

PRINTED: 06/03/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL041015	(X2) MULTIPLE CONSTRUCTION: A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/25/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  LAWSON'S ADULT ENRICHMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE GREENSBORO, NC 27405
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey on 5/24/16 and 5/25/16.	D 000		
D 139	<p>10A NCAC 13F .0407(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure a Criminal Background check was completed prior to hire for 3 of 3 staff (Staff A, B and C).</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel records revealed: -Staff A was hired on 1/24/12 as a third shift Supervisor and Medication Aide (MA). -Documentation of a completed local County Criminal Background check in Staff A's personnel record dated 1/23/12 with the statement, 'THIS IS NOT A STATEWIDE RECORD SEARCH.' -Staff A's responsibilities included supervising third shift, providing care to residents and administering medications as ordered.</p> <p>Attempted interview with the Staff A was unsuccessful.</p> <p>Refer to interview on 5/25/16 at 9:44 am with the facility Manager.</p> <p>Refer to interview on 5/24/16 at 9:28 am with the Administrator.</p>	D 139	SEE ATTACHMENT	6/19/2016

Division of Health Service Regulation

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

*David Ancrum*

TITLE

*Manager*

(X6) DATE

*6/13/16*

STATE FORM

8893

P1YS11

If continuation sheet 1 of 9

*Reviewed + Accepted*  
*6/20/16*

PRINTED: 06/03/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/25/2016</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>LAWSON'S ADULT ENRICHMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1319 WOODBRIAR AVENUE GREENSBORO, NC 27405</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 139	<p>Continued From page 1</p> <p><b>B. Review of Staff B's personnel records revealed:</b>                      -Staff B was hired on 4/14/16 as a dietary aide.                      -Documentation of a completed local County Criminal Background check in Staff A's personnel record dated 4/04/16 with the statement, 'THIS IS NOT A STATEWIDE RECORD SEARCH.'                      -Staff B's daily responsibilities included providing 2-3 meals a day and snacks to all the residents.</p> <p>Interview with Staff B on 5/24/16 at 4:08 pm revealed she did obtain a back ground check fro the County Clerk of Courts and thought that this background check met the requirement for the background checks.</p> <p>Refer to interview on 5/25/16 at 9:44 am with the facility Manager.</p> <p>Refer to interview on 5/24/16 at 9:28 am with the Administrator.</p> <p><b>C. Review of Staff C's personnel records revealed:</b>                      -Staff C was hired on 7/09/15 as a second shift Supervisor and Medication Aide (MA).                      -Documentation of a completed local County Criminal Background check in Staff A's personnel record dated 7/02/15 with the statement, 'THIS IS NOT A STATEWIDE RECORD SEARCH.'                      -Staff C's responsibilities included supervising second shift, providing care to residents and administering medications as ordered.</p> <p>Interview with Staff C on 5/24/16 at 2:58 pm revealed:                      -She was the supervisor for second shift and responsible for administering all of the medications on second shift.</p>	D 139		

PRINTED: 06/03/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL041015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/25/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  LAWSON'S ADULT ENRICHMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE GREENSBORO, NC 27405
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 139	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-She had been employed at the facility since June 2015.</li> <li>-She went down to the police department to get a background check and was told this record check was insufficient because it lacked the seal of the notary.</li> <li>-She went back down to the Clerk of Courts and paid \$25.00 to obtain another background check and this record check did have the deal of a notary.</li> <li>-She was not aware this record check was limited to the county.</li> <li>-She was not aware that a Statewide criminal background record check was required.</li> </ul> <p>Refer to interview on 5/25/16 at 9:44 am with the facility Manager.</p> <p>Refer to interview on 5/24/16 at 9:28 am with the Administrator.</p> <p>Interview with the facility Manager on 5/25/16 at 9:44 am revealed:</p> <ul style="list-style-type: none"> <li>-The facility did background checks on staff prior to or upon hire.</li> <li>-They had always sent staff to obtain background checks to the county's Clerk of Courts and they were \$25.00 for each report.</li> <li>-He thought as long as the background checks had a notary seal and they were obtained prior to employment they were in compliance.</li> <li>-No one had ever identified the county background checks as insufficient to met the background check requirement.</li> </ul> <p>Interview with the Administrator on 5/24/16 at 3:28 pm revealed:</p> <ul style="list-style-type: none"> <li>-They obtained staff background checks from the local County Clerk of Courts.</li> <li>-She knew the background checks were limited to</li> </ul>	D 139		

PRINTED: 06/03/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL041015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/25/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  LAWSON'S ADULT ENRICHMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE GREENSBORO, NC 27405
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
--------------------	--	---------------	---	--------------------

D 139 Continued From page 3  
the county but did not know that statewide background record checks were required.  
-No one had ever told them differently.  
-If potential staff had any type of findings the facility would request a "Sealed Report".  
-She would make arrangements to obtain Statewide background record checks for all of the employees.

D 139

D 287 10A NCAC 13F .0904(b)(2) Nutrition And Food Service  
  
10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes:  
(2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident.

D 287

SEE ATTACHMENT 6/1/2016

This Rule is not met as evidenced by:  
Based on observation, interview and record review, the facility failed to assure table service included a non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers for residents' meals.

The findings are:

Interview with the facility Manager on 5/24/16 at 9:20 am revealed the current census was 18 residents.

Observation on 5/24/16 of the lunch meal service from 12:10 pm to 12:50 pm revealed:

PRINTED: 06/03/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL041015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/25/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  LAWSON'S ADULT ENRICHMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE GREENSBORO, NC 27405
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 287	<p>Continued From page 4</p> <p>-All of the place settings were prepared using styrofoam cups, bowls and plates. -The utensils included individually wrapped plastic knives, forks, spoons and napkins provided for 18 of 18 residents.</p> <p>Observation on 5/24/16 of the dinner meal preparation service from 4:15 pm to 4:30 pm revealed: -All of the place settings were prepared using styrofoam cups, bowls and plates. -The utensils included individually wrapped plastic knives, forks, spoons and napkins provided for 18 of 18 residents.</p> <p>Observation on 5/25/16 of the breakfast meal service from 8:20 am to 8:30 am revealed: -All of the place settings were prepared using styrofoam cups, bowls and plates. -The utensils included individually wrapped plastic knives, forks, spoons and napkins provided for 18 of 18 residents.</p> <p>Interview with 2 residents on 5/24/16 at 12:45 pm to 1:20 pm revealed: -They had been served their food on disposable place settings for a long while but neither could recall how long because it had been a long time. -They did not know why they were served on disposable place settings. -Neither of the two residents minded that the place settings were disposable as both were happy with their food.</p> <p>Interview with 1 resident on 5/25/16 at 8:23 am revealed: -He remembered sometime "way back" they had "real" plates, glassware and non-disposable utensils. -He thought it would be nice if he had</p>	D 287		

PRINTED: 06/03/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/25/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LAWSON'S ADULT ENRICHMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1319 WOODBRIAR AVENUE GREENSBORO, NC 27405</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 287	<p>Continued From page 5</p> <p>non-disposable dishware but did not believe that will ever happen. -He was happy with the food he was served and he did not mind what it was served on.</p> <p>Interview with a Dietary Aide (DA) on 5/24/16 at 4:08 pm revealed: -She had worked at the facility for about 2-3 months. -She did not know when dishwasher would be repaired. -The dishwasher had not been in working use since she was employed. -She did not know when it might be repaired. -She had been serving on disposable plate ware with utensils since employed.</p> <p>Interview with the Dietary Manager on 5/25/16 at 8:19 am revealed: -The County or Health Department had instructed that they should get a three compartment sink. -He would not use the dishwasher because it would not get hot enough to effectively clean the dishes. -They had a two compartment sink and they would use one sink to disinfect and the other sink to wash and then rinse a sink a rinse the pots and pans in the rinsed sink. -He thought that the sink was ordered and they would get that first and then they would get the new dishwasher.</p> <p>Interview with the facility Manager on 5/24/16 at 12:16 pm revealed: -This was not the typical place setting and they were using disposable plate wear and utensils because the dishwasher was broken. -The facility was informed by the local Environmental Health Department they could use disposable plate wear and utensils until they</p>	D 287		

PRINTED: 06/03/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL041015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/25/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  LAWSON'S ADULT ENRICHMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE GREENSBORO, NC 27405
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 287	<p>Continued From page 6</p> <p>obtained the required triple sink. -They were also in the process of purchasing a dishwasher as well. -He did not know when the sink or dish washing machine was to arrive but thought that is had been ordered.</p> <p>A second interview with the facility Manager on 5/24/16 at 3:44 pm revealed: -The Administrator had ordered the equipment from a local retail restaurant provider. -He had the paperwork for the triple compartment sink and the dishwasher. -He provided the ordering papers which were labeled as "A Quote".</p> <p>Review of the Local Retail Restaurant Provider Quote dated 5/17/16 was the combined total of the tri-compartment sink and the dishwasher was a total \$3576.00.</p> <p>Telephone interview with a representative from the local retail restaurant provider on 5/24/16 at 4:08 pm revealed: -He issued a quote for a dishwasher and a tri-compartmentalized sink on 5/17/16. -He had not received an order for either item or follow-up phone calls from the facility.</p> <p>Interview with the local Environmental Health Department Inspector revealed: -He acquired this facility July 2015 and he knew his predecessor had cited the facility for not having a three compartment sink in the past. -He could not remember the date but thought he cited them for it September 2015. -He did cite them for it during the annual inspection on January 1, 2106. -The Food and Drug Administration visited the facility (random selection) in February 2016 as</p>	D 287		



PRINTED: 06/03/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL041015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/25/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  LAWSON'S ADULT ENRICHMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE GREENSBORO, NC 27405
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 287	<p>Continued From page 7</p> <p>part of a program facilitate congruent regulations between the federal and county regulations and the two compartment sink was identified as an issue at that time.</p> <p>Review of the Food Establishment Inspection Report dated January 7, 2016 revealed: -A violation cited included, 'The facility has a two compartment sink, all utensils must be able to be washed, rinsed and sanitized (a 3 compartment sink with same sized vats and drainboards is needed)'. -The sanitation rating was 93%.</p> <p>Review of the Food Establishment Inspection Report dated August 20, 2014 revealed a violation cited included, '2 compartment pot sink is not approved - replace with three compartment pot sink with continuous attached drainboards.'</p> <p>Interview with the Administrator on 5/25/16 at 9:48 am revealed: -She had received a quote from a local retailer that supplied the triple compartment sinks and the dishwasher on May 17, 2016. -Her family member was to contact the retailer and place an order but she was unsure if this occurred. -She was going to contact her husband to inquire of the status of the order.</p> <p>The facility received a fax from the local retail restaurant provider which included a sales receipt for \$2300.00 dated 5/25/16 at 10:53am.</p> <p>A second telephone interview with a representative from the local retail restaurant provider on 5/25/16 at 11:04 am revealed the facility had placed a deposit of \$2300.00 for both the tri-compartment sink and the dishwasher and</p>	D 287		

PRINTED: 06/03/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL041015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/25/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  LAWSON'S ADULT ENRICHMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE GREENSBORO, NC 27405
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 287	Continued From page 8  they were scheduled to be installed on June 1, 2016.	D 287		

## Lawson Adult Enrichment Center



1319 Woodbriar Avenue  
Greensboro, N.C. 27405  
Phone: (336) 273-0017  
Fax: (336) 273-0964

June 13, 2016

RE: Lawson Adult Enrichment Center Annual Survey  
Completed May 25, 2016  
P.O.Box 14982 Guilford County  
Licensure Number: HAL-041-015

In response to the Annual Survey completed on May 25, 2016 findings, the facility is responding to cited deficiencies:

### **D 139** Other Staff Qualifications

#### 10A NCAC 13F .0407 Other Staff Qualifications

- (a) Each staff person at an adult care home shall:
- (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;

### **D 287** 10A NCAC 13F .0904(b) (2) Nutrition and Food Service

#### 10A NCAC 13F .0904 Nutrition And Food Service

- (b) Food Preparation and Service in Adult Care Homes:
- (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers for resident's meals.

Lawson Adult Enrichment Center's Plan of Correction has been set forth and all deficiencies cited on the enclosed Statement of Deficiency have been corrected.

**See Attachment # 1**

**Lawson Adult Enrichment Center**



**1319 Woodbriar Avenue  
Greensboro, N.C. 27405  
Phone: (336) 273-0017  
Fax: (336) 273-0964**

June 13, 2016

RE: Lawson Adult Enrichment Center Annual Survey  
Completed May 25, 2016  
P.O.Box 14982 Guilford County  
Licensure Number: HAL-041-015

**Attachment # 1**

**Rule D139 10A NCAC 13F .0407 Other Staff Qualifications**

- (a) Each staff person at an adult care home shall:
  - (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;

No longer will any employee or prospective employee, be required to obtain a background check from the County Clerk of Court office. All criminal background checks will be performed from Lawson & Associates Corporate Office. We will use the company (US CRIMINAL CHECKS, INC.) nationwide criminal background searches. The prospective employee's Name, Social Security Number will be sent to Lawson and Associates Corporate Office. The Administrative Secretary will be in charge of having all background checks performed. This way all background checks will be done accurately, in order; to keep Lawson Adult Enrichment Center in compliance with State Regulations. D139 10A NCAC 13F .0407(a) (7) Other Staff Qualifications

**D 287 10A NCAC 13F .0904(b) (2) Nutrition and Food Service**

10A NCAC 13F .0904 Nutrition And Food Service

- (b) Food Preparation and Service in Adult Care Homes:

(2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident.

Lawson Adult Enrichment Center's Dietary Manager will ensure that every resident's table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers, for each meal. To ensure that disposable place settings are not used, and residents are afforded the use of non-disposable dishware; Lawson Adult Enrichment Center installed a new dishwasher, along with a new three compartment sink. The new appliances brings the kitchen back into compliance with State rules and regulations and County code. The Dietary Manager will ensure that the dishwasher is running properly each day and ensure that kitchen staff is properly trained on use and care of the equipment. Guilford County's Environmental Health Department Inspector will also monitor the facility's dishwasher on their routine inspections of the facilities kitchen.