



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

Bekm  
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 <b>RED SUN</b>	telephone	Date of Inspection <b>12/3/2025 3pm</b>
Establishment address <b>3100 Meridian Park Dr., Ste Q, Greenwood, IN 46142</b>	Summary of Violations <b>2P, 1PF, 2Core</b>	
Owner <b>Mike RedSun46142@gmail.com</b>	Follow-up <b>No</b>	Release Date <b>2/22/2025</b>
Person - in - Charge <b>Mike</b>	Certified Food Handler <b>Yonghui Huang 3/28/29 25411994</b>	Purpose: <b>Routine</b>
Establishment Identification # <b>1809</b>	County <b>Johnson</b>	District <b>D5</b>
Menu Type <b>4-Extensive handling</b>		

- 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	

Codd's

Elizabeth Senisse

Establishment Representative

Inspected by: Elizabeth Senisse, EHS  
(317) 346-1373 [esenisse@co.johnson.in.us](mailto:esenisse@co.johnson.in.us)

Betsy  
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			Summary of Violations 0,0,0		
Owner			Follow-up No		Release Date 12/11/2025
Person - in - Charge		Certified Food Handler		Purpose: Routine	
Establishment Identification # 3016		County Johnson	District D5	Menu Type 2-Limited menu	

- 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:
			Note: Hang Mops	

Establishment Representative

Inspected by: Cassie Keener E.H.S.  
317-868-8819 ckeener@JohnsonCounty.in.gov





95 S. DRAKE ROAD  
FRANKLIN IN 46131  
Office 317-346-4365 Fax 317-736-5264

Prekm  
12/8

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 Greenwood</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/5/25</i>	ID# <i>1594</i>
Establishment address <i>550 Polk Street Greenwood</i>	Purpose: 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:	
Owner address		C <i>1</i> NC <i>4</i> R <i>—</i>	
Person in charge <i>AJOREA CROTEAU</i>		Menu Type (See back of page)	
Responsible person's email		1 <i>4</i> 2 <i>—</i> 3 <i>—</i> 4 <i>—</i> 5 <i>—</i>	
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"

[illegible]

Received by (name and title printed): X Andrea Sutherland	Inspected by (name and title printed): K. K. EHS
Received by (signature): X Andrea Sutherland	Inspected by (signature): KEVIN R. PAUL
cc:	cc:

# 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 <b>SS Francis &amp; Clare</b>	Telephone Number Establishment Owner	Date of Inspection <b>12-3-25</b>	ID# <b>1531</b>
Establishment address <b>5901 Olive Branch Rd.</b>	Purpose: 1. <b>Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>12-13-25</b>
Owner <b>Greenwood</b>		Summary of Violations:	
Owner address		<del>FO</del> <del>PF</del> <del>Core</del>	
Person in charge		Menu Type (See back of page)	
Responsible person's email <b>Crystal</b>		1 <u>  </u> 2 <b>X</b> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler <b>Crystal Chavez 7/17/29</b>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	Date	R	Narrative	To Be Corrected by
			No items noted @ time of inspection.	
			Note: Dish machine is out of order ↳ Establishment is using 3 bay sink.	

Received by (name and title printed): Chrystal Chavez manager		Inspected by (name and title printed): Cassy Hall
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc: Elizabeth Senisse

Chall Johnson County. in. gov



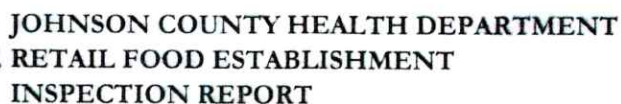


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Received by (name and title printed): ✓ Amanda Cature		Inspected by (name and title printed): Kevin R. Quinn CHS
Received by (signature): ✓ [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:



95 S. DRAKE ROAD  
FRANKLIN IN 46131



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

Belmont  
12/19

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.

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

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Received by (name and title printed): Alora Church		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:





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**Retail Food Establishment Inspection Report**

Bekn  
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.

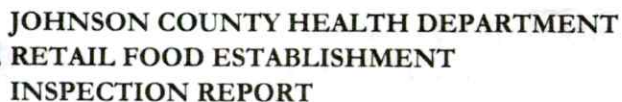
Establishment name Starbucks Coffee #66775		Telephone Number		Date of Inspection 12/2/2025	
Establishment address 189 E Worthsville Rd. Greenwood, IN 46143			Summary of Violations: 0,0,0		
Owner Starbucks Corporation Email- us2519925@starbucks.com			Follow-up No		Release Date 12/12/2025
Person in charge 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 D5	
Menu Type 3-Extensive handling					

- 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)



95 S. DRAKE ROAD  
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Bet  
12/8

Fax 

Establishment name <i>Suzuki - Jay Ravi Rental LLC</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/5/25</i>	ID# <i>2414</i>
Establishment address <i>988 E Main St</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>12/15/25</i>
Owner <i>CHINPU PATEL Greenwood</i>		Summary of Violations:	
Owner address		C <u><i>Ø</i></u> NC <u><i>Ø</i></u> R <u><i>Ø</i></u>	
Person in charge <i>SANDIP PATEL</i>		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u><i>X</i></u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): X <i>B. Rums</i>		Inspected by (name and title printed): <i>Kevin R. Poulos</i> <i>CAS</i>
Received by (signature): X <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>
cc:	cc:	cc:



Betty  
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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
Establishment Identification # 2881		County Johnson	District D5	Routine	1- Limited menu

- 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: Cassie Greener E.H.S.  
317-868-8819 cgreener@JohnsonCounty.in.gov

Belm  
115

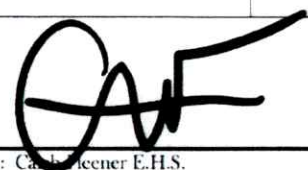
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establishment <sup>LC</sup> Sweet Ice Indy kiosk		telephone		Date of Inspection 12/23/2025
Establishment address 1251 US 31			Summary of Violations 0,0,0	
Owner			Follow-up No	Release Date 1/2/2026
Person - in - Charge	Certified Food Handler		Purpose: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

- 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:
			Note: Few small flies observed	



Establishment Representative

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





Betty  
12/14

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Establishment name <b>Vita of New Whiteland</b>	Telephone Number <b>317-463-7155</b>	Date of Inspection <b>12/2/2025</b>
Establishment address <b>532 Country Gate Dr. New Whiteland, IN 46184</b>	Summary of Violations: <b>0Core, 0Pf, 0P</b>	
Owner <b>Vita of New Whiteland LLC</b> Email- <b>dictary@vita-newwhiteland.com</b>	Follow-up <b>No</b>	Release Date <b>12/12/2025</b>
Person in charge <b>Heather Daniels</b>	Certified food handler <b>Heather Daniels ServSafe exp 2/5/30</b>	Purpose <b>Routine</b>
Establishment Identification # <b>2858</b>	County <b>Johnson</b>	District <b>D5</b>
		Menu Type <b>4-Extensive handling</b>

- 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:
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

*Handwritten signature: H Daniels*

Received by

*Handwritten signature: Mia Papageorge*

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



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

- 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:
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	

Received by

*Danielle Carrico*

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

*Mia Papageorge*