

CULINARY SERVICES GROUP

Staying Survey Ready:

How to Easily Earn a Deficiency-Free Survey

Our Promise

Promises Kept, One Plate at a Time.

At Culinary Services Group we take great pride in operating safe, clean kitchens. We understand that before we can deliver on our promise of delicious, healthy food, we must deliver on our promise that your kitchen will pass state health inspections. That's why we're passionate about earning deficiency-free surveys for our clients. We take our commitment to resident safety so seriously that we promise our clients if they receive a moderate to serious violation that requires another inspection, we'll forgo our management fees until the problem is resolved. It's a pretty unique proposition, but we're a pretty unique food service company. Here are a few tips and tricks to keep your residents safe and your kitchen sanitary.



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What is an F-Tag?

For long-term care communities, F-Tags refer to areas of compliance assessed during a Centers for Medicare and Medicaid Services (CMS) Survey. F-Tags are used by your state and CMS to identify deficiencies based on a community's performance within CMS standards and guidelines. There are 209 F-Tags outlined in the State Operations Manual for Long-Term Care Communities published by CMS, but only fifteen are related to Food and Nutrition Services.

If you outsource your dining program, it's important that your food service company has a good understanding of all food and nutrition-related F-tags and how to avoid them. While we won't cover every tag in this guide, here are a few ways Culinary Services Group keeps our communities survey ready…

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The 15 Food & Nutrition F-Tags

F800: Provided Diet Meets the Needs of Each Resident

F801: Qualified Dietary Staff

F802: Sufficient Dietary Support Personnel

F803: Menus Meet Resident Needs & Are Prepared in Advance

F804: Nutritive Value, Palatable Appearance, and Preferred Temperature

F805: Food Offered in a Form That Meets Individual Needs

F806: Resident Allergies, Preferences, and Substitutes

F807: Drinks Are Available to Meet Resident Hydration Needs and Preferences

F808: Therapeutic Diets Prescribed by Physicians

F809: Frequency of Meals & Snacks at Bedtime

F810: Assistive Devices – Eating Equipment & Utensils

F811: Feeding Assistant Training, Supervision, and Residents

F812: Food Procurement, Storage, Preparations, and Sanitary Serving

F813: Personal Food Policy

F814: Proper Disposal of Garbage & Refuse

F-812: The Low Hanging Fruit

The F-812 tag is the most common F-tag in the Food and Nutrition Services category. It represents more than half of all citations given under this category. Yet it's also the most preventable.

Carol DeHaven, Vice President of Operations for Culinary Services Group calls many of the items in the F-812 tag "low-hanging fruit." She says, "Some kitchens neglect the basics like labeling and dating standards, removing items that have exceeded their shelf life, following handwashing procedures, proper glove usage, and equipment sanitation. Another big problem I see is not allowing for the proper air drying of dishes in the dishwasher and not allowing dishes to be sanitized appropriately during drying." Simply put, the F-812 tag is looking for the basics of food safety and kitchen sanitation. These are the small tasks that can easily be overlooked in a busy kitchen but are crucial to the success of your food service department.

Deficiencies found under this tag can trigger a surveyor to dig deeper into the dining department and may affect other citation categories, making it the most critical tag stay mindful of. As one of our best practices CSG recommends daily and weekly audits to stay on track and we've included a sample audit in this presentation.



F812 Food Procurement, Storage, Preparation, and Sanitary Serving

The facility must procure food from sources approved or considered satisfactory by federal, state, or local authorities. This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. This provision does not preclude residents from consuming foods not procured by the facility. The facility must store, prepare, distribute, and serve food in accordance with professional standards for food service safety.

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F-812: The Low Hanging Fruit

Here's what to look for to avoid an F-812 tag and keep your kitchen operating safely.

Food Procurement

- When food arrives at your facility, your team should inspect it to ensure it meets federal, state, and/or local standards. Be sure to check the temperature of sensitive items to ensure they're safe.
- Before putting food away, label and date all items to ensure their use-by date is prominent for all to see. All items must have an intake date.
- If your community has a garden that supplies food to the kitchen, do regular checks to ensure the garden meets state and local policies and procedures.
- Maintain a log of all purchases for at least 6 months.

Food Storage

In your storeroom:

- Keep all items covered/sealed from room air.
- Make sure all items are labeled and dated.
- Keep cleaning supplies away from all food supplies.
- Prevent rodents and insects with a managed pest prevention program and by elevating all food off the ground.
- Rotate stock following a "First-In, First-Out" (FIFO) pattern. Simply put, move older foods in front so that you use them first.

Food Storage

In your refrigerator & freezer:

- Separate raw foods (like beef, fish, lamb, pork, and poultry) from each other, and store raw meats on shelves below fruits, vegetables, or other ready-to-eat foods so that meat juices don't drip onto these foods.
- Regularly clean all shelves, racks, walls, floors, ceilings, and doors.
- Do temperature checks and document them in your temp logs every day. Make sure the refrigerator thermometer is visible and below 41 degrees. For the freezer, the temperature needs to be 0 degrees or below because frozen food must be kept at a temperature that keeps them frozen solid.
- Make sure all items are labeled and dated.
- Rotate foods regularly and ensure that prepared foods are discarded after three days.
- Keep all items covered/sealed from room air.
- Keep all food items off the floor of walk-in units.
- Store foods in appropriate containers that ensure safe holding temperatures are reached and easily maintained



Food Preparation

- Make sure everyone on your team knows the appropriate temperature to cook various foods.
- Require proper handwashing, hairnets, and the use of disposable gloves.
    - Your staff should be washing their hands properly with soap between handling raw meat and other foods to prevent cross-contamination.
    - Staff should also be washing hands before serving food to residents and after collecting soiled plates and food waste.
- Train staff to avoid touching their faces, hair, noses, etc. while preparing and handling food.
- When it comes to reheating food that has cooked and cooled, your team should reheat the dish so all parts of the food reach an internal temperature of 165°F for at least 15 seconds before holding for hot service.
- For ready-to-eat foods that require heating before eating, take them directly out of a sealed container or an intact package from an approved food processing source and heat them to at least 135°F for holding for hot service.
- Invest in covers for your dishes and get in the habit of making sure food is covered during transportation and distribution to residents
- Don't forget about ice! All ice needs to be made from potable water, and if you use ice to cool certain food items, that ice can't be consumed by residents. Also, make sure your ice machine is cleaned and serviced regularly.

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F-812: Food Procurement, Store/Prep/Serve, Sanitation | Weekly Sample Audit

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Any item(s) identified as "No" require immediate action for correction.
Item(s) identified as "No" more than 3 weeks in a row require focused staff re-training.

General Sanitation	Yes	No
Daily cleaning schedule completed and followed		
Handwashing procedures posted at hand washing sink		
Towel and soap dispensers filled		
All floors, walls, ceilings, and work areas visibly clean and free of debris and clutter		
All worktables and drawers are clean and free of clutter and debris		
Gloves worn based on facility policy and procedure		
Employees wearing clean, appropriate uniforms and hair covering/hairnets		
Cleaning cloths in sanitizing solution		
Cleaning supplies not stored in food prep or storage areas		
Food contact surfaces cleaned and sanitized after each use		
Food contact surfaces are smooth, easily cleanable surfaces, free of visible decay/disrepair		

Storeroom	Yes	No
Rotation of food supplies		
All items covered/sealed from room air		
All items labeled and dated		
Cleaning supplies not comingled with food supplies		
No dented cans		
No sign of rodent/insects		

Refrigerator (kitchen/nourishment rooms)	Yes	No
Shelves, racks, walls, floors, ceilings, doors clean		
Interior – fans clear and free of dust		
Thermometer visible and below 41 degrees F		
Temp log completed daily		
Raw food stored below cooked food		
Foods are dated and labeled		
Prepared foods are discarded after 72 hours (3 days)		

Freezer	Yes	No
All food is covered/sealed from room air		
All food is labeled and dated		
All items stored on racks with space between (not over filled)		
Shelves, racks, walls, floors, ceiling, and doors clean and free from ice/frost build up		
Thermometer visible and temperature 0F or below		
Temperature log completed daily		

Pot Wash Area	Yes	No
Sanitizing solution test kit available/used		
All items air dried before storage		
Walls, racks, floors are clean		
3 bay sink PPM log completed daily		
All food prep equipment, dishes, utensils clean and stored properly		

Dishwashing Area	Yes	No
Dishwashing temperatures reach proper temps for wash and rinse cycle		
Dishwasher temps logged daily with use		
Items checked on clean side to ensure they are clean		
No cross-contaminations when handling clean/dirty dishes		
Items are air dried before stacking/storage		
Dishwasher area is visibly clean		

F-812: Food Procurement, Store/Prep/Serve, Sanitation | Weekly Sample Audit

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Any item(s) identified as "No" require immediate action for correction.
Item(s) identified as "No" more than 3 weeks in a row require focused staff re-training.

Facility Maintenance	Yes	No
Walls/Trim – no cracks, holes, or loose molding		
Ceiling tiles in place and not cracked		
Floor tiles free of cracks		
Safety covers on light fixtures		
No leaks in pipes, faucets, or hoses		
Sprinkler heads and pipes clean		
Painted surfaces clean and free of chips		
Refrigerator/freezer doors/gaskets clean and in good repair		
Steam equipment free of leaks, blow off valves in good repair		
Garbage containers clean and covered unless in use		
Mops stored dry (out of water)		
Dumpsters closed and not overfilled, plug intact (if applicable) no garbage/boxes on ground		
Outside openings (windows, open doors) have screens/pest protection		
MSDS Manual is accessible to all staff		

Equipment Maintenance	Yes	No
Toaster- clean, good repair		
Slicer- clean, good repair		
Mixer- clean, good repair		
Blender- clean, good repair		
Can opener- clean, good repair		
Coffee makers- clean, good repair		
Range/oven- clean, good repair		
Cutting boards- clean, stored dry, good repair		
Steam table- clean, good repair		
Microwave- clean, good repair		
Grill/griddle- clean, good repair		
Hood filters clean and cleaning schedule is in place and followed		
Ice machine- clean, good repair		
Ice scoop- clean, good repair		
Food scoops stored clean and dry		
All carts and racks clean, free of clutter and debris, and in good repair (check wheels)		
Fans- clean, good repair		
Food trays, dinnerware, utensils clean and in working order		
Sufficient chemicals for dish machine and three compartment sink		
Posted cleaning schedules that includes equipment		

Corrective Actions & General Comments

F-801: Qualified Dietary Staff

Having a skilled and experienced nutrition team is the first step to ensuring compliance with CMS guidelines.

Food service professionals have the knowledge needed to provide a safe, clean kitchen operation and ensure that your residents are getting balanced meals that align with any dietary restrictions they may have. CMS allows for long-term care facilities to have two combinations of professionals on staff:

- **Option 1:** A full-time Registered Dietitian Nutritionist (RD, RDN)
- **Option 2:** A part-time Registered Dietitian Nutritionist (RD, RDN) and another nutrition professional that is a certified food service manager, certified dietary manager, or has an equivalent national certification or education from an accredited university

Deciding on the right staffing pattern for your community is largely dependent on your location, budget, and the acuity of your residents. A full-time RD may bring insight into a community where a large portion of the resident population is of higher acuity and has dietary concerns or requires special accommodations. But if your community has fewer residents with special dietary restrictions a part-time RD and CDM, CFPP certified food service director may be a better fit.



F801 Qualified Dietary Staff

The facility must employ sufficient staff with the appropriate competencies and skill sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care, and the number, acuity, and diagnoses of the facility's resident population. This includes a qualified dietitian or clinically qualified nutrition professional.

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F-801: Qualified Dietary Staff

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Understand the differences between Registered Dietitians and CDM, CFPPs

Registered Dietitians

RDs focus on nutrition as a whole and are involved in the assessment, diagnosis, intervention, and evaluation of a resident's dietary plan. This license requires the most training out of any nutrition professional. Because of this extensive training, they're able to provide Medical Nutrition Therapy (MNT), which includes:

- Conducting a thorough nutrition-focused physical exam and nutrition assessment that covers a resident's entire dietary history and needs.
- Identifying nutritional deficits and providing residents with an accurate diagnosis based on symptoms and other comorbid disorders.
- Creating a nutrition treatment plan that incorporates goals, diet modifications, and therapies to improve dietary health.
- Regularly evaluating a resident's treatment plan (nutrition intervention), adjusting it as needed to best fit their needs.

CDMs & CFPPs

CDMs and CFPPs handle different tasks than RDs and are more limited in what they're qualified to do nutritionally. However, that doesn't downplay the important role they play as nutritional health professionals. They aren't qualified to perform MNT, which includes diagnosing a patient with a nutritional problem. However, here are some of the duties they are trained for:

- Conduct structured interviews with residents to identify nutritional needs, preferences, and problems.
- Generate an accurate picture of a resident's nutritional intake and history of compliance.
- Implement and modify a treatment plan, using evidence-based principles to alter it as needed.
- Converse with a resident's support system to maintain updated nutritional health information in their medical record.

Special Note: 2024 Educational Changes for Registered Dietitians

In 2024 Registered Dietitian candidates must have a master's degree or higher to sit for the certification exam. If a dietitian has already taken and passed the exam, they're exempt from these changes. Candidates that qualify for the exam that are eligible as of December 31, 2023, are grandfathered into the graduate degree changes that take effect next year.



F-803: Menus Residents Want

Menus are the heartbeat of your community's kitchen, they are the pulse to which your kitchen staff performs their duties.

The F-803 tag is designed to ensure that meals are planned and prepared for well in advance. Menus must meet not only the nutritional needs of residents but offer residents plenty of choice in what they eat in a way that is not limited by a prescribed diet or religious or cultural needs.

Inspectors want to see that you're making reasonable and good-faith efforts to develop a menu based on resident requests and group feedback. This doesn't mean that you need to create an individual menu for every resident for every meal. It means you need to attempt to provide food that is appetizing and culturally appropriate for residents. You must learn resident needs and preferences, and then provide menu alternatives that align with them.

You'll also need to be able to prove you're doing this. If during a meal observation, an inspector finds that a resident's meal options are inadequate, they'll use interviews and a record review to see if your staff made reasonable efforts to review and/or adjust the menu to meet the nutritional, religious, cultural, ethnic needs, and preferences of the resident.



F803 Menus Must Meet Resident Needs & Be Nutritionally Adequate

Menus must meet the nutritional needs of residents in accordance with established national guidelines. Menus must: be prepared in advance and followed. Menus should reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups. Menus should be updated periodically and be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy. Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices.

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F-803: Menus Residents Want

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Here's how you can create great menus and avoid the F-803 tag

Get Resident Feedback

Even if there weren't food inspectors to report to, you should still be getting resident feedback on your menus. One way we like to do this is through food committee meetings. This is where your dining team finds out what food your residents want to be served in a group setting. Ask residents what they like and don't like for breakfast, lunch, dinner, snacks, and beverages. Two of our favorite open-ended questions to ask during food committee meetings include "Are there any items not on the menu that you would like to see on the menu?" and "Are there any items you receive daily that you don't eat?".

Post Menus and Communicate Menu Changes

Make sure each week's menu is posted in your community and that any changes are well-communicated to residents. Don't just rely on word-of-mouth to spread the news about menu changes – have a policy in place so that everyone in the building is aware and agrees to the process and plan of action. Basic documentation for planning and communication of special meals, substitutions, and planned cycle changes should be part of the policy since surveyors will want to see proof of the policy in action.

Use Substitution Logs

Substitution logs help you verify and document that all food substitutions are approved. When one of your menu items needs to be substituted with another, add it to the substitution log and have your registered dietitian review it and sign the log to confirm their approval. A well-balanced cycle menu is designed to ensure key nutrients fall within a certain range based on a therapeutic diet. Based on a therapeutic diet, some residents may not be able to have the substitute, so it's important to check with the nutrition professional to ensure substitutions are safe for everyone.

Use Prep/Pull Sheets

Prep/pull sheets help you get organized by documenting what each day's meals will be along with their alternate items. This not only helps your chefs in the kitchen but provides records of compliance for food inspectors.



F-804: Good Food Only

Many people eat with their eyes as well as their mouths. When food and beverages look better, people will want to eat or drink more.

The F-804 tag centers around how food is prepared, held after preparation, plated, presented, and kept at safe and appetizing temperatures.

When surveyors evaluate your dining program for compliance with the F-804 tag, they will simply ask residents how they feel about the food you serve. If there are complaints about food temperatures, palatability, or attractiveness from residents, observations of food not being eaten, or a delay in the passing of food trays, the surveyor will probably ask for a test tray from your dining area.

They may also ask you to provide recipes you use, tray delivery logs, and documentation about resident feedback. It's important to make sure you're keeping track of these records so you can provide them to the surveyor if needed.



F804 Nutritive Value, Palatable Appearance, and Preferred Temperature

Each resident receives and the facility provides food prepared by methods that conserve the nutritive value, flavor, and appearance of food. Food and drink are palatable, attractive, and served at a safe and appetizing temperature.

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F-804: Good Food Only

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Here’s how you can ensure resident satisfaction and avoid the F-804 tag.

Complete Test Trays

Ideally, your dining team should be conducting a test tray audit at least 3 times a week. This should be conducted by a rotation of your food service management team since opinions about food appearance and aroma can vary. When evaluating a test tray, you’ll want to ask yourself:

- Does food have a distinctly appetizing aroma and appearance, which is varied in color and texture?
- Did your team ensure all ingredients were available to make recipes as instructed for palatability?
- Is food generally well-seasoned (use of spices, herbs, etc.) and acceptable to residents?
- Is food prepared in a way to preserve vitamins? How you store and prepare your food should cause minimum loss of nutrients.

Temperature and Tray Delivery Logs

Maintaining a temperature log helps your dining team keep a record that serving temperatures are being monitored and corrected. This tool will also help you stay compliant with the F-804 tag, since an inspector may request to see food temperature documentation. Likewise, a tray delivery log ensures that the time between food leaving the kitchen and reaching a resident is not so long that it may alter the temperature and palatability of the dish. Here’s a guide of acceptable temperatures for many common menu items:

- Poultry and stuffed foods – 165°F
- Ground meat at least – 155°F
- Fish and other non-ground meats – 145°F
- Fresh, frozen, or canned fruits and vegetables – 135°F

Get Resident Feedback

Attend resident council meetings to gather feedback about the food and make any corrections necessary based on how the residents view the food. You should also ask your team if they are aware of resident complaints about food through the grievance/complaint process in your community, or from communication directly with staff. Evaluate what has your staff done to address these complaints and if anything more is needed.

It’s also very important that the food service team conducts a regular resident food satisfaction survey through comment cards or another form of written feedback since an inspector may ask to see resident feedback, comments, and compliant documentation.



F-805: Meeting Individual Needs

While some residents may not have difficulty eating the typical meals you serve, others with various conditions could have issues chewing or swallowing certain foods.

Residents with dysphagia may require texture modification for a variety of reasons; dental issues, memory loss, stroke, and ear, nose, and throat cancers can all lead to chewing and swallowing challenges. Your dining team needs to ensure that those residents have healthy, delicious meals available they can eat safely while reducing the risk of choking or aspiration.

There are many levels of texture-modified diets. Texture modification ranges from softening and chopping into bite-sized pieces and progresses toward a full puree. Texture modification can be done to almost any food if the person preparing the food knows how to soften, enhance flavor, and create consistent textures using a variety of juices, broths, gravies, and thickening agents added to the modified food.

Academy of Nutrition and Dietetics recommends the framework provided by the International Dysphagia Diet Standardization Initiative (IDDSI) for texture-modified diets and has used this texture-modified diet as part of the Academy's Nutrition Care Manual (NCM) since 2021. This framework provides consistency regarding the recommended size, texture, and viscosity for various levels of texture modification, ensuring a more standardized approach across all senior living communities.



F805 Food is Prepared to Meet Individual Needs

Each resident and the facility provides food prepared in a form designed to meet individual needs.

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F-805: Meeting Individual Needs

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Here's how you can ensure specialized diet needs are being met and avoid the F-805 tag.

Complete Modified Texture Test Trays

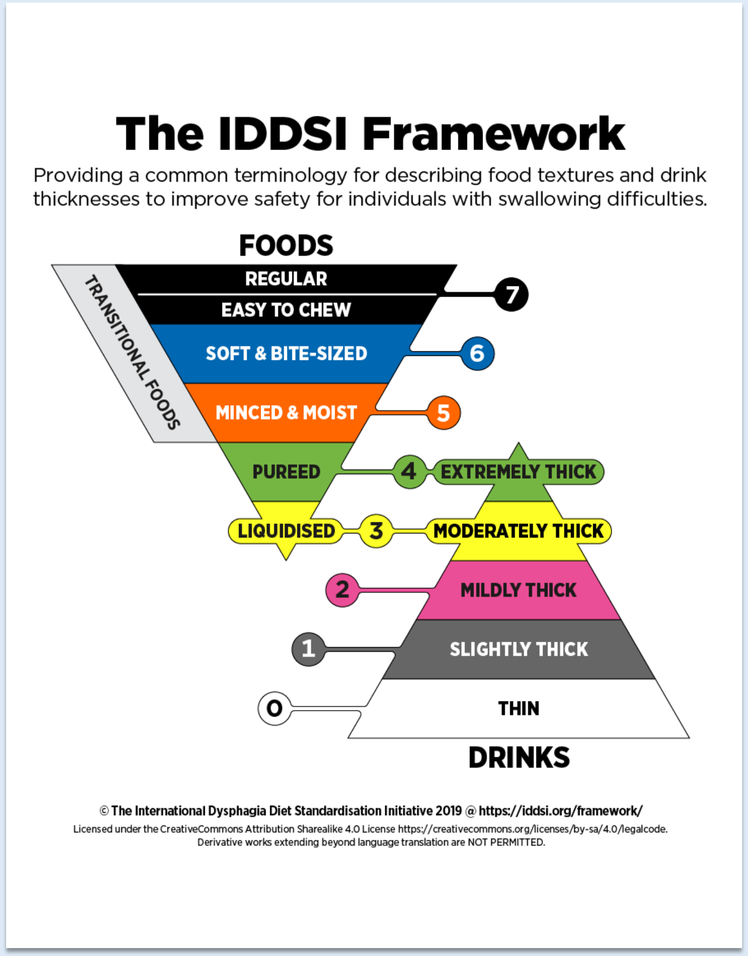
Test trays for texture-modified foods should assess if the food is cut, chopped, ground or pureed in alignment with the IDDSI framework. Here's a few other important factors to consider:

- Even when food is texture modified it should still be appetizing in both smell and appearance.
- Consider using piping tools or food molds to shape meal items and make them more recognizable.
- Purees should be well formed and not spread out on a plate.
- If your team is using food thickeners make sure they are labeled and stored without utensils in the container and there are clear instructions for mixing nearby.

Follow the IDDSI Framework

Your dietary team should be in close communication with medical staff and be aware of any diet changes or recommendations for residents. All dietary staff should be well trained on the various levels of drink and food textures within the IDDSI framework and have a clear understanding of how to properly prepare each texture. Make sure there are reference guides posted in the kitchen or easily available.

The website iddsi.org has plenty of free resources, like audit tools, posters, and implementation guides to help your staff with training and alignment.



F-806: Allergies, Preferences, and Substitutes

About 10.8% of adults in the United States have food allergies, so it's likely that some residents in your healthcare community have a food allergy or intolerance.

Food allergies are a big issue for seniors. As humans age, so do their immune systems, putting older adults at a higher risk of food allergies. Some of the most common foods that cause allergic reactions in seniors include fruits, vegetables, nuts, fish, and shellfish.

Food intolerances are different from allergies, but your community should still be mindful of them to comply with the F-806 tag. An allergy is the immune system's response to a food, while intolerance is a digestive system response that happens when someone can't properly digest whatever they ate. Lactose intolerance is one of the most common food intolerances.

Tag F-806 also protects residents with cultural and religious beliefs that prevent them from eating certain foods. Some residents may require Kosher, Halal, completely vegetarian meals, or they may generally prefer the foods they grew up with rather than typical American dishes.



F806 Resident Allergies, Preferences, and Substitutes

Each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences and appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice.

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F-806: Allergies, Preferences, and Substitutes

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Here’s how you can address the dietary needs of all residents and avoid the F-806 tag.

Complete Tray Accuracy Audits

Regularly checking that trays leaving your kitchen are the right diet for the resident being served can ensure your staff remains mindful about residents with allergies and dietary restrictions. Tray accuracy audits are great to remain in compliance with F-806, and also help to stay compliant with other tags like F-805 and F-807. Here’s some of the items to check for:

- The correct diet is being served to the resident
- The meal is the correct texture according to that resident’s diet plan
- Adaptive equipment is available for the resident
- The portions are correct
- The condiments are appropriate for the resident
- Any food preferences are honored

Update Preference Records Often

It’s important that every resident in your community meets with dietary staff and is asked about preferences and culture during intake. But these preferences should be updated regularly. Attending care meetings, morning meetings and QAPIs can help the team understand if there needs to be changes to a resident's diet for medical reasons, but the dietary team should also get in the habit of regularly conducting meal rounds and making note of any changes in food preferences.



Have an Always Available Menu

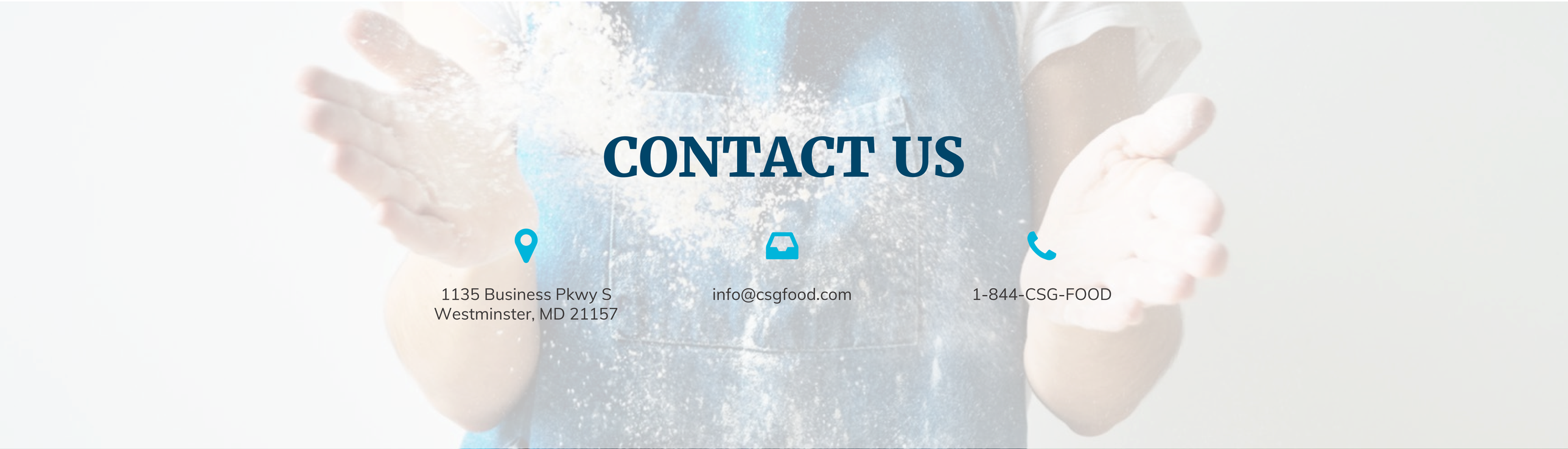
Having an always available menu is a great way to make sure resident preferences are met by giving them plenty of choices in the food they eat. If a resident does not like or cannot eat the entrée of the day due to allergies, intolerances, or cultural beliefs, it’s important that other choices that do meet their needs are made available.

A good always available menu will offer a mix of soups, entrée items and sides so residents can make swaps to all or some of the meal they are being served. Ideally, your community will offer more than one entrée at each meal and provide vegetarian or vegan options also.

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Off to a Good Start

While we can't cover every F-tag and how to ensure your community's kitchen stays compliant, we hope we've given you plenty to consider! Following these tips are a great way to ensure your kitchen stays deficiency free. If you need extra help or just want to get food safety and CMS compliance in your dietary department off your plate, Culinary Services Group would be happy to proved a free assessment to see if our services are a good fit for your community.



CONTACT US

1135 Business Pkwy S
Westminster, MD 21157

info@csgfood.com

1-844-CSG-FOOD