RESTAURA HOSPITALITY

A Phoenix3 Collective Brand

Crisis

Management Manual

Senior Living Dining Operations

Foodborne Illness • Recalls • Inspections • Crisis Communications

VERSION 2.0 | 2026

Annual Review: January | Confidential — Internal Use Only

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Section 1: Purpose, Scope, and Crisis Categorization

1.1 Purpose

This Crisis Management Manual establishes the operational protocols for managing food-safety-specific crises and operational emergencies that intersect with Restaura Hospitality dining services. It is a companion document to the Restaura Food Safety Standard Operating Guide and the Restaura Emergency Preparedness Manual. Together, these three documents define how Restaura prepares for, responds to, and recovers from events that affect resident safety and operational integrity.

This manual addresses the following crisis categories:

- Foodborne illness outbreaks affecting residents, staff, or visitors
- Food recall events affecting products on the premises
- Regulatory inspections, including unannounced inspections, complaint investigations, and CMS surveys
- Foreign object complaints and suspected food tampering
- Medical emergencies in the dining room (choking, allergic reaction, cardiac event)
- Kitchen fires and active threats
- Cybersecurity incidents affecting recipe, HACCP, or operational platforms

1.2 Scope

This manual applies to all Restaura Hospitality dining services operations across the senior living continuum (Independent Living, Assisted Living, Memory Care, Skilled Nursing) and to all Phoenix3 Collective sister-brand operations where Restaura culinary leadership is on-site. State-specific reporting requirements for the five states in which Restaura currently operates are summarized in Appendix B.

1.3 Crisis Categorization

Crises are categorized by severity to drive appropriate escalation, response time, and resource commitment. Restaura uses three tiers:

Tier	Definition	Response Standard
Tier 1 — Critical	Active or imminent threat to resident life or health; multi-resident illness; active media attention; regulatory action with license risk; major recall affecting served product	DSD notifies Regional Director within 30 minutes; CCO within 1 hour; Phoenix3 Collective leadership within 2 hours. Crisis Communications team activated.
Tier 2 — Significant	Single-resident foodborne illness; isolated allergen incident with clinical response; minor recall with product on premises; routine regulatory inspection with critical violations cited; foreign object complaint with potential injury	DSD notifies Regional Director within 2 hours; CCO within 4 hours.
Tier 3 — Notable	Single-resident GI complaint without clinical response; recall with no product on premises but cycle review needed; routine inspection without critical violations; minor complaint	DSD notifies Regional Director within 24 hours; logged in monthly Regional review.
BIAS TOWARD ESCALATION — When in doubt, escalate one tier higher than your initial read. Over-escalation never harms a resident; under-escalation can. The Regional Director		

1.4 Relationship to Other Documents

This manual operates in coordination with:

- **Restaura Food Safety SOP —** the day-to-day food safety operating standard. Crisis prevention starts there.
- **Restaura Emergency Preparedness Manual —** natural disasters, utility failures, evacuation, disaster menus, and CMS Emergency Preparedness Final Rule compliance.
- **Community-specific clinical emergency protocols —** owned by the community's clinical leadership; Restaura coordinates but does not direct clinical response.
- **Phoenix3 Collective corporate communications policy —** external communications during a crisis are coordinated with Phoenix3 Collective Marketing and Communications. No statement is made to media without that coordination.

Section 2: The Restaura Crisis Escalation Tree

2.1 Internal Escalation

Every Restaura crisis follows the same internal escalation sequence. The names below are role-based; each Restaura community maintains a current contact roster (cell phone, alternate phone, email) for each role, posted in the kitchen and the DSD office, refreshed quarterly.

Sequence

1. On-shift PIC discovers or is informed of the event
2. PIC notifies Dining Services Director (DSD) immediately if not on-site, by phone, no voicemail
3. DSD notifies Community Executive Director (and Director of Nursing if clinical implications)
4. DSD notifies Restaura Regional Director per the timing in Section 1.3
5. Regional Director notifies the Office of the Chief Culinary Officer per the timing in Section 1.3
6. Office of the CCO notifies Phoenix3 Collective leadership for Tier 1 events
7. Phoenix3 Collective Communications and Legal engaged for Tier 1 events

Concurrent Notifications

Some notifications occur concurrently with internal escalation:

- Community Director of Nursing — for any clinical event or suspected foodborne illness
- Community Infection Preventionist — for vomit/diarrheal events, suspected outbreaks
- Local health department — per state-specific reporting thresholds (Appendix B)
- FDA / USDA FSIS — for product recalls (managed by Centicor Supply Chain)
- 911 — for any active medical emergency, fire, or active threat
- Centicor Supply Chain — for recall events and supplier-related crises

2.2 Communications Discipline

During a crisis, communications discipline is critical. The following rules apply:

- All written communication about the event flows through the DSD or Regional Director — not through informal text or social media
- Speculation, opinion, and assignment of blame do not appear in any written record during the active phase
- Time-stamped notes are kept by the PIC during the event using the Crisis Event Log (Appendix A)
- External communications (media, regulatory, families beyond the directly-affected) are coordinated through Phoenix3 Collective Communications

- No team member speaks to media without explicit authorization from the Regional Director and Phoenix3 Communications
- Social media posts about the event by Restaura employees are prohibited until the event is closed

RESTAURA STANDARD — Crisis communications fail when discipline fails. The most damaging information in a crisis is rarely the underlying facts — it is well-meaning people speaking publicly without the full picture. Discipline first, transparency through the right channels, always.

Section 3: Foodborne Illness Outbreak Response

3.1 Recognition

A foodborne illness outbreak in a senior living community can begin quietly. The first signal may be a single resident with vomiting overnight, a second resident at breakfast, a kitchen team member calling out sick. The CDC defines a foodborne disease outbreak as the occurrence of two or more cases of similar illness resulting from the ingestion of a common food. New Hampshire's regulatory definition (NH He-P 2300) mirrors this language.

In a senior living setting, recognition is often complicated by the high baseline rate of GI symptoms among elderly residents (medication side effects, age-related changes, comorbidities). Restaura's recognition trigger is intentionally low: any cluster of two or more residents and/or staff with similar GI symptoms within 72 hours warrants escalation and investigation.

Outbreak Triggers

Notify the DSD and Director of Nursing immediately if any of the following are observed:

- Two or more residents with similar GI symptoms (vomiting, diarrhea) within 72 hours
- Two or more staff with similar GI symptoms within 72 hours
- Any combination of residents + staff (1+1, 2+0, 0+2) with similar GI symptoms within 72 hours
- A single resident with severe symptoms requiring hospitalization where foodborne origin is suspected
- Any resident with culture-confirmed Norovirus, Salmonella, Shigella, STEC, Hepatitis A, or other Big 6 pathogen

3.2 Initial Response (First Hour)

1. PIC/DSD activates the Crisis Event Log and begins time-stamped documentation
2. DSD notifies the community's Director of Nursing and Infection Preventionist
3. Hold all suspect foods. Do not discard any food prepared in the prior 72 hours — including leftovers, bulk product, and items in service. Apply "DO NOT USE — HOLD FOR INVESTIGATION" labels and segregate
4. Retain food samples per the 72-hour rule: keep a minimum 4-ounce sample of every menu item served in the prior 72 hours, labeled with date, meal, and item name, refrigerated. (If samples were not previously retained, retain everything currently on hand.)
5. Begin a Symptom Log: list every resident and staff member reporting symptoms — name, role/room, onset date and time, symptoms, last meal eaten, current location

6. Conduct an immediate Employee Health Check on all kitchen and service staff (per Food Safety SOP Section 4)
7. Notify the Regional Director per Section 1.3 timing

3.3 Reporting to Public Health

Reporting timing varies by state and severity. Most states require notification of suspected outbreaks within 24 hours; some require notification of any cluster of 2+ cases of similar GI illness in a long-term care facility immediately. See Appendix B for state-specific reporting thresholds.

In every case, the report should include:

- Facility name, address, and license number
- Reporter name and contact
- Number of cases (residents + staff separately)
- Symptoms reported
- Onset dates and times
- Suspected food, if known (do not speculate; report what is reasonably suspected)
- Actions taken to date

The community's Director of Nursing or Infection Preventionist typically holds primary reporting responsibility for resident illness. The DSD maintains the food-related documentation and is the point of contact for the food-establishment side of the investigation.

3.4 The Investigation

Restaura's role in an outbreak investigation is to support the public health investigators, not to lead the investigation. Local and state health investigators have legal authority and epidemiologic expertise that the dining team does not. The CIFOR Industry Guidelines for Owners, Operators and Managers of Food Establishments are the governing reference for industry's role.

What the Dining Team Provides

- All menus served in the prior 72 hours (or longer per investigator request)
- All recipes, ingredient lists, and supplier information
- All food safety logs (temperature, cooking, cooling, sanitizer, employee health) for the prior 72 hours
- All retained food samples
- Access to the kitchen for the investigator's environmental assessment
- Access to staff for interviews (with employee notification and consent per HR policy)

- Production records — who cooked what, when, and at what temperatures

What the Dining Team Does Not Do

- Conclude that a specific food was the cause without epidemiological confirmation
- Discard suspect food before the investigator has had the opportunity to sample
- Make public statements about the cause
- Speculate to staff or families about which food may have been involved

3.5 Containment

During an active outbreak, Restaura takes additional precautionary steps regardless of confirmation status:

- Pull suspect food from service immediately
- Activate enhanced cleaning and sanitizing on a 4-hour schedule
- Switch to single-use serviceware in any affected dining area
- Implement enhanced employee health screening — every shift, every employee
- Coordinate with Infection Preventionist on dining-room cohorting if Norovirus is suspected
- Suspend buffet, family-style, and self-service dining in affected areas; switch to plated-tray service
- Suspend resident food preparation activities (cooking groups, family kitchen access) in affected areas
- Coordinate with the Registered Dietitian (RD) and clinical team on nutrition risk monitoring during the outbreak. Residents confined to rooms, cohorted, or symptomatic are at elevated risk of unintended weight loss, dehydration, and reduced intake. The RD, in coordination with nursing, conducts daily intake/hydration checks on at-risk residents, considers temporary supplement orders, and documents the nutrition care plan adjustments. Tray service must still meet the Dignified Plate standard even in isolation.

3.6 Communication During an Outbreak

Communication during an outbreak is high-stakes. The following protocol applies:

- **Internal staff:** Daily briefings to all dining and clinical staff. Facts, actions, expectations. Confidentiality regarding affected individuals.
- **Affected residents and families:** Direct communication from the Executive Director and Director of Nursing, with Restaura DSD support on the food-related facts.
- **All-community residents and families:** Coordinated communication from Executive Director per the community's outbreak communication template, typically within 24 hours of identifying the outbreak.

- **Media:** Routed exclusively through Phoenix3 Collective Communications. No statement to media without explicit authorization.
- **Regulatory:** Per Section 3.3 and state-specific protocols (Appendix B).

3.7 Recovery and Post-Outbreak Review

8. Investigation closure and clearance from the public health authority
9. Final cleaning, sanitizing, and any equipment service identified during the investigation
10. Resumption of normal dining operations
11. Within 14 days of closure: post-outbreak review with all involved parties (DSD, clinical leadership, Regional Director, public health investigator if available, Restaura CCO)
12. Within 30 days: written post-outbreak report submitted to the Regional Director and CCO, including timeline, findings, root cause analysis (if identified), corrective actions, and lessons learned
13. Updates to this manual, the Food Safety SOP, or community operating procedures based on findings

Section 4: Food Recall Management

4.1 Recall Classifications

FDA and USDA FSIS classify recalls into three classes based on the severity of health hazard. Per 21 CFR Part 7, the classes are:

Class	Definition	Examples
Class I	Reasonable probability that use of, or exposure to, a violative product will cause serious adverse health consequences or death	Listeria monocytogenes in ready-to-eat foods; Salmonella in ready-to-eat foods; Clostridium botulinum toxin; undeclared Big 9 allergens
Class II	Use of, or exposure to, a violative product may cause temporary or medically reversible adverse health consequences, or where the probability of serious adverse health consequences is remote	Botulinum potential in seafood; Norovirus contamination in some seafood; lower-level allergen issues
Class III	Use of, or exposure to, a violative product is not likely to cause adverse health consequences	Incorrect weight or volume; minor labeling violations; non-organic product mislabeled organic

USDA FSIS uses the same three-class structure for meat, poultry, and processed egg products. Recalls are typically firm-initiated (voluntary) but FDA has mandatory recall authority under FSMA (Section 423 of the FD&C Act).

4.2 Recall Sources

Restaura monitors recalls through multiple channels. No single source is sufficient — recalls are issued through agency-specific channels, supplier-specific channels, and via Centicor Supply Chain alerts.

- FDA Recalls, Market Withdrawals, & Safety Alerts (fda.gov)
- USDA FSIS Recall and Public Health Alerts (fsis.usda.gov)
- FoodSafety.gov consolidated recall feed
- Centicor Supply Chain recall alerts (push notification to all Restaura DSDs within 4 hours of any recall affecting Centicor-distributed product)
- Distributor alerts (Sysco, Gordon Food Service, regional distributors)
- State Department of Agriculture recall alerts (state-specific)
- Direct supplier notifications

4.3 Recall Response Protocol

Upon receipt of a recall alert affecting any product Restaura purchases:

14. Verify the alert is current and from a legitimate source
15. Identify the specific product details: brand, item code, lot number, production dates, package size, shipping windows
16. Conduct an immediate inventory audit — physical inspection of the affected product category in walk-in coolers, freezers, dry storage, and any open packages in production
17. Identify any product matching the recall details on premises
18. Identify any product that has already been served — production records, freezer pulls, and menu cycle review for the prior 30 days (or longer for shelf-stable items)
19. Segregate any matching product physically; apply "RECALLED — DO NOT USE — HOLD" labels; remove from active inventory
20. Document all findings on the Recall Response Log (Appendix A)
21. For Class I recalls or any recall where served product is identified: notify DSD, Regional Director, and CCO immediately per Tier 2 escalation
22. For Class I recalls with served product: coordinate with the community's clinical team — symptom monitoring of any residents who may have consumed the product
23. Follow the recall instructions for product disposition — typically return to supplier, destroy on-site with documentation, or hold for pickup
24. Document final disposition (destroyed, returned, etc.) with date, method, and witness

4.4 Coordination with Centicor

Centicor Supply Chain serves as Phoenix3 Collective's recall coordinator. For any product distributed through Centicor:

- Centicor receives the supplier or agency alert and pushes to all DSDs within 4 hours
- Centicor provides the product disposition instructions (return, destroy, hold for pickup)
- Centicor coordinates credit, replacement, and supplier follow-up
- DSDs report inventory findings back to Centicor within 24 hours of the alert

For non-Centicor product (special orders, local sourcing, supplier-direct), the DSD is the recall coordinator and follows the same protocol with direct supplier interaction.

4.5 Allergen-Driven Recalls

Approximately half of all FDA food recalls are allergen-related, primarily from labeling errors. Following the FASTER Act (sesame as the ninth allergen, January 1, 2023), sesame-related recalls have increased. Restaura's allergen recall response is identical in protocol to other recalls, with one addition: review the affected product against the Resident Allergen Roster to determine whether any resident with the allergen at issue may have consumed the product. If yes, notify the clinical team for symptom monitoring.

Section 5: Regulatory Inspection Response

5.1 Types of Inspections

Restaura kitchens are subject to multiple inspection regimes, each with its own authority and expectations:

- **Routine retail food inspection —** conducted by state or local health department per the state's adopted food code (typically 1–4 times per year depending on facility classification). Risk-based focus on the FDA's identified Risk Factors.
- **Complaint-driven inspection —** triggered by a consumer, resident, family, or staff complaint to the regulatory authority. Often unannounced and focused on the specific complaint.
- **Foodborne illness outbreak investigation —** triggered by a suspected or confirmed outbreak. Multi-day, multi-investigator, includes environmental assessment and staff interviews.
- **CMS survey (in CMS-certified SNFs) —** annual survey conducted by state survey agency on behalf of CMS. Uses the F-Tag framework; food service component governed primarily by F812, F813, F814, F880. Surveyors use the CMS Kitchen/Food Service Observation pathway (CMS-20055).
- **State licensing survey (Assisted Living, Residential Care) —** state-specific licensure surveys for AL/RC settings. Includes food service compliance per the state's AL/RC regulations.

5.2 Manager Response During an Inspection

When an inspector arrives:

1. Greet professionally; verify identification (every legitimate inspector carries a state-issued ID)
2. Notify the DSD or PIC immediately if not already on-site
3. Notify the community Executive Director (most communities request the inspector check in at the front desk before entering operational areas)
4. Accompany the inspector throughout the inspection — do not let the inspector walk independently. This is your right and the inspector's expectation
5. Be cooperative and professional. The inspector is there to verify compliance; treat the visit as an opportunity to demonstrate Restaura's standards
6. Take time-stamped notes during the inspection: what the inspector observed, what they asked, what was discussed, what they cited
7. Provide requested records, logs, certifications, and policies promptly

8. Do not argue, debate, or attempt to dissuade the inspector during the inspection itself. If you believe a finding is incorrect, address it through the formal corrective action / appeal process after the inspection
9. Do not photograph or record the inspector without explicit consent
10. Be honest. Do not attempt to hide, conceal, or disguise any condition the inspector might observe

5.3 During the Inspection — Critical (Priority) vs. Non-Critical Violations

Most state food codes (and the FDA Food Code) categorize violations as:

- **Priority items —** violations that contribute most directly to foodborne illness, injury, or environmental health hazard. Often called "critical" or "priority" violations. Examples: improper holding temperatures, employee health controls, cross-contamination.
- **Priority foundation items —** items that support the priority items (PIC certification, training, equipment, facility infrastructure).
- **Core items —** items related to general sanitation, operational controls, and good retail practices.

If the inspector cites a priority violation, immediate correction is typically required during the inspection. Examples of immediate corrections:

- Discard a TCS food found out of temperature
- Re-sanitize a contaminated surface
- Send home a symptomatic employee
- Adjust a refrigerator setting

Document each immediate correction made during the inspection on the Inspection Response Log (Appendix A).

5.4 At the Close of the Inspection

1. Receive the inspector's verbal summary
2. Review the written inspection report; ask questions to clarify any finding you do not understand
3. Sign the inspection report (signature acknowledges receipt; it does not waive your right to dispute findings)
4. Request a copy of the inspection report; this is your right
5. Note any required follow-up actions, deadlines, and re-inspection schedule
6. Thank the inspector

5.5 Post-Inspection Corrective Action

1. Within 1 hour: photograph the inspection report; transmit to Regional Director; brief CCO if any priority violations cited
2. Within 24 hours: complete the Post-Inspection Report (Appendix A) and submit to Regional Director, including a corrective action plan for each finding
3. Within 7 days (or per the inspector's deadline, whichever is sooner): execute all corrective actions and document completion
4. Within 30 days: conduct root cause analysis on any priority violation; update training, processes, or equipment as indicated
5. Submit any required written response to the regulatory authority by the deadline
6. Prepare for any required re-inspection — verify all corrections in place before the inspector returns

5.6 CMS Survey Specifics

CMS surveys differ from routine retail inspections in scope, length, and consequence. Key points:

- Surveys are unannounced and typically last 2–5 days
- Surveyors are state survey agency employees acting on behalf of CMS
- F-Tags cited can result in financial penalties, enrollment of conditions, or denial of payment
- F812, F813, F814, F880 are the food-service-relevant F-Tags
- F812 has historically been one of the most frequently cited deficiencies in CMS surveys
- Surveyors will conduct kitchen observations during meal service, observe handwashing, verify temperatures, review recipes against served plates, and interview staff

During a CMS survey, the DSD coordinates with the community's Executive Director and DON. Restaura's standing CMS-readiness expectation (Food Safety SOP Section 16.4) applies — all logs, certifications, policies, and procedures are accessible within 5 minutes of request.

5.7 If a License or Permit Is at Risk

In rare cases, an inspection can result in license suspension, permit revocation, or operational restriction. If this is a stated possibility:

1. Notify the Regional Director and CCO immediately
2. Phoenix3 Collective Legal is engaged
3. Do not sign any consent agreement, voluntary surrender, or stipulation without legal review
4. Document everything — written and time-stamped
5. Coordinate the response through Phoenix3 Collective Legal, with operational input from CCO and Regional Director

Section 6: Foreign Object and Food Tampering

6.1 Foreign Object Complaints

A foreign object complaint occurs when a resident, family member, or staff reports a non-food item found in served food. Common categories: hard plastic, glass, metal fragments, hair, insects, paper, pieces of packaging.

Response protocol:

1. Take the complaint seriously. Apologize that the resident had a poor experience; do not admit fault, do not assign cause, do not promise a specific resolution
2. Secure the foreign object and the food. Do not discard. Place in a sealable bag or container labeled with the date, meal, and the resident's information
3. Note the time, location, what was being eaten, and any visible characteristics of the object
4. Notify the DSD immediately
5. If injury is reported (cut mouth, broken tooth, swallowed object), notify the clinical team immediately and document. Per Tier 1/2 escalation
6. Photograph the object and the food
7. Investigate root cause: review production for that menu item, equipment for that station, packaging for that ingredient, supplier for that lot
8. Document on the Foreign Object Report (Appendix A)
9. Notify Regional Director within 4 hours; if injury, immediate notification

6.2 Common Sources and Prevention

Source	Prevention
Hair	Hair restraints; beard covers; uniforms in good repair
Hard plastic / packaging	Inspection at receiving; opening packages over a designated area, not over food; visual inspection during prep
Glass	No glass in production area; if glass breakage occurs, follow Glass Breakage Protocol (cordon off 25 ft, discard exposed food, full cleaning)
Metal fragments	Equipment inspection; magnetic catchers in flour bins; replacement of worn equipment
Insects	Pest management per Food Safety SOP Section 14
Bandages	Blue Restaura-standard bandages for visibility; gloves over bandages on hands
Bones	Inspection of pre-portioned proteins; supplier specifications

6.3 Suspected Food Tampering

Food tampering is the intentional adulteration of food with intent to cause harm. While extremely rare, it represents a Tier 1 crisis. Indicators of suspected tampering include:

- Foreign substances found in food that do not match any plausible accidental source
- Multiple residents reporting unusual symptoms after a specific meal
- Unauthorized access to food storage areas
- Open containers of bulk food found unsealed in storage
- Notes, threats, or claims of intentional adulteration

Response to suspected tampering:

1. Halt all service of the affected food immediately
2. Secure the affected product, packaging, and any related items — chain of custody
3. Notify DSD, Regional Director, CCO, and Phoenix3 Collective Legal immediately
4. Notify the community Executive Director and DON
5. Notify local law enforcement and FDA / USDA FSIS as applicable
6. Do not discuss publicly
7. Treat affected product and area as evidence — do not clean until law enforcement has cleared
8. Provide all records, security footage, access logs, and personnel information to investigators

Section 7: Medical Emergencies in the Dining Room

7.1 Choking

Choking is a leading cause of accidental death in older adults and a particular risk in dysphagia populations. The Massachusetts Anti-Choking Procedures requirement (105 CMR 590.011, MGL c.94 §305D) requires food service establishments of certain seating capacity to maintain employees trained in approved manual choke-saving procedures (105 CMR 605.000).

Signs of choking:

- Inability to speak, cough, or breathe
- Hands at throat (universal sign)
- Bluish color to face, lips, or fingertips
- Panic, agitation
- Loss of consciousness

Response:

1. Call clinical team / nurse via the community emergency response system
2. Call 911
3. If trained and clinical staff is not immediately present, follow your training (back blows, abdominal thrusts per current protocols)
4. Do not give food, drink, or medication
5. Stay with the resident until clinical staff arrives
6. Document the incident; review the resident's IDDSI level and any recent diet changes

7.2 Allergic Reaction / Anaphylaxis

Per Food Safety SOP Section 11.5 — see that section for full protocol. Recapped here for crisis-response readiness:

1. Recognize: hives, swelling, breathing difficulty, throat tightness, GI symptoms, dizziness, pale/bluish skin
2. Call clinical team / nurse
3. Call 911 if no clinical staff immediately available
4. Stay with the resident
5. Save the suspected food and any other food being eaten — do not discard
6. Note time of onset
7. Notify DSD

8. Document on Allergen Incident Report

7.3 Cardiac Event, Stroke, Fall

These events are clinical emergencies handled by the community's care team. Restaura's role is to:

1. Activate the community emergency response system
2. Stay with the resident until clinical staff arrives
3. Clear the area of other residents if possible without abandoning the affected resident
4. Cooperate with the clinical response (provide information about what the resident was eating, when they sat down, etc.)
5. Document the dining-room observations
6. Notify DSD

Section 8: Kitchen Fires and Active Threats

8.1 Kitchen Fires

Most kitchen fires originate at cooking equipment (range, fryer, grill). The hood fire suppression system is the primary defense. Manual response protocol:

1. If fire is small and contained (e.g., a small grease fire in a pan): turn off the heat source. Use a Class K fire extinguisher or smother with a tight-fitting metal lid. Never use water on a grease fire
2. If the fire is larger or spreading: activate the hood fire suppression system manually if it has not auto-activated
3. Pull the nearest fire alarm
4. Evacuate the kitchen and notify community emergency response
5. Call 911
6. Account for all kitchen staff at the designated muster point
7. Do not re-enter the kitchen until the fire department clears it

Post-fire:

- All food in the kitchen during a fire is presumed contaminated and discarded
- Hood and ductwork inspected and cleaned by certified provider before resuming cooking
- Fire suppression system serviced before resuming cooking
- Notify Regional Director and CCO
- Activate Emergency Preparedness Manual disaster menu protocols if cooking will be unavailable for >4 hours

8.2 Active Threat / Workplace Violence

In the rare event of an active threat (active shooter, violent intruder) in or near the kitchen or dining areas, follow the Run-Hide-Fight protocol established by federal law enforcement and adopted by most healthcare organizations:

- **RUN —** if a safe escape path is available, evacuate immediately. Leave belongings; do not attempt to confront the threat. Once safe, call 911.
- **HIDE —** if escape is not possible, hide in a location out of the threat's view. Lock or barricade doors. Silence phones. Stay quiet.
- **FIGHT —** as a last resort, when life is in imminent danger, attempt to incapacitate the threat using improvised weapons (knives, pots, fire extinguishers). Commit fully.

During an active threat, residents and visitors in the dining room may be unable to evacuate. Staff who are able should attempt to move residents to a secure area (interior room, behind a barrier) and lock or block doors.

After the threat is neutralized:

- Cooperate with law enforcement
- Account for all team members
- Notify Regional Director and CCO
- Phoenix3 Collective will engage employee assistance and trauma support resources

Section 9: Cybersecurity and Platform Compromise

9.1 Risk Profile

Restaura's culinary operations rely on multiple digital platforms that are increasingly attractive targets for cyberattack:

- Galley Solutions (recipe management and HACCP platform)
- Centicor procurement and ordering systems
- CrossCheck quality assurance platform
- Community-level POS and ticketing systems
- Digital temperature monitoring and refrigeration systems
- Email, SharePoint Culinary Hub, and Microsoft 365

CMS now expects all certified providers to address cybersecurity in their Emergency Preparedness Plan. Restaura's standard expects all DSDs to recognize and respond to indicators of platform compromise.

9.2 Indicators of Compromise

- Inability to access expected systems (login failures, suspicious lockouts)
- Unusual emails requesting credentials, payment, or wire transfers
- Ransomware messages on screen demanding payment
- Reports from team members of suspicious emails or links
- Unexpected changes to recipes, orders, or platform data
- Performance degradation, system crashes, unexpected restarts

9.3 Response

1. Do not click, respond, or pay anything
2. Disconnect affected devices from the network if possible (unplug ethernet, disable Wi-Fi)
3. Notify the Phoenix3 Collective IT Security team immediately
4. Notify DSD, Regional Director, CCO
5. Document what was observed (screenshots if safely possible, time-stamped notes)
6. Do not attempt to remediate independently
7. If platform compromise affects ongoing operations (Galley unavailable for production, ordering blocked), activate manual paper-based backups (printed recipes, paper order guides)

9.4 Continuity Planning

Restaura kitchens maintain printed backups of:

- Current cycle menu and recipes (laminated, kitchen binder)
- Approved supplier order guides
- Resident Allergen Roster (printed daily)
- IDDSI level prescriptions (printed daily)
- Therapeutic Diet Roster (printed daily)
- All food safety logs (paper-based forms; digital logs are a convenience, not a replacement)

If a digital platform is compromised, paper-based operations continue. The kitchen never stops because IT is down.

The same manual-operations discipline applies to a wide-area infrastructure loss such as an electromagnetic pulse (EMP) event, in which digital platforms, grid power, and generator electronics may fail simultaneously. EMP preparedness is addressed in the Emergency Preparedness Manual (Section 10.6) and is developed in partnership with Phoenix3 Collective IT Security and the community Facilities team.

Section 10: Crisis Communications

10.1 Principles

Crisis communications, done well, can preserve trust during the worst events. Done poorly, communications can create a second crisis on top of the first. The principles are constant:

- **Speed.** First-hour communication shapes perception. Silence creates space for speculation.
- **Accuracy.** Say only what you know. Distinguish facts from interpretation. Acknowledge what you don't yet know.
- **Empathy.** Lead with the human impact. The affected resident, family, or staff is the priority.
- **Discipline.** One spokesperson. One channel. One message. Coordinated through Phoenix3 Communications.
- **Documentation.** Every external communication is documented — what was said, by whom, to whom, when.

10.2 Internal Communication

Internal stakeholders during a crisis include: dining staff, clinical staff, community leadership, Regional Director, CCO, Phoenix3 Collective leadership.

- Dining staff: pre-shift huddle each shift; clear instructions on actions and hold lines
- Community staff (clinical, ED, marketing): coordinated by Executive Director with DSD input
- Regional and CCO: per escalation timing in Section 1.3
- Confidentiality: identifying information about affected residents or staff is shared on a need-to-know basis

10.3 Resident and Family Communication

Direct communication with the affected resident's family is led by the Executive Director and DON. Restaura's role is to:

- Provide accurate, factual information about food-related circumstances when requested
- Respond to family questions with honesty within the limits of what is known
- Express genuine care for the resident's well-being
- Avoid speculation, blame-assignment, or premature conclusions

All-community communication (when an event affects multiple residents or warrants community-wide notification) is owned by the Executive Director, with template language coordinated by Phoenix3 Collective Communications.

10.4 Media Communication

Media inquiries are routed exclusively through Phoenix3 Collective Communications. No Restaura employee speaks to media without explicit authorization. The standard response to a media inquiry is:

"Thank you for reaching out. I will need to refer you to our Communications team for any statement. I will pass your name and contact information along immediately."

That response is appropriate for every Restaura employee, in every role, in every situation. Do not say anything beyond that — including off the record, on background, or as a personal opinion.

10.5 Hold Statements and Templates

Phoenix3 Collective Communications maintains pre-approved hold statements and templates for crisis scenarios, including:

- Suspected foodborne illness in a community
- Confirmed foodborne illness outbreak
- Recall affecting served product
- Allergen incident
- Foreign object complaint
- Regulatory action

These templates are accessed by request through Phoenix3 Communications during a crisis. Templates are customized to the specific facts before release.

10.6 Social Media

Restaura maintains social media presence at the brand level only. Community-level social media (resident-facing pages) is managed by the community.

During a crisis:

- All Restaura employees are prohibited from posting about the event on personal social media
- Restaura brand social media posts are paused until coordinated approval
- Social media monitoring is conducted by Phoenix3 Communications to identify any community-related posts and inform response
- Misinformation is corrected through Phoenix3 Communications, not through individual employee response

Section 11: Documentation and Post-Crisis Review

11.1 Documentation During the Event

During any crisis, the PIC or designee maintains a real-time Crisis Event Log (Appendix A). The log captures:

- Date and time of each entry
- Who reported what and to whom
- Decisions made and by whom
- Actions taken and by whom
- Notifications made (internal and external) with timestamps and recipients
- Observations relevant to the cause or response

Real-time documentation is essential — recreated documentation after the fact is far less reliable and may be challenged in regulatory or legal review.

11.2 Post-Crisis Report

Within 30 days of crisis closure, the DSD completes a Post-Crisis Report (Appendix A) covering:

- Summary of the event
- Timeline (chronological narrative with timestamps)
- Notifications made — internal and external
- Actions taken
- Outcomes — clinical, regulatory, operational
- Root cause analysis (where determinable)
- Corrective actions implemented
- Recommendations for SOP, training, equipment, or process changes
- Lessons learned

The Post-Crisis Report is reviewed by the Regional Director and CCO. Findings inform updates to this manual, the Food Safety SOP, the Emergency Preparedness Manual, and Restaura training programs.

11.3 Tabletop Exercises

Restaura conducts annual tabletop exercises across the brand. Each year, scenarios rotate through the major crisis categories. The DSD and a cross-functional community team work through a scripted scenario, identifying gaps and process improvements. Results are documented and inform the next year's training cycle.

11.4 Continuous Improvement

Crisis response is a learned discipline. We treat every crisis as the most important training opportunity of the year. We share lessons across communities, across brands within Phoenix3 Collective, and back to suppliers and partners when their participation can prevent the next event. The goal is not zero crises — that is unattainable. The goal is excellent response, every time.

Appendix A: Crisis Forms and Templates

Form CM-01 — Crisis Event Log

Header: Community | Date | Crisis Tier (1/2/3) | Initial Reporter | DSD on duty

Time-stamped entries: Time | Entry (who, what, where, decision, action, notification) | Initials

Footer: DSD signature | Regional Director signature | Date closed

Form CM-02 — Outbreak Symptom Log

Per case: Name (resident or staff) | Role/Room | Onset Date/Time | Symptoms | Last Meals (24-72 hr) | Severity (mild/moderate/severe; hospitalized Y/N) | Status (active/recovered/resolved) | Reporter | Date Reported

Form CM-03 — Recall Response Log

Per recall: Recall Date Received | Source (FDA/USDA/Centicor/Supplier) | Class (I/II/III) | Product Details (brand, item, lot, dates) | Inventory Audit Result (qty on premises, qty served, dates served) | Disposition (returned/destroyed/held) | Final Disposition Date | DSD Signature

Form CM-04 — Inspection Response Log

Per inspection: Date/Time Started | Inspector Name + ID | Agency | Inspection Type | DSD Accompanying | Time Ended

Per finding: Finding | Code Section | Priority/PF/Core | Immediate Correction (Y/N, description) | DSD Notes

Footer: Final report received Y/N | Score/result | Re-inspection scheduled | Notifications made

Form CM-05 — Foreign Object Report

Date/Time of complaint | Resident name | Item being eaten | Object description | Object photographed Y/N | Object retained Y/N | Injury reported Y/N | Clinical notified Y/N (when, who) | Investigation findings | Root cause (if identified) | Corrective actions | DSD signature | Regional notification (when, who)

Form CM-06 — Post-Crisis Report

Cover: Community | Crisis Tier | Date of Event | Date of Report | Author

Sections: 1. Executive Summary | 2. Timeline | 3. Notifications and Communications | 4. Actions Taken | 5. Outcomes | 6. Root Cause Analysis | 7. Corrective Actions | 8. Recommendations | 9. Lessons Learned

Sign-off: DSD | Regional Director | Office of CCO

Form CM-07 — Incident / Accident Report

The Phoenix3 Collective Incident/Accident Report is the standard form for documenting any guest, resident, vendor, or employee incident or injury. File with HR within 24 hours of the incident (HR@phx3.com). Captures:

person involved (employee/resident/vendor/other); incident date, time, and location; police notification; full incident description; witnesses; injury and body part affected; medical treatment provided (on site / urgent care / emergency room / other); and reporter information. A blank copy is maintained in the kitchen emergency binder and the DSD office.

Form CM-08 — Workers' Compensation Insurance Identification Card

The Workers' Compensation Insurance Identification Card is presented to a healthcare provider for work-related injuries or illnesses only. Printed cards must be readily available at every site (kitchen emergency binder and DSD office). Each card carries the employer of record (Restaura Hospitality, LLC), employer contact, the workers' compensation carrier and policy number, and fields for employee, date of birth, date of injury, and manager sign-off. Verify carrier and policy details are current at each annual review; coordinate updates with People Operations.

Appendix B: State Reporting Reference

State-specific reporting requirements for foodborne illness outbreaks and food-related crises. These are summary references; consult the state's current rules and guidance documents and your local health department contact for definitive requirements.

B.1 Texas

- **Public health authority for retail food:** Texas Department of State Health Services (DSHS) and contracting local jurisdictions.
- **AL/SNF licensing authority:** Texas Health and Human Services Commission (HHSC).
- **Foodborne illness reporting:** Texas Health and Safety Code Chapter 81 (Communicable Disease Control) requires reporting of suspected outbreaks. Notification to local health department and DSHS for any cluster of suspected foodborne illness. CMS-certified facilities also report per CMS and HHSC requirements.
- **Imminent health hazard reporting:** Per TFER, food establishments must immediately notify the regulatory authority of imminent health hazards including outbreak suspicion, water/sewer/electrical interruption, fire, and natural disaster affecting food supply.

B.2 Massachusetts

- **Public health authority:** Massachusetts Department of Public Health (MDPH); local boards of health conduct routine inspections.
- **AL/SNF licensing:** MDPH Division of Health Care Facility Licensure and Certification.
- **Foodborne illness reporting:** Per 105 CMR 300.000 (Reportable Diseases), foodborne disease outbreaks are immediately reportable to the local board of health and MDPH Bureau of Infectious Disease and Laboratory Sciences. Specific case reporting required for confirmed cases of Big 6 pathogens and other notifiable conditions.
- **Allergen incident reporting:** While not separately mandated, MDPH's allergen awareness regulation (105 CMR 590.011) creates an enforcement framework where allergen incidents may trigger inspection.

B.3 New Hampshire

- **Public health authority:** NH Department of Health and Human Services, Division of Public Health Services, Food Protection Section.
- **AL/SNF licensing:** NH DHHS Bureau of Health Facilities Administration.
- **Foodborne illness reporting:** NH He-P 2300 defines a foodborne disease outbreak as 2 or more cases of similar illness from a common food. Per the imminent public health hazard reporting requirements, food establishments must immediately notify DPHS Food Protection Section of suspected outbreaks. NH He-P 301 (Reportable Communicable Diseases) governs case reporting.

B.4 Oklahoma

- **Public health authority:** Oklahoma State Department of Health (OSDH).
- **AL/SNF licensing:** OSDH Long Term Care Service.
- **Foodborne illness reporting:** OAC 310:515 (Communicable Disease and Injury Reporting) requires reporting of foodborne disease outbreaks and individual cases of notifiable conditions to the local health department and OSDH.

B.5 South Carolina

- **Public health authority for retail food (post-July 2024):** South Carolina Department of Agriculture (SCDA), with cooperation from SC Department of Public Health (SCDPH; previously DHEC).
- **AL/SNF licensing:** SCDPH Division of Healthcare Quality.
- **Foodborne illness reporting:** SC Code §44-29-10 et seq. and SCDPH Reportable Diseases regulations require notification of suspected foodborne disease outbreaks to SCDPH Bureau of Disease Control.

Appendix C: Quick-Reference Crisis Cards

Card 1 — Crisis Escalation Tree

DISCOVER → STABILIZE → ESCALATE → DOCUMENT → COMMUNICATE → REVIEW

1. PIC notifies DSD
2. DSD notifies Executive Director and DON
3. DSD notifies Regional Director (Tier 1: 30 min; Tier 2: 2 hr; Tier 3: 24 hr)
4. Regional notifies CCO (Tier 1: 1 hr; Tier 2: 4 hr)
5. CCO notifies Phoenix3 Collective leadership for Tier 1
6. All external communications coordinated through Phoenix3 Communications

Card 2 — Foodborne Illness Outbreak

1. Activate Crisis Event Log
2. Hold all suspect foods (do not discard); apply HOLD labels
3. Begin Symptom Log for affected residents and staff
4. Conduct Employee Health Check on kitchen and service staff
5. Notify DON and Infection Preventionist immediately
6. Notify Regional Director within 30 minutes
7. Coordinate with DON on local health department notification
8. Provide all logs and records to investigators upon request

Card 3 — Recall Response

1. Verify the recall is current and from a legitimate source
2. Identify product details: brand, item, lot, dates
3. Conduct inventory audit
4. Identify product on premises AND any served in prior 30 days
5. Segregate matching product; apply RECALLED labels
6. For Class I or any served-product situation: immediate Tier 1/2 escalation
7. Coordinate with Centicor on disposition
8. Document on Recall Response Log

Card 4 — Regulatory Inspection

1. Greet professionally; verify ID
2. Notify DSD; notify Executive Director
3. Accompany inspector throughout
4. Take time-stamped notes
5. Provide records promptly
6. Make immediate corrections for priority violations
7. Receive and sign written report; obtain copy
8. Notify Regional Director within 1 hour
9. Submit Post-Inspection Report within 24 hours

Card 5 — Media Inquiry

Standard response: "Thank you for reaching out. I will need to refer you to our Communications team for any statement. I will pass your name and contact information along immediately."

Then: notify DSD → Regional Director → Phoenix3 Communications.

DO NOT say anything beyond the standard response. Not on background. Not off the record. Not as a personal opinion.