Electronically Delivered

October 21, 2026

Licensee
North Star Assisted Living
400 South McKinley Street
Warren, MN 56762

RE: Project Number(s) SL29839016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 29, 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,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 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
	29839	A. BUILDING: _____ B. WING _____	09/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH STAR ASSISTED LIVING	400 SOUTH MCKINLEY STREET WARREN, MN 56762

(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: SL29839016-0 On September 28, 2026, through September 29, 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 13 residents; 13 receiving services under the Assisted Living Facility 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 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 oMinnesota Department of Health is documenting the State Correction Orders using federal software. Tag ut 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.	

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0 630	Continued From page 1	0 630		
0 630 SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of two residents (R2). 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: During the entrance conference on September 28, 2026, at 10:11 a.m., licensed assisted living director (LALD)-A stated the licensee was familiar with current minimum assisted living	0 630		

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0 630	Continued From page 2 requirements. R2's diagnoses included depression, anxiety, congestive heart failure (CHF), and schizophrenia (affects a person's ability to think, feel and behave clearly). R2's Service Plan- Modification dated September 24, 2026, indicated R2's services included medication administration, assistance with bathing, grooming, dressing, compression stockings, laundry, and housekeeping. On September 28, 2026, at 11:59 a.m., the surveyor observed unlicensed personnel (ULP)-F administer R2's scheduled medication. R2's Pre-Admission Assessment and Admission Assessment, dated July 30, 2026, and July 31, 2026, respectively, indicated R2 was a risk for self-abuse. R2's record lacked R2's risk of being abused and R2's risk of abusing other vulnerable adults. On September 29, 2026, at 1:18 p.m., registered nurse (RN)-C stated the licensee's template for assessments included questions to answer for a resident's risk of being abused and the risk of abusing other vulnerable adults, however, the questions were missed and not answered on R2's assessments. RN-C further stated RN-C was aware of the required content of an IAPP. The licensee's Individual Abuse and Prevention Plan policy dated July 25, 2024, indicated the IAPP will contain an individualized review or assessment of the person's (resident's) susceptibility to abuse by another individual, including other vulnerable adults, and the person's (resident's) risk of abusing other	0 630		

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0 630	Continued From page 3 vulnerable adults. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and	01730		

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01730	Continued From page 4 (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) developed and maintained a current individualized medication management plan for each resident to include all required content for one of two residents (R2). 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: During the entrance conference on September 28, 2026, at 10:15 a.m., licensed assisted living director (LALD)-A stated the licensee provided medication management services to residents at	01730		

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01730	Continued From page 5 the facility. R2's diagnoses included depression, anxiety, congestive heart failure (CHF), and schizophrenia (affects a person's ability to think, feel and behave clearly). R2's Service Plan- Modification dated September 24, 2026, indicated R2's services included medication administration. On September 28, 2026, at 11:59 a.m., the surveyor observed unlicensed personnel (ULP)-F administer R2's scheduled medication. R2's Individual Medication Management Plan dated July 31, 2026, and Assessment dated July 31, 2026, indicated the following: -staff to administer medications as ordered, whole with water; -nurse and support staff monitor medication supply and reorders as needed; -RN on-call 24/7 as a method for ULPs to contact if questions or concerns arise; and -current list of medications reviewed, including the reason taken, dosage, frequency of use, and route administered or taken. R2's record lacked evidence, R2's individual medication management plan included the following required content: -a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; -identification of medication management tasks that may be delegated to ULPs; and -any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered	01730		

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01730	Continued From page 6 as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. On September 29, 2026, at 1:19 p.m., RN-C stated the licensee was aware of the required content in a resident's individual medication management plan. Clinical nurse supervisor (CNS)-B further stated the licensee's template for assessments included all required content noted above, however, CNS-B stated the questions were missed (not answered) on R2's assessment. The licensee's Medication Management and Treatment Orders for Assisted Living policy dated February 24, 2024, indicated (licensee name) will develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following (this is listed in the assessments of RTasks (online medical record system)): -a statement describing the medication management services that will be provided; -a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; -documentation of specific resident instructions relating to the administration of medications; -identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; -identification of medication management tasks that may be delegated to ULPs; -procedures for staff notifying an RN or appropriate licensed health professional when a problem arises with medication management services; and	01730		

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01730	Continued From page 7 -any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
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 medications were maintained bearing the original prescription label with legible information in one of one medication cart. 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).	01890		

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01890	Continued From page 8 The findings include: During the entrance conference on September 28, 2026, at 10:15 a.m., licensed assisted living director (LALD)-A stated the licensee provided medication management services to residents at the facility. On September 29, 2026, at 7:27 a.m., the surveyor reviewed the medication cart with unlicensed personnel (ULP)-F and observed a Symbicort 80 micrograms (mcg)- 4.5 mcg inhaler without a prescription label. ULP-F stated the Symbicort inhaler was for R2, the Symbicort inhaler was usually stored in the box from the pharmacy bearing the prescription label, however, the Symbicort box had recently been removed from the medication cart to order a refill from the pharmacy, and the box was thrown away. On September 29, 2026, at 1:01 p.m., clinical nurse supervisor (CNS)-B stated prescribed inhalers were supposed to be stored in the original box from the pharmacy with a prescription label. The licensee's Medication Management and Treatment Orders for Assisted Living policy dated February 24, 2024, indicated the prescription drug must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

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02410	Continued From page 9	02410		
02410 SS=D	144G.91 Subd. 13 Personal and treatment privacy (a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan. (b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan. (c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure privacy was maintained for one of six residents (R4) during medication management services in a nonprivate area. 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	02410		

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02410	Continued From page 10 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: During the entrance conference on September 28, 2026, at 10:15 a.m., licensed assisted living director (LALD)-A stated the licensee provided medication management services to residents at the facility. On September 29, 2026, at 8:26 a.m., the surveyor observed R4 sitting at the dining room table with two other residents. The surveyor observed unlicensed personnel (ULP)-F place one eye drop of Dorzolamide HCl/Timolol into each of R4's eyes and administered R4's oral medications. The surveyor did not observe ULP-F offer R4 to move to a private area or to R4's room prior to the administration of the eye drops. In addition, the surveyor did not observe ULP-F ask the other two residents at the table if they were comfortable with having the eye drops administered at the dining room table. Immediately following the observation, ULP-F stated R4 preferred to have eye drops administered at the dining room table. On September 29, 2026, at 1:03 p.m., clinical nurse supervisor (CNS)-B stated administration of resident's eye drops were supposed to be completed in resident rooms. CNS-B further stated if R4 had requested eye drop administration in a nonprivate area, the instructions would have been listed in the resident's medication administration record, and it was best practice for ULPs to administer eye	02410		

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02410	Continued From page 11 drops and inhalers in resident rooms. The licensee's Medication Management and Treatment Orders for Assisted Living policy dated February 24, 2024, indicated the registered nurse (RN) must instruct the ULP in the proper methods with respect to each resident to administer the medications, and the ULP has demonstrated the ability to competently follow the procedures. In addition, the RN communicated with the ULP about the individual needs of the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02410		

Bemidji District Office
Minnesota Department of Health
709 5th St NW, Suite A
Bemidji, MN 56601
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

NORTH STAR ASSISTED LIVING
400 South Mckinley Street
Warren, MN 56762
Marshall County
Parcel:

Phone:

License Info

License: HFID 29839

Risk:
License:
Expires on:
CFPM: KELSEY KAYE KASPROWICZ
CFPM #: CFPM-52412; Exp: 10/21/2027

Inspection Info

Report Number: F1019261081
Inspection Type: Full - Single
Date: 9/29/2026 Time: 8:54:07 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, FACILITY GETS ALL FOOD ITEMS THROUGH ATTACHED LICENSED NURSING HOME KITCHEN AND SERVES THEM IN THEIR KITCHEN. FACILITY DOCUMENTS HOT HOLDING TEMPS WHEN THEY LEAVE NURSING HOME AND AGAIN BEFORE SERVING. KITCHEN HAS 2 DOOR REACH IN COOLER AND DISH MACHINE.

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 Bemidji District Office inspection report number F1019261081 from 9/29/2026

Establishment Representative

Jared Morrill,
Public Health Sanitarian 3
218-308-2128
jared.morrill@state.mn.us

Bemidji District Office
Minnesota Department of Health
709 5th St NW, Suite A
Bemidji, MN 56601

Temperature Observations/Recordings

Establishment Info

NORTH STAR ASSISTED LIVING
Warren
County/Group: Marshall County

Inspection Info

Report Number: F1019261081
Inspection Type: Full
Date: 9/29/2026
Time: 8:54:07 AM

Equipment Temperature: Product/Item/Unit: 2 DOOR REACH IN COOLER**; Temperature Process:** Cold-Holding
Location: at 40 F Degrees F.
Comment:
Violation Issued?: No

Bemidji District Office
Minnesota Department of Health
709 5th St NW, Suite A
Bemidji, MN 56601

Sanitizer Observations/Recordings

Establishment Info

NORTH STAR ASSISTED LIVING
Warren
County/Group: Marshall County

Inspection Info

Report Number: F1019261081
Inspection Type: Full
Date: 9/29/2026
Time: 8:54:07 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 167 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Equal To** 200 PPM
Comment:
Violation Issued?: No

Minnesota (MDH) Version
EH Manager; RPT: F1019261081

Food Establishment Inspection Report

Bemidji District Office
Minnesota Department of Health
709 5th St NW, Suite A
Bemidji, MN 56601

No. of Risk Factor/Intervention/Violations	0	Date: 9/29/2026
No. of Repeat Risk Factor/Intervention/Violations		Time: 8:54:07 AM
Score (optional)		Dur: min

Establishment:	Address:	City/State:	Zip:	Phone:
NORTH STAR ASSISTED LIVING	400 South Mckinley Street	Warren, MN	56762	
License/Permit #:	**Permit Holder:**	**Purpose of Inspection:**	**Est. Type:**	**Risk Category:**
HFID 29839		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

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

COS=corrected on-site during inspection **R**=repeat violation

	Compliance Status		COS	R
	Supervision			
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	IN	Certified Food Protection Manager		
	Employee Health			
3	IN	knowledge, responsibiities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
	Good Hygienic Practices			
6	IN	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
	Preventing Contamination by Hands			
8	IN	Hands clean and properly washed		
9	N/O	No bare hand contact with RTE foods, alternatives		
10	IN	Adequate handwashing sinks supplied and access		
	Approved Source			
11	IN	Food obtained from approved source		
12	IN	Food Received at proper temperature		
13	IN	Food in good condition, safe & unadulterated		
14	N/A	Records available: shellstock tags, parasite dest.		
	Protection From Contamination			
15	IN	Food separated and protected		
16	IN	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned,& unsafe food		

	Compliance Status		COS	R
	Time/Temperature Control for Safety			
18	N/O	Proper cooking time & temperatures		
19	N/O	Proper reheating procedures for hot holding		
20	N/O	Proper cooling time and temperature		
21	IN	Proper hot holding temperatures		
22	IN	Proper cold holding temperatures		
23	IN	Proper date marking & disposition		
24	IN	Time as public health control;procedures & record		
	Consumer Advisory			
25	N/A	Consumer advisory provided for raw or undercooked foods		
	Highly Susceptible Populations			
26	IN	Pasteurized foods used; prohibited foods not offered		
	Food/Color Additives and Toxic Substances			
27	N/A	Food additives; approved & properly used		
28	IN	Toxic substances properly identified;stored;used		
	Conformance with Approved Procedures			
29	N/A	Compliance with variance, specialized processes & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions 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" or OUT 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	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	IN	Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		
34	IN	Plant food properly cooked for hot holding		
35	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; no unauthorized person		
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 and used		
46		Gloves used properly		
		Utensils, 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 and plan review		

Person in Charge (signature)

Inspector (signature)

Follow-up: Follow-up Date: