

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555545	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2025
NAME OF PROVIDER OR SUPPLIER The Cove at LA Jolla		STREET ADDRESS, CITY, STATE, ZIP CODE 7160 Fay Avenue LA Jolla, CA 92037	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46235</p> <p>Based on observation, interview and record review, the facility failed to honor two (Resident 1, 16) of 14 sampled residents reviewed for resident rights when:</p> <ol style="list-style-type: none"> 1. The facility did not honor Resident 1's request not to have eggs for breakfast; 2. The facility did not honor Resident 16's request to have a sandwich during dialysis appointments. <p>These failures resulted in not allowing residents to make a choice regarding their care.</p> <p>Findings:</p> <p>1. Resident 1 was admitted to the facility on [DATE] with diagnoses including hemiplegia (total or partial paralysis of one side of the body) and hemiparesis (muscle weakness on one side of the body) involving unspecified cerebrovascular disease (a condition affecting blood flow and blood vessels in the brain) according to the facility's Admission Record.</p> <p>During an observation and interview on 5/13/25 at 8:43 A.M. with Resident 1, Resident 1 stated she disliked eggs but received eggs for breakfast. Resident 1 showed an omelette on the breakfast tray and a meal ticket which indicated dislikes: eggs, plain yogurt, sausage and cooked spinach.</p> <p>An interview on 5/16/25 at 7:56 A.M. was conducted with Certified Nurse Assistant (CNA) 1. CNA 1 stated when meal trays arrived, the Licensed Nurse (LN) checked the meals for the correct diet and residents' food likes and dislikes against a diet list.</p> <p>An interview on 5/16/25 at 9 A.M. was conducted with LN 1. LN 1 stated residents' meals were checked against a diet order list with the meal ticket from the kitchen then the food on the plate. LN 1 stated the meals were checked for texture, liquid consistency and the resident's food preferences.</p> <p>During an interview and concurrent record review on 5/16/25 at 9:30 A.M. with the Registered Dietician (RD), the RD stated the Dietary Manager interviewed residents for food preferences. The RD reviewed Resident 1's meal ticket which indicated dislikes for plain yogurt, sausage, eggs and cooked spinach. The RD stated it was important to know residents' food dislikes so they will not get it.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 5/16/25 at 10 A.M. with the Director of Nursing (DON) was conducted. The DON stated residents' meal trays were checked in the kitchen, then the LN compared residents' meal slips with the meal tray that was served to the resident. The DON stated it was important to check for the correct diet, texture and to ensure residents' preferences were honored.</p> <p>During a review of the facility's undated admission document titled, ATTACHMENT F, the document indicated, Patients shall have the right .to be encouraged and assisted throughout the period of stay to exercise rights as a patient .the right to .reside and receive services in the facility with reasonable accommodation of your needs and preferences.</p> <p>A review of the facility's policy and procedure (P&P) titled, Resident allergies, Preferences and Substitutes, dated 10/2024 was conducted. The P&P indicated, It is the policy of this facility to ensure resident allergies, preferences and substitutes will be adhered to .Resident food trays will be checked by the Dietary department and verified by Nursing to ensure accuracy, prior to delivery.</p> <p>2. Resident 16 was admitted to the facility on [DATE] with diagnoses including protein-calorie malnutrition (inadequate intake of nutrients to meet the body's needs) according to the facility's Admission Record.</p> <p>An interview on 5/13/25 at 8:18 A.M. was conducted with Resident 16. Resident 16 stated he had dialysis (procedure done by a trained professional to remove wastes and excess fluids from the body) appointments three times a week and the facility gave him three cups of puree food to take to dialysis. Resident 16 stated he had requested from multiple staff including the dietician to give him a sandwich, Nepro (a protein supplement) and three napkins. Resident 16 stated nobody had listened to his requests.</p> <p>An interview on 5/14/25 at 3:03 P.M. was conducted with the Registered Dietician (RD). The RD stated Resident 16 requested last week a sandwich to take to Resident 16's dialysis appointments. The RD stated she did not document Resident 16's request. The RD stated she referred Resident 16's request to the Speech Therapist who recommended to continue with puree consistency. The RD stated Resident 16's request had not been discussed with the interdisciplinary team (IDT- team members with various areas of expertise who work together toward the goals of their residents). The RD further stated Resident 16 had the right to choose what diet texture he preferred.</p> <p>During an interview on 5/15/25 at 10:20 A.M. with Resident 16, Resident 16 stated he received three cups of puree food again to take to dialysis yesterday, 5/14/25. Resident 16 stated he threw them away and only had the Nepro for lunch at dialysis.</p> <p>An interview with the Director of Nursing (DON) was conducted on 5/16/25 at 8:34 A.M. The DON stated Resident 16's request should have been addressed as soon as possible. The DON stated she would have felt frustrated if she had a request that was not addressed right away.</p> <p>During a review of the facility's undated admission document titled, ATTACHMENT F, the document indicated, Patients shall have the right .to be encouraged and assisted throughout the period of stay to exercise rights as a patient .the right to .reside and receive services in the facility with reasonable accommodation of your needs and preferences.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46235</p> <p>Based on observation, interview, and record review, the facility failed to develop and/or implement a patient centered care plan for one of 14 residents reviewed for care plan. (Resident 209)</p> <p>Cross reference F695</p> <p>This failure had the potential for Resident 209 to not receive appropriate care, treatment, and interventions for the use of a continuous positive airway pressure machine (CPAP-a machine that delivers mild air pressure through the nose to keep breathing airways open while asleep).</p> <p>Findings:</p> <p>Resident 209 was admitted to the facility on [DATE] with diagnoses including obstructive sleep apnea (OSA- a problem in which breathing pauses during sleep due to blocked airways) according to the facility's Admission Record.</p> <p>An observation and interview was conducted on 5/13/25 at 11:42 A.M. with Resident 209. Resident 209 had a white machine on the bedside drawer. Resident 209 stated the machine was a BIPAP [Bilevel positive airway pressure machine used as breathing support and administered through a face mask or nasal mask] machine. Resident 209 stated she cleaned the machine and added water to the machine when needed.</p> <p>An interview and joint record review was conducted on 5/14/25 at 8:57 A.M. with Licensed Nurse (LN) 2. LN 2 reviewed Resident 209's electronic medical record (EMR). LN 2 stated there was no care plan for a BIPAP or CPAP machine.</p> <p>During an interview and joint record review on 5/15/25 at 3:27 P.M. with the Minimum Data Set Nurse (MDSN- a nurse who assessed and evaluated the quality of care being given to residents), the MDSN stated the hospital history and physical, dated 5/10/25 indicated Resident 209 used a CPAP machine. The MDSN stated there was no care plan for the CPAP machine until 5/14/25.</p> <p>An interview on 5/16/25 at 8:26 A.M. with the Director of Nursing (DON) was conducted. The DON stated there should have been a care plan for the CPAP machine to ensure that Resident 209's condition was treated, education was provided to Resident 209 and for staff to know how to clean the machine for infection control.</p> <p>A review of the facility's policy and procedure (P&P) titled, Comprehensive Person-Centered Care Planning, dated 10/2024 was conducted. The P&P indicated, .the interdisciplinary team (IDT)[team members with various areas of expertise who work together toward the goals of their residents] shall develop a comprehensive person-centered care plan for each resident .to meet a resident's medical, nursing, mental and psychological need.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39448</p> <p>Based on observation, interview, and record review, the facility failed to ensure fall mats were placed appropriately for one of 14 sampled residents (40), and ensure loose flooring was identified for three of three hallways.</p> <p>These failures placed residents at increased risk of injury.</p> <p>Findings:</p> <p>1. Per the facility's Admission Record, Resident 40 was admitted to the facility on [DATE] with diagnosis of difficulty walking.</p> <p>Per the facility's undated Care Plan Report, Resident 40 was at risk for falls related to impaired mobility, weakness, and a history of falls. The Care Plan Report had an intervention to add floor mats to both sides of Resident 40's bed to prevent injury due to a previous fall on 4/30/25.</p> <p>On 5/15/25 at 2:59 P.M., an observation of Resident 40 and interview was conducted with Licensed Nurse (LN) 5. There was a floor mat one side of Resident 40's bed, and the floor mat on the other side of his bed was stood up against the wall. LN 5 stated, staff moved the floor mat out of the way while transferring Resident 40, but it looked like they forgot to put the fall mat back down after the transfer. LN 5 further stated, the floor mat would not have been effective while placed up against the wall instead of being on the floor.</p> <p>On 5/16/25 at 10 A.M., an interview was conducted with the Director of Nursing (DON). The DON stated, Resident 40's floor mat should have been returned to the floor next to his bed.</p> <p>Per the facility's policy titled, Fall Management System, revised June 2018, It is the policy of this facility to provide each resident with appropriate assessment and interventions to prevent falls.</p> <p>43518</p> <p>2. On 5/15/25 at 11:14 A.M., a concurrent observation of facility flooring and interview with the Director of Environmental Services (DES) was conducted. The DES confirmed flooring was loose . The DES stated that the flooring was water damaged and bubbling up in many of the hallways.</p> <p>The following areas had water damage with loose flooring:</p> <p>1. The beginning of the center hallway; four areas with three inch diameter bubbles extended upward from the floor, directly under the hand railing,</p> <p>2. Near room [ROOM NUMBER], beneath the handrail, three areas of one inch bubbles extended upward from the floor, adjacent to a recently repaired area,</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46235</p> <p>Based on observation, interview and record review, the facility failed to provide respiratory care services for one of one resident who used a continuous positive airway pressure machine (CPAP-a machine that delivers mild air pressure through the nose to keep breathing airways open while asleep) when Resident 209 used a CPAP machine but did not have a physician's order. In addition, Licensed nurses did not know how to clean the CPAP machine.</p> <p>This failure had the potential for Resident 209 to receive inappropriate care and treatment to address Resident 209's respiratory problems.</p> <p>Cross reference F656</p> <p>Findings:</p> <p>Resident 209 was admitted to the facility on [DATE] with diagnoses including obstructive sleep apnea (OSA- a problem in which breathing pauses during sleep due to blocked airways) according to the facility's Admission Record.</p> <p>An observation and interview was conducted on 5/13/25 at 11:42 A.M. with Resident 209. Resident 209 had a white machine on the bedside drawer. Resident 209 stated the machine was a BIPAP [Bilevel positive airway pressure machine used as breathing support and administered through a face mask or nasal mask] machine. Resident 209 stated she cleaned the machine and added water to the machine when needed.</p> <p>An interview and joint record review was conducted on 5/14/25 at 8:57 A.M. with Licensed Nurse (LN) 2. LN 2 reviewed Resident 209's electronic medical record (EMR). LN 2 stated there was no physician's order for a BIPAP or a CPAP machine.</p> <p>During an interview on 5/15/25 at 2:03 P.M. with LN 4, LN 4 stated she was aware that Resident 209 had a CPAP machine. LN 4 stated she needed to check with the Director of Nursing (DON) regarding the facility's policy for CPAP machine cleaning.</p> <p>During an interview on 5/15/25 at 2:23 P.M. with LN 3, LN 3 stated she did not know how to clean a CPAP machine.</p> <p>During an interview and joint record review on 5/15/25 at 3:27 P.M. with the Minimum Data Set Nurse (MDSN- a nurse who assessed and evaluated the quality of care being given to residents), the MDSN stated the hospital history and physical, dated 5/10/25 indicated Resident 209 used a CPAP machine. The MDSN stated there was no physician's order for the CPAP machine until 5/14/25.</p> <p>An interview on 5/16/25 at 8:26 A.M. with the Director of Nursing (DON) was conducted. The DON stated there should have been a physician's order for the CPAP machine to ensure that Resident 209's condition was treated, education was provided to Resident 209 and for staff to know how to clean the machine for infection control.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's undated policy and procedure (P&P) titled, CPAP/BIPAP Monitoring and Management was conducted. The P&P indicated, It is the policy of this facility that: 1. BIPAP/CPAP devices be administered as ordered by the physician for conditions such as .Sleep Apnea .Interventions are implemented to minimize risks associated with BIPAP/CPAP.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>43518</p> <p>Based on observation, interview, and record review the facility failed to ensure that palatable food was served to fifteen of fifty-one sampled residents.</p> <p>This failure had the potential to prevent residents from eating their meals and not receiving their daily nutrition.</p> <p>Cross reference F550</p> <p>Findings:</p> <p>On 5/13/25 from 7:30 A.M. to 4:30 P.M., resident interviews were conducted during the initial tour of the facility. The following represents residents' statements about food during the initial tour:</p> <p>Resident 8 stated I received cereal with no milk .the combinations are ridiculous like yesterday I got cold sausage with brussels sprouts .food is usually lukewarm, not enough food .I had two meals that I couldn't figure out what it was, it looked like fried mush, and I didn't t eat it . the orange juice is terrible, doesn't taste like orange .</p> <p>Resident 159 stated .The food is always cold, dry eggs, scrambled, and hard .</p> <p>Resident 15 stated .Food barely adequate, not very good, always cold .Canned vegetables, lettuce not fresh. Portions too big to finish .</p> <p>Resident 31 stated .Food not good, lunch and dinner are not up to expectations, always cold, not cooked very well, chicken is tough . I only eat breakfast .They don't season and tastes just plain .</p> <p>Resident 17 stated .Food cold, unhealthy, bad flavor .</p> <p>Resident 16 stated .Concerned with not sending requested sandwich for dialysis appointments .</p> <p>Resident 10 stated .Food was terrible, no flavor, bad presentation .meal ticket it did not specify what he was receiving .</p> <p>Resident 209 stated .Food content not good .seemed like food from prior day .</p> <p>Resident 210 stated .Food was unidentifiable .</p> <p>Resident 6 stated .The food was often cold .she did not always get what was on the menu .she was looking forward to getting sauerkraut, but they gave her carrots instead. She was tired of carrots because she got them every day .she was brought green beans, but could not have green beans because she was allergic .</p> <p>Resident 24 stated .The food was terrible, it was cold, and had no flavor .</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/14/25 at 10:02 A.M., a Resident Council Meeting was held with eight residents. Five of eight anonymous residents had food complaints. The complaints were as follows:</p> <p>.Pancakes like rubber .</p> <p>.Food was bad .</p> <p>.Sometimes good, sometimes not .</p> <p>.She had lost weight .</p> <p>.People do not like to eat same food for days .</p> <p>.Have been trying to get menu for weeks .</p> <p>.Did not know what to expect. At times did not know what they will receive .</p> <p>.Menu was posted in hallway .Menu was tiny and pale .postings were too tall, difficult to read .</p> <p>On 5/14/25 between 12 P.M. and 1:25 P.M. an observation of the tray line was conducted. The last tray was completed and sent out of the kitchen at 1:24 P.M. The last tray served to the last resident of the last unit was completed at 1:30 P.M.</p> <p>On 5/14/25 At 1:30 P.M., a concurrent sampling of a test tray was conducted with the Dietary Manager (DM) and Registered Dietician (RD), on 5/14/25 at 1:30 P.M.</p> <p>Temperatures and palatability were as follows:</p> <p>Milk-43 F, Juice 46 F- not tasted</p> <p>Pureed tray:</p> <p>Pureed Meatloaf-127 F, warm, bland,needed seasoning</p> <p>Mashed Potatoes- 140 F, warm, bland, needed seasoning</p> <p>Pureed Spinach Au Gratin, 126 F, warm, bland, needed seasoning, no cheese flavor</p> <p>Regular tray:</p> <p>Meatloaf 135 F, warm, bland, needed seasoning</p> <p>Spinach Au gratin, 126 F, warm, bland, needed seasoning, no cheese flavor</p> <p>The RD stated that the facility standard for hot food was to be at least 120 F, and for beverages to be lower than 45 F.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/16/25 at 10 A.M., an interview with the RD was conducted. The RD stated that the expectation for assessing residents' preferences and dislikes was to review the monthly menu with each resident, document resident's dislikes, and provide alternatives for foods that they disliked. The RD stated the importance of providing palatable food to residents was to provide adequate nutrition for nourishment of the residents during their stay and to promote healing.</p> <p>Record review of the facility policy titled FOOD PREFERENCE, dated 2023 indicated .Resident's food preferences will be adhered to within reason. Substitutes for dislike will be given from appropriate food groups. Condiments such as salt, pepper, and sugar are available at each meal unless contraindicated by the diet order .</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39448</p> <p>Based on observation, interview, and record review, the facility failed to provide residents with a diet free of food they were allergic to for one of 14 sampled residents (6).</p> <p>This failure placed Resident 6 at an increased risk of allergic reaction.</p> <p>Findings:</p> <p>Per the facility's Admission Record, Resident 6 was admitted to the facility on [DATE].</p> <p>Per the facility's Allergy Report, dated 5/15/25, Resident 6 had an allergy to Broccoli, documented on 1/19/25.</p> <p>On 5/15/25 AT 9:40 A.M., an interview was conducted with Resident 6. Resident 6 stated, a Certified Nursing Assistant (CNA) brought her broccoli on 5/14/25 at dinnertime.</p> <p>On 5/15/25 at 1:38 P.M., an interview was conducted with CNA 4. CNA 4 stated, when she brought the dinner meal tray to Resident 6 on 5/14/25, Resident 6 complained to her that there was Broccoli on her plate. CNA 4 further stated, she was supposed to check the meal tray to see if it matched her diet, but she missed that one.</p> <p>On 5/15/25 at 1:52 P.M., an interview was conducted with Licensed Nurse (LN) 5. LN 5 stated, she checked the meal trays for accuracy before the CNAs delivered them to the residents. LN 5 further stated, she checked Resident 6's dinner tray on 5/14/25, but she did not remember seeing broccoli on her tray.</p> <p>On 5/16/25 at 9:59 A.M., an interview was conducted with the Director of Nursing (DON). The DON stated, there should have been three staff checking to ensure Resident 6's diet was followed. The DON further stated, the broccoli should have been identified by the kitchen staff, the LN who checked the tray, and the CNA who delivered the tray.</p> <p>Per the facility's policy, titled Food Preferences, dated 2023, .Resident's food preferences will be adhered to within reason .</p> <p>Per the facility's policy titled, Resident allergies, Preferences and Substitutes, reviewed 10/24, Resident food trays will be checked by the Dietary department and verified by Nursing, to ensure accuracy, prior to delivery.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555545	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2025
NAME OF PROVIDER OR SUPPLIER The Cove at LA Jolla		STREET ADDRESS, CITY, STATE, ZIP CODE 7160 Fay Avenue LA Jolla, CA 92037	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43518</p> <p>Based on observation, interview and record review the facility failed to ensure that one kitchen staff wore a beard restraint during breakfast tray line.</p> <p>This failure had the potential to contaminate all residents' food with staff's facial hair and promote foodborne illness.</p> <p>Findings:</p> <p>On 5/13/25 at 7:45 A.M., an observation of the breakfast tray line and an interview with the Dietary Supervisor (DS) was conducted. The DS was observed with an uncovered beard and mustache plating breakfast food. The DS stated that the policy was that he could serve food without a beard restraint if the beard and mustache were trimmed and groomed. The Registered Dietician(RD) was asked to review policy for facial hair for kitchen staff.</p> <p>Record review of the facility policy titled DRESS CODE, dated 2023, indicated that .8. If applicable, beards and mustaches (any facial hair) must wear beard restraint .</p> <p>On 5/16/25 at 10 A.M., an interview with the Registered Dietician (RD) was conducted. The RD stated that the expectation was for any staff with facial hair needed to cover it with beard restraint. The RD stated that the importance of covering facial hair was to prevent contamination of residents' food from staff facial hair.</p>		