



DEPARTMENT OF VETERANS AFFAIRS  
WASHINGTON DC 20420

December 23, 2015

The Honorable Carolyn N. Lerner  
Special Counsel  
U.S. Office of Special Counsel  
1730 M Street, NW, Suite 300  
Washington, DC 20036

RE: OSC File No. DI-15-1941

Dear Ms. Lerner:

I am responding to your letter regarding allegations made by a whistleblower at the Department of Veterans Affairs (VA) Medical Center in Washington, DC (the Medical Center). The whistleblower alleged that employees within the Nutrition and Food Services Program have engaged in actions that constitute a violation of law, VA directives, and a substantial and specific danger to public health. The Secretary has delegated to me the authority to sign the enclosed report and take any actions deemed necessary as referenced in 5 United States Code § 1213(d)(5).

The Under Secretary for Health directed the Office of the Medical Inspector to assemble and lead a VA team to conduct an investigation. The VA team substantiated some, but not all, of the allegations and found violations of VA and VHA policy, and notes that a substantial and specific danger to public health and safety exists at the Medical Center. The report makes 20 recommendations to the Medical Center and 1 to VHA. I have directed the Medical Center Director and VHA to carry out the recommended actions. We will send your office follow-up information describing actions that have been taken by the Medical Center and other entities to implement these recommendations.

Thank you for the opportunity to respond.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert L. Nabors II".

Robert L. Nabors II  
Chief of Staff

Enclosure

**DEPARTMENT OF VETERANS AFFAIRS  
Washington, DC**

**Report to the  
Office of Special Counsel  
OSC File Number DI-15-1941**

**Department of Veterans Affairs  
VA Medical Center  
Washington, District of Columbia**



**Report Date: December 11, 2015**

**TRIM 2015-D-5469**

## Executive Summary

The Under Secretary for Health (USH) requested that the Office of the Medical Inspector (OMI) assemble and lead a Department of Veterans Affairs (VA) team to investigate allegations lodged with the Office of Special Counsel (OSC) concerning the VA Medical Center (hereafter, the Medical Center), located in Washington, District of Columbia. **Whistleblower** (hereafter, the whistleblower), who consented to the release of his name, alleged that employees within the Nutrition and Food Services Program (NFS), have engaged in actions that may constitute a violation of law, rule, or regulation; gross mismanagement; and a substantial and specific danger to public health and safety. The VA team conducted an unannounced site visit to the Medical Center on September 14–17, 2015.

### Specific Allegations of the Whistleblower

1. NFS employees fail to properly sanitize and clean equipment and work areas;
2. NFS employees do not properly inspect, label, and store food items;
3. Food service workers do not comply with sanitation and personal hygiene requirements;
4. NFS management at the DCVAMC failed to maintain a written food safety plan with policies and standard operating procedures; and
5. NFS management has not taken appropriate action to ensure employee compliance with sanitation standards despite reports that violations were regularly occurring.

VA **substantiated allegations** when the facts and findings supported that the alleged events or actions took place and **did not substantiate allegations** when the facts and findings showed the allegations were unfounded. VA was **not able to substantiate allegations** when the available evidence was not sufficient to support conclusions with reasonable certainty about whether the alleged event or action took place.

After careful review of findings, VA makes the following conclusions and recommendations.

### Conclusions for Allegation 1

- VA **substantiates** a lack of general cleanliness in the main food preparation area. During our initial visit, we observed a floor drain near the ovens that was rusty and had dried food particles in it and an accumulation of dust in overhead light fixtures, as well as light fixture covers that were missing or broken. VA also substantiates that enclosed areas, such as between ovens, were not regularly cleaned and that floors were found to be dirty in areas behind equipment, and in corners and next to walls.
- VA **did not substantiate** that NFS has a substantial mouse problem. Staff members said that in the past, there had been an issue with this, but that the problem subsided after construction was completed several years ago. We

observed no mice or mouse droppings. However, we did find evidence of an active cockroach infestation.

- **VA did not substantiate** that range hood filters were extremely dirty and created a fire safety hazard. We observed that the hoods were clean. We noted that the hood had recently been inspected and that a contract for quarterly cleaning was in place.
- **VA did not substantiate** that pots, pans, and drying racks were not adequately cleaned and sanitized. We inspected numerous pots and pans and found no encrusted grease deposits or other food debris.

### **Recommendations to the Medical Center**

1. Review and update the NFS staffing plan and responsibilities, including comparison to similarly sized medical centers. Establish a priority for hires within NFS and present the plan to Medical Center leadership.
2. Supervisors must ensure that staff members are aware of their daily responsibilities at the beginning of each work day and inspect and verify that staff members have completed their tasks by the end of the work day.
3. Establish and plan a monthly training calendar to review opportunities for improvement within the service.
4. Establish a Memorandum of Understanding between Environmental Management Services (EMS) and NFS to assign responsibilities and assist NFS with maintaining safe and sanitary conditions, as is standard practice in other VA medical centers.
5. Ensure coordination of efforts between EMS, Facilities Management, and NFS for eradication of pests.
6. Appoint a member of Environment of Care to complete ServSafe training to gain greater familiarity with food service sanitation and safety standards.
7. Chief NFS will submit a report to the NFS Program Office that all recommendations to the Medical Center have been completed prior to the 6-month follow-up period.

### **Recommendation to the Veterans Health Administration (VHA)**

1. The NFS Program Office identifies field based subject matter expert(s) and conducts an unannounced a site visit to the Medical Center within the next 6 months and coordinates follow-up visits, as needed. Confirm the Chief, NFS and Administrative Section Chief are participating in VHA NFS Mentoring program and are familiar with national educational resources for department leadership and line staff on NFS intranet and SharePoint sites.

## **Conclusion for Allegation 2**

VA **substantiates** that NFS employees do not inspect, label, or store food properly. Our inspection revealed food debris in some storage bins; open, undated packages of frozen meat; and spoiled produce. We found labels on some foods that were left over to be prepared for later use, but the practice was not consistent, and we found confusion among the staff members regarding the dates on the stickers. We also found the dating practice to be inconsistent in the Inventory Control Unit area.

## **Recommendations to the Medical Center**

8. Educate NFS staff on proper labeling procedures to include expiration dates and first in first out (FIFO) practice.
9. Either provide additional staff or reallocate existing staff (i.e., as a supervisory collateral duty, to provide coverage to the Inventory Control Unit on the weekend and upon receipt of shipments during the week.
10. Educate the Inventory Control Unit staff and all production staff as well on the FIFO policy and contact another facility within the Veterans Integrated Service Network (VISN) to learn best practices.
11. Have Human Resources (HR) conduct a bench audit of the Inventory Control Unit process that includes: purchasing, receiving, ingredient control, and inventory accounting.

## **Conclusions for Allegation 3**

- VA **substantiates** that staff members were not in compliance with VHA Handbook 1109.04 by failing to wear beard restraints and to remove jewelry, wrist watches in particular, in the food preparation area.
- VA **did not substantiate** that employees did not comply with personal hygiene requirements. VA did not observe any unkempt, unsanitary, or unhygienic employees.

## **Recommendations to the Medical Center**

12. Ensure NFS Memorandum, *Uniforms, Grooming, Personal Hygiene* complies with VHA Handbook 1109.04 paragraph 26.a.(4).
13. Review NFS Memorandum *Uniforms, Grooming, Personal Hygiene* with all staff members and ensure each employee acknowledges the training. Educate and reinforce the importance of appropriate hygiene in the workplace, in particular the food preparation area. Take appropriate action against employees who are not in

compliance, as well as supervisors who fail to comply, acknowledge, and take follow-up actions.

14. Make beard guards and hairnets readily available at all points of entry to the kitchen and food preparation areas and ensure that staff members wear them appropriately.

#### **Conclusions for Allegation 4**

- **VA did not substantiate** that the NFS lacks food safety policies. NFS has a full range of policies.
- **VA did not substantiate** the lack of a Hazard Analysis Critical Control Point (HACCP) plan. However, the current HACCP plan does not meet all of the requirements as outlined in VHA Handbook 1109.04 paragraph 15.b.
- **VA substantiates** the lack of record keeping related to training.

#### **Recommendations to the Medical Center**

15. Review the guidelines and requirements and establish an HACCP plan for NFS that meets all the standards of VHA Handbook 1109.04.
16. Create a SharePoint site for NFS staff to review the training calendar and seek feedback from staff members as to the most frequent training deficits to encourage full staff participation.
17. Reinforce training requirements for all NFS staff on food safety and preparation, and utilize the Talent Management System (TMS) to maintain a training log and record all training activities.
18. Ensure NFS policies and procedures and the HACCP plan are readily available to staff.
19. Implement a goal to ensure that all NFS supervisors become SafeServ certified.

#### **Conclusion for Allegation 5**

- **VA did not substantiate** that NFS management has not taken appropriate action to ensure employee compliance with sanitation standards despite reports that violations were regularly occurring.

#### **Recommendation to the Medical Center**

20. Recruit and fill current vacancies within NFS, specifically, the Assistant Chief.

## **Summary Statement**

OMI has developed this report in consultation with other VHA and VA offices to address OSC's concerns that the Medical Center may have violated law, rule or regulation, engaged in gross mismanagement and abuse of authority, or created a substantial and specific danger to public health and safety. In particular, the Office of General Counsel (OGC) has provided a legal review, VHA HR has examined personnel issues to establish accountability, and the Office of Accountability Review (OAR) has reviewed the report and has or will address potential senior leadership accountability. VA found violations of VA and VHA policy, and notes that a substantial and specific danger to public health and safety exists at the Medical Center.

## Table of Contents

Executive Summary.....	ii
I. Introduction.....	1
II. Facility and VISN Profile.....	1
III. Specific Allegations of the Whistleblower .....	1
IV. Conduct of Investigation.....	1
V. Findings, Conclusions, and Recommendations.....	4
Attachment A.....	16
Attachment B.....	<u>19</u>
Attachment C.....	20
Attachment D.....	<u>21</u>
Attachment E.....	<u>23</u>

## I. Introduction

The USH requested that OMI assemble and lead a VA team to investigate allegations lodged with OSC concerning the VA Medical Center located in Washington, District of Columbia. The whistleblower, **Whistleblower** who consented to the release of his name, alleged that employees within NFS have engaged in actions that may constitute a violation of law, rule, or regulation; gross mismanagement; and a substantial and specific danger to public health and safety. The VA team conducted an unannounced site visit to the Medical Center on September 14–17, 2015.

## II. Facility Profile

The Medical Center, part of VISN 5, consists of the main hospital and five community-based outpatient clinics (CBOC). It is a tertiary care, complexity level 1B hospital, providing comprehensive primary and specialty care in medicine, surgery, neurology and psychiatry. It has 175 acute care beds, 30 Psychosocial Residential Rehabilitation Treatment (PRRTP) beds, an adjacent 120-bed Community Living Center (CLC), a 20-suite Fisher House, and a full-service Women's Health Clinic equipped with digital mammography and gynecological care. The Medical Center also provides geriatric long-term care, hospice, and palliative care. It maintained an average daily census of 217, had a 74 percent occupancy rate, treated 733,512 outpatient visits, and served over 80,000 enrolled Veterans during fiscal year (FY) 2014.

## III. Specific Allegations of the Whistleblower

1. NFS employees fail to properly sanitize and clean equipment and work areas;
2. NFS employees do not properly inspect, label, and store food items;
3. Food service workers do not comply with sanitation and personal hygiene requirements;
4. NFS management at the DCVAMC failed to maintain a written food safety plan with policies and standard operating procedures; and
5. NFS management has not taken appropriate action to ensure employee compliance with sanitation standards despite reports that violations were regularly occurring.

## IV. Conduct of Investigation

The VA team conducting the investigation consisted of **Team Member** MD, Interim Medical Inspector and **Team Member 2** RN, Clinical Program Manager, both of OMI; **Team** **Team** BA, Registered Dietitian (RD), Quality Management Coordinator from VISN 3 Commissary in Nutrition and Food Services; and **Team Member 4** HR Specialist, Hampton, Virginia VA Medical Center. We reviewed relevant policies, procedures, professional standards, reports, memorandums, and other documents listed in Attachment A. During our unannounced visit, we toured the Medical Center's main kitchen three times and the CLC's kitchen twice. We also held entrance and exit briefings with Medical Center and VISN Leadership.

We interviewed the whistleblower and his attorney via teleconference on September 9, 2015. We also interviewed the following Medical Center employees:

- Employee 1 Associate Medical Center Director
- Employee 2 RN, Chief Nurse Executive
- Employee 3 Assistant Medical Center Director
- Employee 4 Chief NFS
- Employee 5 NFS Production Services Manager
- Employee 6 Nurse Manager, CLC
- Employee 7 Quality Manager
- Employee 8 Patient Safety Manager
- Employee 9 Cook Supervisor
- Employee 10 Cook
- Employee Cook
- Employee 12 Food Service Worker (FSW) Supervisor
- Employee 13 FSW Supervisor
- Employee 14 FSW Supervisor
- Employee 15 FSW
- Employee 16 FSW, CLC
- Employee 17 FSW
- Employee 18 FSW (Diet Communication Office)
- Employee 19 Dietician
- Employee 20 Dietician
- Employee 21 Infection Control Physician
- Employee 22 Infection Control Nurse
- Employee 23 Chief, EMS
- Employee 24 EMS Supervisor
- Employee 25 EMS
- Employee 26 Pest control Supervisor
- Employee 27 Chief Facilities Management Service
- Employee 28 Safety and Occupational Health Specialist.

## Background

### *Nutrition and Food Service Organization*

The Medical Center's NFS prepares and serves daily meals to Veterans in the acute care hospital and in the CLC from 7:00 a.m. to 7:00 p.m., 7 days weekly. Meals are prepared in the main food preparation area in the hospital and a smaller one in the CLC. The service is staffed by a Chief, a Registered Dietitian (RD), and consists of two divisions: 1) a Clinical Nutrition division, consisting of clinical dietitians and technicians who provide dietary consultation and nutrition counseling to patients; and 2) a Food Production and Service division led by an administrative dietitian and consisting of food service supervisors, cooks, and FSWs who assemble food trays and deliver them to

inpatient rooms and the CLC resident dining area. Food service supervisors provide the first level supervision of employees performing food service tasks.

### *Food Safety Program Guidance*

VHA Handbook 1109.04, *Food Service Management Program*, October 11, 2013, is based on the Food and Drug Administration (FDA) Food Code 2009 and Supplement to the FDA Food Code. It identifies general sanitation guidelines that all NFS personnel are required to follow. The ServSafe Manager manual, produced by the National Restaurant Association Education Foundation, provides additional guidance as well, concerning food safety.<sup>1</sup> VHA Handbook 1109.04 outlines the requirement for VA facilities to institute a Food Safety Plan:

Serving safe food is vital to all facilities serving highly susceptible populations. All NFS and other entities providing food service to patients and residents must have an effective and proactive food safety plan and/or program based on preventing food safety hazards before they occur. All foods must be purchased from suppliers in compliance with all federal, state, and local laws. There must be a food safety plan providing policy, standard operation procedures regarding safety, sanitation, procurement, storage, preparation, handling and service of all foods according to the Food and Drug Administration (FDA) Food Code.

HACCP is a preventive management system of control procedures and training in which food safety is addressed through the analysis and control of biological, chemical, and physical hazards from raw material production, procurement, and handling, to manufacturing, distribution, and consumption of the finished product.<sup>2</sup> It identifies food hazards and then establishes critical control points, monitors food processing, and measures food temperatures to ensure that critical limits are met. It is implemented based on local guidelines, the FDA Food Code, and The Joint Commission Standards. According to VHA Handbook 1109.04, having knowledge of the HACCP principles and other preventive actions to protect patients from food-borne illnesses is one of the responsibilities of the Chief, NFS. This plan is also to be evaluated on an annual basis for effectiveness and compliance.

---

<sup>1</sup> The program blends the latest FDA Food Code, food safety research and years of food sanitation training experience. Copyright 2015© National Restaurant Association Educational Foundation.  
<http://www.servsafe.com/manager/food-safety-training-and-certification>

<sup>2</sup> U.S. Food and Drug Administration. <http://www.fda.gov/Food/GuidanceRegulation/HACCP/default.htm>

## V. Findings, Conclusions, and Recommendations

### Allegation 1

**NFS employees fail to properly sanitize and clean equipment and work areas.**

#### Background

VHA Handbook 1109.04 and the ServSafe Manager manual both address the importance of food sanitation.

#### **VHA Handbook 1109.04 (paragraph 26.a. (1)):**

All NFS areas are maintained in a clean, safe and orderly working environment. A comprehensive sanitation program must be established that assures procedures for cleaning and sanitizing equipment and work areas. The food service areas must be cleaned routinely to maintain sanitation. Cleaning must be done during periods when the least amount of food is exposed. This requirement does not apply to cleaning that is necessary due to a spill or other accident. Working surfaces, utensils, equipment, and other food-contact surfaces are thoroughly cleaned and sanitized after each period of use or at 4-hour intervals, if the utensil or equipment is in constant use. The food contact surfaces of cooking equipment and pans must be kept free of encrusted grease deposits and other soil accumulations.

#### **VHA Handbook 1109.04 (paragraph 26.f) Pest Control:**

- (1) The presence of insects, rodents and other pests needs to be controlled and minimized by routinely inspecting incoming shipments of food and supplies, routine departmental inspections, and eliminating pest harborage conditions. *NOTE: Shelf and drawer liners and paper displayed on walls serves as harborage for pests and is not recommended.*
- (2) Packing cases within the kitchen area need to be kept to a minimum. Foods need to be unpacked to the extent possible prior to shelving.
- (3) Additional measures include:
  - (a) Sealing all cracks in floors and walls to prevent any pests from entering;
  - (b) Repairing gaps and cracks in doorframes and thresholds; and
  - (c) Inspecting behind refrigerators, freezer, stoves, sinks, and floor drains for signs of pests during daily walk through by a designated nutrition and food service employee.

## **ServSafe Manual (9.11 Pest Management):**

Rodents, insects, and other pests are more than unsightly to customers. They can damage food, supplies and facilities. But the greatest danger comes from their ability to spread diseases, including foodborne illnesses. Pest prevention is critical and three basic rules are to be followed in order to keep the operation pest free.

- a. deny pests access to the operation
- b. deny pests food, water and shelter
- c. work with a licensed pest control operator (PCO)

## **Findings**

Each NFS staff member is given daily and weekly cleaning assignments. Supervisors explained that responsibility for cleaning work areas is rotated among employees. Cooks are responsible for the food preparation areas, including preparation tables, grills, stoves, ovens, etc. FSWs are responsible for the tray line (where food is plated), carts used to transport food, utensils, and cooking devices such as pots and pans. Both cook supervisors and FSW supervisors asserted that they hold staff accountable for their actions (or lack thereof) when it comes to cleaning duties.

### *Pots, Pans, and Drying Racks*

We conducted an initial unannounced walkthrough of the main kitchen on the first day of our site visit. We observed staff members working diligently and cleaning up as they were done with food items. We found the washing area to be unorganized, as we could not distinguish between equipment that was in operation from that which was inoperable. However, we did find that pots, pans, and utensils were drying on the drying rack. The drying racks were clean and free of grease.

During a second walkthrough the following day, we inspected several of the same pots, pans, and utensils seen the day before as well as newly-washed items. We did not notice any buildup of grease nor did we observe any food debris. Several cooks stated during subsequent interviews that they occasionally identify pots, pans, or utensils that are not cleaned as thoroughly as they would like. When this occurs, they clean the item immediately themselves or send it back to be cleaned. The cooks did not take this to be of concern and several stated, "No one is perfect." Supervisors also stated that they check the cleanliness of pots and pans and that they have to check continually to ensure that FSWs are cleaning their work areas.

### *Food Transportation Carts*

We inspected transportation carts waiting to be cleaned after food delivery. Other than recent normal spillage, we did not observe any buildup of spillage or food debris on

them. We did not observe old dried food in any carts in operation. We noticed an old transportation cart not in operation and a tray lowerator that had old, dried food on it.<sup>3</sup>

### *General Cleanliness*

During our initial kitchen walkthrough, we observed some areas between and behind several ovens that were not dusted and were greasy. We identified dirty floors in areas behind equipment, in corners, and along walls. We observed no mice or mouse droppings but saw cockroaches crawling near a floor drain as well as roach traps containing several roaches.

Unlike other areas of the Medical Center that rely on EMS for sweeping and mopping floors, NFS is responsible for its own area, including trash disposal. We noted areas alongside and behind heavy equipment (such as refrigerators) that had not been mopped or swept. In subsequent interviews, NFS employees indicated that EMS is contacted when there is a need for a deep clean of the kitchen area. However, some EMS staff members stated that staffing shortages make it increasingly difficult to dedicate staff to extraordinary activities, such as deep cleans.

The EMS Chief, who at the time of the interview had been there for 8 months, told us that at his previous facility, he had established a memorandum of understanding (MOU) with NFS in order for his staff to take care of the floors, vents, drains, and walls in the evening, and suggested creating a similar MOU between EMS and NFS at the Medical Center.

### *Pest Control*

Most if not all staff members stated that the pest control officer makes daily walkthroughs of the kitchen. The pest control supervisor told us that there is contracted coverage until the evening. If certain materials need to be placed after food preparation (for instance, insecticide gel for roaches), the contract pest control officer does it during times when food is not in preparation.

Many employees mentioned that mice were a general problem throughout the facility, but none mentioned mice specifically in the food service areas. Several of them informed us that there had been an issue several years ago during construction of the loading dock and CLC area. One employee said that it “was kind of like the Wild Kingdom for a minute.” After the construction project was completed, the problem subsided. The Nurse Executive, CLC Nurse Manager, the Infection Control Physician, and Infection Control Nurse all stated that there have never been cases or outbreaks of food-borne illnesses at the facility.

VA reviewed previous pest control logs and forms. When staff members see an issue, they call pest control, and the form is completed by pest control staff with the date and

---

<sup>3</sup> A tray lowerator is a self-leveling carrier mechanism to dispense cups, glasses or trays in a serving line or at a beverage service point.

type of pest. In the logs for August 5–6 and September 2, 2015, the presence of mice was noted in administrative and business office areas but not within NFS.

### *Range Hoods*

Employees explained that the range hoods are cleaned by a contractor, and several individuals indicated that there had been a relatively recent change to the contract (Attachment B). During our tour, we observed an inspection sticker on the range hood that had a date of August 1, 2015, to November 1, 2015 (Attachment C). According to the contract statement of work dated September 10, 2015, all work for the kitchen grease hoods is to be completed after kitchen operations have been secured. This would explain why most of the kitchen staff could not recall seeing someone actually cleaning the hoods (Attachment D). We observed that the hoods were clean.

### **Conclusions for Allegation 1**

- **VA substantiates** a lack of general cleanliness in the main food preparation area. During our initial visit, we observed a floor drain near the ovens that was rusty and had dried food particles in it and an accumulation of dust in overhead light fixtures, as well as light fixture covers that were missing or broken. VA also substantiates that enclosed areas, such as between ovens, were not regularly cleaned and that floors were found to be dirty in areas behind equipment, and in corners and next to walls.
- **VA did not substantiate** that NFS has a substantial mouse problem. We observed no mice or mouse droppings. Staff members said that in the past there had been an issue with this, but that the problem subsided after construction was completed several years ago. However, we did find evidence of an active cockroach infestation.
- **VA did not substantiate** that range hood filters were extremely dirty and created a fire safety hazard. We observed that the hoods were clean. We noted that the hood had recently been inspected and that a contract for quarterly cleaning was in place.
- **VA did not substantiate** that pots, pans, and drying racks were not adequately cleaned and sanitized. We inspected numerous pots and pans and found no encrusted grease deposits or other food debris.

### **Recommendations to the Medical Center**

1. Review and update the NFS staffing plan and responsibilities, including comparison to similarly sized medical centers. Establish a priority for hires within NFS and present the plan to Medical Center leadership.

2. Supervisors must ensure that staff members are aware of their daily responsibilities at the beginning of each work day and inspect and verify that staff members have completed their tasks by the end of the work day.
3. Establish and plan a monthly training calendar to review opportunities for improvement within the service.
4. Establish an MOU between EMS and NFS to assign responsibilities and assist NFS with maintaining safe and sanitary conditions, as is standard practice in other VA Medical Centers.
5. Ensure coordination of efforts between EMS, Facilities Management, and NFS for eradication of pests.
6. Appoint a member of Environment of Care to complete ServSafe training to gain greater familiarity with food service sanitation and safety standards.
7. Chief NFS will submit a report to NFS Program Office that all recommendations to the Medical Center have been completed prior to the 6 month follow-up period.

#### **Recommendation to VHA**

1. The NFS Program Office identifies field based subject matter expert(s) and conducts an unannounced site visit to the Medical Center within the next 6 months and coordinate follow-up visits as needed. Confirm the Chief, NFS and Administrative Section Chief are participating in VHA NFS Mentoring program and are familiar with national educational resources for department leadership and line staff on NFS intranet and SharePoint sites.

#### **Allegation 2**

**NFS employees do not properly inspect, label, and store food items.**

#### **Background**

##### **VHA Handbook 1109.04 (paragraphs 19 and 20) Storage and Food Production:**

Paragraphs 19 and 20 of VHA Handbook 1109.04 provide detailed guidance and requirements for food storage and preparation. Examples of this guidance include: Items, food and other, in storage need to be identified with a use by and/or date of receipt/preparation. The FIFO method of storage will be used to maintain freshness. Products will not be kept/used beyond their expiration date. They will be stored 6" off the floor or 18" below the sprinkler heads. Dry storage should be well ventilated and pest free. Refrigerated foods are stored in monitored refrigerators at 41 degrees or less. Leftovers, those foods that have been served but have not left the kitchen will be stored in labeled containers and used within 24 hours. Leftovers such as ground, minced, or diced foods must not be used.

## **Findings**

During our initial walkthrough of the kitchen, we observed labeled trays in the food preparation area. Although the products were labeled, we noted that the food was wrapped in clear plastic and the labels did not include expiration dates. During our Monday, September 14, 2015, visit, we noticed a container of food that had a Wednesday sticker on it. When we questioned staff members about the labeling conventions, they responded that food is labeled with a decal or sticker indicating the day the food was made, what the food items are, and the date by which they need to be consumed or discarded. (The labeled food we observed was in a refrigerator and was awaiting future and not same-day usage.) Each cook was able to describe his or her practice for handling leftovers: leftovers must be used within 24 hours if the temperature of the food was within standard. If not, the food is to be discarded.

The whistleblower asserted that NFS employees failed to properly inspect and/or store bread deliveries. All interviewed staff stated that there had been a problem with bread delivery in the past: the contractor sometimes delivered moldy bread. The Chief of Nutrition stated this was a major concern for the service and that she worked with contracting to secure a new bread contract that went into effect January 2015. (Attachment E)

The whistleblower told us that a patient had been given moldy bread. VA reviewed TruthPoint surveys but found no evidence of such an event. The Nurse Executive, CLC Nurse Manager, the Infection Control Physician, and Infection Control Nurse all reported that there have been no cases of food-borne illnesses attributable to NFS.

## **Food Storage**

We found the storage of items to be confusing. There was no separation of items in particular in the freezer. We did note that in one dry storage area, some shelves were labeled with product names or categories (e.g., pasta), but other shelves were not labeled at all. VA observed various dry goods, such as corn starch, grits, and pasta, were stored in plastic bins that contained residual food debris, such as spilled flour; we could not determine whether the debris was from the present food, or food that had been stored in the past. We found an expired jar of peanut butter that had been removed from its carton. We observed that some cans and jars had written expiration dates while others did not, and some soon-to-expire items were in the far back of shelves instead of having been rotated forward according to FIFO procedures.

During our walk-through of a freezer, we noted an open package of frozen chicken breasts, which had been exposed to cold temperatures, and an unlabeled container of food. We also observed spoiled fruit and moldy vegetables in a produce storage area.

We interviewed the Inventory Control Unit specialist who stated that only he and the cooks are permitted in food storage areas, and that other FSWs are restricted from

entering them. He is primarily responsible for obtaining ingredients needed to prepare meals on weekdays, but on weekends, cooks pull their own ingredients and “sometimes leave a mess.” The Inventory Control Unit specialist indicated that ordering and receiving shipments take a long time, as he needs to inspect goods before accepting them. He also does a manual inventory monthly, which takes a couple of hours. During these times, some of the cooks do not wait for him to pull food and do it themselves, and it is up to him to tidy the area.

In response to our query about any recent issues with suppliers, he replied that on the latest shipment, he had had a problem with cans of diced tomatoes. He noticed a defective can in the box and immediately called the supplier to arrange for a replacement.

### **Conclusion for Allegation 2**

VA **substantiates** that NFS employees do not inspect, label, or store food properly. Our inspection revealed food debris in some storage bins; open, undated packages of frozen meat; and spoiled produce. We found labels on some foods that were left over to be prepared for later use, but the practice was not consistent, and we found confusion among the staff members regarding the dates on the stickers. We also found the dating practice to be inconsistent in the Inventory Control Unit area.

### **Recommendations to the Medical Center**

8. Educate NFS staff on proper labeling procedures to include expiration dates and FIFO practice.
9. Either provide additional staff or reallocate existing staff, i.e., as a supervisory collateral duty, to provide coverage to the Inventory Control Unit on weekends and upon receipt of shipments during the week.
10. Educate the Inventory Control Unit staff and all production staff on the FIFO policy. Arrange to contact another facility within the VISN to share best practices.
11. Have HR conduct a bench audit of the Inventory Control Unit process that includes: purchasing, receiving, ingredient control and inventory accounting.

### **Allegation 3**

**Food service workers do not comply with sanitation and personal hygiene requirements.**

## **Background**

### **VHA Handbook 1109.04 (paragraph 26.a.(4)):**

NFS employees are responsible for their own personal hygiene. Personal hygiene includes: hand washing, fingernails maintenance, proper practice with respect to jewelry, wear of hair restraints, wear of proper uniforms, grooming to standard, and proper wear of aprons.

**Paragraph 26 a. (4)(c) of the Handbook states:** "Jewelry can harbor microorganisms and may pose a safety hazard around equipment. Rings, (except for plain bands), bracelets (including medical information jewelry), watches, earrings, necklaces, and facial jewelry (such as nose rings, tongue piercings, etc.) must be removed. Necklaces, including medical information, must be secured underneath the uniform."

### **ServSafe Manual (3.4 A Good Personal Hygiene Program):**

To keep food handlers from contaminating food, your operation needs a good personal hygiene program. A good personal hygiene program also helps everyone feel confident in the cleanliness of the business. As a manager, you must make sure this program succeeds. You must create and support policies that address the following areas:

- A. Hand practices: handwashing, hand care, glove use, preventing bare-hand contact with ready-to-eat food
- B. Personal cleanliness
- C. Clothing, hair restraints, and jewelry

Food handlers must also avoid certain habits and actions, maintain good health, cover wounds, and report illnesses.

Managing a Personal Hygiene Program includes:

- A. Creating personal hygiene policies.
- B. Training food handlers on those policies and re-training them regularly.
- C. Modeling the correct behavior at all times.
- D. Supervising food safety practices at all times.
- E. Revising personal hygiene policies when laws or science change.

## **Findings**

During our initial visit to the NFS kitchen, we were provided hair nets upon entry. However, we saw no provision for beard restraints and observed some employees in the kitchen and at the tray lines without beard guards. Others were wearing beard guards incorrectly, with the edge of the guard below the lower lip rather than covering the mustache. A VA team member with a mustache toured the facility without being asked by NFS staff to put on a beard guard.

We observed women wearing large, dangling earrings beyond what is suitable on a food production/service area. We also observed some employees wearing necklaces.

In the CLC kitchen, we saw staff members wearing watches underneath their gloves and male staff members without beard restraints, in violation of VHA Handbook 1109.04 paragraph 26.a. (4), c & d. We did not see any FSWs in unclean uniforms, nor did we observe any employee with a strong body odor, overly powerful sprays, or colognes. All of the supervisors stated that if their employees come to work with either uniform or personal hygiene deficiencies, the supervisor orders them to go to the locker room to change uniform or shower. The CLC Nurse Manager told us that it has been quite some time since she was aware of any problems with NFS staff in her area; she has not noticed any hygiene or uniform issues with them. During our visit to the CLC, we noticed positive interactions with patients by both NFS and regular staff. They worked together to assist patients with their trays and with additional drinks and food, as requested.

### **Conclusions for Allegation 3**

- **VA substantiates** that staff members were not in compliance with VHA Handbook 1109.04 by failing to wear beard restraints and to remove jewelry (earrings and wrist watches in particular) in the food preparation area.
- **VA did not substantiate** that employees did not comply with personal hygiene requirements. VA did not observe any unkempt, unsanitary, or unhygienic employees.

### **Recommendations to the Medical Center**

12. Ensure NFS Nutrition and Food Service Memorandum, *Uniforms, Grooming, Personal Hygiene* complies with VHA Handbook 1109.04 paragraph 26.a.(4).
13. Review NFS Memorandum *Uniform, Grooming, Personal Hygiene* with all staff members and ensure each employee acknowledges the training. Educate and reinforce the importance of appropriate hygiene in the workplace, in particular the food preparation area. Take appropriate action against employees who are not in compliance as well as supervisors who fail to comply, acknowledge, and take follow-up actions.
14. Make beard guards and haimets readily available at all points of entry to the kitchen and food preparation areas and ensure that staff members wear them appropriately.

### **Allegation 4**

**NFS management at the DCVAMC failed to maintain a written food safety plan with policies and standard operating procedures.**

## Background

**VHA Handbook 1109.04 (paragraph 15.a.) Food Safety Plan:** Serving safe food is vital to all facilities providing care to a highly susceptible population. All NFS Programs, and any other entity (such as Voluntary Service, Recreation Service, Canteen Service or any other group outside of the medical facility) providing any type of food service to patients and residents must have an effective, proactive food safety plan and/or program based on preventing food safety hazards before they occur. Foods purchased by groups not affiliated with NFS must be purchased from vendors meeting all local, state, and Federal guidelines, as applicable. The food safety plan must provide guidance, policies, and standard operating procedures regarding safety, sanitation, procurement, storage, preparation, handling, and service of all food according to the current FDA Food Code. Families wishing to bring in special items for Veterans that are sensitive to time and temperature control such as soups, casseroles, etc. should be encouraged only to bring in one portion of the item which can be consumed immediately. Any leftover should be in a sealed, disposable container with the Veteran's name, date, room number, and contents. Any leftovers not consumed within 24 hours that require time and temperature control will be discarded.

## Findings

Cooks and cook supervisors all affirmed that they cook their meals to temperature, and they were able to say when asked what the temperature of a certain meal should be. FSW Supervisors state that they monitor temperatures constantly to ensure that food is properly prepared. We reviewed temperature logs and found appropriate annotation of recordings.

The current Chief, NFS, became Acting Chief in March 2014 and became Chief at the end of July 2014. Ten NFS staff members have become ServSafe certified since that time.<sup>4</sup> The Cook Supervisor and four FSW Supervisors are certified. The remaining staff certified are dietitians including the Chief herself. The Chief conducts training, usually on the first Monday of each month. FSW Supervisors often give individual training as needed to ensure that staff members are adhering to the standards and guidelines. VA attempted to review training provided to staff members over the past 18 months, but the records we were given were not complete.

All staff members told us that if they needed policies, they either went to their direct supervisor or to the Chief's office. Several knew what the HACCP plan indicated and several of the cooks could describe the HACCP plan requirements for particular foods

---

<sup>4</sup> ServSafe® is a food and beverage safety training administered by the National Restaurant Association. Students take classes in safe food handling practices. They learn about temperature control for meats and food requiring refrigeration, proper handling of meat, fish, and dairy to prevent cross contamination, and how to keep work areas clean and free of bacteria in between working with different foods. Students can earn certification, accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP). <http://www.servsafe.com/home>  
Copyright 2015© National Restaurant Association Educational Foundation.

when preparing meals, but no one could directly point to any written HACCP plan within the service.

VA reviewed the HACCP plan manual provided by NFS, with a revision date of July 15, 2015. It covers specific areas by the flow of foods through different steps in the process, covering storage (dry and refrigerated/frozen), thawing, transport, and holding. The HACCP plan lacks sections for purchasing, receiving, and preparation, which are advisable for all food preparation. It also lacks flow sheets of the process of foods.

#### **Conclusions for Allegation 4**

- **VA did not substantiate** that the NFS lacks food safety policies. NFS has a full range of policies.
- **VA did not substantiate** the lack of a HACCP plan. However, the current plan does not meet all of the requirements as outlined in VHA Handbook 1109.04 paragraph 15.b.
- **VA substantiates** the lack of record keeping related to training.

#### **Recommendations to the Medical Center**

15. Review the guidelines and requirements and establish a HACCP plan for NFS that meets all the standards of VHA Handbook 1109.04.
16. Create a SharePoint site for NFS staff to review the training calendar and seek feedback from staff members as to the most frequent training deficits to encourage full staff participation.
17. Reinforce training requirements for all NFS staff on food safety and preparation, and utilize the Talent Management System (TMS) to maintain a training log and record all training activities.
18. Ensure NFS policies and procedures, and the HACCP plan are readily available to staff.
19. Implement a goal to ensure that all NFS Supervisors become ServSafe certified.

#### **Allegation 5**

**NFS management has not taken appropriate action to ensure employee compliance with sanitation standards despite reports that violations were regularly occurring.**

## **Findings**

Both the cook and FSW supervisors told VA that they hold their subordinates accountable for their actions or lack of actions when it comes to cleaning. Many stated they have prepared written statements of counselling and recommended disciplinary actions when warranted. Also, all of the supervisors maintained that if any of their employees presented with uniform or personal hygiene defects, that they would order that person to go to the locker room to either change uniform or shower.

The current NFS Chief has taken ten personnel actions and sent one staff member home for an untidy uniform during her tenure. The personnel actions include six reprimands and four terminations for violations such as failure to follow sanitation guidelines; failure to follow supervisory instructions; and failure to complete assigned tasks and careless workmanship. The position of Assistant Chief of NFS has been vacant since the current Chief moved up from that role to her current one. Hiring a new Assistant Chief would allow the Chief to share some of her management responsibilities and focus on additional NFS goals that she is currently not able to accomplish.

### **Conclusion for Allegation 5**

- **VA did not substantiate** that NFS management has not taken appropriate action to ensure employee compliance with sanitation standards despite reports that violations were regularly occurring.

### **Recommendation to the Medical Center**

19. Recruit and fill current vacancies within NFS, specifically the Assistant Chief.

### **Summary Statement**

OMI has developed this report in consultation with other VHA and VA offices to address OSC's concerns that the Medical Center may have violated law, rule or regulation, engaged in gross mismanagement and abuse of authority, or created a substantial and specific danger to public health and safety. In particular, OGC has provided a legal review, VHA HR has examined personnel issues to establish accountability, and OAR has reviewed the report and has or will address potential senior leadership accountability. VA found violations of VA and VHA policy, and notes that a substantial and specific danger to public health and safety exists at the Medical Center.

## Attachment A

Documents in addition to the Electronic Medical Records reviewed.

Medical Center Memorandum No. 00-31, *Employee Dress Code*, May 2012.

Medical Center Memorandum No. 05-30, *Employee Dress Code*, June 11, 2015.

Medical Center Memorandum No. 688-11-16, *Guidelines for the Use of Centralized Monitoring System in Medical Center Refrigerators and Freezers*, July 2013.

Medical Center Memorandum, *Infection Control Guidelines for Nutrition and Food Service*, June 2012.

Medical Center Memorandum, *Statement of Work to Perform Cleaning Services on all the Kitchen Grease Hoods, Ducts, and Fan Housings*, September 10, 2015.

Medical Center Pest Control Form, August 5, 2015.

Medical Center Pest Control Form, August 6, 2015.

Medical Center Pest Control Form, September 2, 2015.

Nutrition and Food Service Chief email, December 18, 2014.

Nutrition and Food Service Cleaning Assignment, September 9, 2015.

Nutrition and Food Service Comprehensive Cleaning Schedule, June 17-30, 2015.

Nutrition and Food Service Comprehensive Cleaning Schedule, July 15-17, 2015.

Nutrition and Food Service Comprehensive Cleaning Schedule, July 23, 2015.

Nutrition and Food Service Comprehensive Cleaning Schedule, July 30, 2015.

Nutrition and Food Service Comprehensive Cleaning Schedule, August 1-6, 2015.

Nutrition and Food Service Comprehensive Cleaning Schedule, August 8-10, 2015.

Nutrition and Food Service Comprehensive Cleaning Schedule, August 12-15, 2015.

Nutrition and Food Service Comprehensive Cleaning Schedule, August 17, 2015.

Nutrition and Food Service Comprehensive Cleaning Schedule, August 20-21, 2015.

Nutrition and Food Service Comprehensive Cleaning Schedule, August 25-27, 2015.

Nutrition and Food Service Comprehensive Cleaning Schedule, August 31, 2015.

Nutrition and Food Service Comprehensive Cleaning Schedule, September 5-6, 2015.

Nutrition and Food Service Environment of Care Deficiencies Spreadsheet, March 25, 2014 and October 21, 2014.

Nutrition and Food Service Memorandum, *Cleaning Procedure for All Types of Freezers and Refrigerators*, July 9, 2014.

Nutrition and Food Service Memorandum, *Closed Container Tube Feeding System*, June 2012.

Nutrition and Food Service Memorandum, *Dating of Food Items*, July 24, 2014.

Nutrition and Food Service Memorandum, *Emergency Preparedness Plan*, February 1, 2014.

Nutrition and Food Service Memorandum, *Food Preparation*, July 9, 2014.

Nutrition and Food Service Memorandum, *Food Production and Service Standards*, July 9, 2014.

Nutrition and Food Service Memorandum, *Food Production Procedures*, July 9, 2014.

Nutrition and Food Service Memorandum, *Food Recall Policy*, September 16, 2014.

Nutrition and Food Service Memorandum, *Food Safety Procedures for Food Preparation*, July 9, 2014.

Nutrition and Food Service Memorandum, *Food Safety Procedures for Food Service*, July 9, 2014.

Nutrition and Food Service Memorandum, *Food Storage Safety Procedure*, July 24, 2014.

Nutrition and Food Service Memorandum, *Handwashing*, June 12, 2014.

Nutrition and Food Service Memorandum, *Medical Certification*, June 25, 2014.

Nutrition and Food Service Memorandum, *Monitoring of Food Temperature*, August 12, 2014.

Nutrition and Food Service Memorandum, *Nourishment Delivery Procedure*, August 12, 2014.

Nutrition and Food Service Memorandum, *Receiving/Storing Subsistence and Operating Supplies*, July 9, 2014.

Nutrition and Food Service Memorandum, *Safety Policy: Continuing Education/Training for Nutrition and Food Service Staff (Includes the Orientation/On-The-Job Training Program)*, July 9, 2014.

Nutrition and Food Service Memorandum, *Sanitation Practices in Food Preparation*, July 24, 2014.

Nutrition and Food Service Memorandum, *Sanitation Standards Procedure*, September 15, 2014.

Nutrition and Food Service Memorandum, *Unauthorized Eating in Nutrition and Food Service*, July 24, 2014.

Nutrition and Food Service Memorandum, *Uniforms, Grooming, Personal Hygiene*, June 12, 2015.

Nutrition and Food Service Memorandum, *Work Order Requests*, June 20, 2013.

Quotation from Cascade Water Services, October 13, 2014.

VA Handbook 1109.03, *Nutrition and Food Services Safety*, July 13, 2013.

VA Handbook 1109.04, *Food Services Management Program*, October 11, 2013.

Attachment B  
Quote for Contract

ISO 9002 Registered

**CASCADE**  
WATER SERVICES



October 13, 2014

Employee 29

Operations General Foreman  
Veterans Affairs Medical Center  
50 Irving Street, N.W.  
Washington, D.C. 20422

Reference Clean All Canteen Kitchen Grease Hoods, Patient Kitchen Grease Hoods, Nursing Home Kitchen Grease Hoods, All Rooftop Kitchen Grease Hood Exhaust Fans, All Vertical & Horizontal Kitchen Grease Hood Exhaust System Ductwork

Dear Employee

It was a pleasure to meet with you recently regarding the need for cleaning the kitchen grease hoods exhaust systems including the rooftop fans and all vertical and horizontal ductwork. Based on our survey, along with some of your concerns, we find the Canteen Kitchen, Patient kitchen and Nursing Home Kitchen all are in need of a quarterly cleaning program. Listed below is the cost associated with our kitchen grease hood exhaust system, including rooftop fans, vertical and horizontal ductwork quarterly cleaning program.

The following is our proposal:

- Provide an experienced kitchen grease hood exhaust ductwork system, rooftop fan, vertical and horizontal ductwork cleaning crew.
- Provide all cleaning equipment, labor, materials, supplies and tools.
- Cut access openings where needed and install access opening cover with gasket.
- Cover with plastic areas underneath the various kitchen grease hoods prior to cleaning.
- We are responsible in our work spaces for all clean-up and damages of our fault.
- Clean the Canteen, Patient & Nursing Home kitchen grease hoods, exhaust ductwork and rooftop fans, quarterly.
- All work will be completed after the kitchens are shut down.

Your total investment for this kitchen grease hood exhaust system including rooftop fans, vertical and horizontal ductwork quarterly cleaning program will be \$23,980.00, billed \$5,995.00 per quarter. This price represents four cleanings per year on a quarterly basis. All work will be performed after the kitchens have shut down, Sunday thru Saturday. This job should be completed within seven work days. Price is firm for ninety-(90) days. We will accept an official purchase order number or VISA number, along with your signed authorization for us to proceed.

This opportunity to present our proposal is greatly appreciated. Should you have any questions or comments, please feel free to contact me at 202.581.7333.

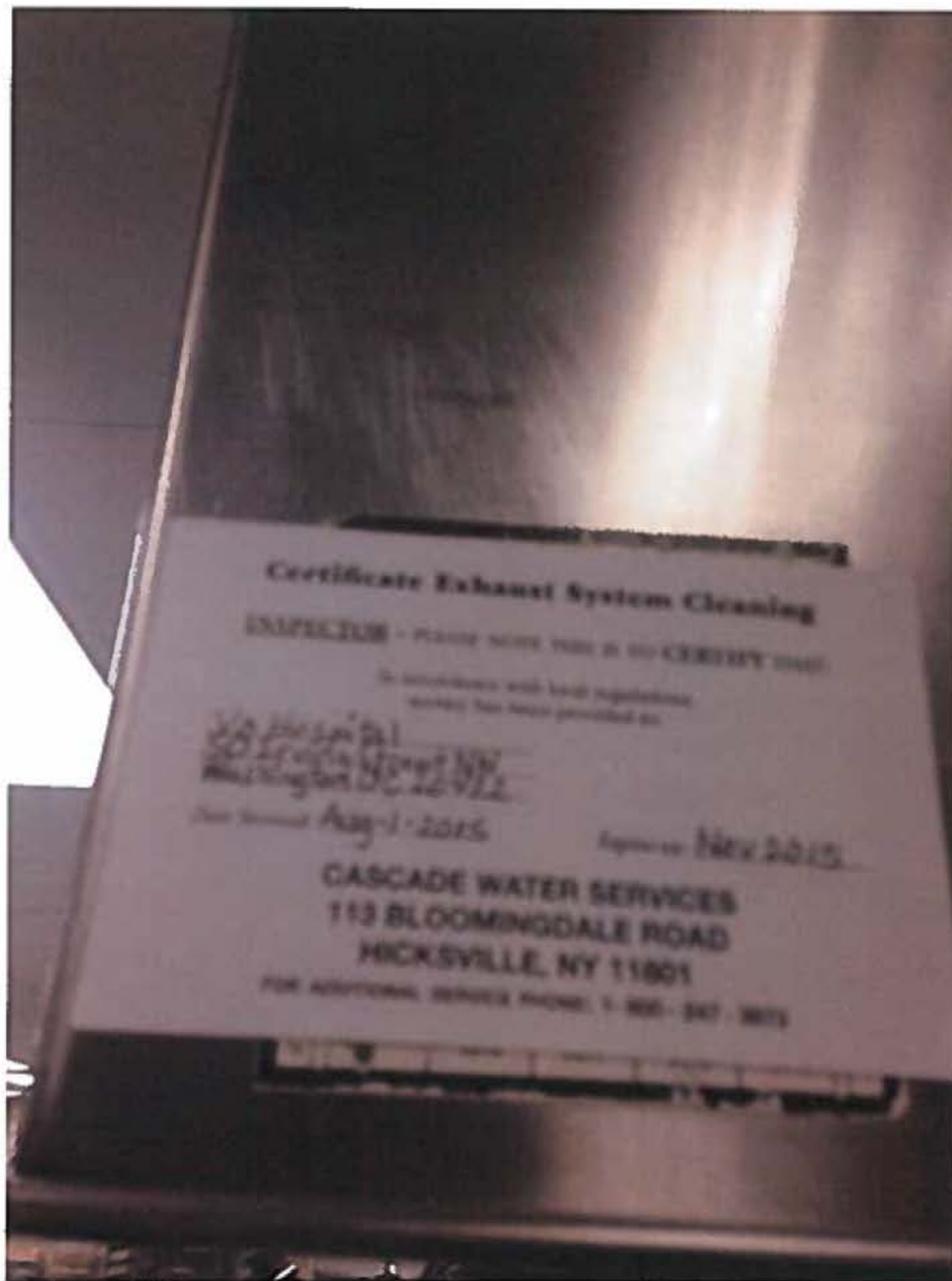
Very truly yours,  
CASCADE WATER SERVICES, INC.

Vendor 1 - District Manager

Vendor 1

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ POW / VISA# \_\_\_\_\_  
CORPORATE OFFICE: 113 Bloomingdale Road, Hicksville, NY 11801 (516) 932-3030 FAX: (516) 932-0014  
Representation in the Continental United States, Hawaii and Puerto Rico - TOLL FREE: (800) 247-3873  
Members of: CFI -ASHRAE -NADCA -AWT -ACCA -BOMA -AFE -NAPE  
www.cascadewater.com

**Attachment C**  
**Inspection Sticker**



**Attachment D**  
**Statement of Work**

**Department of**  
**Veterans Affairs**

**Memorandum**

**Date:** September 10, 2015

**From:** General Foreman of Operations FMS (138)

**Subj.:** Statement of Work to perform cleaning services on all the kitchen grease hoods, ducts and fan housings.

**To:** Chief, Contracting Officer (90)

This Statement of Work covers cleaning services on all the kitchen grease hoods, located at the VA Medical Center, 50 Irving Street, N.W., Washington, D.C.

**STATEMENT OF WORK (SOW):**

1. **Project Number:** Transaction number
2. **Project Location:** Veterans Affairs Medical Center, Washington, D.C., Main Hospital-50 Irving St N.W., Washington, D.C., 20422.

**Scope of Work:** This Statement of Work includes all work necessary to support the required maintenance, equipment and supplies needed (description below) to clean all kitchen grease hoods, ducts and fan housings, located at the Veterans Affairs Medical Center, Washington D, C 50 Irving Street NW, Washington DC, 20422.

3. **Supply all necessary labor, materials and equipment to clean all Kitchen Grease Hoods, connected ducts and associated fan housings.**

**Equipment Schedule:**

<b>Equipment</b>	<b>Qty</b>	<b>Manufacturer</b>	<b>Model Number</b>	<b>Serial Number</b>	<b>Asset Tag</b>
<b>See Below</b>	<b>4</b>	<b>UNK</b>	<b>UNK</b>	<b>UNK</b>	<b>VA Medical Center</b>

**Scope of Service**

**Provide the following materials needed to clean all Kitchen Grease Hoods, connected ducts and associated fan housings.**

**Per the scope below, the vendor will provide all necessary labor, materials, and equipment to provide the following labor to clean all kitchen grease hoods, connected duct work and associated fan housing.**

The following work is necessary to enable the hood exhaust system to operate properly.

1. Provide an experienced kitchen grease hood exhaust ductwork system, rooftop fan, vertical and horizontal ductwork cleaning crew.
2. Provide all cleaning equipment, labor, materials, supplies and tools.
3. Cut access openings where needed and install access opening cover with gasket.
4. Cover with plastic areas underneath the various kitchen grease hoods prior to cleaning.
5. The contractor will be responsible for all clean-up and damages that occur during cleanings.
6. Clean the Canteen, Teaching kitchen, Patient and Nursing Home kitchen grease hoods, exhaust ductwork and rooftop fans, quarterly.
7. Provide a cleaning schedule to the Operations Foreman for coordination with the kitchen staff.
8. All work will be completed after the kitchen operations have been secured.



CONTINUATION PAGE

A.2 Price/Cost Schedule

Item Information

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1	Texas Toast LOCAL STOCK NUMBER: 2861 - Funding/Req. Number: 1	270.00	EA	Pricing	688-15-2-120-0004
2	Sandwich White Bread Funding/Req. Number: 1	6,480.00	EA	Pricing	688-15-2-120-0004
3	4 100% Whole Wheat Funding/Req. Number: 1	12,960.00	EA	Pricing	688-15-2-120-0004
4	Slice White 100/Sleeve Funding/Req. Number: 1	288.00	EA	Pricing	688-15-2-120-0004
5	Slice Wheat 100/Sleeve Funding/Req. Number: 1	288.00	EA	Pricing	688-15-2-120-0004
6	12 4" PL Hamburger Roll Funding/Req. Number: 1	2,160.00	EA	Pricing	688-15-2-120-0004
7	12 6" Italian Steak Rolls Sliced Funding/Req. Number: 1	450.00	EA	Pricing	688-15-2-120-0004
8	16 Split Top White Dinner Rolls Funding/Req. Number: 1	900.00	EA	Pricing	688-15-2-120-0004
9	Rye Bread, Seedless, Sliced Funding/Req. Number: 1	450.00	EA	Pricing	688-15-2-120-0004
10	Plain Hot Dog Rolls, Sliced Funding/Req. Number: 1	450.00	EA	Pricing	688-15-2-120-0004
				<b>GRAND TOTAL</b>	<b>Pricing</b>

Accounting and Appropriation Data

NCRN	APPROPRIATION	REQUISITION NUMBER	AMOUNT
1	688-3650160-120-824300 Nutrition and Fo-2610 Food-010024367	688-15-2-120-0004	Pricing