

Date of Inspection: 4/2/25
Time of Inspection: 1:00-2:00 pm
Type of Inspection: ☐ Annual ☒ Complaint
☐ Follow Up (Original Inspection)
Date: ___/___/___
Reason for Follow up:
☐ Pending Deficiencies
☐ Self-Reported Incident

Date: 9/21/2023