

RESTAURA HOSPITALITY

A Phoenix3 Collective Brand

Food Safety

Standard Operating Guide

Senior Living Dining Operations

Independent Living • Assisted Living • Memory Care • Skilled Nursing

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Section 1: Purpose, Scope, and Regulatory Foundation

1.1 Purpose

This Food Safety Standard Operating Guide establishes the comprehensive food safety policies, procedures, standards, and documentation requirements for all Restaura Hospitality dining operations across the senior living continuum. It is the authoritative operational reference for every Employee Owner who handles, prepares, stores, transports, or serves food in a Restaura community.

The purpose of this guide is fourfold:

- To protect the residents we serve — a population categorized by the FDA Food Code as Highly Susceptible — from foodborne illness, choking, aspiration, and allergen exposure.
- To establish a common, written food safety standard applied identically across every Restaura community, every brand under Phoenix3 Collective, and every state in which we operate.
- To support full compliance with federal, state, and local food safety regulations, including the FDA Food Code, CMS regulations for nursing facility food service (F-Tags F812, F813, F814), and state-specific food establishment rules.
- To provide a single, accessible reference document available to every team member during operating hours, supporting training, daily decision-making, regulatory inspection response, and continuous improvement.

1.2 Scope

This guide applies to all Restaura Hospitality dining services operations, including:

- All food preparation, production, holding, service, transport, and display in Independent Living, Assisted Living, Memory Care, and Skilled Nursing settings.
- All catering, special events, and resident celebrations executed by Restaura culinary teams.
- All food storage, receiving, and warehousing functions located within Restaura kitchens.
- All third-party deliveries and vendor interactions touching the food supply chain.
- All temporary food service operations conducted on Restaura premises, including outdoor barbecues, off-site catered events, and pop-up dining experiences.
- All food brought in by family members or visitors for residents (per CMS F-Tag F813 personal food policy).

This guide does not replace state or local food code; where state or local requirements are more stringent, those requirements prevail. State-specific addenda are provided in Appendix B for Texas, Massachusetts, New Hampshire, Oklahoma, and South Carolina.

1.3 Regulatory Foundation

This guide is built on, and designed to support compliance with, the following federal and industry-standard regulatory frameworks.

Federal Food Safety Regulations

- **FDA Food Code 2022** (10th edition, with the Supplement to the 2022 Food Code published 2024). The Food Code is the model regulation issued by the U.S. Food and Drug Administration that informs all state and local retail food regulations. It is updated on a four-year cycle, with interim supplements. The next complete revision is scheduled for 2026. Restaura adopts the FDA Food Code 2022 as its baseline operational standard, applying state-specific deviations where applicable.
- **FALCPA & FASTER Act.** The Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) established the original eight major food allergens. The FASTER Act of 2021 added sesame as the ninth major food allergen, effective January 1, 2023. Restaura's Allergen Policy (Section 11) reflects all nine.
- **21 CFR Part 117.** Current Good Manufacturing Practice, Hazard Analysis, and Risk-Based Preventive Controls for Human Food. FDA's updated draft Chapter 11 (Food Allergen Program) provides industry guidance on cross-contact prevention.
- **21 CFR Part 7.** FDA recall classifications and procedures (Class I, II, III). See Crisis Management Manual for Restaura recall response protocols.
- **USDA FSIS regulations** governing meat, poultry, and egg products, including FSIS recall procedures.

CMS Nursing Facility Regulations

Restaura operations in CMS-certified Skilled Nursing Facilities and dual-certified communities are governed by the following regulatory tags within 42 CFR §483.60 (Food and Nutrition Services):

- **F-Tag F812 — Food Procurement, Storage, Preparation, and Sanitary Serving.** The most comprehensive food service F-Tag and historically among the most frequently cited deficiencies in CMS surveys. F812 mandates that food be procured from approved sources and stored, prepared, distributed, and served in accordance with professional standards for food service safety. Surveyors use the CMS Kitchen/Food Service Observation pathway (CMS-20055) to evaluate compliance.
- **F-Tag F813 — Personal Food Policy.** Requires the facility to maintain a written policy governing food brought in by family and visitors for residents, including safe storage, handling, consumption, and resident education.

- **F-Tag F814 — Disposal of Garbage and Refuse.** Mandates proper disposal of garbage and refuse to prevent contamination, pest harborage, and infection control hazards.
- **F-Tag F880 — Infection Prevention and Control.** Although not a food-specific tag, food service practices intersect F880 in vomit/diarrheal event response, employee illness reporting, and cleaning/sanitizing practices.
- **F-Tag F805 — Food and Drink.** Each resident must receive and the facility must provide food prepared by methods that conserve nutritive value, flavor, and appearance; food and drink that is palatable, attractive, and at safe and appetizing temperature. Particularly relevant to texture-modified diet plating (Section 10), hot/cold holding (Section 9), and the Dignified Plate standard.
- **F-Tag F806 — Resident Allergies, Preferences and Substitutes.** Requires the facility to accommodate residents' allergies, intolerances, and preferences, and to offer substitutes of similar nutritive value when residents refuse menu items. Operationalized in Section 11 (Allergen Policy) and the Resident Allergen Roster.
- **F-Tag F808 — Menus and Nutritional Adequacy.** Menus must meet residents' nutritional and special dietary needs, be prepared in advance, followed, reflect resident preferences and cultural/religious considerations, be updated periodically, and be reviewed by the facility's Registered Dietitian (RD) for nutritional adequacy. Restaura's standard exceeds the F808 floor by requiring documented RD approval of every cycle menu, every disaster menu, and every substantive menu change, with annual menu nutrient analysis on file.
- **F-Tag F922 — Water Availability.** Written procedures for water availability during emergencies. Operationalized in Section 15.4 and detailed in the Emergency Preparedness Manual.

Industry Standards

- IDDSI Framework 2.0 (International Dysphagia Diet Standardisation Initiative) — the global standard for texture-modified foods and thickened liquids, endorsed by the Academy of Nutrition and Dietetics, the American Speech-Language-Hearing Association, and the Association of Nutrition & Foodservice Professionals.
- ServSafe (National Restaurant Association Educational Foundation) — Restaura's standard food protection manager certification program.
- Conference for Food Protection (CFP) — biennial multi-stakeholder body that informs FDA Food Code revisions.
- CIFOR (Council to Improve Foodborne Outbreak Response) — Foodborne Illness Response Guidelines for Owners, Operators and Managers of Food Establishments. CIFOR Industry Guidelines provide the foundation for Restaura's outbreak response protocols.

- Academy of Nutrition and Dietetics — Position Paper on Liberalized Diets for Older Adults in Long-Term Care.

BRAND STANDARD — Where federal, state, and local regulations conflict, the most stringent requirement applies. Where Restaura's brand standard exceeds the regulatory floor, the Restaura standard applies. Restaura operates at or above the highest applicable standard at all times.

1.4 The Highly Susceptible Population Standard

Every Restaura community serves a Highly Susceptible Population as defined by FDA Food Code §1-201.10(B):

FDA FOOD CODE DEFINITION

"Highly Susceptible Population" means persons who are more likely than other people in the general population to experience foodborne disease because they are: (1) Immunocompromised; preschool age children; or older adults; AND (2) Obtaining food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.

This designation is consequential. Throughout the Food Code, additional safeguards apply to establishments serving Highly Susceptible Populations. Every Restaura kitchen — whether attached to Independent Living, Assisted Living, Memory Care, or Skilled Nursing — operates under these heightened standards by default. The most consequential of these include:

- **Bare-hand contact with ready-to-eat foods is prohibited under all circumstances** (FDA Food Code §3-301.11(D)). Gloves, deli tissue, tongs, spatulas, or other utensils must be used.
- **Re-service of food is prohibited** from residents under contact precautions, medical isolation, or quarantine, and from any patient/resident in protective environment isolation.
- **Unpasteurized juice that bears a warning label may not be served.** Juice prepared on premises for ready-to-eat consumption must be processed under a HACCP plan.
- **Raw or undercooked animal foods may not be served** (including raw or partially cooked eggs, raw fish, undercooked meat) except as specified by FDA Food Code §3-801.11.
- **Pasteurized eggs must be substituted** for raw shell eggs in foods such as Caesar dressing, hollandaise, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages.
- **Time as a public health control may not be used for raw eggs** in establishments serving Highly Susceptible Populations.

- **Employee health controls are stricter** — food employees diagnosed with asymptomatic Norovirus, Shigella, Shiga toxin-producing E. coli, Hepatitis A, or Salmonella Typhi must be excluded (not merely restricted) from the food establishment. See Section 4.

RESTAURA STANDARD — Every Restaura kitchen operates as if it serves a Highly Susceptible Population, regardless of vertical or census composition. This is non-negotiable across all communities under the Restaura brand.

1.5 Document Availability

Per Restaura policy, this Food Safety Standard Operating Guide must be available to every team member during all operating hours. The Dining Services Director is responsible for ensuring that:

- A current printed copy is maintained in the Dining Services office and accessible during all operating hours.
- A printed copy is maintained in the kitchen production area, in a location accessible to all food handlers.
- A digital copy is available via the Restaura Culinary Hub on SharePoint, accessible from any kitchen device or shared terminal.
- Updates and revisions are downloaded and printed within 14 days of issuance, with prior versions destroyed or clearly marked "superseded."
- New Employee Owners are oriented to the location of these copies during their first week of employment.

1.6 Annual Review

This guide is reviewed annually by the Office of the Chief Culinary Officer in conjunction with Restaura Culinary Operations leadership. The standard review month is January. Updates are issued via formal version-numbered release with a summary of changes, distributed to all DSDs, and posted to the Culinary Hub. Each Dining Services Director documents the receipt and team review of each updated edition in the Annual Review Log (Appendix A).

Section 2: Roles and Responsibilities

Food safety is a shared responsibility — but every position carries specific, named obligations. The structure below defines the primary food safety responsibilities of each Restaura role.

2.1 Person In Charge (PIC)

Per FDA Food Code §2-101.11, a Person In Charge must be designated and present during all hours of operation. The PIC has overall responsibility for ensuring compliance with the Food Code and for demonstrating, on demand to a regulatory authority, knowledge of foodborne disease prevention, application of HACCP principles, and the requirements of the Food Code.

In a Restaura community, the PIC role is filled by:

- The Dining Services Director or Executive Chef during their on-site hours
- A designated Sous Chef or Kitchen Supervisor during DSD/Executive Chef absence
- A designated trained shift lead for shifts when no certified manager is present, provided the PIC reaches a Certified Food Protection Manager (CFPM) by phone within 30 minutes

Every PIC at a Restaura community must be a Certified Food Protection Manager (CFPM) — see Section 17.

2.2 Dining Services Director / Executive Chef

The Dining Services Director (DSD) — also titled Executive Chef in some communities — holds primary accountability for food safety in the community kitchen. Specific responsibilities include:

- Maintaining current Certified Food Protection Manager certification at all times
- Ensuring this Food Safety SOP is implemented in full at the community level
- Conducting and documenting daily food safety walk-throughs (see Appendix A)
- Reviewing and signing off on all daily, weekly, and monthly food safety logs
- Conducting employee health pre-shift screening checks
- Coordinating with the community's clinical leadership (DON, RD) on therapeutic diet protocols
- Hosting and accompanying regulatory inspections (see Crisis Management Manual)
- Reporting any suspected foodborne illness, allergen incident, or recall to the Regional Director within 2 hours
- Maintaining the community's allergen and dietary restriction roster in coordination with clinical staff
- Annual review and team training on this SOP

2.3 Sous Chef / Kitchen Supervisor

- Functions as PIC in the absence of the DSD
- Maintains current CFPM certification or has earned/scheduled it within 90 days of role start
- Manages daily production execution against menu and food safety standards
- Conducts and records temperature checks at receiving, cooking, hot holding, cold holding, and cooling stages
- Verifies sanitizer concentrations at three-compartment sinks and wiping cloth buckets
- Trains new line cooks on food safety protocols during onboarding

2.4 Cooks, Line Cooks, and Prep Cooks

- Maintain current food handler certification per state and local requirements
- Follow this SOP at every stage of food handling
- Practice rigorous personal hygiene and handwashing per Section 5
- Complete temperature checks for items they prepare and record on appropriate logs
- Report any personal illness symptoms (per Section 4) to the PIC immediately, before starting work
- Identify and flag any food safety concerns or non-conformance to the PIC

2.5 Service Staff / Dining Attendants

- Maintain food handler certification per state requirements
- Verify hot/cold food temperatures at every meal service before food leaves the kitchen for the dining room
- Confirm IDDSI plate identification at point of service for all texture-modified diets
- Confirm allergen and dietary restriction match at point of service
- Communicate any resident dietary concerns or changes to kitchen leadership
- Maintain dining room cleanliness and sanitization standards
- Respond appropriately to residents experiencing choking, allergic reaction, or other dining-room medical events (see Crisis Management Manual)

2.6 Regional Culinary Operations

- Provides oversight, audit, and support to community-level dining operations
- Conducts quarterly food safety audits (CrossCheck program)
- Available 24/7 for emergency consultation on suspected foodborne illness, recall, or major non-conformance
- Coordinates cross-community resource sharing during emergencies
- Maintains relationships with state regulatory agencies for each operating jurisdiction

2.7 Office of the Chief Culinary Officer

- Maintains and revises this Food Safety SOP annually
- Establishes Restaura brand-level food safety standards exceeding regulatory minimums
- Final escalation authority for all food safety incidents, allergen events, and outbreak responses
- Coordinates with Phoenix3 Collective sister companies (Centicor Supply Chain, CrossCheck) on food safety integration

2.8 Clinical Partners (Coordinated Roles)

Restaura works in close coordination with each community's clinical leadership. Although these individuals are not Restaura employees, their roles intersect critically with food safety operations:

- **Director of Nursing (DON):** Notification authority for resident illness and infection control events; partner on F-Tag F880 compliance; coordinates with DSD on outbreak response.
- **Registered Dietitian (RD):** Approves all therapeutic and texture-modified diet orders; partners on menu liberalization decisions; co-signs IDDSI compliance documentation.
- **Speech-Language Pathologist (SLP):** Determines IDDSI level prescriptions for residents with dysphagia; coordinates with DSD on production verification and texture testing.
- **Infection Preventionist:** Partners with DSD on vomit/diarrheal event response, employee health controls, and outbreak investigation.

Section 3: Food Safety Culture and Active Managerial Control

3.1 Food Safety Culture

Food safety is not a checklist. It is a culture — a set of shared beliefs, behaviors, and decisions made by every team member, every shift, with or without supervision. The most rigorous SOP cannot prevent harm in a kitchen where the team does not believe food safety matters. The simplest standard, executed by a team that owns it, will.

Restaura's food safety culture rests on five commitments:

- **Leadership commitment.** DSDs and Sous Chefs model food safety behaviors visibly and consistently. They wash hands first when entering the kitchen. They check temperatures personally. They don't shortcut on busy days.
- **Team ownership.** Every Employee Owner is empowered to stop a food safety problem when they see it — to discard product that has been temperature-abused, to send a peer home if symptomatic, to refuse to serve a plate that doesn't match a resident's dietary restriction. No one is ever penalized for protecting a resident.
- **Communication.** Food safety concerns are raised, heard, and acted on. Pre-shift huddles include a food safety topic. Post-incident reviews are blameless and learning-focused.
- **Continuous improvement.** We treat every near-miss as a teachable moment. We update our practices when we learn something new. We adopt the latest research, not the easiest path.
- **Accountability.** We document. We sign. We own our work. When something goes wrong, we find out why and fix it — we do not look for someone to blame.

3.2 Active Managerial Control

Active Managerial Control (AMC) is the FDA's term for the deliberate, ongoing process by which food establishment management identifies and controls the risk factors that cause foodborne illness. The Conference for Food Protection has long emphasized that AMC — not periodic inspection — is the most effective approach to food safety.

The five FDA-identified Risk Factors that contribute to foodborne illness are:

1. Food from unsafe sources
2. Inadequate cooking
3. Improper holding temperatures
4. Contaminated equipment
5. Poor personal hygiene

Restaura's AMC approach addresses each of these continuously, through five linked practices:

Daily Practices

- Pre-shift employee health screening (Section 4)
- Receiving inspection and documentation (Section 7)
- Refrigeration temperature checks at minimum twice per shift (Section 7)
- Cooking temperature verification on all TCS items (Section 8)
- Hot/cold holding temperature checks every 2 hours (Section 9)
- Cooling temperature checks per the 2-hour/4-hour rule (Section 8)
- Sanitizer concentration verification at sink set-up and every 4 hours (Section 13)
- Daily DSD walk-through with documented findings (Appendix A)

Weekly Practices

- Thermometer calibration verification (Section 6)
- Pest sighting log review (Section 14)
- Master Cleaning Schedule completion verification (Section 13)
- Allergen and dietary restriction roster reconciliation with clinical team (Section 11)

Monthly Practices

- Self-audit of one major SOP section, rotating through all 17 sections over the year
- Employee health refresher reminder at all-team huddle
- Food safety topic at monthly all-staff meeting

Quarterly Practices

- CrossCheck regional audit
- Three-compartment sink and dishmachine performance verification
- Emergency supply inventory verification (see Emergency Preparedness Manual)
- Vomit/diarrheal event kit inspection (Section 12)

Annual Practices

- Full SOP review and team training (January)
- Hazard Vulnerability Analysis update (see Emergency Preparedness Manual)
- All staff CFPM/food handler certification renewal verification
- Tabletop exercise — foodborne illness outbreak response

RESTAURA STANDARD — Active Managerial Control means we don't wait for the health inspector. We inspect ourselves, every day, against a higher standard than the law requires.

3.3 The Five FDA Public Health Interventions

Beyond the risk factors, the FDA has codified five Public Health Interventions that food establishments must execute to prevent foodborne illness. Restaura's standard exceeds the FDA minimum on all five.

Intervention	FDA Standard	Restaura Brand Standard
Demonstration of Knowledge	PIC must demonstrate knowledge on inspection	DSD and Sous Chef are CFPM; quarterly knowledge refresher required
Employee Health Controls	Big 6 reporting required	All Big 6 + extended reporting; standing pre-shift screening protocol
Hands as Vehicle of Contamination	No bare-hand contact with RTE foods (HSP)	Glove-or-utensil 100% of the time; documented handwashing schedule
Time/Temp Parameters	Cooking, cooling, holding parameters per Code	All Code parameters + redundant verification at every critical control point
Consumer Advisory	Required for raw/undercooked items	Restaura does not serve raw or undercooked animal foods (HSP standard)

Section 4: Employee Health Policy and Illness Reporting

4.1 Policy Statement

No Restaura Employee Owner reports to work, prepares food, or remains in the kitchen while ill with any of the conditions described in this section. Sick leave is provided so that staying home does not create financial hardship. Reporting symptoms to the PIC is a job requirement, not a courtesy.

This policy is grounded in FDA Food Code §2-201 (Responsibilities of the Person In Charge, Conditional Employees, and Food Employees) and is enforced strictly because Restaura serves a Highly Susceptible Population.

4.2 Conditional Employee and Food Employee Reporting Agreement

Per FDA Food Code §2-201.11, every conditional employee and food employee at Restaura must sign a written Reporting Agreement at the time of hire. This agreement (FDA Form I-B, adapted to Restaura's brand) acknowledges the employee's obligation to report any of the symptoms, diagnoses, or exposures listed below.

The signed Reporting Agreement is retained in the employee's personnel file for the duration of employment plus two years.

4.3 Symptoms That Must Be Reported Before Reporting to Work

Any food employee experiencing one or more of the following symptoms must report the symptom to the PIC and not handle food until cleared per Section 4.6:

- **Vomiting** (any episode in the prior 24 hours)
- **Diarrhea** (any episode in the prior 24 hours)
- **Jaundice** (yellowing of skin or eyes)
- **Sore throat with fever**
- **Infected wound, cut, boil, or skin lesion** containing pus, particularly on the hands, wrists, or forearms

4.4 Diagnoses That Must Be Reported

Any food employee diagnosed with — or who has had a previous untreated infection from — any of the FDA "Big 6" pathogens must report the diagnosis to the PIC immediately and may not return to work without clearance per Section 4.6:

- **Norovirus**
- **Hepatitis A virus**
- **Shigella spp.**
- **Shiga toxin-producing E. coli (STEC, including E. coli O157:H7)**
- **Salmonella Typhi (typhoid)**
- **Non-typhoidal Salmonella (NTS)**

4.5 Exposures That Must Be Reported

A food employee must also report to the PIC if any of the following exposures has occurred:

- The employee lives with, or has had close contact with, a person diagnosed with any Big 6 pathogen
- The employee has attended an event or worked in a setting where there is a confirmed Big 6 outbreak
- The employee has consumed food or water that has been the subject of a recall or outbreak warning

4.6 Restriction and Exclusion Decision Framework

Per FDA Food Code §2-201.12, the PIC must restrict or exclude any food employee meeting the criteria below. Because Restaura serves a Highly Susceptible Population, the stricter "exclude" standard applies in many cases where the standard for general food establishments would be "restrict."

Definitions:

- **Restrict:** the employee may remain at the food establishment but may not work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.
- **Exclude:** the employee may not enter the food establishment as an employee.

Condition	Action (HSP — Restaura Standard)	Return to Work
Symptomatic vomiting OR diarrhea	EXCLUDE	24 hours symptom-free, OR medical clearance
Jaundice with onset within 7 days	EXCLUDE	Medical clearance documenting non-Hepatitis A cause; or 7 days post-jaundice resolution per Hepatitis A protocol
Sore throat with fever	EXCLUDE	Medical clearance
Diagnosed Norovirus	EXCLUDE	48 hours symptom-free; some local jurisdictions require longer
Asymptomatic Norovirus	EXCLUDE (HSP)	Per regulatory authority; 2 negative stool samples in some jurisdictions
Diagnosed or asymptomatic Shigella spp.	EXCLUDE (HSP)	Per regulatory authority; 2 negative stool samples standard
Diagnosed or asymptomatic STEC	EXCLUDE (HSP)	Per regulatory authority; 2 negative stool samples standard
Diagnosed Hepatitis A	EXCLUDE	Per regulatory authority; medical clearance
Diagnosed Salmonella Typhi	EXCLUDE	Per regulatory authority; documented clearance
Asymptomatic Non-Typhoidal Salmonella	RESTRICT (or EXCLUDE per regulatory authority)	Per regulatory authority
Infected/uncovered wound on hands or arms	RESTRICT (until covered properly)	Wound covered per Section 5
Household contact with Big 6 case	Notify regulatory authority; follow guidance	Per regulatory authority

CRITICAL RULE — When in doubt, exclude. Restaura's policy is to err on the side of the resident. The financial cost of a one-shift exclusion is trivial compared to the cost of a Norovirus outbreak in an Assisted Living or Skilled Nursing community.

4.7 Pre-Shift Employee Health Check

At the start of every shift, the PIC conducts a brief health check with each food employee. This is documented on the daily Employee Health Log (Appendix A). The health check has three parts:

6. Symptom check: "Are you experiencing vomiting, diarrhea, sore throat with fever, jaundice, or any infected wound?"
7. Exposure check: "Has anyone in your household been diagnosed with a foodborne illness recently?"
8. Visual check: PIC observes for signs of fever, jaundice, visible wounds, or other concerns.

Any "yes" answer triggers immediate restriction or exclusion per the framework above.

4.8 Reporting to Regulatory Authority

Per FDA Food Code §2-201.11(D), the PIC has the obligation to notify the regulatory authority (state or local health department) when a food employee is diagnosed with a Big 6 pathogen. The notification must be made within the timeframe specified by the local regulatory authority, typically 24 hours.

In Restaura facilities, the DSD also notifies:

- The community's Director of Nursing and Infection Preventionist within 1 hour of learning of the diagnosis
- The Restaura Regional Director within 2 hours
- The Office of the Chief Culinary Officer within 24 hours

4.9 Confidentiality and Non-Retaliation

Health information reported to the PIC under this policy is confidential and is shared only with those with a legitimate need to know — typically the DSD, Regional Director, Human Resources, and the regulatory authority where required.

Retaliation against any Employee Owner who reports a symptom, diagnosis, or exposure under this policy is strictly prohibited. Reporting is a job requirement; reporting in good faith is always protected.

4.10 The Employee Illness Log

The Restaura Employee Illness Log (Appendix A, Form FS-04) is completed for any reported symptom, diagnosis, or exposure. Entries include:

- Date and time reported
- Employee name (or coded ID — see confidentiality protocol)
- Symptom, diagnosis, or exposure reported
- Action taken (restrict, exclude, send home)
- Regulatory authority notified (Y/N, date/time, contact)
- Return-to-work clearance criteria
- Date returned to work
- PIC signature

The Illness Log is reviewed monthly by the DSD and quarterly by the Regional Director. Trends are reported to the Office of the Chief Culinary Officer.

Section 5: Personal Hygiene and Handwashing

5.1 Personal Hygiene Standard

Personal hygiene is the single most important behavior in foodborne illness prevention. The CDC estimates that food workers contribute to approximately half of all foodborne illness outbreaks through poor hygiene practices. Norovirus — the most common foodborne illness — is transmitted primarily through infected food workers.

Restaura's personal hygiene standard applies to every team member, every shift, with no exceptions for tenure, role, or rush.

5.2 Reporting for Work

Before reporting to the kitchen, every Employee Owner must:

- Be free of any reportable symptom (Section 4.3) — confirmed at pre-shift health check
- Wear a clean, well-maintained Restaura uniform or chef coat
- Wear slip-resistant, closed-toe shoes in good repair
- Have hair contained under an approved hair restraint (hat, hairnet, or visor with hairnet)
- Restrain facial hair longer than ¼ inch with a beard cover
- Have fingernails trimmed short, clean, and unpolished — no artificial nails or nail jewelry
- Have removed all non-permitted jewelry (see 5.3)
- Have stored personal items (phone, drink, coat, bag) in the designated personal storage area

5.3 Jewelry

Permitted jewelry while handling food:

- A single plain band ring with no stones
- Plain stud earrings
- Necklaces secured below the uniform (chef coat, apron) — not visible

Prohibited at all times during food handling:

- Watches, fitness trackers, and bracelets (including medical alert bracelets — these must be replaced with medical alert necklaces secured below the uniform, or carried in pocket)
- Rings with stones or settings that can harbor contamination
- Dangling earrings, body jewelry, or facial jewelry
- Acrylic, gel, or false fingernails

Some state and local jurisdictions prohibit all jewelry; in those jurisdictions, the more stringent local standard applies. See Appendix B.

5.4 Handwashing — When

Hands must be washed at every transition point. Per FDA Food Code §2-301.14, the required handwashing moments include:

- Immediately upon entering the kitchen at the start of each shift
- Before putting on disposable gloves
- Before handling clean equipment, utensils, or single-service items
- Before working with ready-to-eat food
- After handling raw meat, poultry, fish, eggs, or unwashed produce
- After using the restroom
- After eating, drinking, chewing gum, or using tobacco
- After coughing, sneezing, blowing the nose, or using a tissue
- After touching the face, hair, ears, mouth, or any body part
- After handling personal belongings (phone, keys, money)
- After handling soiled equipment, dishes, or trash
- After cleaning any spill or biohazard event
- After taking a break or returning from any break
- Any time hands may have become contaminated

5.5 Handwashing — How

The Restaura handwashing protocol meets and exceeds FDA Food Code §2-301.12. Total time at the sink: minimum 20 seconds active scrubbing, plus rinse and dry.

9. Wet hands and exposed forearms thoroughly with running warm water (minimum 100°F / 38°C).
10. Apply soap from the dispenser (handsoap, not dish soap).
11. Scrub vigorously for at least 20 seconds — covering all surfaces including palms, backs of hands, between fingers, around nails and nail beds, and exposed forearms. The 20-second standard is approximately the time required to sing "Happy Birthday" twice.
12. Rinse thoroughly under warm running water with hands held below elbows.
13. Dry hands and forearms with single-use paper towel or approved hand-drying device.
14. Use a paper towel to turn off the faucet (to avoid recontaminating clean hands).
15. Discard towel in a hands-free trash receptacle.

RESTAURA STANDARD — Hand sanitizer is never a substitute for handwashing. It may be used after washing as an additional precaution, but it does not replace soap, water, friction, and time.

5.6 Handwashing Stations

Every Restaura kitchen must maintain handwashing stations that comply with FDA Food Code §5-203.

Required station components:

16. Hot and cold running water under pressure, with water temperature reaching minimum 100°F (38°C) at the tap
17. Approved hand soap in a wall-mounted dispenser, stocked at all times
18. Single-use paper towels in a wall-mounted dispenser, OR an approved hand-drying device
19. Hands-free trash receptacle with liner
20. Six-step handwashing poster posted at or above the sink
21. Side or back splashguards if station is within 24 inches of food prep, food storage, or clean equipment

Handwashing sinks are dedicated. They must:

- Be accessible at all times — never blocked, stored in front of, or covered
- Never be used for food preparation, food storage, or warewashing
- Never be used for filling buckets, cleaning utensils, or rinsing produce
- Be present in every food prep area, in the dishroom, and at every server station with food contact
- Be present in mobile or portable form at any temporary food event without permanent plumbing

5.7 Disposable Gloves

Restaura's standard for ready-to-eat (RTE) food handling is glove-or-utensil at all times. Bare-hand contact with RTE food is prohibited under all circumstances in establishments serving Highly Susceptible Populations (FDA Food Code §3-301.11(D)).

Gloves must be:

- Single-use, food-grade, and disposable
- Latex-free preferred (to avoid cross-contact with latex-allergic residents and staff)
- Properly sized to the wearer's hand
- Donned only after handwashing
- Never washed and reused

Gloves must be changed:

- Between handling raw and ready-to-eat foods
- When changing tasks or work stations
- Every 4 hours during continuous use, regardless of visible soiling
- After any contact with non-food surfaces (face, hair, body, phone, money)
- After sneezing, coughing, or blowing the nose
- After eating, drinking, or using tobacco
- Immediately when torn, damaged, or visibly soiled
- Immediately after handling raw allergen-containing ingredients (see Section 11)

Hands must be washed before each glove change. A new pair of gloves does not make contaminated hands clean.

5.8 Wounds, Cuts, and Skin Conditions

Any wound, cut, abrasion, burn, or skin lesion on the hands, wrists, or exposed forearms must be:

22. Reported to the PIC
23. Cleaned and treated with first aid
24. Covered with an impermeable bandage (Restaura standard: blue bandage for visibility)
25. Covered with a single-use disposable glove if on the hand or wrist

If the wound is infected, contains pus, or shows other signs of active infection, the employee must be excluded from food handling per Section 4.

5.9 Eating, Drinking, Tobacco, and Personal Care

- No eating in food preparation, production, warewashing, storage, or service areas. Eating is permitted only in designated break areas.
- Drinking from open beverages (cups, mugs, bottles without lids and straws) is not permitted in food prep areas. Closed lidded containers with straws are permitted in some local jurisdictions; the more stringent local rule applies.
- Tobacco use (cigarettes, vaping, smokeless tobacco) is not permitted in any food preparation, storage, or service area. Hands must be washed after every break involving tobacco use.
- Chewing gum is not permitted during food handling.
- Personal care activities (applying makeup, applying deodorant, brushing hair, applying lip balm) are not permitted in food prep areas.

5.10 Tasting Food

Tasting food during preparation is necessary culinary practice — done correctly, it is permitted. Done incorrectly, it spreads contamination.

Acceptable tasting practice:

- Use a clean, single-use spoon or utensil for each taste
- Remove a small portion to a separate dish or your hand-held tasting spoon away from the production vessel
- Discard the tasting spoon in the proper bin after each taste — never return it to the production vessel
- Wash hands before continuing food preparation

Prohibited tasting practice:

- Tasting directly from a serving spoon, ladle, or production utensil that returns to the food
- Reusing a tasting spoon for a second taste
- Using fingers to taste
- Using bread, crackers, or other food items to taste a sauce, then returning a partially-eaten piece to the work area
- Tasting in view of residents or families in dining-room visible areas

Section 6: Time and Temperature Control for Safety (TCS) Foods

6.1 What Is a TCS Food?

Time/Temperature Control for Safety (TCS) food — formerly called Potentially Hazardous Food (PHF) — is food that requires time or temperature control for safety to limit the growth of pathogenic microorganisms or the formation of toxins. Per FDA Food Code §1-201.10(B), TCS foods include but are not limited to:

- Milk and dairy products
- Eggs (shell and pasteurized) and egg-containing dishes
- Meat, including beef, pork, lamb, and game
- Poultry
- Fish and shellfish
- Cooked rice, pasta, beans, and other heat-treated plant foods
- Soy proteins (tofu, edamame, tempeh)
- Cut leafy greens (cut romaine, cut kale, etc.)
- Cut tomatoes and tomato mixtures
- Cut melons (watermelon, cantaloupe, honeydew)
- Sprouts (alfalfa, mung bean, etc.) — generally avoided in HSP service
- Untreated garlic-in-oil mixtures

6.2 The Temperature Danger Zone

The Temperature Danger Zone is the range of temperatures in which pathogenic bacteria multiply rapidly. Per FDA Food Code, the Danger Zone is:

TEMPERATURE DANGER ZONE — 41°F (5°C) to 135°F (57°C). The longer TCS food remains in this range, the greater the risk of pathogen growth to dangerous levels.

Within the Danger Zone, the most rapid bacterial growth occurs between 70°F and 125°F. Per FDA Food Code §3-501.19, TCS food may not remain anywhere in the Danger Zone for more than a cumulative 4 hours; the Restaura standard for our Highly Susceptible Population is more conservative at a cumulative 2 hours, after which the food is discarded. Restaura's standard practice is to move TCS

food through the Danger Zone as quickly as possible at every stage — receiving, storage, prep, cooking, cooling, and reheating.

6.3 Temperature Standards Summary

The following temperatures are referenced throughout this guide. Restaura uses the FDA Food Code 2022 standards as the baseline; certain states have stricter requirements (see Appendix B).

Stage	Temperature Standard	Restaura Documentation
Refrigerator (walk-in, reach-in)	41°F or below	Twice-daily log; recommended target 36°F–40°F
Freezer	0°F or below	Twice-daily log; freeze hard verification
Cold holding	41°F or below	Every 2 hours during service
Hot holding	135°F or above	Every 2 hours during service
Cooking — poultry, stuffed foods, mixtures with poultry	165°F for ≥15 seconds	Every batch verification
Cooking — ground meat, ground fish, comminuted poultry, raw eggs (HSP not used in egg dishes)	155°F for ≥17 seconds	Every batch verification
Cooking — whole-muscle beef, pork, lamb, fish steaks/fillets	145°F for ≥15 seconds	Every batch verification
Cooking — beef, lamb, pork roasts (slow-roast)	145°F for ≥4 minutes	Every batch verification
Cooking — fruits, vegetables, grains for hot holding	135°F	Every batch verification
Reheating for hot holding	165°F for ≥15 seconds (within 2 hours)	Every reheat cycle
Cooling — Stage 1	From 135°F to 70°F within 2 hours	Cooling log entry
Cooling — Stage 2	From 70°F to 41°F within 4 additional hours (total 6)	Cooling log entry
Receiving — refrigerated TCS	41°F or below	Receiving log; reject if above 41°F

Stage	Temperature Standard	Restaura Documentation
Receiving — frozen	Frozen solid	Receiving log; reject if thawed or partially thawed
Three-compartment sink — wash water	$\geq 110^{\circ}\text{F}$	Sink set-up log
High-temp dishmachine — surface temp on dish	$\geq 160^{\circ}\text{F}$	Daily verification with thermolabel/thermometer

6.4 Thermometers

Restaura kitchens use only digital, calibrated, and verified food thermometers for measuring TCS food temperatures. Bi-metallic stem thermometers and infrared thermometers are not acceptable for measuring food internal temperatures. Infrared thermometers may be used as a screening tool for surface temperatures only.

Thermometer protocols:

- Each kitchen maintains at least 2 digital thermometers in working order at all times
- Probe thermometers are sanitized between each use with sanitizing wipes (food-contact approved)
- Thermometers are calibrated weekly using the ice-bath method ($32^{\circ}\text{F} / 0^{\circ}\text{C} \pm 2^{\circ}\text{F}$ tolerance)
- Calibration is documented on the Weekly Thermometer Calibration Log (Appendix A)
- Thermometers reading outside calibration tolerance are removed from service immediately

Ice-Bath Calibration Procedure

26. Fill an insulated container with crushed ice; add a small amount of water to fill spaces between ice
27. Stir for 30 seconds; allow to settle for 30 seconds
28. Insert the thermometer probe into the center of the ice bath without touching the side or bottom of the container
29. Wait for the reading to stabilize (15–30 seconds)
30. Verify the reading is 32°F (0°C). If the reading is outside $\pm 2^{\circ}\text{F}$, calibrate per the manufacturer's instructions or remove the thermometer from service
31. Record on the Weekly Thermometer Calibration Log

Section 7: Receiving and Storage

7.1 Receiving Standard

Receiving is the first opportunity to prevent unsafe food from entering the operation. Every delivery to a Restaura kitchen is inspected and documented before the driver leaves. Deliveries are scheduled for times when an authorized receiver — DSD, Sous Chef, or designated trained Cook — is on-site to conduct the inspection.

7.2 Approved Suppliers

Restaura purchases food only from suppliers approved by Centicor Supply Chain (Phoenix3 Collective's procurement arm) or, in extraordinary circumstances, from licensed retail or wholesale sources approved by the Regional Director. Per FDA Food Code §3-201.11, food must be obtained from sources that comply with law.

Approved sources are those:

- Licensed and inspected by federal, state, or local regulatory authorities
- Operating under FDA, USDA, or state Department of Agriculture jurisdiction as applicable
- Documented in Centicor's approved vendor master list

Food prepared in private homes, on a farm without inspection, or from any unapproved source is prohibited. Produce from on-site facility gardens may be used only with documented compliance with safe growing and handling practices, per CMS F-Tag F812.

7.3 Receiving Inspection Procedure

1. Verify the delivery matches the order — driver, vendor, and items
2. Visually inspect the truck or container for cleanliness, temperature integrity, pest evidence, and load condition
3. Inspect packaging on each case — reject any items with ripped packaging, swollen or dented cans, broken seals, or visible contamination
4. Check temperatures: take the internal temperature of at least two refrigerated TCS items per delivery; verify both are at or below 41°F. Check at least two frozen items; verify both are frozen solid
5. Check use-by/best-by dates — reject items expired or expiring within the storage and use timeframe
6. Verify shellfish tags are present and legible on all molluscan shellfish (FDA Food Code §3-203.12)
7. Verify proper labeling on all packaged foods, including allergen declarations

8. Document all temperatures, observations, and any rejections on the Receiving Log (Appendix A)
9. Sign the invoice; have the driver sign acknowledging any rejections
10. Move accepted product to proper storage immediately — TCS items first, freezer items second, dry goods last

7.4 Reject Criteria

Reject any product showing signs of:

- Temperature abuse (refrigerated items above 41°F; frozen items thawed or partially thawed)
- Spoilage (off odors, slime, discoloration, mold)
- Pest evidence (gnaw marks, droppings, insect activity in cases or pallets)
- Physical damage (ripped or torn packaging exposing product, broken jars, leaking containers)
- Compromised cans (swollen, rusted, dented at seams, leaking)
- Missing or illegible labels, including allergen declarations
- Missing shellfish tags
- Past expiration or use-by date
- Any product subject to an active recall (verify against current FDA, USDA FSIS, and Centicor recall alerts)

7.5 Storage Standards

All received product is moved to proper storage immediately. Storage areas — dry, refrigerated, and frozen — must be:

- Clean, well-lit, well-ventilated, and pest-free
- Maintained at proper temperature (Section 6.3) with documented twice-daily checks
- Organized so like products are stored together and inventory is rotated
- Free of any non-food, non-single-service items (chemicals, linens, personal items)

Dry Storage

- Maintain temperature 50°F–70°F and relative humidity 50%–60%
- Store products at least 6 inches off the floor on shelving or pallets
- Maintain at least 18 inches between top shelf and ceiling, and 6 inches from walls
- Practice First-In, First-Out (FIFO) rotation
- Open packages must be stored in cleaned and sanitized food-storage containers with tight-fitting lids, properly labeled (Section 16)
- Keep dry storage areas clean and dry — never wet-mop dry storage; sweep and dry-mop only

Refrigerated Storage — Top-to-Bottom Order

FDA Food Code §3-302.11 establishes the top-to-bottom storage order to prevent cross-contamination from raw animal proteins to ready-to-eat foods. Restaura's standard order, top to bottom:

1. Top: Ready-to-eat foods, washed produce, prepared foods, leftovers
2. Unwashed produce
3. Raw fish and seafood
4. Raw whole cuts of beef, pork, veal, lamb (cooking temp 145°F)
5. Raw ground meats and unpasteurized eggs (cooking temp 155°F)
6. Bottom: Raw poultry and stuffed products (cooking temp 165°F)

Storage order corresponds to ascending cooking temperature — items requiring the highest cooking temperature go on the bottom, where any drips cannot contaminate items above. Commercially packaged items in original sealed packaging that are intact may be stored without strict adherence to top-to-bottom order, provided no cross-contamination risk is created.

Frozen Storage

- Maintain 0°F or below; recommended target -10°F to 0°F
- Verify freezer temperature with internal hanging thermometer — never rely on the external panel display alone
- Practice FIFO; date all frozen items with the date frozen if not already date-coded by the manufacturer
- Do not refreeze any TCS food that has thawed and reached above 41°F

7.6 Labeling Requirements

Every prepared, opened, or transferred food product in storage must be labeled per FDA Food Code §3-302.12. Required label elements:

- Common name of the product (e.g., "Coleslaw," "Beef Stock")
- Open date or production date
- Use-by date (calculated per Restaura's Use-By Date Schedule, Appendix A)
- Initials of the Employee Owner who prepared, opened, or repackaged the item

Labels are required on:

- All refrigerated and frozen prepared foods
- All opened commercial products transferred to in-house containers
- All cooked, cooled, or carryover foods from service areas
- All items thawed and held under refrigeration

- All items removed from original packaging into bulk containers (e.g., flour bin, sugar bin)

Use-by date standards (Restaura, exceeding minimums):

Product Type	Maximum Use-By Date
Cooked, ready-to-eat refrigerated foods	7 days from preparation (FDA standard)
Opened commercial products (per manufacturer)	Per manufacturer label, not to exceed 7 days from open
House-made stocks, soups	5 days from preparation
Cooked proteins (sliced deli, roast, etc.)	5 days from cooking
Composed salads (chicken salad, tuna, egg, potato)	3 days from preparation
IDDSI texture-modified prepared items	48 hours from preparation
Pureed items (Levels 3, 4)	48 hours from preparation
Thickened liquids prepared in-house	Per manufacturer guidance, typically 24 hours
Raw seafood	Use within 1–2 days of receiving
Cut leafy greens, cut tomatoes, cut melons	5 days from cutting

7.7 Chemical Storage

Cleaning chemicals, sanitizers, and other toxic materials must be stored physically separated from food, single-service articles, linens, and food-contact surfaces. Per FDA Food Code §7-201.11:

- Store chemicals in a designated, locked area — never above food, food-contact surfaces, equipment, or single-service items
- Keep chemicals in their original labeled containers; if transferred, the new container must be properly labeled with product name and any required hazard information
- Maintain Safety Data Sheets (SDS) for every chemical in the kitchen, accessible to all employees (OSHA Hazard Communication Standard, 29 CFR §1910.1200)
- Personal medications brought to work by Employee Owners must be stored in personal lockers or designated employee storage — never in food prep, food storage, or above food-contact surfaces

7.8 Personal Food Policy (CMS F-Tag F813)

Per CMS F-Tag F813, Restaura communities (in CMS-certified SNF settings, and as best practice across all settings) must have a written policy governing food brought into the facility for residents by family members, visitors, or the resident themselves.

Restaura's Personal Food Policy:

7. Family members may bring food for personal residents, subject to safety review at the time of receipt by the dining or care team
8. Personal food must be stored separately from facility-prepared food — typically in a designated section of a refrigerator or in the resident's personal refrigerator
9. Personal food must be properly labeled with the resident's name, the date received, and the date by which it should be consumed or discarded
10. Resident-specific dietary restrictions (allergens, IDDSI level, therapeutic diet) apply to all food consumed in the community, including personal food. Family members are educated about the resident's dietary restrictions and asked not to bring incompatible items
11. TCS food brought in by family members must be transported in a manner that maintains temperature integrity (cold below 41°F, hot above 135°F)
12. Discarded personal food is documented in the disposal log when applicable

Section 8: Food Preparation, Cooking, and Cooling

8.1 Thawing

Thawing is a critical control point — frozen TCS food must be thawed in a manner that does not allow surface temperatures to enter the Danger Zone for extended periods. Per FDA Food Code §3-501.13, the four approved thawing methods are:

- **Refrigeration thawing (preferred):** Place frozen food in the refrigerator at 41°F or below and allow to thaw slowly. Plan ahead — large items (turkey, pork loin, frozen casseroles) may require 24–72 hours.
- **Cold-water submersion thawing:** Place food in a leakproof bag or container under running cold water (70°F or below) with sufficient flow to wash food particles into the drain. Continuous water exchange required.
- **Thawing as part of cooking:** Cook the food directly from frozen, ensuring it reaches the required minimum internal temperature.
- **Microwave thawing:** Permitted only if the food will be cooked immediately after microwave thawing, in a single continuous process.

Prohibited thawing methods:

- Room temperature thawing on the counter — never permitted
- Thawing in standing water (water not running, not refreshed)
- Thawing in warm water
- Thawing in direct contact with food prep surfaces without an intervening container

8.2 Preparation

During preparation, Employee Owners must:

- Wash hands and don clean gloves before each new task
- Use separate, color-coded cutting boards and utensils for raw animal proteins, ready-to-eat foods, and produce (Restaura standard: red = raw meat, yellow = raw poultry, blue = raw seafood, green = produce, white = ready-to-eat)
- Wash all whole produce under running water before peeling, cutting, or service. Pre-cut, packaged, washed-and-ready produce labeled "ready-to-eat" does not require additional washing but should be visually inspected
- Keep prep work in batches small enough to minimize Danger Zone exposure
- Return TCS items to refrigeration as soon as the prep step is complete

- Sanitize work surfaces between tasks, especially when transitioning from raw animal proteins to ready-to-eat work
- Verify and document the temperature of any TCS food intended for cold service immediately after prep, and again within 2 hours

8.3 Cooking

Cooking destroys most pathogens that may be present in raw animal foods. Reaching the minimum internal temperature for the required time is non-negotiable for every batch. Cooking temperatures and times are summarized in Section 6.3 and reproduced for cooking purposes below.

Food	Minimum Internal Temp	Hold Time
Poultry (whole, parts, ground)	165°F	≥15 seconds
Stuffing, stuffed products, dishes containing poultry	165°F	≥15 seconds
Ground meats (beef, pork, lamb)	155°F	≥17 seconds
Ground/comminuted fish or seafood	155°F	≥17 seconds
Mechanically tenderized or injected meats	155°F	≥17 seconds
Whole-muscle beef, pork, lamb, veal — steaks/chops	145°F	≥15 seconds
Fish steaks, fillets, whole fish	145°F	≥15 seconds
Beef, lamb, pork, veal roasts (slow-roast)	145°F	≥4 minutes
Eggs cooked to order for immediate service (HSP: pasteurized only)	145°F	≥15 seconds
Fruits, vegetables, grains for hot holding	135°F	Reach and verify
Reheating any food for hot holding	165°F	≥15 seconds (reheated within 2 hours)

Cooking temperature is verified for every batch with a calibrated digital thermometer. The temperature is taken in the thickest part of the food, away from bone, and after the food has been removed from heat for a moment of equilibration. Temperature verification is recorded on the Cooking Log (Appendix A).

8.4 Reheating

Reheating cooked, cooled food for hot holding is a high-risk activity. Bacteria that may have grown during cooling must be destroyed by reaching 165°F throughout the food, within 2 hours of starting the reheat.

1. Plan ahead: reheat only the quantity needed for the current service
2. Reheat in equipment designed for the purpose — oven, steamer, stovetop. Steam tables, hot-holding cabinets, and warmers are not designed to reheat; they are designed to hold already-hot food
3. Heat rapidly to internal temperature 165°F or above for at least 15 seconds, completed within 2 hours of starting
4. Verify with thermometer; record on Cooking Log
5. Move to hot holding equipment at 135°F or above
6. Food not consumed at the end of service may not be reheated and re-served — discard

8.5 Cooling

Cooling is the food handling stage most associated with foodborne illness outbreaks in CDC data. Cooked food held in the Danger Zone for too long is a leading contributor to outbreaks of *Clostridium perfringens*, *Bacillus cereus*, and *Staphylococcus aureus*.

FDA Food Code §3-501.14 establishes the two-stage cooling rule:

COOLING STANDARD — Stage 1: Cool from 135°F to 70°F within 2 hours. / Stage 2: Cool from 70°F to 41°F within an additional 4 hours. / Total cooling time: 6 hours maximum.

Approved cooling methods:

- Divide large batches into smaller portions in shallow stainless steel pans (2-inch depth maximum for most items, 4-inch depth for soups and stocks)
- Cool uncovered or loosely covered to allow heat to escape; cover after the food reaches 41°F
- Use ice water baths for soups, stocks, sauces, and stews — partially submerge the cooling vessel in ice water and stir frequently
- Use ice paddles (frozen, food-grade) inserted into liquids to accelerate cooling
- Use blast chillers when available — the most reliable cooling method
- Add ice as a recipe ingredient when water is part of the recipe (e.g., stews, sauces)

- Cut large solid foods (roasts, whole birds) into smaller portions before cooling

Cooling is documented on the Cooling Log (Appendix A), with temperature checks at:

1. Start of cooling (food reaches 135°F or removed from heat)
2. 2-hour mark (must be at 70°F or below)
3. End of cooling (must reach 41°F or below within 6 hours total)

If food fails Stage 1 cooling (does not reach 70°F within 2 hours):

1. Reheat rapidly to 165°F
2. Restart the cooling process from 135°F
3. Document the failure and corrective action
4. If food fails the second cooling attempt, discard and document

If food fails Stage 2 cooling (does not reach 41°F within 6 hours total):

1. Discard the food
2. Document on Cooling Log and in the Daily Walk-Through report
3. Notify DSD; investigate root cause; adjust process for next batch

WHEN IN DOUBT, THROW IT OUT — The cost of discarded food is trivial compared to the cost of a foodborne illness outbreak in a senior living community. Restaura policy: when cooling, hot holding, or cold holding fails, the food is discarded.

Section 9: Hot Holding, Cold Holding, and Service

9.1 Hot Holding

Hot holding equipment maintains already-cooked food at 135°F or above. It does not cook food; it does not reheat food; it does not bring food up to temperature. Food placed in hot holding must already be at 135°F or above.

- Verify hot holding equipment is functioning at 135°F or above before service begins
- Pre-heat hot holding equipment for at least 15 minutes before placing food
- Check internal temperature of held food every 2 hours during service (not the equipment temperature — the food temperature)
- Stir held foods (soups, sauces, stews) every 30 minutes during service to prevent surface temperature loss
- Cover held food when not actively being served
- Use clean, sanitized utensils for serving — change utensils every 4 hours during continuous service
- Document temperature checks every 2 hours on the Hot/Cold Holding Log

If held food drops below 135°F:

1. Reheat to 165°F within 2 hours; if cannot be reheated within 2 hours of falling out of temperature, discard
2. Document on the Hot/Cold Holding Log
3. Notify the PIC; investigate the equipment or process failure

9.2 Cold Holding

Cold holding equipment maintains TCS food at 41°F or below. As with hot holding, cold holding does not chill food — food placed in cold holding must already be at 41°F or below.

- Verify cold holding equipment is functioning at 41°F or below before service begins
- Use ice baths for buffet display when service exceeds 2 hours; the food vessel must be set in ice level at or above the food line, and ice replenished as it melts
- Check internal temperature every 2 hours during service
- Document on the Hot/Cold Holding Log

If held food rises above 41°F:

1. If above 41°F for less than 4 hours total time-out-of-temperature, immediately chill rapidly to 41°F or below; document corrective action
2. If above 41°F for more than 4 hours, discard the food; document on the log

9.3 Time as a Public Health Control (TPHC)

In limited circumstances, FDA Food Code §3-501.19 permits the use of time alone (rather than temperature) as the public health control for working supplies of TCS food. This requires written procedures, marking the food with the time it was removed from temperature control, and a maximum of 4 hours (cold) or 6 hours (some applications) before discard.

RESTAURA STANDARD — Time as a Public Health Control is not used in Restaura kitchens for raw animal proteins. It is permitted only in limited applications (e.g., breakfast pastry display, beverage station ice) when documented in a community-specific written procedure approved by the Regional Director and the local regulatory authority. When used, the food is marked with the time-out, and discarded after the maximum hold time.

9.4 Service Procedures

- Verify temperatures of all hot and cold food before plates leave the kitchen
- Use clean, sanitized utensils for plating; change utensils between dishes that contain different allergens
- Confirm IDDSI plate identification at point of plating and at point of service
- Confirm allergen restrictions at point of plating (verify against the resident's posted dietary restriction roster)
- Cover plates during transport from kitchen to dining room; use insulated transport carts for any travel exceeding 5 minutes
- Remove uneaten food from dining areas promptly
- Do not re-serve any food that has left the kitchen, except items that meet FDA Food Code §3-306.14 conditions (e.g., individually packaged crackers, condiments, and similar items in unopened original packaging)

9.5 Catering and Off-Site Events

Catering and off-site events follow all standards of in-kitchen service, with additional protocols for transport:

3. Maintain hot food at 135°F or above and cold food at 41°F or below during transport
4. Use insulated transport equipment validated to maintain temperatures for the duration of transport
5. Verify temperatures at the loading point and at the receiving location
6. Document time-out and time-arrived; total time-out-of-temperature-control may not exceed 2 hours total (cumulative across loading, transport, and unloading)
7. Provide handwashing facilities at the off-site event (mobile handwash sinks or, at minimum, hot water carafes with soap and paper towels)
8. Bring a portable thermometer for on-site verification

9.6 Buffet, Self-Service, and Family-Style

Self-service and buffet service create additional contamination opportunities. When buffet service is used, Restaura standards include:

- Sneeze guards positioned to deflect contamination from coughing, sneezing, or speaking
- Clean serving utensils provided for each item; long-handled to avoid hand-contact with food
- Plates pre-stacked away from food line so residents take a clean plate at the start
- Signage requiring residents to use a clean plate and clean utensils on each return trip
- Continuous monitoring by service staff for replenishment, temperature, and cleanliness
- Held foods replaced at maximum 2-hour intervals (not topped-off — entirely replaced)

Section 10: IDDSI and Therapeutic Diet Protocols

10.1 The IDDSI Framework

The International Dysphagia Diet Standardisation Initiative (IDDSI) Framework 2.0 is the global standard for texture-modified foods and thickened liquids for individuals with dysphagia (swallowing difficulty). Dysphagia affects an estimated 8% of the world's population — approximately 590 million people — and is significantly more prevalent in senior living and skilled nursing populations. Aspiration pneumonia, a leading cause of preventable hospitalization and mortality among older adults, is the primary risk associated with dysphagia.

Restaura adopts IDDSI 2.0 as its sole framework for texture-modified diets across all communities. The legacy National Dysphagia Diet (NDD) terminology is no longer used. ASHA (American Speech-Language-Hearing Association), the Academy of Nutrition and Dietetics, and the Association of Nutrition & Foodservice Professionals all endorse IDDSI.

10.2 The Eight IDDSI Levels

The IDDSI framework consists of a continuum of eight levels (0 through 7), identified by numbers, text labels, and color codes. Drinks are measured Levels 0–4; foods are measured Levels 3–7.

Level	Name	Color	Description
0	Thin	White	Flows like water
1	Slightly Thick	Light Gray	Thicker than water; flows through standard nipples; useful for some pediatric and adult cases
2	Mildly Thick	Pink	Flows off a spoon but slowly; comparable to legacy "nectar thick"
3	Moderately Thick / Liquidised	Yellow	Drinks: drips slowly; foods: smooth, no lumps, can be drunk from a cup or eaten with a spoon. Comparable to legacy "honey thick" liquids
4	Extremely Thick / Pureed	Green	Drinks: holds shape on a spoon, falls off spoon in a single dollop; foods: smooth pureed, no lumps, can be eaten with a spoon. Comparable to legacy "pudding thick" liquids and "pureed" foods
5	Minced and Moist	Orange	Foods: small lumps (4mm pediatric, 2mm pediatric younger children; 4mm general adult), soft, easily mashed
6	Soft and Bite-Sized	Blue	Foods: soft, tender, moist; bite-sized pieces (1.5cm × 1.5cm general adult; 8mm pediatric)

Level	Name	Color	Description
7	Easy to Chew / Regular	Black/Yellow	Foods: normal everyday foods of soft/tender textures (Easy to Chew) or any normal texture (Regular)

10.3 IDDSI Testing Methods

IDDSI testing methods are objective, standardized procedures for verifying that a prepared food or drink meets the prescribed level. Testing is conducted before service and at any point a question arises. The two primary tests:

The IDDSI Drink Flow Test (10mL Syringe Test)

Used for liquids Levels 0–4. A 10mL slip-tip syringe is filled with the liquid; the plunger is removed; the liquid flows out under gravity for 10 seconds; the residual amount is measured.

Level	Residual After 10 Seconds
0 (Thin)	Less than 1 mL
1 (Slightly Thick)	1–4 mL
2 (Mildly Thick)	4–8 mL
3 (Moderately Thick)	8–10 mL (Note: also passes the fork drip test for foods)
4 (Extremely Thick)	Does not flow; remains in syringe

The IDDSI Fork Drip Test

Used for foods Levels 4–6. A standard dinner fork is used. Food is placed on the tines; observation determines whether it drips between the tines (Level 4 — drips slowly), sits in soft mounds (Level 5), or holds shape with no drip (Levels 6 and 7).

Other IDDSI Tests

- Fork Pressure Test: Used for Levels 5, 6, 7 to verify softness/tenderness — food should yield easily to gentle fork pressure
- Spoon Tilt Test: Used for Level 4 — food should hold shape on a tilted spoon and slide off as a single mass
- Particle Size Tests: Used for Levels 5 and 6 to verify maximum particle dimensions

10.4 Therapeutic Diet Orders

Resident dietary modifications are ordered by a licensed practitioner (physician, nurse practitioner, physician assistant) and managed in coordination with the community's Registered Dietitian and, for IDDSI levels, the Speech-Language Pathologist. Restaura's role is to faithfully execute the prescribed diet.

Common therapeutic diet types in Restaura communities:

- **Regular / No Restriction:** No specific dietary modifications.
- **Cardiac / Heart-Healthy:** Reduced sodium (typically 2,000–3,000mg/day target), reduced saturated fat, increased fiber and produce.
- **Renal / Kidney:** Restricted sodium, potassium, phosphorus, and fluid; protein modified per stage of CKD.
- **Diabetic / Carbohydrate-Controlled:** Consistent carbohydrate distribution across meals; emphasis on whole grains, lean proteins, non-starchy vegetables.
- **Liberalized Diet for Older Adults:** Per the Academy of Nutrition and Dietetics Position Paper on Liberalized Nutrition Prescriptions for Older Adults Residing in Long-Term Care, overly restrictive therapeutic diets in long-term care often cause more harm than benefit, poor intake, unintended weight loss, malnutrition, and reduced quality of life. The liberalized approach is the default at Restaura: residents receive the least-restrictive diet that meets their individual clinical goals, with restrictions applied only when the RD, attending practitioner, and resident (or representative) agree they are warranted. The risk-benefit conversation is documented in the resident's care plan and revisited at each MDS review.
- **Texture-Modified (IDDSI Levels):** Per IDDSI level prescription from SLP.
- **Low Residue / Low Fiber:** For specific GI conditions.
- **High Calorie / High Protein:** For weight gain, wound healing, hypermetabolic states.
- **Allergen Restricted:** Per identified allergies (Section 11).

10.5 IDDSI Production Protocols

Pureed Foods (Level 4)

- Use a high-powered immersion or counter-top blender; achieve smooth, uniform consistency with no lumps or fibers
- Verify with the IDDSI fork drip test and spoon tilt test
- Adjust moisture with appropriate liquid (broth, gravy, sauce — matched to the dish flavor profile)
- Plate attractively — Restaura's Dignified Plate philosophy applies in full to pureed presentation. Use molds or piping techniques to give the food shape and visual identity

- Date and label every Level 4 item; use within 48 hours

Minced and Moist (Level 5)

- Particle size: maximum 4mm × 4mm for adults
- Food must be soft, moist, and easily mashable with a fork
- Test particle size with the IDDSI Particle Size Test (e.g., a slotted spoon — particles must drop through 4mm slots)
- Adjust moisture with appropriate sauce, gravy, or broth

Soft and Bite-Sized (Level 6)

- Pieces no larger than 1.5cm × 1.5cm for adults
- Soft and tender — test with the fork pressure test
- No tough skin, no membrane, no gristle, no stringy fibers

Thickened Liquids

- Use the prescribed thickener product per the manufacturer's instructions for the prescribed IDDSI level
- Verify with the 10mL Syringe Flow Test before service
- Allow proper rest time after mixing (5–10 minutes typically) for thickener to fully hydrate
- Re-test if the liquid sits too long; some thickened liquids continue to thicken beyond the prescribed level over time. Starch-based thickeners (modified food starch) continue to absorb liquid and thicken further over the meal, and are broken down by salivary amylase, double-dipping a spoon into a starch-thickened drink can change its consistency. Gum-based thickeners (xanthan gum) are more stable over time, more stable at hot temperatures, and not affected by amylase. The kitchen and clinical team should know which type is in use in the community and coordinate with the SLP and RD if changing products
- Never substitute a different thickener product without RD approval
- Maintain at least 1 case of the standard thickener in inventory at all times; coordinate with clinical for backup supply
- Free Water Protocol (Frazier protocol or equivalent): some residents on thickened-liquid diets may have a clinical order permitting thin water between meals under specific conditions (good oral care, no immediate medication, supervised). When in effect for a resident, the order is

documented on the Therapeutic Diet Roster and the SLP/RD/Director of Nursing are the authorities; Dining Services follows the resident-specific order as written.

10.6 IDDSI Verification at Service

Every IDDSI-modified plate is verified at three points:

9. At plating: Cook or Sous Chef confirms the plate matches the prescribed IDDSI level
10. At ticket review: Service staff confirm the resident's IDDSI level matches the plate before leaving the kitchen
11. At point of delivery: Server confirms the plate to the resident's name and dietary order

Mismatched plates are returned to the kitchen — never served. The DSD is notified immediately of any plate misidentification.

CRITICAL SAFETY STANDARD — IDDSI compliance is a life-safety requirement, not a preference. Aspiration pneumonia is a leading cause of emergency hospitalization and mortality among seniors with dysphagia. A wrong-level plate is a potential life-threatening event. Triple verification is non-negotiable.

10.7 Coordination with Clinical Team

The DSD maintains a current Therapeutic Diet Roster, updated daily in coordination with the community's clinical team. The roster includes:

- Resident name, room number, and table assignment
- Therapeutic diet type
- IDDSI levels (food and drink, separately)
- Allergen restrictions
- Personal preferences and aversions
- Any clinical alerts (e.g., NPO, fluid restriction, isolation status)

The roster is reviewed at every shift huddle. Changes are communicated immediately by the clinical team and acknowledged in writing by the receiving cook or PIC. Dietary changes are never received verbally without written follow-up by the end of shift.

Section 11: Allergen Policy — The Big 9

11.1 Policy Statement

Food allergies can cause life-threatening anaphylaxis. The senior living population includes residents with documented food allergies as well as residents whose allergies have not yet been identified. Restaura's allergen policy applies the highest standard of identification, communication, and cross-contact prevention across every community.

The U.S. Big 9 major food allergens, as established by FALCPA (2004) and the FASTER Act (effective January 1, 2023), are:

12. Milk
13. Eggs
14. Fish (specific species must be declared)
15. Crustacean shellfish (specific species must be declared)
16. Tree nuts (specific type must be declared)
17. Peanuts
18. Wheat
19. Soybeans
20. Sesame (added by FASTER Act, January 1, 2023)

Some state regulations and clinical practice also recognize additional allergens of concern.

Massachusetts's allergen awareness regulation (105 CMR 590.011) emphasizes the Big 9. Health Canada's Priority Allergens list includes mustard and molluscan shellfish in addition to the U.S. Big 9, and Canadian labeling rules also require declaration of added sulphites at or above 10 ppm. Restaura's policy is to manage any of these proactively when an individual resident has an identified sensitivity, and to treat molluscan shellfish (clams, mussels, oysters, scallops, squid, octopus) as a distinct allergen risk separate from crustacean shellfish.

11.2 Allergen Identification at Restaura

Every resident's allergen profile is established at the time of move-in or admission, based on:

- Medical history and physician orders
- Resident and family-reported allergies
- Prior allergic reactions documented in the medical record

The Resident Allergen Roster is maintained by the DSD in coordination with the clinical team. It is updated immediately upon any new allergy identification or clarification. The roster is consulted:

- During menu planning and cycle review
- At every shift huddle
- At the point of plating
- At the point of service

11.3 Cross-Contact Prevention

Cross-contact occurs when an allergen is unintentionally transferred to a food that should be allergen-free. Even a microscopic amount of an allergen can trigger a severe reaction. Cross-contact is distinct from cross-contamination (microbial); both must be prevented but the controls differ.

Cross-contact prevention protocols:

- **Dedicated equipment.** Where possible, dedicated cutting boards, knives, and utensils are used for allergen-free preparation. Color-coding is recommended (Restaura standard: purple = allergen-aware/dedicated allergen-free).
- **Sequence preparation.** When allergen-free items must share a workspace with allergen-containing items, prepare allergen-free items first on freshly cleaned and sanitized surfaces.
- **Clean-clean-clean.** Clean and sanitize work surfaces, cutting boards, and utensils between any task involving an allergen and any subsequent task involving an allergen-free preparation. Wipe-down with a sanitizing cloth is not sufficient — full wash, rinse, and sanitize.
- **Glove and apron change.** Change gloves and aprons after handling raw allergen-containing ingredients before handling allergen-free preparations.
- **Dedicated cooking media.** Frying oil, broth, or cooking liquid that has been used for an allergen-containing item is not used for an allergen-free preparation.
- **Storage separation.** Allergen-free prepared items are stored separately, clearly labeled, and protected from cross-contact during storage.
- **Sesame-specific.** Following the FASTER Act, FDA guidance recognizes that some manufacturers have intentionally added sesame to products that did not previously contain it (rather than implement cross-contact controls). Restaura preferentially sources from suppliers committed to sesame cross-contact prevention rather than label-based compliance.

11.4 Communication

Allergen communication occurs at multiple points:

- **Menu disclosure.** Restaura menus disclose the Big 9 allergens present in each dish. Disclosure language follows the format "Contains: milk, soy, sesame" or equivalent. Cycle menus are reviewed against the Resident Allergen Roster before publication.
- **Ticket flagging.** Allergen restrictions are flagged on the ticket at the point of order. The flag travels with the order from receipt through plating through service.
- **Plate marking.** Allergen-restricted plates are visually marked (Restaura standard: a small allergen flag or marker placed on the plate cover or edge) to ensure they reach the correct resident.
- **Verbal verification.** Service staff verify the resident's name and allergen restrictions verbally at point of service.

11.5 Anaphylaxis Response

If a resident shows signs of an allergic reaction, the dining team's role is rapid recognition and immediate clinical handoff. The dining team does not diagnose, treat, or administer medication.

Signs of an allergic reaction may include:

- Hives, rash, itching
- Swelling of face, lips, tongue, or throat
- Difficulty breathing, wheezing, coughing
- Tightness in the chest or throat
- Nausea, vomiting, abdominal pain
- Dizziness, lightheadedness, fainting
- Pale or bluish skin

Immediate response:

1. Call for the nurse or care team via the community emergency response system
2. Call 911 if no clinical staff is immediately available
3. Stay with the resident; do not leave them alone
4. Do not give the resident any food or drink
5. Save the suspected food and any other items the resident was consuming — do not discard

6. Note the time of onset
7. Notify the DSD
8. Document the incident on the Allergen Incident Report (Appendix A) within 4 hours

11.6 Allergen Training

All Restaura Employee Owners complete allergen awareness training during onboarding. Mandatory components include:

- The Big 9 major food allergens
- Hidden sources of common allergens (e.g., Caesar dressing contains anchovies/fish; many breads contain soy or sesame; Worcestershire sauce contains anchovies)
- Cross-contact prevention protocols
- Restaura's allergen identification, communication, and verification system
- Recognition of allergic reaction symptoms and emergency response

In states with mandatory allergen awareness training (Massachusetts MGL c.140 §6B), the Certified Food Protection Manager must hold a state-approved Allergen Awareness Certificate. See Appendix B.

11.7 Allergen Documentation

Required allergen documentation:

- Resident Allergen Roster — current at all times, updated daily as needed
- Recipe allergen audit — every recipe in the cycle menu is evaluated for Big 9 content
- Ingredient allergen logs — all incoming ingredients are checked for allergen content; substitutions or new ingredients are evaluated before use
- Allergen Incident Reports — completed for any suspected or confirmed allergic reaction
- Allergen training records — date completed and certification copy on file for every Employee Owner

Section 12: Vomit and Diarrheal Event Response

12.1 Why This Section Matters

Norovirus is the most common cause of foodborne illness in the United States, responsible for approximately 56,000–71,000 hospitalizations and 570–800 deaths annually. It is highly contagious — as few as 18 viral particles can cause infection — and spreads through aerosolized vomit and fecal matter. A single vomiting event in a dining room can spread Norovirus particles up to 25 feet.

In senior living communities, a Norovirus outbreak can be catastrophic. The combination of close living quarters, shared dining, vulnerable immune systems, and the potential for severe dehydration in the elderly creates conditions for rapid spread and serious clinical consequences. Restaura's vomit and diarrheal event response procedure is the front-line defense against community-wide outbreaks.

12.2 Regulatory Foundation

FDA Food Code §2-501.11 requires that every food establishment maintain written procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the establishment. These procedures must address:

- Specific actions employees must take to minimize the spread of contamination
- Limiting exposure of employees, consumers, food, and surfaces to vomitus or fecal matter

This Section satisfies the §2-501.11 requirement for all Restaura kitchens.

12.3 The Bodily Fluid Spill Kit

Every Restaura kitchen maintains a designated, sealed Bodily Fluid Spill Kit stored in the main kitchen, in a location known to all team members and easily accessible during all operating hours. The kit is supplied through Centicor Supply Chain and contains, at minimum:

- Disposable gowns with sleeves
- Disposable gloves (multiple pairs)
- Disposable masks/face coverings
- Disposable eye protection (goggles or face shield)
- Disposable shoe covers
- Disposable hair covers
- Absorbent material or solidifier powder
- Scoop and scraper
- Biohazard bags (red, sealable)
- Disposable towels / paper towels

- EPA List G-registered disinfectant effective against Norovirus (or sodium hypochlorite/bleach for preparing solution)
- "Wet Floor" / area-closed signage
- Quick-reference response card with the steps in Section 12.5

The kit is inspected monthly by the DSD or designee. Any used item is replaced within 14 days. The inspection is documented on the Spill Kit Inspection Log (Appendix A).

IMPORTANT — Restaura references the spill kit generically. Specific product selection is made by Centicor Supply Chain to standardize quality, ensure EPA List G compliance for the disinfectant, and manage cost across all communities. The kit lives in the main kitchen in every Restaura community.

12.4 EPA List G — Approved Disinfectants

Norovirus is a non-enveloped virus that is more resistant to disinfection than many bacteria. Standard sanitizing solutions used at three-compartment sinks (quat, chlorine at 50–100ppm) are NOT sufficient for Norovirus disinfection. Restaura uses only disinfectants registered on EPA List G — Antimicrobial Products Registered with EPA for Claims Against Norovirus — for vomit and diarrheal event cleanup. If a List G commercial disinfectant is unavailable, a freshly-prepared bleach (sodium hypochlorite) solution is the fallback:

- **Hard, non-porous surfaces:** Approximately 1,000 to 5,000 ppm bleach solution. Use the higher end of the range (5,000 ppm) for visibly soiled surfaces or where fecal material was present, per CDC norovirus guidance. For routine hard-surface disinfection: Mix 1/3 cup of household bleach (5–8% sodium hypochlorite) with 1 gallon of water.
- **Porous surfaces (carpet, fabric, upholstery):** Approximately 5,000 ppm bleach solution. Mix 1 2/3 cups of household bleach with 1 gallon of water. Some porous surfaces may require steam cleaning instead, as concentrated bleach can cause permanent damage.

Bleach solutions lose effectiveness within 24 hours. Mix fresh for each use.

12.5 Vomit / Diarrheal Event Response — Step by Step

When a vomit or diarrheal event occurs in any food establishment area (kitchen, dining room, hallway, restroom, etc.):

Immediate Actions (First 60 Seconds)

1. Stop service in the affected area. If the event occurred in the dining room or service area, redirect residents and visitors away from the area
2. Cordon off a 25-foot radius around the event with chairs, signs, or other barriers
3. Notify the PIC and clinical team immediately
4. If the affected person is a resident, ensure clinical staff is summoned to provide care
5. If the affected person is a Restaura employee, begin exclusion procedure (Section 4) — they leave the kitchen immediately and do not return without clearance

Containment and Cleanup (Next 15–30 Minutes)

1. Designate a trained employee for cleanup. The cleanup employee must not be involved in food handling for the remainder of the shift
2. The cleanup employee retrieves the Bodily Fluid Spill Kit and dons full PPE in this order: shoe covers, gown, mask, eye protection, hair cover, gloves (gloves last)
3. Place "Wet Floor" / "Area Closed" signage at perimeter
4. Apply absorbent material or solidifier powder to the contaminated area; allow to absorb
5. Use scoop/scrapper to remove the absorbent material (now containing the contamination); place directly into biohazard bag
6. Clean the affected area with soap and water; rinse
7. Apply EPA List G disinfectant per manufacturer's contact time (typically 5–10 minutes)
8. Re-apply disinfectant to all high-touch surfaces within 25 feet — table edges, chair backs, door handles, dining surfaces
9. Allow disinfectant to air dry; do not wipe before contact time has elapsed
10. Discard any food, single-use items, and equipment within the contamination zone
11. Discard any food on tables, plates being served, or buffets within 25 feet

PPE Removal and Personal Cleanup

1. Remove PPE in this order while still in the cleanup zone: gloves first, then gown, hair cover, eye protection, mask, shoe covers
2. Place all PPE directly into the biohazard bag
3. Avoid touching cleaned surfaces with bare skin
4. Seal the biohazard bag; double-bag if leakage risk
5. Wash hands twice — full 20-second wash, dry, then a second 20-second wash
6. Change uniform/clothing before returning to any food handling task

Disposal

1. Remove biohazard bags from the establishment per local biohazard waste regulations
2. In some jurisdictions, this requires medical waste pickup; in others, double-bagged municipal waste disposal is permitted
3. Coordinate with the community's Environmental Services / Housekeeping team for proper disposal

Documentation and Follow-Up

1. Complete the Vomit/Diarrheal Event Log (Appendix A) within 1 hour: location, time, affected person (if identifiable), employees involved in cleanup, materials used, area cleared time
2. Notify the DSD within 1 hour
3. Notify the Regional Director within 4 hours
4. Notify the local health department per the local jurisdiction's reporting threshold; some jurisdictions require notification of any outbreak suspected to be foodborne or affecting two or more persons
5. Monitor cleanup employees for any symptoms over the next 72 hours; exclude immediately if symptomatic
6. Conduct a brief debrief with the team within 24 hours: what worked, what was missing, what to refine

12.6 Multiple Cases — Outbreak Recognition

If two or more residents or staff develop similar gastrointestinal symptoms within a 72-hour period, this may signal an outbreak. Notify the DSD, Regional Director, and the community's Director of Nursing immediately. See Crisis Management Manual for outbreak response protocols.

RESTAURA STANDARD — We never wait to confirm Norovirus before responding. Every vomit or diarrheal event is treated as a potential Norovirus event from the moment it occurs. Speed and rigor of response are the determinants of whether one event becomes an outbreak.

Section 13: Cleaning, Sanitizing, and Warewashing

13.1 Cleaning vs. Sanitizing vs. Disinfecting

These three terms describe distinct processes; they are not interchangeable.

- **Cleaning** removes visible soil, food residue, dust, and grease using detergent and physical action (wiping, scrubbing, rinsing). Cleaning is the necessary first step — sanitizing or disinfecting an unclean surface is ineffective.
- **Sanitizing** reduces the number of microorganisms on a clean surface to a safe level (a 99.999% / 5-log reduction of representative pathogens). Sanitizers are appropriate for food-contact surfaces in routine operations.
- **Disinfecting** destroys or inactivates a higher level of microorganisms, including viruses such as Norovirus. Disinfectants on EPA List G are required for vomit and diarrheal event cleanup (Section 12). Disinfectants are generally not approved for use on food-contact surfaces unless followed by a potable water rinse.

13.2 Master Cleaning Schedule

Every Restaura kitchen maintains a written Master Cleaning Schedule listing every piece of equipment, every food-contact and non-food-contact surface, and the frequency, method, and responsible person for cleaning each. The schedule covers four categories:

- **WHAT** — the equipment, area, or surface
- **WHEN** — frequency (after each use, daily, weekly, monthly, quarterly)
- **HOW** — specific cleaning and sanitizing procedure, including chemicals and concentrations
- **WHO** — the position responsible; the individual completing initials and date the log

The Master Cleaning Schedule is reviewed quarterly and updated as equipment changes. Completed schedules are retained for a minimum of 90 days.

13.3 Sanitizer Concentrations

Restaura uses sanitizers approved for food-contact surfaces. The most common are quaternary ammonium (quat) and chlorine. Concentrations and contact times must be verified before use.

Sanitizer	Concentration (ppm)	Contact Time	Test Strip
Chlorine (sodium hypochlorite)	50–100 ppm	≥7 seconds	Chlorine test strip
Quaternary ammonium (quat)	200–400 ppm (or per manufacturer)	≥30 seconds	Quat test strip
Iodine	12.5–25 ppm	≥30 seconds	Iodine test strip

Sanitizer is verified at the start of each shift, after every refresh, and at minimum every 4 hours during continuous use. Verification is documented on the Sanitizer Concentration Log (Appendix A).

13.4 Three-Compartment Sink Setup

The three-compartment sink is the standard manual warewashing system for items that cannot go through the dishwasher. Setup procedure:

1. Clean and sanitize the sink itself before filling
2. Compartment 1 (wash): Fill with hot water at 110°F (43°C) minimum, plus detergent at the manufacturer's recommended concentration
3. Compartment 2 (rinse): Fill with clean, hot water
4. Compartment 3 (sanitize): Fill with sanitizing solution at the proper concentration. Verify with test strip; record on the Sanitizer Log
5. Air-dry rack at the end of the line; never towel-dry

Procedure for each item:

1. Pre-scrape gross food residue into the trash
2. Wash in Compartment 1 with brush or cloth
3. Rinse in Compartment 2
4. Sanitize in Compartment 3 — fully submerge for the required contact time (≥30 seconds for quat at 200–400 ppm)
5. Air-dry on rack; never towel-dry

Refresh wash water when soiled, when sudsing fails, or every 4 hours — whichever comes first. Refresh sanitizer when concentration drops below the minimum or every 4 hours.

13.5 High-Temperature Dishmachine

High-temperature dishmachines sanitize through heat. Two temperatures matter and must not be confused. Per FDA Food Code §4-501.112, the final sanitizing rinse water must reach a minimum of 180°F (82°C) for stationary-rack and single-temperature machines, or 165°F (74°C) for some door-type and conveyor models, check the machine's data plate. Per §4-703.11, the temperature of the dish surface itself must reach a minimum of 160°F (71°C), verified with an irreversible-registering thermometer or thermolabel. Restaura standard:

- Verify surface temperature daily using an adhesive thermolabel placed on a representative dish or a waterproof digital probe thermometer
- Pre-rinse all dishes to remove gross food residue before loading
- Do not overload racks; ensure water spray reaches all surfaces
- Verify wash and rinse cycles are working; service immediately if cycle times or temperatures are off
- Air-dry dishes; never towel-dry sanitized dishes
- Document daily verification on the Dishmachine Log (Appendix A)

13.6 Wiping Cloth Buckets

Restaura kitchens use a two-bucket system to keep cleaning and sanitizing functions separate:

- **Green bucket** — detergent solution for cleaning. Used with a wiping cloth to remove soils, food residue, and grease.
- **Red bucket** — sanitizing solution for sanitizing already-cleaned food-contact surfaces. Used with a wiping cloth after cleaning.

Bucket and cloth protocols:

- Buckets are washed, rinsed, and sanitized at the start of each shift before filling
- Sanitizer concentration is verified at fill and every 4 hours; documented on the Sanitizer Log
- Buckets and cloths are changed when soiled, when sanitizer concentration drops, or every 4 hours
- Wiping cloths are stored submerged in the bucket between uses — never left on prep surfaces, cutting boards, or station rims
- Single-use disposable cloths and labeled spray bottles are an acceptable alternative to the bucket system

13.7 Cutting Boards and Utensils

- Inspect cutting boards routinely; replace any board with deep cuts, grooves, or gouges that cannot be planed smooth
- Color-code cutting boards by use to prevent cross-contamination (see Section 8.2)
- Wash, rinse, and sanitize boards between uses, especially when transitioning from raw to ready-to-eat
- Knives and utensils are cleaned and sanitized between tasks

13.8 Cleaning Schedule by Frequency

Daily

- All food-contact surfaces, cutting boards, knives, utensils — wash, rinse, sanitize between uses and at end of shift
- Hand sinks — clean exterior surfaces, restock soap and towels
- Floors — sweep and damp-mop with detergent at end of shift
- Trash receptacles — empty and reline; clean exterior daily
- Three-compartment sink — drain, clean, sanitize at end of shift

Weekly

- Walk-in coolers and freezers — clean shelves, walls, floors, gaskets
- Hood filters — clean per local fire code
- Ice machines — wipe interior surfaces; deep cleaning per manufacturer (typically quarterly)
- Storage shelving — wipe down all shelves in dry storage
- Wall tiles, splash zones — wipe down

Monthly

- Inside ovens, ranges, fryers — deep clean per manufacturer
- Refrigeration unit coils, fans, drains — clean and verify drainage
- Behind and underneath fixed equipment — pull and clean (or document if equipment is not movable)
- Light fixtures — clean covers; replace bulbs as needed

Quarterly

- Hood and fire suppression system — professional service per local fire code
- Pest management — quarterly facility inspection
- Ice machine — full deep clean and sanitization
- Walk-in evaporator coils and condenser — professional service

13.9 Chemical Safety

- All cleaning chemicals stored per Section 7.7
- Safety Data Sheets (SDS) maintained on-site and accessible to all employees
- Never mix chemicals (especially bleach + ammonia, bleach + acid)
- Use only in well-ventilated areas; follow manufacturer's PPE recommendations
- Original labeled containers; if transferred to a secondary container, label clearly

Section 14: Pest Management

14.1 Integrated Pest Management

Restaura kitchens follow Integrated Pest Management (IPM) principles. IPM emphasizes prevention through facility maintenance, sanitation, and exclusion — with chemical control used only as a targeted, professional response when prevention fails.

Every Restaura community contracts with a licensed pest control provider who conducts scheduled monthly inspections, with additional service calls as needed. The pest control provider's reports are filed with the DSD and reviewed at quarterly walk-throughs.

14.2 Prevention

- Maintain rigorous sanitation per Section 13
- Store all foods in sealed containers, at least 6 inches off the floor
- Empty trash receptacles before they overflow; clean lidded receptacles regularly
- Maintain tight-fitting lids on all dumpsters; clean dumpster pad regularly
- Inspect and seal any cracks, gaps, or holes in walls, around pipes, around door frames
- Maintain tight-fitting door sweeps on all exterior doors
- Screen all windows and outdoor service openings
- Keep landscaping trimmed back from building exterior
- Inspect incoming deliveries for pest evidence; reject contaminated shipments

14.3 Recognition of Pest Activity

Train all team members to recognize signs of pest activity and report immediately.

Pest	Signs of Activity
Rodents (rats, mice)	Droppings, gnaw marks on packaging, nests of shredded material, rub marks along walls/baseboards, urine stains under blacklight, visual sighting
Cockroaches	Droppings (small dark specks), oily/musty odor, egg cases (oothecae), shed skins, visual sighting (especially at night)
Ants	Visual sighting, trails along walls or counter edges, accumulations near food sources
Flies	Visual sighting, fly specks (small dark spots) on walls/lights, larvae in drains or trash
Stored product pests (weevils, moths)	Webbing in dry goods, larvae in flour/grains, holes in packaging
Birds	Droppings on exterior, nesting near roof/loading area, visual sighting

14.4 Pest Sighting Log

Any sighting of pest activity is recorded on the Pest Sighting Log (Appendix A) and the pest control provider is notified within 24 hours. The log includes:

- Date and time of sighting
- Location
- Type of pest and approximate count
- Action taken
- Pest control provider notification time and response
- Resolution
- Initials

14.5 Pesticide Use

- Only licensed pest control providers apply pesticides in food establishment areas
- Restaura employees do not apply pesticides
- All pesticide applications are documented; SDS for any pesticides used on premises are maintained
- Food, food-contact surfaces, and equipment are protected during application

Section 15: Equipment, Facility, and Water Safety

15.1 Equipment Maintenance

All equipment in a Restaura kitchen must be maintained in good repair, working order, and at the proper operating temperature for its intended use. Equipment failures that affect food safety must be reported to the DSD immediately.

- Refrigerators, freezers, and warmers — verify operating temperature twice daily; service immediately if outside specifications
- Cooking equipment — calibrate ovens annually; replace gaskets, thermostats, and worn parts promptly
- Dishmachine — daily verification of wash, rinse, and sanitize cycles; quarterly professional service
- Hood and fire suppression — quarterly professional service per local fire code
- Ventilation, lighting, plumbing — maintain in good repair; report issues to facilities

15.2 Facility Standards

- Floors, walls, ceilings — smooth, durable, easily cleanable surfaces in food prep areas
- No exposed insulation, broken tiles, holes in walls, or gaps around pipes
- Adequate lighting — minimum 50 foot-candles in food prep areas, 20 foot-candles in storage
- Adequate ventilation — exhaust hoods over cooking equipment; mechanical ventilation in dishroom
- Plumbing — no cross-connections, no backflow risks; backflow prevention devices on all hose bibs and fixed equipment

15.3 Water Safety

Water entering the food establishment must be from a public water system or, if from a private source, tested per local regulations. Water-related events that affect food safety include:

- Boil Water Advisory (BWA) — issued by the local water authority when contamination is suspected or confirmed
- Water main break — temporary loss of water supply
- Backflow event — contaminated water entering the potable system

15.4 Boil Water Advisory Response

During a Boil Water Advisory, the following actions are taken immediately:

1. Stop all use of tap water for food preparation, drinking, or beverage production
2. Turn off ice machines, fountain dispensers, and post-mix beverage equipment; discard ice and beverages in process
3. Switch to bottled water for drinking, ice, and food preparation
4. Use disposable serviceware to eliminate warewashing requirements
5. Notify residents and families per the community's communication plan
6. Document the event

After the BWA is lifted, follow the Post-BWA Equipment Flushing and Sanitizing Protocol in the Emergency Preparedness Manual before resuming normal operations. Cross-reference: Restaura Emergency Preparedness Manual, Section 8.

CMS F-TAG F922 — CMS requires Long-Term Care facilities to maintain a written procedure for water availability during emergencies. Restaura's standard is 5 gallons of potable water per person per day for a minimum of 3 days. See Emergency Preparedness Manual.

Section 16: Documentation and Records

16.1 Why Documentation Matters

Documentation is the evidence of food safety practice. Without documentation, even excellent practice cannot be demonstrated to a regulator, a surveyor, an attorney, or a family member asking what we do to keep their loved one safe. Equally important: documentation is the record from which we learn.

Trends in temperature logs, illness reports, and corrective actions reveal weak points in our system long before those weak points cause harm.

16.2 Required Logs

Restaura maintains the following logs in every community kitchen. All logs are reviewed daily by the PIC, weekly by the DSD, and quarterly by the Regional Director.

Log	Frequency	Retention
Refrigerator/Freezer Temperature Log	Twice daily, all units	90 days minimum
Receiving Log	Every delivery	90 days minimum
Cooking Temperature Log	Every batch of TCS items	30 days minimum
Cooling Temperature Log	Every cooled item	90 days minimum
Hot/Cold Holding Log	Every 2 hours during service	30 days minimum
Sanitizer Concentration Log	Sink/bucket setup and every 4 hours	30 days minimum
Three-Compartment Sink Setup Log	Each setup	30 days minimum
Dishmachine Log	Daily verification	90 days minimum
Weekly Thermometer Calibration Log	Weekly	1 year minimum
Pest Sighting Log	As occurs; reviewed monthly	1 year minimum
Spill Kit Inspection Log	Monthly	1 year minimum
Vomit/Diarrheal Event Log	Per event	Permanent
Allergen Incident Report	Per incident	Permanent
Employee Illness Log	Per report	2 years minimum

Log	Frequency	Retention
Manager Daily Walk-Through Log	Daily	30 days minimum
Master Cleaning Schedule (completed)	Per schedule	90 days minimum
Annual Review Log	Annually	Permanent
Training Records	Per training event	2 years post-employment

16.3 Record-Keeping Standards

- Logs are completed in real time, not retrospectively
- Entries are legible, complete, and signed/initialed
- Corrective actions are documented when out-of-specification conditions are recorded
- Logs are stored in a designated location accessible to staff during operating hours and to regulators on inspection
- Electronic logs (where used) are backed up; printable copies are available on demand
- Logs are retained per the schedule in 16.2; CMS surveyors may request prior periods of records

16.4 CMS Audit Readiness

CMS surveyors may audit food service operations during routine surveys, complaint investigations, or focused infection control surveys. Restaura's standing audit-readiness expectation:

- All current logs are available within 5 minutes of a surveyor request
- All required policies and procedures (this SOP, the Crisis Management Manual, the Emergency Preparedness Manual, the Resident Allergen Roster, the Personal Food Policy) are accessible
- All current certifications (CFPM, food handler, allergen awareness where required) are on file
- All recent CrossCheck and pest control reports are available
- The DSD or designated PIC accompanies the surveyor and answers questions directly

See the Crisis Management Manual for the full Regulatory Inspection Response Protocol.

Section 17: Training and Certification

17.1 Certified Food Protection Manager (CFPM)

Per FDA Food Code §2-102.12, the Person In Charge must be a Certified Food Protection Manager. Restaura's standard is that the DSD and Sous Chef of every community hold current CFPM certification at all times, and at least one CFPM is on-duty (or immediately reachable by phone within 30 minutes) during all operating hours.

Acceptable CFPM certifications:

- ServSafe Manager (National Restaurant Association Educational Foundation) — Restaura's preferred certification
- National Registry of Food Safety Professionals (NRFSP) Food Protection Manager
- Prometric Food Protection Manager Certification
- 360training Learn2Serve Food Protection Manager Certification

CFPM certification is valid for 5 years and must be renewed before expiration. The community maintains a copy of every CFPM certificate; the original is held by the certified individual.

17.2 Food Handler Certification

State-specific food handler certification requirements are summarized in Appendix B. In states where food handler certification is required (or in localities where local ordinances require it), every Employee Owner who handles food must hold a current certificate. Restaura's standard is that all food handlers complete a recognized food handler course during onboarding, regardless of state requirement.

17.3 Allergen Awareness Training

All Employee Owners complete allergen awareness training during onboarding (Section 11.6). In Massachusetts, the Certified Food Protection Manager must hold a state-approved Allergen Awareness Certificate per MGL c.140 §6B (see Appendix B). Restaura's standard is that the DSD and Sous Chef in every community hold an Allergen Awareness Certificate, regardless of state requirement.

17.4 IDDSI Training

All cooks and service staff who handle texture-modified diets complete IDDSI training during onboarding. Training covers:

- The eight IDDSI levels (definitions, color codes, descriptions)
- IDDSI testing methods (syringe flow, fork drip, fork pressure, spoon tilt)
- Production protocols for each level
- Triple verification at point of service
- Recognition of dysphagia symptoms and emergency response

IDDSI training is refreshed annually. The IDDSI website (iddsi.org) provides free training materials in multiple languages.

17.5 Ongoing Training

- Pre-shift huddles include food safety topics on a rotating basis
- Monthly all-staff meetings include a food safety theme
- Annual full SOP review (January) for all team members
- After any food safety incident or near-miss, a debrief and targeted training is conducted within 7 days
- New equipment, new menu items, or new dietary protocols trigger task-specific training

17.6 Training Records

Training records are maintained in each Employee Owner's personnel file and include:

- Date of training
- Topic
- Trainer name and credentials
- Training method (classroom, online, on-the-job)
- Employee acknowledgment / signature
- Certification copy if applicable

Training records are retained for 2 years post-employment per CMS guidance.

Appendix A: Forms and Logs

This Appendix provides the standardized form templates referenced throughout this guide. All forms are also available in fillable PDF and electronic spreadsheet formats on the Restaura Culinary Hub.

Communities may print these forms for daily use, but completed records must be retained per the schedule in Section 16.2.

Form FS-01 — Refrigerator/Freezer Temperature Log

Header: Community name | Unit ID | Month/Year | Target temperature

Daily columns: Date | AM Temp | AM Initials | AM Time | PM Temp | PM Initials | PM Time | Corrective Action (if any)

Footer: DSD weekly review signature | Date

Form FS-02 — Receiving Log

Header: Community name | Date

Per delivery: Vendor | Driver | Time | Temp Item 1 (name + temp) | Temp Item 2 (name + temp) |

Frozen Item 1 (verified solid Y/N) | Frozen Item 2 (verified solid Y/N) | Use-By Dates Verified | Packaging Inspected | Items Rejected (description and reason) | Receiver Initials | Driver Initials

Form FS-03 — Cooking Temperature Log

Header: Community name | Date | Shift

Per item: Time | Item | Required Temp | Measured Temp | Cook Initials

Corrective action column for items not reaching minimum temp.

Form FS-04 — Employee Illness Log

Per incident: Date/Time Reported | Employee Name (or Coded ID) | Symptom/Diagnosis/Exposure

Reported | Action Taken (Restrict / Exclude / Send Home) | Regulatory Notification (Y/N, who, when) |

Return-to-Work Criteria | Date Returned | PIC Signature

Form FS-05 — Cooling Log

Per cooled item: Date | Item | Time at 135°F (start) | Time at 70°F (must be within 2 hr) | Time at 41°F (must be within 6 hr total) | Cooling Method | Initials | Corrective Action (if any)

Form FS-06 — Hot/Cold Holding Log

Header: Community name | Date | Meal period

Per check (every 2 hours): Time | Hot Items (name + temp) | Cold Items (name + temp) | Initials |
Corrective Action

Form FS-07 — Sanitizer Concentration Log

Per check: Date | Time | Location (sink/bucket #) | Sanitizer Type | Concentration (ppm) | Pass/Fail |
Corrective Action | Initials

Form FS-08 — Three-Compartment Sink Setup Log

Per setup: Date | Time | Wash Temp | Sanitizer Concentration | Initials

Form FS-09 — Weekly Thermometer Calibration Log

Header: Month/Year

Per thermometer per week: Thermometer ID | Calibration Method (ice bath) | Reading | Pass/Fail |
Initials | Date

Form FS-10 — Pest Sighting Log

Per sighting: Date/Time | Location | Pest Type/Count | Action Taken | Pest Control Notified (Y/N, when)
| Resolution | Initials

Form FS-11 — Spill Kit Inspection Log

Header: Kit location | Date

Per inspection: Date | All Items Present (Y/N — if N, list missing) | Items Restocked Date | Inspector
Initials

Form FS-12 — Vomit/Diarrheal Event Log

Per event: Date/Time | Location | Affected Person (resident/staff/visitor; named if relevant) | Cleanup
Employee | Materials Used | Disinfectant + Concentration | Area Cleared Time | DSD Notification |
Regional Notification | Health Dept Notification | Follow-Up Notes | DSD Signature

Form FS-13 — Allergen Incident Report

Per incident: Date/Time | Resident Name and Allergen | Suspected Source | Symptoms Observed | Time
of Onset | Clinical Response (911/Nurse/EpiPen) | Outcome | Investigation Findings | Corrective Actions
| DSD Signature | Regional Director Notified | Date

Form FS-14 — Manager Daily Walk-Through Log

Per day: Date | Time | DSD/Sous Chef Initials

Checklist sections: Employee Health Check Complete | Refrigeration Temps Within Spec | Hot Holding Within Spec | Cold Holding Within Spec | Handwashing Stations Stocked | Sanitizer at Concentration | Cooling Items in Process Verified | All Logs Current | Cleaning Schedule On Track | Pest Conditions Normal | IDDSI Plates Verified at Service | Allergen Roster Current | Notes / Corrective Actions

Form FS-15 — Annual Review Log

Per year: Year | Date of Review | DSD Signature | Regional Director Signature | Summary of Updates

Appendix B: State Addenda

This Appendix summarizes state-specific food safety regulatory variations for the five states in which Restaura currently operates. Where state requirements are more stringent than the FDA Food Code 2022 baseline used elsewhere in this guide, the more stringent state standard applies.

B.1 Texas

- **Regulatory authority:** Texas Department of State Health Services (DSHS) for retail food; Texas Health and Human Services Commission (HHSC) for AL/SNF.
- **Food code adopted:** Texas Food Establishment Rules (TFER), 25 TAC Chapter 228, which adopts by reference the FDA Food Code 2017 with Texas-specific amendments. (Texas-specific deviations: certain FDA Food Code sections are not adopted; refer to TFER §228.2 for the full list of non-adopted sections.)
- **Applicable statutes:** Texas Health and Safety Code Chapter 437 (Regulation of Food Service Establishments) and Chapter 437B (Mobile Food Units / Roadside Vendors).
- **CFPM requirement:** Each food establishment must employ at least one Certified Food Protection Manager.
- **Food handler requirement:** Texas state-approved food handler certification required for all food handlers; certification valid for 2 years.
- **Senior living regulatory cross-reference:** Texas HHSC oversight of AL Type A/B and Nursing Facilities; refer to 26 TAC Chapter 553 (Licensing Standards for Assisted Living Facilities) and 26 TAC Chapter 554 (Nursing Facility Requirements).
- **Notable points:** Texas TFER incorporates FDA Food Code language for highly susceptible populations. HHSC long-term care kitchen sanitation expectations are documented in HHSC LTC Kitchen Sanitation and Food Safety guidance (revised 10/2024).

B.2 Massachusetts

- **Regulatory authority:** Massachusetts Department of Public Health (MDPH); local boards of health conduct routine inspections.
- **Food code adopted:** 105 CMR 590.000 — State Sanitary Code Chapter X — adopts FDA Food Code 2013 with the 2015 Supplement and Massachusetts-specific amendments. (Massachusetts is in the process of evaluating FDA Food Code 2022 adoption; verify current status with the local board of health.)
- **CFPM requirement:** At least one CFPM per food establishment per 105 CMR 590.

- **Allergen Awareness — STATE-SPECIFIC REQUIREMENT:** Per 105 CMR 590.011(C) and MGL c.140 §6B, Massachusetts was the first state to mandate comprehensive food allergen awareness training. Every food establishment must:
 - Have at least one Certified Food Protection Manager who has obtained an Allergen Awareness Certificate from a DPH-approved vendor (certification valid 5 years)
 - Display a DPH-approved allergen awareness poster in the employee work area (no smaller than 8.5 × 11 inches)
 - Include on all printed menus and menu boards a clear and conspicuous notice requesting the customer to inform the server of any food allergy
 - Ensure all employees are trained in allergen awareness as it relates to their assigned duties

Institutional food service operations (e.g., hospitals, charitable food facilities, USDA Child Nutrition Programs) may qualify for partial exemption per 105 CMR 590.011(C)(4) if they have written procedures for identifying, documenting, and accommodating clients with food allergies — Restaura's policy meets the institutional exception requirements.

- **Senior living regulatory cross-reference:** MDPH licensure of nursing homes (105 CMR 150) and assisted living residences (651 CMR).

B.3 New Hampshire

- **Regulatory authority:** New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services, Food Protection Section.
- **Food code adopted:** NH He-P 2300, Sanitary Production and Distribution of Food, incorporates by reference the FDA Food Code 2017.
- **Applicable statutes:** RSA 143 (Public Health) and RSA 143-A.
- **CFPM requirement:** Each retail food establishment must have a Person In Charge who is a Certified Food Manager (per He-P 2303.02).
- **Senior living regulatory cross-reference:** He-P 800 series — Residential Care and Health Facility Rules. Specifically He-P 802 (nursing homes), He-P 803 (residential care facilities), He-P 804 (assisted living residences). These rules govern therapeutic diets ordered by a licensed practitioner.
- **Notable points:** NH requires food establishments to immediately report imminent public health hazards to DPHS Food Protection Section, including: water service interruption ≥2 hours; E. coli or nitrate/nitrite exceedance in water; sewage backup; electrical interruption ≥2 hours; fire; natural disaster affecting food supply; or any food employee diagnosed with a Big 6 communicable disease.

B.4 Oklahoma

- **Regulatory authority:** Oklahoma State Department of Health (OSDH); local health departments may have additional jurisdiction.
- **Food code adopted:** OAC 310:257 — Food Establishments. Implementing 63 O.S. §1-1101 et seq.
- **Senior living regulatory cross-reference:** OAC 310:675 (Nursing and Specialized Facilities), OAC 310:680 (Residential Care Homes), OAC 310:663 (Continuum of Care and Assisted Living). Per OAC 310:680-9-1, residential care homes must comply with OAC 310:257 for food storage, preparation, and service.
- **CFPM requirement:** Per OAC 310:257-3-2.1, each food establishment must have an employee with supervisory and management responsibility who is a Certified Food Protection Manager.
- **Highly Susceptible Population — explicit code:** OAC 310:257-5-71 contains explicit provisions for food establishments serving Highly Susceptible Populations: prepackaged unpasteurized juice with warning labels may not be served; unpackaged juice prepared on premises requires a HACCP plan; pasteurized eggs must be substituted for raw shell eggs in foods such as Caesar dressing, hollandaise, mayonnaise, meringue, eggnog, ice cream; food employees may not bare-hand contact ready-to-eat foods; time alone may not be used as the public health control for raw eggs; food served to patients in contact precautions, medical isolation, or quarantine may not be re-served.
- **Employee health — explicit code:** OAC 310:257-3-5 mirrors FDA Food Code §2-201.12, with explicit "exclude" requirements for asymptomatic Norovirus, Shigella, STEC, and Salmonella Typhi diagnoses in HSP-serving establishments.

B.5 South Carolina

- **Regulatory authority:** South Carolina Department of Public Health (SCDPH; previously DHEC). Note: As of July 1, 2024, retail food regulatory functions transitioned from DHEC to the South Carolina Department of Agriculture (SCDA). All references to DHEC in regulation prior to that date are construed as references to SCDA.
- **Food code adopted:** SC Regulation 61-25, Retail Food Establishments. Adopts FDA Food Code language with SC-specific amendments. The most recent SC R.61-25 was published 2024.
- **Applicable statutes:** SC Code §44-1-140 and §44-1-150.
- **CFPM requirement:** Per R.61-25, each retail food establishment must have a Certified Food Protection Manager.

- **Senior living regulatory cross-reference:** Regulation 60-17 (Standards for Licensing Nursing Homes); R.61-84 (Community Residential Care Facilities). SCDPH licenses nursing homes and CRCFs; SC food establishment requirements apply concurrently.
- **Notable points:** South Carolina publishes retail food establishment inspection results publicly via the SC Food Grades portal. Senior living dining operations subject to inspection are visible to the public; consistent inspection performance is a brand reputation matter.

Appendix C: Quick-Reference Cards

These cards are designed to be printed, laminated, and posted at appropriate stations throughout the kitchen. They provide at-a-glance guidance for the most common food safety scenarios.

Card 1 — Vomit/Diarrheal Event Response

RECOGNIZE → CONTAIN → CLEAN → DISINFECT → DOCUMENT

1. Stop service in the affected area. Cordon off 25-foot radius.
2. Notify PIC and clinical team immediately.
3. Designated cleanup employee retrieves the Bodily Fluid Spill Kit (main kitchen).
4. Don PPE: shoe covers, gown, mask, eye protection, hair cover, gloves last.
5. Apply absorbent material; remove with scoop into biohazard bag.
6. Clean with soap and water; rinse.
7. Apply EPA List G disinfectant per contact time.
8. Disinfect all high-touch surfaces within 25 feet.
9. Discard food and single-use items in the contamination zone.
10. Remove PPE in reverse order; wash hands twice; change uniform.
11. Document on Vomit/Diarrheal Event Log within 1 hour.

Card 2 — Allergen Incident Response

1. Call clinical team / nurse via emergency response system.
2. Call 911 if no clinical staff immediately available.
3. Stay with the resident; do not leave them alone.
4. Do not give food, drink, or medication.
5. Save the suspected food and any other food the resident was consuming — do not discard.
6. Note time of onset.
7. Notify DSD.
8. Document on Allergen Incident Report within 4 hours.

Card 3 — Choking in the Dining Room

1. Recognize: resident is unable to speak, cough, or breathe; may grab throat (universal sign).
2. Call clinical team / nurse via emergency response system.
3. Call 911.

4. If trained and clinical staff not immediately present, follow your training (back blows / abdominal thrusts per current protocols).
5. Do not give food, drink, or medication.
6. Document the incident; review IDDSI level and recent diet changes for the affected resident.

Card 4 — Power Outage

1. Account for all staff. Confirm no injuries.
2. Close all refrigerator and freezer doors immediately. Do not open unless necessary.
3. Check if kitchen is on the community generator.
4. Deploy flashlights / lanterns. Never open flames for lighting.
5. Begin temperature log every 2 hours on all refrigeration.
6. Refrigerated TCS food held above 41°F for more than 4 hours: discard.
7. Notify DSD; activate Emergency Preparedness Manual disaster menu protocols if needed.

Card 5 — Boil Water Advisory

1. Stop all use of tap water for food, drink, ice.
2. Turn off ice machines and beverage dispensers; discard ice/beverages.
3. Switch to bottled water for food preparation, drinking, ice.
4. Use disposable serviceware to eliminate warewashing.
5. Notify residents and families per community communication plan.
6. After BWA lifted: complete Post-BWA flushing per Emergency Preparedness Manual before normal operations.

Card 6 — Foreign Object in Food Complaint

1. Take the complaint seriously. Apologize without admitting fault.
2. Secure the object and the food; do not discard.
3. Notify the DSD immediately.
4. Photograph the object, food, and ticket.
5. Investigate: review production, equipment, packaging, and supply chain.
6. Document on Allergen Incident Report (adapted) or a separate Foreign Object Report.
7. Notify Regional Director within 4 hours.
8. If injury occurred, follow Crisis Management Manual protocols.

Appendix D: Glossary

Active Managerial Control (AMC) — The deliberate ongoing process by which management identifies and controls foodborne illness risk factors. Emphasized by FDA and the Conference for Food Protection as the most effective approach to food safety.

Allergen Cross-Contact — The unintentional transfer of an allergen from a food that contains it to a food that does not. Distinct from microbial cross-contamination.

Big 6 / Big 9 — Big 6 = the six FDA-identified pathogens of greatest concern in food service (Norovirus, Hepatitis A, Shigella, STEC, Salmonella Typhi, Non-Typhoidal Salmonella). Big 9 = the nine FDA major food allergens (milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat, soy, sesame).

Boil Water Advisory (BWA) — A public health notification that tap water may be contaminated and must be boiled before use for drinking, food preparation, or ice.

CFPM — Certified Food Protection Manager. Individual who has passed an accredited food protection manager certification exam.

CIFOR — Council to Improve Foodborne Outbreak Response. Issues industry-recognized outbreak response guidelines.

CMS — Centers for Medicare & Medicaid Services. Federal agency overseeing nursing facility regulation.

Cross-Contamination — The transfer of pathogenic microorganisms from one surface or food to another.

Dignified Plate — Restaura's brand commitment to plating texture-modified diets with the same culinary care, visual presentation, and respect as regular service.

Dysphagia — Difficulty swallowing. Risk factor for aspiration pneumonia; primary indication for IDDSI texture-modified diets.

EPA List G — EPA-registered antimicrobial products with claims against Norovirus. Required for vomit/diarrheal event disinfection.

FALCPA — Food Allergen Labeling and Consumer Protection Act of 2004.

FASTER Act — Food Allergy Safety, Treatment, Education, and Research Act of 2021. Added sesame as the ninth major food allergen, effective January 1, 2023.

FDA Food Code — FDA's model food regulation. Most recent edition: 2022 (10th edition), with Supplement 2024. Adopted in whole or with state-specific amendments by all U.S. states.

F-Tag — CMS regulatory tag identifying a specific requirement under 42 CFR Part 483. Examples: F812, F813, F814, F880.

HACCP — Hazard Analysis and Critical Control Points. Systematic approach to identifying and controlling food safety hazards.

Highly Susceptible Population (HSP) — Per FDA Food Code §1-201.10(B), persons more likely than the general population to experience foodborne illness due to immunocompromise, age (preschool or older adult), and obtaining food at custodial, health care, or assisted living facilities. Senior living residents are HSP by definition.

IDDSI — International Dysphagia Diet Standardisation Initiative. Global framework (Levels 0–7) for texture-modified foods and thickened liquids.

NORS — National Outbreak Reporting System. CDC system for foodborne and waterborne disease outbreak reporting.

PIC — Person In Charge. Per FDA Food Code §2-101.11, designated supervisor present during all hours of operation.

Restrict / Exclude — Per FDA Food Code §2-201.12, levels of action for ill food employees. Restrict = may remain on premises but not work with exposed food. Exclude = may not enter the establishment as an employee.

TCS Food — Time/Temperature Control for Safety food. Food requiring temperature control to prevent pathogen growth or toxin formation. Formerly called PHF (Potentially Hazardous Food).

TPHC — Time as a Public Health Control. Limited use of time alone (rather than temperature) as the safety control for working supplies of TCS food. Not used for raw animal proteins in Restaura kitchens.