



**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 Establishment</i>	Date of Inspection (mm/dd/yr) <i>330-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1590 W Timberview Dr.</i>	Owner <i>662-9700</i>	Follow-up <i>N</i>	Release Date <i>10 days</i>
Owner <i>SNH Indy Tenant LLC</i>	Purpose: <input checked="" type="radio"/> Routine	Summary of Violations: <i>C - NC 3 R 2</i>	
Owner's Address <i>Newton MA</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Ryan</i>	3. Complaint	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail <u> </u>	4. Pre-Operational		
Certified Food Handler <i>Ryan Brown exp 9-2027</i>	5. Temporary		
	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 is soiled w/ dried food & grease 1) Bottom of TRV Freezer 2) Back of Fryer 3) Top of 6 burner stove 4) Inside of oven to include door 5) Back of mixer 6) Out side of french criss 7) Touch points on freezer/cookers	10 days
431	NC	X	Flipping to include under equipment soiled w/ dried food etc.	
404	NC		4-10-15 floor tiles cracked/loose Needs repaired or replaced	10 days

Received by (name and title printed): <i>Ryan D Brown</i>	Inspected by (name and title printed): <i>Devin Smith</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</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: 4/6/23

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 Kirkendall from the Grant Co. Health Department on 3/30/23.

DATE: 3/30

Action Taken:

worked with staff to make sure cleaning was done better, and done more regularly on all items

3/30

letter w/ Maintenance direct on a solution to fix the hole.

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

Name of Respondent: Ryan Drown Title: Dir. of Serv. Director

Establishment Name: Northern 101 Manor

Address: 1590 W. Timberline Drive, MARION, IN 46952

Attach additional sheets as needed.