



Johnson County Health Department  
95 S Drake Rd., Franklin, IN 46131  
Phone: (317) 346-4365, Fax: (317)736-5264  
Retail Food Establishment Inspection Report ✓

Rehm  
12/14

Based on an inspection this day, the item(s) noted below identify violation(s) 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	telephone	Date of Inspection
RED SUN		12/3/2025 3pm
Establishment address 3100 Meridian Park Dr., Ste Q, Greenwood, IN 46142		Summary of Violations <b>2P, 1PF, 2Core</b>
Owner Mike <u>RedSun46142@gmail.com</u>		Follow-up No 2/22/2025
Person - in - Charge Mike	Certified Food Handler Yonghui Huang 3/28/29 25411994	Purpose: Routine
Establishment Identification # 1809	County Johnson	Menu Type Extensive handling
	District D5	

- Priority Items are Identified in the Checklist & Narrative Columns Marked "P"
- Priority foundation Items are Identified in the Checklist & Narrative Columns Marked "PF"
- Core Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P/Pf/C	R?	Violation Observed:	To be Corrected by:
216	P		Sushi Rice is not marked with time & temperature when made. - SOP is needs to be submitted to our office	12/12/25
234	Core		- Cardboard lines shelves. - Foil lines shelves	12/31/25
429	PF		Observed no hand soap at the hand washing station located by the sushi flip top cooler	12/3/25
306	Core		- Interior ice maker flap is soiled. - Interior of the Coca-Cola ice chute is soiled - Exhaust hood filters are soiled	12/15/25
459	P		Observed Raid Fly Strips hanging from ceiling throughout the kitchen	12/4/25
			Reminder: Always wash, rinse, & sanitize utensils and equipment. Notes: - Observed a wet wiping cloth stored under the cutting board - Parasite destruction paper work is needed - Walk in cooler observed 41/42 - recommend to turn down or repair	

Establishment Representative

Inspected by: Elizabeth Senisse, EHS  
(317) 346-4373 [esenisse@co.johnson.in.us](mailto:esenisse@co.johnson.in.us)

Bethany  
12/1

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Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment Smoothie King	telephone	Date of Inspection 12/1/2025
Establishment address 1147 N Morton Street	Franklin	Summary of Violations 0,0,0
Owner	Follow-up No	Release Date 12/11/2025
Person - in - Charge	Certified Food Handler	Purpose: Menu Type 2-Limited menu
Establishment Identification # 3016	County Johnson	District D5

- Violation(s) repeated from previous inspections are denoted in the “summary of violations” & in the narrative below as “R”

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#### Establishment Representative

Inspected by: Carla Fleener E.H.S.  
317-868-8819 [c fleener@JohnsonCounty.in.gov](mailto:c fleener@JohnsonCounty.in.gov)



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95 S. DRAKE ROAD  
FRANKLIN IN 46131

Office 317-346-4365 Fax 317-736-5264

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>Social of Greenwich</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>12/5/25</i>	ID# <i>1594</i>
Establishment address <i>550 Polk Street Greenwich</i>	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <i>—</i>	Release Date <i>12/15/25</i>
Owner _____	Summary of Violations: C <u>1</u> NC <u>8</u> R _____		
Owner address _____	Menu Type (See back of page) K <u>2</u> <u>3</u> <u>4</u> <u>5</u>		
Person in charge <i>AUREA CROTZAU</i>			
Responsible person's email _____			
Certified food handler _____			

- 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"

Received by (name and title printed):

1 Andrea Sutherland

Inspected by (name and title printed):

Elkton EHS

Received by (signature):

Received by (Signature): Sharea Sutherland

Inspected by *(signature)*

REVIEWER SIGNATURE: 

CC:

CC:

CC





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Office 317-346-4365 Fax 317-736-5264

Bekan  
12/18

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>STAR BURGERS Coffee # 7990</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>12/5/25</i>	ID# <i>1109</i>
Establishment address <i>1035 E Main St</i>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="radio"/> 1. Routine</li><li>2. Follow-up</li><li>3. Complaint</li><li>4. Pre-Operational</li><li>5. Temporary</li><li>6. HACCP</li><li>7. Other (list) _____</li></ul>	Follow-up <i>—</i>	Release Date <i>12/15/25</i>
Owner <i>Greenwood</i>	Summary of Violations:  <i>C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input checked="" type="radio"/></i>		
Owner address			
Person in charge <i>ANANDA COUTURE</i>			
Responsible person's email			
Certified food handler			
	Menu Type (See back of page)  <i>1 <input checked="" type="radio"/> 2 <input checked="" type="radio"/> 3 <input checked="" type="radio"/> 4 <input checked="" type="radio"/> 5 <input checked="" type="radio"/></i>		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed): <i>Amanda Catire</i>	Inspected by (name and title printed): <i>Kevin R. Baum GHS</i>
Received by (signature): <i>AMC</i>	Inspected by (signature): <i>KRB</i>
cc:	cc:



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Beth M  
12/19

26

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-22, 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 <b>STARBUCKS Coffee # 58693</b>	Telephone Number 1) Establishment 2) Owner	Date of Inspection <b>12/18/25</b>	ID# <b>2327</b>
Establishment address <b>153 GRANVILLE DR. FRANKLIN, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <b>—</b>	Release Date <b>12/28/25</b>
Owner _____		Summary of Violations: <b>O P / O P H / 2 CORE</b> _____	
Owner address _____			
Person in charge <b>ALORA CHURCH</b>			
Responsible person's email _____			
Certified food handler <u>_____</u>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	R	Narrative	To Be Corrected by
400	✓	OUTSIDE DUMPSTER LID NOT CLOSED	12/31/25
363	✓	LEAK NOTED AT HANDSINK FAUCET (BY ICE MAKER)	12/31
	✓	MECHANICAL STERILIZATION TEMPERATURE (164°F) 160°F OR MORE ON PLATE/ UTENSIL SURFACE	

Received by (name and title printed): <b>Alora Church</b>	Inspected by (name and title printed): <b>Bob Smith EN5</b>	
Received by (signature): 	Inspected by (signature): 	
CC:	CC:	CC:



Johnson County Health Department  
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**Retail Food Establishment Inspection Report**

Bethany  
12/14

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, 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	Telephone Number	Date of Inspection
Starbucks Coffee #66775		12/2/2025
Establishment address		Summary of Violations:
189 E Worthsville Rd. Greenwood, IN 46143		0,0,0
Owner Starbucks Corporation Email- us2519925@starbucks.com	Follow-up No	Release Date 12/12/2025
Person in charge Simon Confer- manager	Certified food handler Simon Confer- National Registry of Food Safety Professionals exp 7/17/30	Purpose Routine
Establishment Identification # 2811	County Johnson	District D.5

- Core Items are Identified in the Checklist & Narrative Columns Marked "C", Priority as "P", and Priority foundation as "Pf"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/P/Pf	R	Narrative	To Be Corrected by:
			No violations observed	
			Notes: 1. No paper towels by the handwashing sink in the backroom- corrected 2. Cold bar preparation cooler interior soiled	

Received by

Inspected by Mia Papageorge, EHS  
(317) 868-8818 [mpapageorge@johnsoncounty.in.gov](mailto:mpapageorge@johnsoncounty.in.gov)



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RETAIL FOOD ESTABLISHMENT  
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Bekal  
12/9

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 <u>Subway - Jay Ravi Patel Z LLC</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>12/5/25</u>	ID# <u>2414</u>
Establishment address <u>988 E Main St</u>	Purpose:  <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)  <hr/>	Follow-up <u>12/15/25</u>	Release Date
Owner <u>Chintu Patel</u>	Summary of Violations:  <u>C A NC S R S</u>		
Owner address    			
Person in charge <u>Sandip Patel</u>	Menu Type (See back of page)		
Responsible person's email   			
Certified food handler   			

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Received by (name and title printed): <i>X B. Raus</i>	Inspected by (name and title printed): <i>KEVIN R. RAUS EDS</i>
Received by (signature): <i>X JMB</i>	Inspected by (signature): <i>KR</i>
cc:	cc:

Belen  
115

✓

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Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment Sugar Creek Farm Market	telephone	Date of Inspection 12/19/2025
Establishment address 4240 S 700 E Franklin 46131		Summary of Violations 0,0,0
Owner	Follow-up No	Release Date 12/29/2025
Person - in - Charge	Certified Food Handler	Purpose: Menu Type 1- Limited menu
Establishment Identification # 2881	County Johnson	Routine

- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P/Pf/C	R?	Violation Observed:	To be Corrected by:
			No violations observed	



Establishment Representative

Inspected by: Carol Fleener E.H.S.  
317-868-8819 cfleener@JohnsonCounty.in.gov

Bethy  
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establishment Sweet Ice Indy kiosk	telephone	Date of Inspection 12/23/2025
Establishment address 1251 US 31		Summary of Violations 0,0,0
Owner	Follow-up No	Release Date 1/2/2026
Person - in - Charge	Certified Food Handler	Purpose: Routine
Establishment Identification # 2396	County Johnson	District D5

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**Establishment Representative**

Inspected by: Candy Cleener E.H.S.  
317-868-8819 cleener@JohnsonCounty.in.gov

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Establishment name	Telephone Number	Date of Inspection
Vita of New Whiteland	317-463-7155	12/2/2025
Establishment address	Summary of Violations:	
532 Country Gate Dr. New Whiteland, IN 46184	<b>0Core, 0Pf, 0P</b>	
Owner	Follow-up	Release Date
Vita of New Whiteland LLC Email- dietary@vita-newwhiteland.com	No	12/12/2025
Person in charge	Certified food handler	Purpose
Heather Daniels	Heather Daniels ServSafe exp 2/5/30	Routine
Establishment Identification #	County	District
2858	Johnson	D5

- Core Items are Identified in the Checklist & Narrative Columns Marked "C", Priority as "P", and Priority foundation as "Pf"
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Sec#	C/P/Pf	R	Narrative	To Be Corrected by:
142	P		Employee at dish machine not changing gloves and washing hands between handling dirty dishes and clean dishes	12/2/25
			Notes: - TCS food, soup, not labeled in fridge near deli fridge	discarded

Received by

Inspected by Mia Papageorge, EHS  
(317) 868-8818 [mpapageorge@co.johnson.in.us](mailto:mpapageorge@co.johnson.in.us)



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Bethany  
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✓

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Establishment name	Telephone Number	Date of Inspection
YiaYia's House of Pancakes		12/30/2025
Establishment address		Summary of Violations:
1694 W Main St Greenwood, IN 46142		<b>2P, 1Pf, 12 Core</b>
Owner Stavros Galiotos Email- nikispalce1@gmail.com	Follow-up Yes	Release Date 1/10/2026
Person in charge Esperanza Juarez- manager	Certified food handler Danielle Carrico ServSafe	Purpose Routine
Establishment Identification # 1756	County Johnson	Menu Type 4-Extensive handling
District D5		

- Core Items are Identified in the Checklist & Narrative Columns Marked "C", Priority as "P", and Priority foundation as "Pf"
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Sec#	C/P/Pf	R	Narrative	To Be Corrected by:
443	Core		Floor next to wall and under equipment soiled throughout kitchen	1/10/26
363	Core		3 bay sink leaking at faucet	1/10/26
456	Pf		Toxic spray bottle without label in dishwashing area	Corrected on site (COS)
286	Core		Metal spatula worn and frayed	Discarded
442	Core		Ceiling in egg cooking area worn	2/1/26
286	Core		Split gaskets on egg preparation cooler door	2/1/26
286	Core		Shelf coatings in egg preparation cooler and small cooler with cottage cheese worn	2/1/26
286	Core		Plates chipped	12/31/25
151	Core		Beard restraint not observed	COS
213	P		Internal temperature of melon at 47°F in preparation cooler	12/30/25
442	Core		Floor worn at entrance of walk-in cooler and in bread walk-in unit	2/1/26
176	Core		Bulk ingredients not labeled	12/31/25
432	Core		Handwashing signage not observed above handwashing sink in kitchen	12/31/25
443	Core		Mechanical exhaust fans dusty in restrooms	12/31/25
348	P		No air gap on bin in ice machine drains	12/31/25
			Note- chemical sanitizer test strips expired	

Danielle d'Costa Mia Papageorge  
Received by \_\_\_\_\_

Inspected by Mia Papageorge, EHS  
(317) 868-8818 [miapageorge@johnsoncounty.in.gov](mailto:miapageorge@johnsoncounty.in.gov)