

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/02/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345518	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2014
NAME OF PROVIDER OR SUPPLIER INN AT QUAIL HAVEN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 155 BLAKE BOULEVARD PINEHURST, NC 28374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to maintain a sanitized kitchen environment, which was evidenced by perishable food items not labeled in the walk in cooler (3 pork tenderloins); not labeled and not dated in the walk in freezer (2 bags of breaded fish patties and 2 trays of bacon wrapped scallops); not properly sealing food items to prevent insect infestation in the dry storage area (2 undated bags of corn meal) and ice crystals inside the package of breaded chicken patties, in the walk in freezer; not discarding expired perishable food items (an open container of water chestnuts marked 10/13 and stuffing marked 10/13); failed to contain exposed hair on 5 of 5 dietary workers (Dietary Workers #1, #2, #3, #5 and #6); dietary worker #6 failed to clean hands and/or change gloves after handling dirty dishes, and then touching clean dishes; cross contaminated 4 clean dome lids with dish towel, plus failed to implement a cleaning schedule to eliminate crumbs from toaster and deep fryer, after use; implement a deep cleaning schedule for stove top, to remove</p>	F 371	<p>*For residents affected/having the potential to be affected: The new Dietary Manager has implemented a new cleaning schedule and documentation. The documentation is completed by the responsible employee for each area for each day, it is then reviewed at the end of the employees shift by the area Supervisor and signed off and reviewed. The Dietary Manager will then review it and do checks for proper completion and cleanliness. The kitchen was audited by the new Manager and that was completed on Nov 5, 2014. Daily audits and checks are completed as noted above daily. New measures are the daily front line staff audits and documentation, Supervisor review, and Dietary Manager review and checks. All areas and all equipment and included in the auditing. Please review the audit forms for the complete list. Morrison's food service has been hired by the facility and the permanent Dietary</p>	11/18/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/18/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 371	<p>Continued From page 1</p> <p>food debris and to wipe down outside of griddle, to prevent a build up of baked on cooking oil spray.</p> <p>The findings included:</p> <p>A copy of the facility's Dress Guidelines for Food Service Management and Clinical Nutritional Staff, revised on January, 2014, read that "Hair restraints are worn by all when in the kitchen."</p> <p>An initial tour of the kitchen was conducted on 10/20/14 at 10:35 am. The Dietary Manager as well as Dietary Consultant was present. The dietary manager, stated that he had been in his position for two months and that the kitchen staff had recently come under a new management contract. The dietary consultant explained stated that he was making his first visit to the facility today. He shared that the dietary staff would have to learn new policies and procedures of the new management team.</p> <p>1 a Three male dietary workers (#3, #5 and #6) were observed with uncovered facial hair, in the kitchen prep area. Dietary worker #1, wore a hair restraint, but had full bangs exposed, across her forehead. The dietary manager and consultant commented that they were unaware that facial hair had to be restrained.</p> <p>The dietary manager was interviewed on 10/22/14 at 9:00 am. He stated that he was responsible for monitoring the hair nets and gave his staff daily reminders.</p> <p>1 b There was one large pot of cabbage cooking on a burner at 10:36 am. Next to it, was an open flame grill that had dried food debris on it. In front</p>	F 371	<p>Manager has been hired by Morrison's on Nov. 3rd 2014. The new Dietary Manager has implemented, detailed cleaning charts for each area in the kitchen that are monitored daily by the Kitchen Supervisors and the Dietary Manager. Implemented opening and closing logs for the start and end of each day to monitor sanitation, labeling and utilization products (food and cleaning supplies) for proper use and dates. Additionally, the Dietary Manager will monitor the daily safe handling of food items. Dietary Manager also monitoring proper use of uniform to include hair net use.</p> <p>Dietary manager provided ongoing education to kitchen staff on F371-starting 10-22-14 to include training on procedures for properly labeling and sealing food items; discarding expired food items; use of hair nets; hand washing procedures; proper use of gloves; cleaning schedule for toaster and deep fryer; and deep cleaning schedule for stove top and griddle.</p> <p>Dietary manager to compare in-service signature log to current active employee roster to identify any staff that did not attend. Dietary manager will contact any employees that did not attend to schedule in-service prior to next shift worked.</p> <p>For those residents with potential to be affected, the Dietary Manager has implemented the above actions to assure safe food service.</p> <p>The implemented measures by the Dietary Manger include but are not limited too, Cleaning charts have been developed for daily cleaning for each individual areas</p>		

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F 371	<p>Continued From page 2</p> <p>of the deep fryer, golden brown crumbs were observed. Neither the grill nor deep fryer were in use, during the tour.</p> <p>On 10/21/14 at 4:30pm, dietary worker #1 mentioned that their staff wiped down appliances daily in the kitchen.</p> <p>On 10/21/14 at 4:30 pm, the Registered Dietician was visiting the kitchen and shared that kitchens are normally deep cleaned weekly or twice a month. Dietary worker #1 added that they do wipe down the kitchen with solution, but do not have a routine to deep clean or a schedule for when it needed to be deep cleaned.</p> <p>The Dietary Manager stated on 10/22/14 at 9:00 am, that he directed his staff to wipe down areas in the kitchen daily but they have not been using a deep cleaning schedule.</p> <p>1 c On 10/20/14 at 10:42 am, the reach-in cooler had a sign of posted food storage polices taped to the outside door of the unit with dates to discard various food items. Inside of the reach in cooler, a container of water chestnuts was labeled 10/13/14 and an expiration date of 10/18/14.</p> <p>1 d On 10/20/14 at 10:45 am, the walk in cooler had a package of 3 uncooked pork tenderloins, with no dates or labels. A container of stuffing, marked 10/15/14, expiration 10/16/14 was on the shelf.</p> <p>1 e On 10/20/14 at 10:48 am, the dry food storage area was examined. Found were two opened undated bags of corn meal that were not sealed.</p>	F 371	<p>of the kitchen, the Supervisor will review the cleaning charts completed by the staff at the end of each shift. Then the Dietary Manager will review them at the end of the day for appropriateness and completeness. If there is something not completed to standard then the employee will be held accountable by the Dietary Manager. The Production Manager will be responsible for the final review when the Dietary Manager is absent. This is a new systemic review and management process.</p> <p>For Monitoring of the processes the Dietary Manager will review weekly the documentation of cleaning, food storage, food temperature and preparation, any deficient practices will be identified and resolved immediately, improving practices through specific training of staff and documented individual or systemic lapses. The Dietary Manager will report to the Executive Director, or in their absence the Director of Nursing any deficient findings and corrections implemented. The Dietary Manager will also report to the Quality Assurance Committee any findings, concerns or patterns and corrections made.</p> <p>Completion dates.</p> <p>Cleaning schedules were amended to specifically include above. New cleaning schedule implemented since November 4, 2014 by the new Dietary Manager.</p> <p>New QA sheet developed for dietary supervisor to complete qd (includes monitoring labels on food, checking for properly sealed food, properly discarding perishable food items, hand washing,</p>		

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F 371	<p>Continued From page 3</p> <p>1 f On 10/20/14 at 10:50 am, the walk in freezer had 2 sealed trays of unlabeled and undated, uncooked meats. Dietary Consultant identified the food as scallops wrapped in bacon. A large bag of breaded fish patties, was not labeled or dated. A bag of breaded chicken patties had been opened and were loosely wrapped with plastic. There were pieces of breaded fish patties were wrapped in plastic, with visible ice crystals, with no labels or date.</p> <p>On 10/20/14 between 10:40 to 10:50 am, dietary worker #1 tossed out all of the food items that were not properly marked, dated or sealed from the walk-in cooler, reach-in cooler and walk-in freezer.</p> <p>On 10/20/14 at 10:50 am, the consultant who was present during the tour, shared that their company was a new management team to the dietary department and that they would have to train the staff about expectations for food storage policies. He presented a storage policy that was hung on the refrigerated appliances to give staff direction.</p> <p>The Dietary Manager was interviewed on 10/22/14 at 9:00 am. He shared that along with dietary worker #1, they check the refrigerated units for perishable items and make sure that they are being labeled and dated, properly.</p> <p>2 a A follow up visit was made to the kitchen on 10/21/14 at 4:00 pm, to observe the tray line at dinner. The Dietary Consultant was present. Dietary worker #2 was at the steam table, wearing a hair restraint, yet her bangs were exposed, resting on her forehead. She</p>	F 371	<p>proper glove use, staff working in the kitchen to wear hair nets to cover all of hair, and compliance to cleaning schedules).</p> <p>Audits of QA sheets by Dietary manager will be conducted a minimum of 5 days per week through the month of November. Then a minimum of 3 days a week for month of December. Then at least twice a week there after or as recommended by QA committee. The Dietary Manager will report to the Quality Assurance Committee effectiveness.</p> <p>Completed: 11-12-14</p>		

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F 371	<p>Continued From page 4 proceeded to prepare about 15 plates of food.</p> <p>The dietary manager was interviewed on 10/22/14 at 9:00 am. He stated that he was responsible for monitoring the hair nets and gave his staff daily reminders.</p> <p>2 b On 10/21/14 at 4:07 pm, dietary worker #3 was observed to spray cooking spray on the grill, with dried food debris, and then grill a raw hamburger. The griddle next to the grill had visible residue of dried cooking spray, on the outside of the appliance.</p> <p>On 10/21/14 at 4:30pm, dietary worker #1 mentioned that their staff wiped down appliances daily in the kitchen.</p> <p>On 10/21/14 at 4:30 pm, the Registered Dietician was visiting the kitchen and shared that kitchens are normally deep cleaned weekly or twice a month. Dietary worker #1 added that they do wipe down the kitchen with solution, but do not have a routine to deep clean or a schedule for when it needed to be deep cleaned.</p> <p>The Dietary Manager stated on 10/22/14 at 9:00 am, that he directed his staff to wipe down areas in the kitchen daily but they have not been using a deep cleaning schedule.</p> <p>2 c On 10/21/14 at 4:10 pm, above the steam table, there were two attached shelves, holding uncovered plates, a large vertical conveyor toaster, with a liner full of bread crumbs and at least two flies, in the air, landing on the long shelf, used to pass the prepared food trays to the meal cart. The dietary consultant confirmed that there was no toasted bread on the dinner menu.</p>	F 371			

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F 371	<p>Continued From page 5</p> <p>On 10/21/14 at 4:30pm, dietary worker #1 mentioned that their staff wiped down appliances daily in the kitchen.</p> <p>On 10/21/14 at 4:30 pm, the Registered Dietician was visiting the kitchen and shared that kitchens are normally deep cleaned weekly or twice a month. Dietary worker #1 added that they do wipe down the kitchen with solution, but do not have a routine to deep clean or a schedule for when it needed to be deep cleaned.</p> <p>The Dietary Manager stated on 10/22/14 at 9:00 am, that he directed his staff to wipe down areas in the kitchen daily but they have not been using a deep cleaning schedule.</p> <p>2 d On 10/21/14 at 4:20 pm, dietary worker #5 walked through the kitchen; with only his facial hair restrained. He was immediately redirected by the dietary consultant, to cover the hair on his scalp and he donned a hair net.</p> <p>The dietary manager was interviewed on 10/22/14 at 9:00 am. He stated that he was responsible for monitoring the hair nets and gave his staff daily reminders.</p> <p>3. Dietary worker #6 was observed in the dish room on 10/22/14 at 9:30 am. He worked in the confined area alone and was scrubbing food debris from the dirty dishes. Then he put the dirty dishes on a rack and pushed them into the machine. Next he washed his hands, and then put gloves on his hands to relocate a rack of clean dishes. He removed the rack of freshly clean dome lids from the dish machine. A white towel had been lying on the counter. He picked</p>	F 371			

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F 371	Continued From page 6 up the towel with his gloves and used the towel, to wipe the clean dome lids dry, and then placed them on the portable dry rack. Then dietary worker #6 returned to the rack of dirty dishes, reloaded the machine and handled the rack of new clean dishes, without cleaning his hands. Dietary worker #6 was interviewed on 10/22/14 at 9:38 am. He stated that he was working in the dish room today, in the absence of another dietary worker. He shared that he habitually used the towel to dry the dome lids. He also acknowledged that he usually cleaned his hands between handling of dirty and clean dishes, to prevent cross contamination.	F 371			
F 469 SS=D	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain clean prep areas in the kitchen to prevent fly activity as well as failed to remove exterminated flies from a hallway electrical bug zapping device, outside of the kitchen, so that the machine would be operational. The findings included: On 10/21/14 at 4:00 pm, a tour of the kitchen was conducted during the dinner. The dietary staff	F 469	*For residents affected/having the potential to be affected: The facility replaced the sticky paper in the identified light unit immediately, checked all other units. The Maintenance staff will monitor the units in the Health Center weekly and in the kitchen. The Dining staff will also monitor the units in the kitchen area weekly and report to the Maintenance department any unit needing new sticky paper inside the unit. The new Dietary Manager for Morrison's	11/18/14	

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F 469	<p>Continued From page 7</p> <p>was observed preparing hot food onto dishes, from the steam table. The steam table had two shelves above it, where stacks of uncovered plates were held and a vertical conveyor toaster, full of crumbs was positioned. In the air, several flies were noted, hovering in the area and landing on the table and counters.</p> <p>Behind the steam table was a stove top grill with cooked food debris on the surface. At the rear of the kitchen, was an ultra violet flying insect control light and trap, hung on the wall.</p> <p>The dietary consultant was present during the observation and was asked about their pest control efforts. At 4:10 pm, he stated that they had electronic devices to eliminate flies and that he noticed that the trap in one of the machines was full and needed to be changed.</p> <p>He led the tour to the service hall, outside of the kitchen, where a bug zapping device hung on the hall and was full of dead flies. There was one active fly seen inside of the machine.</p> <p>Several feet away from the device was the exit to the dumpster outdoors. Once the door was opened, an air curtain activated, that was intended to blow flies away from entering the facilities.</p>	F 469	<p>food service began Nov 3, 2014 and is a new contracted service for Quail Haven Village. The new Dietary Manager has implemented a new cleaning program for the kitchen to include all areas of concern. The front line employee signs off on completed cleaning, it is reviewed at the end of the shift by the Supervisor and additionally by the Dietary Manager. Audit effectiveness and kitchen cleanliness will be monitored by the Dietary Manager to include proper dress code that includes hair nets. Cleanliness monitoring will include fly control systems. Daily monitoring by the kitchen staff to include the Dietary Manager. If replacement of the sticky pads is noted the Maintenance Staff will be notified through the work order system for replacement of the sticky pads. The order of responsibility for System monitoring of the effectiveness in the kitchen area will be the front line documentation at the end of their shift, Supervisor review end of shift, and Dietary Manger review. Issues will be addressed by the Dietary Manager immediately and then reported to the Executive Director and in their absence the Director of Nursing. The Dietary Manager will report to the Quality Assurance committee and along with the programs effectiveness. For the kitchen area the Dietary manager will conduct a minimum of audits 5 days per week through the month of November. Then a minimum of 3 days a week for month of December. Then at least twice a week there after or as recommended by QA committee. The Maintenance staff will increase their</p>		

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F 469	Continued From page 8	F 469	checks and do weekly checks on the light units and replace the sticky paper as noted in the Health Center light units. The Dietary Manager will report to the Quality Assurance Committee effectiveness		
F 520 SS=F	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 520	*Completed: 11-5-14.	11/18/14	

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F 520	<p>Continued From page 9</p> <p>by: Based on record review, observation and staff interview, the facility's Quality Assessment and Assurance Committee failed to ensure that action plans developed on 8/30/13 recertification survey were implemented, monitored and revised as needed to ensure compliance was achieved and sustained. The facility had a pattern of repeat deficiency in dietary services under kitchen sanitation cited on 3 consecutive recertification surveys (2012, 2013 and 2014). Findings included:</p> <p>This tag is cross referred to:</p> <p>1. F371 - Kitchen Sanitation: Based on observations, record review and staff interviews, the facility failed to maintain a sanitized kitchen environment, which was evidenced by perishable food items not labeled in the walk in cooler; not labeled and not dated in the walk in freezer ; not properly sealing food items to prevent insect infestation in the dry storage area and ice crystals inside the package of breaded chicken patties in the walk in freezer; not discarding expired perishable food items; failed to contain exposed hair; dietary worker #6 failed to clean hands and/or change gloves after handling dirty dishes, and then touching clean dishes; cross contaminated 4 clean dome lids with dish towel, plus failed to implement a cleaning schedule to eliminate crumbs from toaster and deep fryer, after use; implement a deep cleaning schedule for stove top, to remove food debris and to wipe down outside of griddle, to prevent a build of baked on cooking oil spray.</p> <p>The facility was recited for F371 during the</p>	F 520	<p>*For residents affected/having the potential to be affected: Staff were reeducated on procedures the day the Surveyors completed their exit for the survey. The staff that were not available were reeducated in subsequent session. This was completed by the Regional Morrison's representative and the Dietary Manager. The new permanent Morrison's Dietary Manager started Nov 3, 2014. New cleaning audits and food storage audits were begun by the Dietary Manager to assure compliance to proper food storage, labeling, cleaning and proper uniform. The Dietary Manager reviews daily and weekly audits that are completed by the front line staff then reviewed by the Supervisor and then the Dietary Manager. Issues identified are brought to the Executive Director, and in their absence the Director of Nursing through the daily stand up meeting by the Dietary Supervisor for the Health Center. Corrections are implemented immediately, and issues identified are also brought to the Quality Assurance committee for review and actions implemented. A new audit system of the kitchen was implemented Nov 5, 2014 by the new Dietary Manager. This is a new system of Management, daily checks, documentation, accountability and review. Monitoring will be ongoing. For other potential residents affected the same actions noted above will be in place. Systemic changes implemented include new audit, which is completed daily,</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 520	<p>Continued From page 10</p> <p>10/22/14 recertification survey for not covering hair completely with a hair net, not discarding outdated food, not labeling/dating food, not washing hands and or change gloves after handling dirty dishes, and not keeping the kitchen clean. F371 was also cited on 2 previous recertification surveys (7/11/13 and 8/30/12).</p> <p>2. F371 - Kitchen Sanitation: Based on observation, record review and staff interviews, the facility did not adhere to their policies, to ensure that all dietary staff wore hair nets when working in the kitchen and failed to require that all cooks checked and established a safe food temperature, prior to serving meals to residents.</p> <p>The facility was recited for F371 during the recertification survey dated 7/11/13 for not wearing hair nets and not checking food temperatures prior to serving meals. F371 was also cited on the previous recertification survey dated 8/30/12 for not discarding expired thickened dairy products and not dating health shakes when thawed.</p> <p>3. F371 - Kitchen Sanitation: Based on observation, staff interview and product label review, the facility failed to: (1) remove outdated thickened dairy drink and (2) date health shakes when thawed in two (Unit 1 and Unit 2) of two nourishment refrigerators</p> <p>The facility was cited F371 during the recertification survey dated 8/30/12 for not discarding expired thickened dairy products and not dating health shakes when thawed. F371 was recited on two recertification surveys (7/11/13 and 10/22/14).</p>	F 520	<p>documentation and sign off by the front line staff member, reviewed by the Supervisor and finally review by the Dietary Manager. Areas of concern will be reviewed and monitored at daily stand up, additionally the Dietary Manager and Supervisors and staff, and the Quality Assurance committee will review effectiveness of actions implemented. The Dietary Manager will report at the Quality Assurance committee and adjustments to the monitoring identified to assure compliance.</p> <p>Audits of QA sheets by Dietary manager will be conducted a minimum of 5 days per week through the month of November. Then a minimum of 3 days a week for month of December. Then at least twice a week there after or as recommended by QA committee. The Dietary Manager will report to the Quality Assurance Committee effectiveness.</p> <p>Completed: 11-12-14</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 520	Continued From page 11 On 10/22/14 at 10:25 AM, the administrator was interviewed. He stated that the facility had a quality assurance committee consisted of the medical director and all the department heads including the administrator and the director of nursing. The committee had met quarterly. He indicated that he was aware of the pattern of repeat deficiency in dietary services from the previous surveys. He indicated that the implementation of the plan of action had been monitored by the dietary manager and it had been an ongoing issues/concerns. He had several turnover in dietary managers and dietary staff. He added that in September, 2014, the facility had contracted a food service company for a better QA (quality assurance) program. The new company had started in September, 2014 and they will be responsible for the dietary services. He stated that at present, the dietary manager is a fill in and the full time dietary manager will start in November, 2014.	F 520			