



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.

7-26 (NAME)

Establishment Name <b>Northwood Manor</b>	Telephone Number ( ) Establishment <b>765</b>	Date of Inspection (mm/dd/yr) <b>5-27-25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1590 W. Timberline Dr. Marion, IN 46953</b>	( ) Owner <b>62-9700</b>		
Owner <b>Five Star Senior Living</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>10 Days</b>
Owner's Address <b>Same</b>		Summary of Violations: <b>P PF C3 R 1</b>	
Person in Charge <b>Betty</b>		Menu Type (See back of page) <b>1 2 3 4 X 5</b>	
Responsible Person's E-mail			
Certified Food Handler <b>Ryan Brown 9/12/25</b>			

• 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#	CNE	R	Narrative	To Be Corrected By
306(c) (Corex)			The following non food contact areas have dry food debris/grease need to be cleaned 1. Sides of griddle & stove by burner to include floor around burner & stove 2. Freezer in back inside on the bottom	Today
418 C			Vento/Ceiling light covers soiled w/ dust - needs cleaned	
407 C			Floor around Blam has dark debris - needs to be smooth easy cleanable	

Received by (name and title printed):

**Betty Hutton Cook**

Inspected by (name and title printed):

**James R. McCallum**

Received by (signature):

*Betty Hutton*

Inspected by (signature):

*James R. McCallum*

cc:

cc:

cc: