



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

*Belem 2/3*

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>K-Town Korean BBQ &amp; Hot Pot</b>	Telephone Number ( ) Establishment	Date of Inspection <b>1-31-25</b>	ID# <b>2739</b>
Establishment address <b>878 US 31 Greenwood, IN 46142</b>	( ) Owner	Follow-up <b>—</b>	Release Date <b>2-10-25</b>
Owner <b>Bao Xiang Huang</b>	Purpose: 1. Routine <u>  </u> 2. Follow-up <u>  </u> 3. Complaint <u>  </u> 4. Pre-Operational <u>  </u> 5. Temporary <u>  </u> 6. HACCP <u>  </u> 7. Other (list) <u>  </u>	Summary of Violations:  C <u>  1  </u> NC <u>  2  </u> R <u>  —  </u>	
Owner address <b>12982 Minden Dr. Fishers, IN 46037</b>		Menu Type (See back of page) 1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Person in charge <b>Erlangga Thien - manager</b>			
Responsible person's email <b>ktowngreenwood878@gmail.com</b>			
Certified food handler <b>Bao Xiang Huang (ServSafe exp) 1/5/27</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 #	C/NC	R	Narrative	To Be Corrected by
191	C		ready-to-eat yum yum sauce (main ingredient mayonnaise) stored in walk-in cooler for longer than 24hrs without date marking	1-31-25
324	NC		mop sink faucet leaking	2-10-25
291	NC		test strips to check chlorine/bleach concentration of mechanical dish washer not provided	1-31-25
<p>Notes: ① Standard operating procedures shall be available to review for using time as a public health control for ingredients at hotpot bar</p> <p>② frozen meat not wrapped in Galaxy freezer stored in clear plastic bin for employee use</p>				

Received by (name and title printed): <b>Erlangga Thien</b>	Inspected by (name and title printed): <b>Mia Papageorge, EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:







JOHNSON COUNTY HEALTH DEPARTMENT  
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95 S. DRAKE ROAD  
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Office 317-346-4365 Fax 317-736-5264

Bekm  
1-17-25

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>KROGER</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/15/25</b>	ID# <b>2003</b>
Establishment address <b>970 N MORTON ST. FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>1/25/25</b>
Owner		Summary of Violations: <b>C 1 NC 5 R</b>	
Owner address	Menu Type (See back of page) <b>1 2 3 4 X 5</b>		
Person in charge <b>RUSTY ZITTELL</b>			
Responsible person's email			
Certified food handler <b>RUSTY ZITTELL</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
336	C	→	SPLIT VALVE INSTALLED AT MOP SINK FAUCET IN DELI - HOSE EXTENDS BELOW FLOOR RIM OF FLOOR SINK BASIN	1/25/25
(NOTE)		→	MEAT DEPT. WATER OVERFLOWING ONTO FLOOR NEAR SINKS	✓
431	NC	→	DELI - DRAIN BELOW SINK DRAIN (BY DEEP FRYS) NOT CLEAN / LEAK NOTED AT SINK FAUCET	1/25
411	NC	→	ILLEGAL OUT ON EXHAUST HOOD - (DELI)	1/25
218	NC	→	BAKERY - FREEZER DOOR GASKET WORN, DOOR GASKETS WORN, LOOSE ON BACK HALL (B01) GROCERY FREEZER DOOR, (R01) BACK HALL DAIRY WALK-IN COOLER	2/15
431	NC	→	EMPLOYEE RESTROOM - CEILING EXHAUST VENT COVERS NOT CLEAN (BACK HALL)	1/25
255	NC	→	THERMOMETERS NOT DISPLAYING TEMPERATURES AT STRIMP DISPLAY UNIT AND OTHER UNITS	1/28
411	NC	→	LIGHT NOT ON IN DOOR DISPLAY (R23/R21)	1/28

Received by (name and title printed): <b>Rosm Littell</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>Rusty Littell</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:





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

Bulman  
1-29-25

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>Kroger J-864</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1-27-25</b>	ID# <b>922</b>
Establishment address <b>2200 Independence Dr. Greenwood, IN 46143</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date <b>2-7-25</b>
Owner <b>Kroger Limited Partnership I</b>		Summary of Violations:  <b>C 0 NC 2 R -</b>	
Owner address <b>5960 W. Castleway Dr. Indpls, IN 46250</b>		Menu Type (See back of page) <b>1 2 3 4 X 5</b>	
Person in charge <b>Konner Logan</b>			
Responsible person's email <b>Konner.logan@stores.kroger.com</b>			
Certified food handler <b>Konner Logan</b>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		<i>walk-in door</i> produce cooler not fully sealing when shut	1-31-25
295	NC		deli walk-in cooler fans dusty	
			Notes: ① deli handwashing sink blocked	corrected
			② produce door & walk-in freezer door ther mometers not accurate and/or not functioning	

Received by (name and title printed): <b>Konner Logan store leader</b>	Inspected by (name and title printed): <b>Mia Papageorge, EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



*Beky  
 1-29-25*  
 ✓



**JOHNSON COUNTY HEALTH DEPARTMENT  
 RETAIL FOOD ESTABLISHMENT  
 INSPECTION REPORT**

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>La Herradura 2</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1-27-25</b>	ID# <b>2259</b>
Establishment address <b>226 S. S.R. 135 Bargersville, IN 46106</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>2-6-25</b>
Owner <b>Juan Quezada</b>		Summary of Violations:  C <u>4</u> NC <u>14</u> R <u>5</u>	
Owner address		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___	
Person in charge <b>Nestar Quezada</b>			
Responsible person's email			
Certified food handler <b>Nestar Quezada</b>	<i>(ServSafe EXP. exp 9/27/26)</i>		

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC		Men's restroom ceiling contains previous water damage and what appears to be black mold	2-25-25 ↓
218	NC		Coca-Cola one door salsa cooler ambient air was 52°F and the compressor unit was heavily soiled	Cleaned unit ↓
295	NC			
399	NC	✓	Kitchen and dish area ceiling not smooth and easily cleanable	4-30-25 ↓
257	NC	✓	No probe (0°F to 220°F) food thermometer available	1-27-25 ↓
430	NC		Kitchen and dish area floor contains cracks/damage	2-18-25 ↓
334	C		No air gap provided on bar ice bin drain line	2-18-25 ↓
216	NC		Aluminum foil used as shelving liners	1-28-25
324	NC		Three bay faucet and two bay faucet leaks at connection areas	2-25-25 ↓
413	NC		West dining room doors are not tight-fitting at the center bottom and	2-25-25 ↓

Received by (name and title printed): <b>Nestar Quezada</b>	Inspected by (name and title printed): <b>Andrew Miller, EHS</b>
Received by (signature): <i>(Signature)</i>	Inspected by (signature): <i>(Signature)</i>
cc:	cc: <b>317-346-4380</b>



NARRATIVE REPORT

Bargersville

Establishment Name <i>La Herradura 2</i>	Address <i>226 S. SR. 135 W 46106</i>	Inspection Date <i>1-27-25</i>
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			<i>under the right door</i>	
<i>324</i>	<i>NC</i>		<i>One stall inside women's restroom was labeled "out of service" from an apparent missing toilet flush handle</i>	<i>2-8-25</i>
<i>187</i>	<i>C</i>		<i>The following internal food temperatures were recorded inside the walk-in-cooler at 1:57 pm.</i>	<i>Called for emergency service</i>
			<i>① Cooked beans 52°F</i>	<i>Recommend</i>
			<i>② Cooked pork 44°F</i>	<i>discard due to unknown amount of time</i>
			<i>Ambient air of this cooler unit was 46°F per outside indicating thermometer.</i>	<i>food was in danger zone.</i>
			<i>Person-in-charge was unsure how long cooler was above 41°F.</i>	
<i>187</i>	<i>C</i>		<i>Salsa made in-house measured 54°F while inside the one door Coca-Cola cooler.</i>	
<i>218</i>	<i>NC</i>		<i>Walk-in-cooler evaporator was "heavily" iced over on the back side of the unit.</i>	<i>Called for emergency service</i>
<i>438</i>	<i>C</i>	<i>✓</i>	<i>Toxic Spray bottles were not labeled with contents.</i>	<i>Corrected</i>
<i>385</i>	<i>NC</i>	<i>✓</i>	<i>Exterior trash dumpster lids open due to a large accumulation of trash was accumulated on top (i.e. overflowing) inside dumpster enclosure.</i>	<i>1-28-25</i>
<i>431</i>	<i>NC</i>	<i>✓</i>	<i>Floor soiled around grease trap</i>	<i>1-28-25</i>
<i>295</i>	<i>NC</i>		<i>Prep table door gaskets are soiled</i>	<i>1-29-25</i>
			<i>① NOTES: Remove fly strips in Kitchen</i>	
			<i>② Red dumpster exterior is rusted out on the bottom and it is not on pavement or concreted</i>	

Received By (Name & Title) <i>[Signature]</i>	Inspected By (Name & Title) <i>Andrew Miller</i>	Page <i>2</i> of <i>2</i>
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JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95 SOUTH DRAKE ROAD  
FRANKLIN, IN 46131  
PH: 317-346-4365  
FAX: 317-736-5264

*Belton  
2/3*

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>Lucio's Pizza di Roma</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1/24/25</i>	ID# <i>1052</i>
Establishment address <i>1251 US 31 N. Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>JN</i>		Summary of Violations:  <i>C 0 NC 5 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Responsible person's email			
Certified food handler <i>L John Gaston</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>			<i>Floor drain is soiled - Produce sink!</i>	<i>1/26/25</i>
<i>295</i>	<i>NC</i>		<i>Ice maker shield is soiled. [inside]</i>	<i>1/26/25</i>
<i>112</i>	<i>NC</i>		<i>upright freezer not approved equipment.</i>	
<i>431</i>	<i>NC</i>		<i>Floor behind the pizza ovens is dirty.</i>	
<i>218</i>	<i>NC</i>		<i>-Front counter top is cracked badly. The surface is not easily cleanable.</i>	<i>4 mos</i>
<i>430</i>	<i>NC</i>		<i>The base board at the front counter is in disrepair.</i>	<i>4 mos.</i>
			<i>Too much confusion.</i>	
			<i>* will go over the report when the regular manager returns next week.</i>	

Received by (name and title printed): <i>[Signature]</i>	<i>1/29/25</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>[Signature]</i>	<i>1/29/25</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:	cc:

Betsy  
2/17



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



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>Marathon Express</b>		telephone <b>317-535-5599</b>	Date of Inspection <b>1/30/2025</b>
Establishment address <b>2710 SR 135 GREENWOOD IN 46143</b>		Summary of Violations <b>0 C 0 NC</b>	
Owner <b>Patel</b>		Follow-up <b>No</b>	Release Date <b>2/9/2025</b>
Person - in - Charge	Certified Food Handler		Menu Type <b>1- Limited menu</b>
Establishment Identification # <b>2463</b>	County <b>Johnson</b>	District	
		Purpose: <b>Routine</b>	

- Critical 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#	C/NC	R?	Violation Observed:	To be Corrected by:
			NO Violations to report.	











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RETAIL FOOD ESTABLISHMENT  
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95 S. DRAKE ROAD  
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Bekm  
1-17-25

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>MAYO'S GRILL EXPRESS</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/14/25</b>	ID# <b>2705</b>
Establishment address <b>89 E JEFFERSON FRANKLIN, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>1/24/25</b>
Owner	Summary of Violations:  C <u>1</u> NC <u>5</u> R <u>   </u>	Menu Type (See back of page)  1 <u>   </u> 2 <u>   </u> 3 <u>X</u> 4 <u>   </u> 5 <u>   </u>	
Owner address			
Person in charge <b>ANTONIO TORRES</b>			
Responsible person's email			
Certified food handler <b>ANTONIO TORRES SALINAS (1/15/26)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
438	C	X	SPRAY BOTTLES OF CLEANERS NOT LABELED AS TO CONTENTS	1/15/25
177	NC	→	BAG OF RICE NOT STORED OFF FLOOR IN KITCHEN	corrected 1/14/25
239	NC	→	A FEW BOXED SINGLE SERVICE ITEMS FOOD CONTAINERS NOT STORED OFF FLOOR IN BASEMENT STOCK ROOM	1/20
218	NC	→	ICE BUILT UP INSIDE SMALL FREEZER IN BASEMENT STOCK ROOM	1/20
291	NC	X	CHEMICAL TEST PAPERS NOT AVAILABLE	1/18
257	NC	X	METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F OR DIGITAL TYPE NOT AVAILABLE	1/15

Received by (name and title printed): <b>Antonio Torres</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:











LIC. #2319

ROUTINE

Beky 11/8/25 (0) = (9) NC ✓

NARRATIVE REPORT

Establishment Name MI ABUELLO MEXICAN RESTAURANT			Address 377 E JEFFERSON FRANKLIN, IN	Inspection Date 11/3/25
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131	
392	NC	✓	OUTSIDE DUMPSTER LID NOT CLOSED	1/5/25
174	NC	✓	BULK SUGAR CONTAINER NOT LABELED AS TO CONTENTS	corrected 1/3/25
190	NC	✓	QUICK CHALLENGE OF PRECOOKED MEAT AND RIC NOT BEING CONDUCTED	corrected 1/3
218	NC	-	STOVE COATING WORN IN WORK IN COOKER	2/3
399	NC	S	FLOOR WORN/NOT CLEAN IN AREAS OF KITCHEN	1/8
431	NC	✓	HANDS OF ICE SCOOP IN CONTACT WITH ICE IN ICE MAKER	corrected 1/3
324	NC	✓	LEAK NOTED AT HANDSINK IN KITCHEN	1/20
309	NC	-	WOMEN'S RESTROOM CEILING MECHANICAL EXHAUST NOT FUNCTIONING - COVER OF EXHAUST FAN NOT CLEAN	1/10
			JOSÉ FRANCISCO CAMERÓN SORIANO	5/7/26 EXP

Received By (Name & Title) Juan-J. Lopez Torres	Inspected By (Name & Title) Bab Smith / Bal Smith	Page 1 of 1
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LTC. 1211

ROUTINE <sup>By 1-10-25</sup>  
NARRATIVE REPORT

(1) C / 5 (INC)

Establishment Name <b>MORNING POINT</b>	Address <b>75 SOUTH MILWAUKEE FRANKLIN, IN</b>	Inspection Date <b>1/9/25</b>
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131	
200	C	*	CHLORINE SANITIZER NOT DETECTED ON DISHWASHER AFTER FINAL SANITIZATION RINSE	1/9/25
(NOTE)	*		FEW SMALL FLIES SEEN IN AREA OF MECHANICAL DISHWASHER	CORRECTED 1/15
431	nc	✓	FLOOR NOT CLEAN IN AREA OF KITCHEN / DISHWASHING AREA NEXT TO WALL / UNDER EQUIPMENT	1/15
174	nc	✓	(2) BULK FOOD CONTAINERS NOT LABELED AS TO CONTENTS	1/12
334	nc	*	SPRAY NOZZLE <del>LOOSE</del> WORKING AT MECHANICAL DISHWASHER	1/15
239	nc	✓	STYROFOAM CUPS NOT ADEQUATELY DISPENSED / PROTECTED IN FRONT AREA	1/14
239	nc	✓	SOME DISHWASHERS NOT STORED OFF FLOOR SURFACE	CORRECTED 1/9

Received By (Name & Title) <b>STEPHEN L. CHAMBERLAIN</b>	Inspected By (Name & Title) <b>BOB SMITH / BOB SMITH PETS</b>	Page <u>1</u> of <u>1</u>
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*[Signature]*  
SERVSAFE EXP. 4/11/29