cold-Holding
Location: Large Refrigerator at 39.5 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: ; Temperature Process: Cold-Holding
Location: Large Refrigerator at 35.0 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Potato salad**; Temperature Process:** Cold-Holding
Location: Small Refrigerator at 38.1 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: ; Temperature Process: Cold-Holding
Location: Small Refrigerator at 38.0 Degrees F.
Comment:
Violation Issued?: No

Rochester District Office
Minnesota Department of Health
3425 40th Ave NW, Suite 115
Rochester, MN 55901

Sanitizer Observations/Recordings

Establishment Info

RESIDENTIAL CARE NINE MILE CRE
Richfield
County/Group: Hennepin County

Inspection Info

Report Number: F8044261364
Inspection Type: Full
Date: 9/22/2026
Time: 11:01:48 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Equal To** 100 PPM
Comment:
Violation Issued?: No