STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115002	A. Building B. Wing	04/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home Wesley Woods	1819 Clifton Road, N.E. Atlanta, GA 30329

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41165 Based on record review, staff interviews, and review of the policy titled PASRR Program Policy, the facility failed to submit an application for Level II Preadmission Screening and Resident Review (PASRR) for evaluation and determination of specialized services for two of three residents (R) R65, and R116 reviewed for PASRR. R65 was admitted to the facility with diagnoses of post-traumatic stress disorder (PTSD), psychotic disturbance, mood disturbance, anxiety, and major depressive disorder. R116 was admitted with diagnoses of PTSD, schizophrenia, depression, and anxiety disorder. Findings include: Review of the policy titled PASRR Program Policy revised 6/8/2023, revealed the policy states the facility coordinates assessments with the preadmission screening and resident review (PASRR) program to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs. Policy Explanation and Compliance Guidelines: Number 1. b. PASRR Level 2 - a comprehensive evaluation by the appropriate state-designated authority that determines whether the individual has MD, ID, or related conditions, determines the appropriate setting for the individual, and recommends any specialized services and/or rehabilitative services the individual needs. Number 6. The Social Services Director shall be responsible for keeping track of each resident's PASRR screening status and referring to the appropriate authority. 1. Review of the clinical record revealed R65 was admitted to the facility on [DATE] with diagnoses including psychotic disorder, mood disturbance, anxiety, somatization disorder, major depressive disorder with psychotic features, and post-traumatic stress disorder. Review of R65's DMA-6 (Physician's Recommendation Concerning Nursing Facility Care or Intermediate Care for Mentally Retarded) form dated 10/21/2020 with diagnosis not checked, however admission diagnosis of Post-Traumatic Stress Disorder. Review of the PASARR Level One Application Resident Identification Screening Instrument, dated 4/18/2011 for R65, revealed the resident had no primary diagnosis of dementia, serious mental illness, or mental disorder. Further review of the screening instrument revealed If the nursing facility admits the applicant and discovers information that was not disclosed to the PASRR screeners, the nursing facility is required to contact the [screening authority] immediately. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115002	A. Building B. Wing	04/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home Wesley Woods	1819 Clifton Road, N.E. Atlanta, GA 30329

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed R65 had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition, active diagnoses include depression and post-traumatic stress disorder, and received antidepressant medication seven days of the look back period. Review of the Physician Order's (PO) revealed R65 was currently receiving Zoloft (a medication to treat depression, PTSD, obsessive compulsive disorder (OCD) and anxiety) 100 milligrams (mg) by mouth one time a day. 2. Review of the clinical record revealed R116 was admitted to the facility on [DATE]with diagnoses including schizophrenia, depression, anxiety, and PTSD. Review of R116's DMA-6 form dated 7/24/2023 revealed no diagnoses were checked, however admission diagnosis of post-traumatic stress disorder and schizophrenia. Review of the PASARR Level One Application Resident Identification Screening Instrument, dated 7/24/2023 for R116, revealed the resident had no primary diagnosis of dementia, serious mental illness, or mental disorder. Further review of the screening instrument revealed If the nursing facility admits the applicant and discovers information that was not disclosed to the PASRR screeners, the nursing facility is required to contact the [screening authority] immediately. Review of the Quarterly MDS assessment dated [DATE] for R116 revealed a BIMS score of 15, indicating intact cognition, active diagnoses include anxiety, depression (other than bipolar), schizophrenia, and post-traumatic stress disorder (PTSD), and received antidepressant medication seven days of the look back period. Review of the PO revealed R116 was currently receiving Zoloft (a medication to treat depression, PTSD, and anxiety)150 mg by mouth one time a day. Interview on 4/5/2024 at 10:06 am, the Director of Nursing (DON) confirmed R65 does not have a level II PASRR. The DON stated that she checked with the front office staff, where PASRRs are kept, and verified R65 does not have a [NAME] II. During continued interview with the DON, revealed she is not sure about the PASRR level II process and would get the Social Service Director (SSD) to come speak with the surveyor. Interview on 4/6/2024 at 11:04 am, the Social Service Director (SSD) CC revealed there are no residents in the facility with a level II PASRR. She stated the process for a level II PASRR is that the resident must have something that's mental or an intellectual disability. She stated that residents with diagnoses of PTSD are seen by psych services every four to six weeks unless there is a change in medications or a change in behaviors. During further interview, SSD CC stated R65 does not have any behaviors. Interview on 4/6/2024 at 11:47 am, the SSD DD revealed her responsibilities include care plan scheduling, working with hospice referrals, referrals for psychiatrist, and shopping for the residents. She stated that the Admissions Director (AD) or the admissions nurse reviews the PASRR level I's on admission. She stated she submits records for PASRR level II evaluations within a year based on the admission diagnoses. She stated that residents with a diagnosis of PTSD are provided psych services, and stated the psychiatrist comes in twice monthly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115002	A. Building B. Wing	04/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home Wesley Woods	1819 Clifton Road, N.E. Atlanta, GA 30329

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 4/6/2024 at 2:50 pm, the Administrator revealed there are currently no residents in the facility with a level II PASRR. She stated that she would have the SSD talk to the surveyor about the level II PASRR. The Administrator stated that R65 and R116 should have a level II PASRR completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115002	A. Building B. Wing	04/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home Wesley Woods	1819 Clifton Road, N.E. Atlanta, GA 30329

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35180 Based on record review, interviews, and review of the policy titled Safe Elder Handling-Transfers, the facility failed to ensure that one of 25 residents (R) (R100) was safely transferred using a mechanical lift. Actual harm occurred on 1/20/2024, when R100 fell from a mechanical lift during transfer from bed to chair and sustained one left rib fracture and two right rib fractures. There were 25 residents that required transfer assistance with a mechanical lift. Findings included: Review of the facility policy titled Safe Elder Handling-Transfer, revised 8/28/2023 documented the policy is to ensure elders are handled and transferred safely to prevent risk for injury and provide a safe, secure, and comfortable environment. Policy Explanation: All elders require safe handling when transferred to prevent or minimize the risk for injury to themselves and the employees that assist them. Compliance Guidelines: Number 3. Mechanical lifting equipment or other approved transferring aids will be used based on the elders' needs to prevent manual lifting except in medical emergencies. Review of the clinical record revealed R100 was admitted to the facility on [DATE]. Diagnoses included cerebral vascular accident (CVA) with left hemiplegia, aphasia, diabetes, dementia, obesity, and depression. Review of the Significant Change Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating no cognitive impairment. Section GG revealed R100 had impairment in bother upper and lower extremities and was dependent on staff for all transfers. Review of the Progress Note dated 1/20/2024 at12:29 pm documented Nurse at Nurses Station was alerted that resident was lying on floor in bedroom beside the mechanical lift. The nurse went into residents' room and observed resident lying on floor with a complaint of pain to right side of the head, neck, and hip areas. Review of the Progress Note dated 1/20/2024 at 1:06 pm documented the Nurse at the desk was alerted that resident was on floor post mechanical transfer with two CNA's. Resident complained of back and right hip pain. Review of the Progress Note dated 1/20/2024 at 1:57 pm revealed resident was transferred to a local hospital related to post fall observation and treatment. The facility staff updated the responsible party. Review of the hospital medical records dated 1/20/2024 revealed multiple radiologic studies were completed status post polytrauma, blunt trauma from fall; Computerized Tomography (CT) of left elbow, CT of the chest/abdomen/pelvis; CT of the brain and spine; and two views (internal and external) x-ray of right shoulder. All testing revealed no injuries. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115002	A. Building B. Wing	04/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home Wesley Woods	1819 Clifton Road, N.E. Atlanta, GA 30329

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of the Progress Note dated 1/25/2024 at 3:51 pm documented a new order from the Physician for right lateral rib series due to pain to rule out fracture. Review of the Progress Note dated 1/25/2024 at 5:56 pm documented that an x-ray was ordered for R100, and the results revealed that R100 was positive for a fracture to the eighth and nineth rib. It was further documented that the Physician Assistant (PA) and spouse were notified. Review of the Radiology Results Report dated 1/25/2024 revealed a test of the right ribs noted acute fractures of the eighth and nineth lateral ribs. Review of the Radiology Results Report dated 1/26/2024 revealed a test of the left ribs noted non-displaced fracture of the 11th rib. Interview on 4/5/2024 at 9:22 am, R100 stated that two staff members were helping him transfer to a chair using a mechanical lift, and he fell out of the sling and landed on the floor. He stated he immediately felt pain after the fall and was transferred to a local emergency room (ER), where he had several tests to see if he had any injuries. He stated the ER doctor told him he had not sustained any fractures or injuries. Further interview revealed over the next few days post fall, R100 experienced abdominal pain, and additional testing was ordered. He stated the results revealed he had some fractured ribs. Interview on 4/5/2024 at 10:38 am, the Director of Nursing (DON) confirmed that R100 had a fall on 1/20/2024, while being transferred with the mechanical lift. She stated that the mechanical lift had silver hooks to which the mechanical sling connects. Upon investigation, it was determined that Certified Nursing Assistant (CNA) CNA BB did not properly attach the sling to the mechanical lift, causing R100 to fall from the sling, when lifted. She stated the resident was sent to ER for evaluation and all tests were negative for fractures. During further interview, the DON stated on 1/25/2024, R100 complained of pain in the abdomen, and additional diagnostic testing was completed. The results from the 1/25/2024 tests revealed R100 had fractured the eighth and nineth right ribs and the 11th left rib. The DON revealed that CNA BB resigned without notice on 1/22/2024. Interview on 4/6/2024 at 9:07 am, CNA AA stated she had received training on the use of mechanical lifts as part of her annual training in-services throughout the year. CNA AA confirmed she work on 1/20/2024 and stated R100 required assistance transferring from the bed to a chair for his lunch meal. She stated she asked CNA BB to help her, as two staff were required for all mechanical lifts. She stated she secured the mechanical sling on her side, and CNA BB secured her side of the sling to the hooks on the lift. CNA AA stated she lifted R100 up with the lift and began the transfer. She stated as resident was lifted from the bed and moving towards the chair, the sling became disconnected from the hook on the side of the lift CNA BB was on, causing the resident to fall to the floor. She stated the incident happened so fast that she could not break the residents fall. During further interview, she stated she stayed with R100, while CNA BB went to get the nurse. Resident was transferred to the ER for evaluation. After the incident, the mechanical lift and the sling were inspected, and there were no indications the mechanical lift malfunctioned.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115002	A. Building B. Wing	04/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home Wesley Woods	1819 Clifton Road, N.E. Atlanta, GA 30329

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 33548 Based on observations, review of facility recipes, and staff interviews, the facility failed to ensure that dietary staff followed recipes for preparing puree food items to avoid compromising the nutritive value and flavor. This affected 14 residents receiving a pureed diet. Findings include: Review of the undated recipe titled P. Chicken BBQ Quarter revealed the ingredients listed included with amount for serving of 20: Chicken BBQ Quarter 5 pounds, Chicken Broth 2 1/8 cup, and thickener 1 1/3 cup. Review of the undated recipe titled P. Rice [NAME] revealed the ingredients listed included amount for 48 servings: prepared white rice, vegetable broth, and thickener. During the preparation of puree food items on 4/6/2024 at 11:35 am, Dietary Cook FF was observed preparing puree BBQ chicken. He placed an unmeasured amount of steamed diced chicken into a standard blender bowl, then added an unmeasured amount of chicken broth and began to puree. Dietary Cook FF stopped the blender and added an unmeasured amount of BBQ sauce, two different times, and continued the puree process. Dietary cook FF then added an unmeasured scoop of food thickener and continued to puree. Once the puree BBQ chicken was at desired consistency, Dietary Cook FF placed it in a steam table pan and put it into the oven. During the preparation of puree rice on 4/6/2024 at 11:40 am, Dietary Cook FF was observed placing 10 heaping spoonsful of cooked rice into a standard blender bowl. He then added an unmeasured amount of hot water, the hot water added filled the blender bowl to the top. Dietary Cook FF then added an unmeasured amount of melted butter and then began to puree the rice. Once the proper consistency was achieved, he placed the rice into a steam table pan. Interview on 4/6/2024 at 11:45 am, Dietary Cook FF confirmed that he did not measure any of the food items in order to prepare the BBQ chicken or rice. Dietary Cook FF revealed that he knew how much of the ingredients to add from his experience. The cook stated that recipes for puree food items are printed with the days production sheets and available for review. The dietary cook reviewed the recipe for BBQ chicken and confirmed the ingredient amounts listed were not followed. Interview on 4/6/2024 at 11:45 am, the Dietary Manager (DM) revealed the expectation of the dietary cooks is to follow recipes for pureed food items and expects the cooks to measure the ingredients added.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115002	A. Building B. Wing	04/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home Wesley Woods	1819 Clifton Road, N.E. Atlanta, GA 30329

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 33548 Based on observations, staff interviews, and review of the facility policies, the facility failed to document receive dates on food items in the dry storage area; failed to ensure dietary staff washed hands after entering the kitchen and between touching dirty/clean dishes; failed to discard food items past the best by date; and failed to ensure dietary staff properly sanitized dishware to prevent cross contamination. There were 134 residents consuming an oral diet. Findings include: 1. Review of the policy titled Production, Purchasing, Storage - Food and Supply Storage revised 1/2024, revealed foods past the use by, sell by, best by, best by, or enjoy by date should be discarded. Date and rotate items; first in, first out and discard food past the use by or expiration date. Observation on 4/5/2024 at 9:15 am, the dry storage area revealed a shelf containing four, 32-ounce containers of Dijon mustard, two one-gallon containers of mayonnaise, one gallon container of balsamic dressing, one gallon container of BBQ sauce, and an eight-pound container of salsa all with no receive date. Continued observation revealed approximately 30 cans in the can rack all with no receive date. Interview on 4/5/2024 at 9:15 am, the Dietary Manager (DM) stated that they do not put receive dates on the dry storage food items when received. The DM stated that she did not realize that a receive date was needed and stated the dietary staff have been using the expiration date or use by date indicated on the food items. 2. Review of the policy titled Safety & Sanitation - Hand Washing revised 9/2013, revealed one of the methods to prevent food borne illness is ensuring that all team members practice good personal hygiene by washing their hands throughout the course of their workday, after using a restroom, smoking, and after handling dirty equipment or raw food products. Observation on 4/6/2024 at 8:55 am, Dietary Aide EE entered the kitchen wearing an outdoor coat. The dietary aide placed his coat in the Dietary Managers office then walked over to the dish room and started unloading clean dishes from dish rack. Dietary Aide EE did not wash his hands after entering the kitchen and before touching clean dishes. Continued observation revealed he was loading dirty dishware in dish racks, placed in the dish machine, then unloading the clean dishware, no hand washing was performed from touching dirty dishware to touching clean dishware. Interview on 4/6/2024 at 9:15 am, Dietary Aide EE confirmed that he did not wash his hands after entering the kitchen and before going into the dish room to unload clean dishes. Dietary Aide EE stated that he often works in healthcare facilities and knows that he should wash his hands after entering the kitchen. Dietary Aide EE confirmed that he touched dirty dishware and did not wash his hands before touching the clean dishes. He stated that he wanted to get started washing the dishes and overlooked washing his hands. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115002	A. Building B. Wing	04/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home Wesley Woods	1819 Clifton Road, N.E. Atlanta, GA 30329

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview on 4/6/2024 at 9:15 am, the DM stated that she expects dietary staff to wash their hands upon entering the kitchen and before starting any task. She revealed that she expects dietary staff to wash hands after touching dirty dishes and before unloading clean dishes. 3. Review of the policy titled Emergency and Disaster Procedures revised March 2016, documented to rotate emergency foods into the menu every six months. Review of the facility policy titled Production, Purchasing, Storage - Food and Supply Storage revised January 2024, revealed foods past the use by, sell by, best by, or enjoy by date should be discarded. The policy stated to date and rotate items; first in, first out. Discard food past the use by or expiration date. Observation on 4/6/2024 at 9:20 am, of the emergency food supplies revealed a case containing six large cans of Chili Con Carne, each can state a best by date of 4/2021. Continued observation revealed on the outside cardboard case of Chili Con Carne was the date 3/19/2020. Interview on 4/6/2024 at 9:20 am, the DM revealed that the emergency food supplies are rotated by the expiration date on the actual food products. The DM confirmed that the date on the outside case of the Chili Con Carne case stated 3/19/2020 and confirmed the best by date stated 4/2021 on the cans. The DM revealed that she overlooked this case of emergency food, and it should have been discarded and new case ordered to replace. 4. Review of the facility policy titled Sanitation and Infection Prevention/Control - Cleaning of Food and Non-Food Contact Surfaces revised 1/2024 - Food Contact Surfaces indicated to prevent cross-contamination, kitchenware and food contact surfaces of equipment shall be washed, rinsed, and sanitized after each use and following any interruption of operations during which time contamination may have occurred. Equipment and utensils are used for the preparation of potentially hazardous foods on a continuous or production line basis, utensils and the food contact surfaces of equipment shall be washed, rinsed, and sanitized before and after each use with potentially hazardous food at any time contamination is suspected. Observation on 4/6/2024 at 11:42 am, Dietary Cook FF after pureeing the BBQ chicken, washed the blender bowl, blade, and lid, he rinsed the items in the food prep sink and then took the items to the three-compartment sink and rinsed the items again with water using the spray hose. Dietary Cook FF then placed the blender bowl on the blender machine base and began to prepare additional puree food items. Dietary Cook FF did not sanitize the blender bowl, blade, or lid after preparing a food item and before preparing the next item. Interview on 4/6/2024 at 11:50 am, Dietary Cook FF confirmed that he rinsed the blender bowl, blade, and lid with water only, and did not sanitize the items. He revealed that he usually washes the dishware items in the three-compartment sink and did not do so because he was in a rush. Interview on 4/6/2024 at 11:50 am, the DM revealed that she expects dietary staff to properly wash the blender bowl, blade, and lid between food preparation usage, so the items are probably sanitized. The DM requested the dietary cook to discard the puree rice and properly wash the blender bowl and items.