



## RETAIL FOOD ESTABLISHMENT

## INSPECTION REPORT

State Form 48669 (R2-05)

SDH Form 51-0001

GRANT COUNTY HEALTH DEPT.

FOOD DIVISION

401 SOUTH ADAMS STREET

MARION, IN 46953

7-26 (AM)

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 ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <i>5-27-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1590 W. Timberline Dr. Marion, IN 46950</i>	Follow-up _____ Release Date _____ <i>NO 10 Days</i>		
Owner <i>Five Star Senior Living</i>	Summary of Violations: <i>P PF C3 R 1</i>		
Owner's Address <i>Songe</i>			
Person in Charge <i>Betty</i>			
Responsible Person's E-mail <i>Ryan.Drown</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>		
Certified Food Handler <i>Ryan Drown 9/12/25</i>			

• 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	N	E	R	Narrative	To Be Corrected By
306(c) C	C			X	The following non food contact today area has dry food debris/grease need to clean up	
					1. Sides of prep. & serve b. prep. & to include floor around prep. stove	
					2. freezer in back inside on the bottom	
478	C				Vents/Ceiling light boxes/soffit w/ dust - needs cleaned	
407	C				Floor around 3 bay has dark debris - needs to be smooth easy cleanable	

Received by (name and title printed):

*Betty Hutton Cook*

Inspected by (name and title printed):

*Janice Jackson*

Received by (signature):

*BH*

Inspected by (signature):

*JM Jackson 4510*

cc:

cc:

cc: