



Regulatory Compliance and Culture Change

Carmen Bowman, MHS
Edu-Catering
Regulator turned Educator

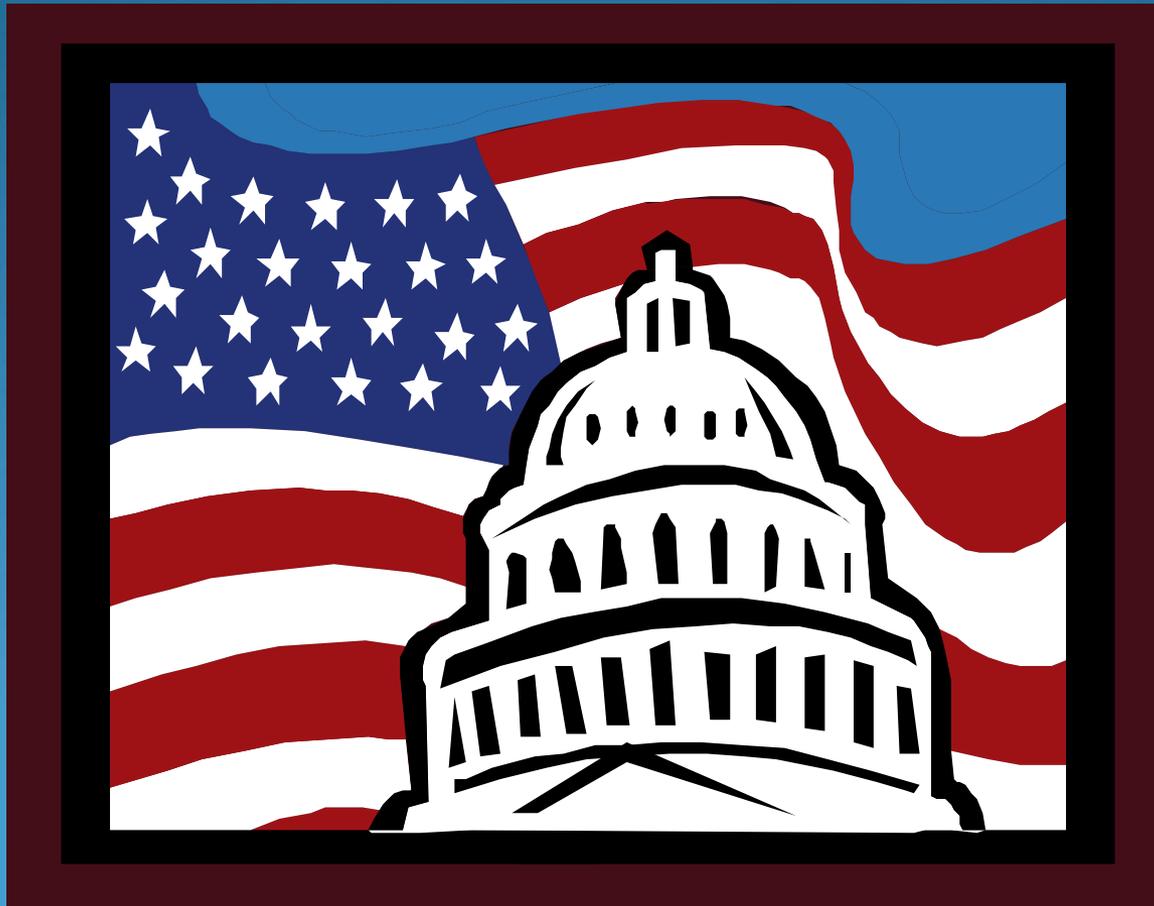
EDU-CATERING
Catering Education for
Compliance and Culture Change in LTC
303-981-7228 carmen@edu-catering.com



OBRA '87 Regulations



Resident Rights



Comprehensive Assessment

F Tag 272

Comprehensive Assessment/MDS

The facility is responsible for addressing all needs and strengths of residents regardless of whether the issue is included in the MDS or RAPs. (From the IGs.)



Are we really conducting a **comprehensive** assessment?

- Do you really get to know the person?
- First, do you ask questions about his/her routine and preferences?
- Second, if you ask, do you honor them?
- Or, is it more like “well, that’s nice but this is our schedule...”
- **What would someone need to know about your now to take good care of you later?**
- Exercise

Comprehensive Care Plan

F Tag 279

The facility must develop a comprehensive care plan for each resident that includes **measurable objectives and timetables** to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment...



Highest Practicable

F Tag 279 “the second paragraph”

The care plan must describe the following:

The services that are to be furnished to attain or maintain the resident’s **highest practicable** physical, mental and psychosocial well-being.



Highest Practicable

- We're good at addressing "highest practicable" for **physical** needs
- We lack at identifying and addressing "highest practicable" for **psychosocial and activity** needs
- Examples

“A Goal is a Goal”

- “What if a goal is not met?”
- “What will the surveyors say?”
- “What kind of documentation is needed?”
- We all need to remember, surveyors included, that a goal is a goal.
- There is no guarantee that a goal will ever be met and surveyors cannot hold a person or a facility to making sure goals are met.
- A goal is a goal.
How many of us have goals we have not met?
- What a surveyor can hold us to is that there is a goal and that it is measurable and fits the person.

Who's goals are they anyway?

- Really, who are we to set goals for other people?
- The goals are to be the resident's, not ours.
- Again, medical condition goals are usually clear cut. However, what would be more self-directed?
- And what about psychosocial/activity interest goals?

Ask residents! (all of us)

- Ask residents what their goals are.
- Prompt them, help them think about it.
- “What would you say your goals are for your life right now?”
- “What are your goals related to your quality of life?”
- “What are your goals related to your activity interests?”
- Examples

What if residents cannot tell you?

- Discuss with families what they think the person's goals would be now.
- If residents are unable *and* family is unavailable, *then* staff can step in and determine as best as they can *from really knowing the person*, what the person's goals might be.

Resident Participation

- Not only supportive of culture change, it's required!
- Tag F280
The resident has the right to (unless adjudged incompetent) participate in planning care and treatment or changes in care and treatment.
- Do you truly support the *person* in guiding his/her care, goals, life?

Quality of Life

F Tag 240 Quality of Life

- o A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.



Dignity

F Tag 241 Dignity

- o The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her **individuality**.



Using Dignified Language

- Would you agree there is a lot of undignified language used in long-term care today?
- Can you think of any undignified words or terms?
- Language drives practice. It's time.

Undignified Language

- Diaper
- Patient
- Resident
- Elderly/seniors
- Feeder
- The quad, the Alzheimer's, the CVA
- The Alzheimer's resident/person/patient
- Admitted/placed
- Toilet/toileted

Undignified Language

- Wing/unit
- Lobby/common area
- Nurses' station
- Ward clerk
- Nursing assistant
- Front line
- Work the floor
- Escape/elope

Undignified Language

- Facility
- “X bed facility”
- Industry
- Non-compliant
- “Allowed”/ “let”
- “Still” – she can still drive, etc.
- Hydration Station, Dietary
- “Activities”

Words and replacements found in *Quality of Life: The Differences between Deficient, Common and Culture Change Practice* authored by C. Bowman published by Action Pact. Available at www.culturechangenow.com

GARDEN
DAY ROOM



NURSE
TOILET

F241 Dignity New Guidance

- Grooming style as person wishes.
- Wear own clothing rather than hospital-type gowns.
- Privacy of body, i.e. robe, clothes changed in bath rm
- Respecting residents' space - not changing radio /TV or belongings
- Refraining from demeaning practices such as:
 - Refusing resident's request for toileting assistance
 - restricting residents from common areas open to the general public such as restrooms (outside)

F241 Dignity New Guidance

Promoting dignity in dining by eliminating:

- Staff standing when assisting residents to eat
- Staff interact/converse with residents rather than only with each other while assisting residents
- Avoiding labels, i.e. “feeders” (CMS surveyor training asked surveyors to model dignified language.)
- **Bibs (also known as clothing protectors) and instead offering cloth napkins**

Is this normal? Is this dignified? “Bibs are for babies.” LTC Residents



“No bibs here”



Julia Temple Care Center
Denver, CO



Colorow Care Center
Olathe, CO

Tag F242 Self-Determination and participation

The resident has the right to:

- 1) **Choose** activities, schedules, and health care consistent with his/her interests, assessments and plans of care;
- 2) Interact with members of the community both inside and outside the facility; and
- 3) **Make choices** about aspects of his or her life that are significant to the resident.

Tag F242
“Choices”

The Shining
Star for
Culture
Change



F 242 New Guidance

- *actively seeking* preferences, choice over schedules important to the resident i.e. waking, eating, bathing, retiring,
- if resident is unaware of the right to make such choices determine if home has actively sought resident preference info and if shared with caregivers

Survey Focus

- “But the choice over getting up – it is time for us as regulators to insist on this now, since it is directly regulatory language “choice over schedules” that we have been letting slide.”

Karen Schoeneman, CMS

- Surveyors could drive culture changes!

Accommodation of Needs

F Tag 246

Accommodation of Needs



- A resident has the right to –
Reside and receive services in the facility with reasonable accommodation of individual needs and preferences
- New Guidance – drawers, faucets, doors, mirrors, electric outlets, differing heights of chairs

Personal Sinks, W/c Height, and Tilt mirrors Wheatridge Manor, Wheatridge, CO



Activities



F Tag 248 Activities

- The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the _____ and the physical, mental, and psychosocial well-being of each resident.

Activities

F Tag 248 Activities

- The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the **interests** and the physical, mental, and psychosocial well-being of each resident.



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Problem

“Potential for
social
isolation...”

Goal

Approaches

**INTERESTS
and Needs**

Goal

Approaches

Free your recreation/activity staff!
Time to get beyond 3 activities a week!
2006 interpretive guidelines for Tag 248 even say so!

INTERESTS
and Needs

Carmen **loves**
to scrapbook

Goal

Carmen will
scrapbook
daily over the
next 90 days

Approaches

INTERESTS
and Needs

Goal

Approaches

Carmen **loves** to
scrapbook

Carmen will
scrapbook **daily**
over the next 90
days

Now, let's say I do not have the use of my right arm...

INTERESTS and Needs

Carmen **loves** to
scrapbook

Goal

Carmen will
scrapbook **daily**
over the next 90
days

Approaches

Left handed
scissors
Occupational
Therapy
C Clamps
Suction Vise
Volunteer to assist
Staff to assist

We DO NOT need to make the disability the focus.
Tag 248 says to base activity programming on INTERESTS!
We've been doing it the "wrong" way focusing on and
creating problems (when often they don't even exist!

Investigative Protocol Interviews

- Resident/Representative
 - Activity Staff
 - Social Service Staff
 - CNA
 - Nurse
-
- How do you ensure resident is involved in activities of choice when activity staff are unavailable?

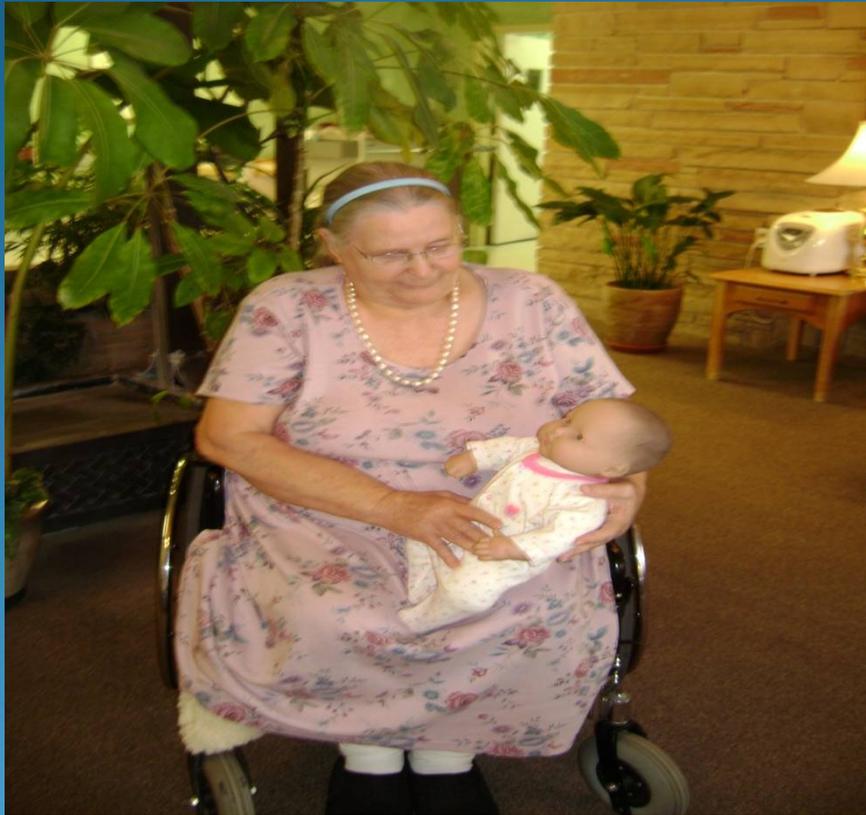


Shared Responsibility

- “It is not possible for a few people in an Activities department to be able to provide individualized activities for the entire population of the facility, therefore, the writers of the regulation chose to make it the responsibility of the facility as a whole to fulfill this important mandate of the OBRA '87 law.”

CMS Surveyor Training

“Person Appropriate”



- No more “age appropriate”
- CMS adopted AA change, in Tag F248 Activities
- Baby dolls, stuffed animals, adaptive equipment

Medically-related Social Services

Tag F 250 Social Services

- Medically-related social services to attain or maintain highest practicable physical, mental and **psychosocial well-being** of each resident.

Homelike Environment



Tag F 252 Safe, Clean, **Comfortable and Homelike**

- A **homelike environment** is one that **de-emphasizes the institutional character of the setting**, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment.
- “Homelike” → Home

New Interpretive Guidance

- F252 Homelike Environment – good practices that de-emphasize the institutional character include the elimination of:
 - overhead paging, piped in music, food served on trays, signage labeling rooms, med carts, audible alarms, mass purchased drapery and furniture, large centrally located nurses stations (short stay preferences although usually not moving in, “work toward”)



Life Care Center of Greeley, Greeley, CO



Life Care Center of Colorado Springs



Shalom Village Overland Park, Kansas

More New Guidance

- F 172 Access and Visitation Rights - *must provide 24-hour access with consent of resident, defines “reasonable restrictions.”*
- F175 Married Couples – room with person of choice → F242
- F247 Room/mate Change - encourages home to be sensitive to resident needs when moving to a new room, getting a new roommate or death of a roommate
- F461 References LSC 2000 edition, brings over individualized closet space with racks/shelves accessible
- F463 Call Systems - recognizes decentralized staff work areas, direct communication electronic systems

New Guidance

Tag F256 Lighting

- sufficient lighting, elimination of glare from shiny flooring and unshielded window, even light, day light, nighttime wayfinding lighting, dimming switches, contrast colors
- CMS Quality of Life study average = blindness
- Non-glare floor wax (“Satin”), linoleum, carpet, Pergo







Congruency

- “The culture change movement and OBRA ’87 have purposes that are entirely congruent: both want to see resident-centered care.”

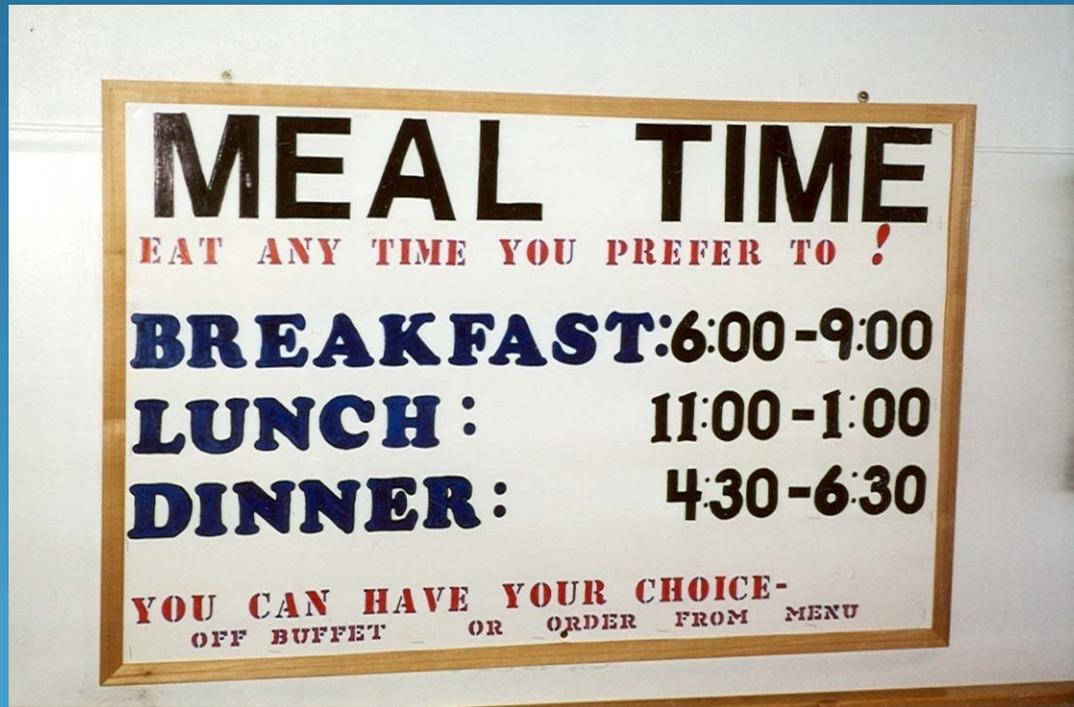
Rick Harris, Director
Alabama State Survey Agency

Remaining Compliant

- What regulations do we need to pay attention to regarding new culture change practices?
- CMS' Support

?

Open Dining



Crestview, Bethany, MO

Open Dining Regulations

- Tag F368
- Three meals daily
- No more than 14 hours elapse between supper and breakfast unless...
- A nourishing snack is provided at bedtime, 16 hours can elapse if a resident group agrees and the nourishing snack is provided
- Tag 242 Choices

Buffet Style Dining



Holly Care Center, Holly, CO

Buffet Style Dining Regulations

- Tag F441 Infection control
- Tag F371 Food temperatures
- Tag 242 Choices

Restaurant Style Dining



San Juan Living Center, Alamosa, CO

Restaurant Style Regulations

- Can you think of any that prevent?

Family Style Dining



Mullen Home, Denver, CO

Family Style Dining Regulations

- Tag F441 Infection control
- Tag F371 Food temperatures

Liberalized Diets

“Liberalized diets should be the norm, restricted diets should be the exception.” CMS

American Dietetic Association agrees

No research shows restricted diets have any benefit

Some homes have made liberalized diet the standard with monitoring of edema, high blood pressure, blood sugars and then make changes as necessary

From CMS

- “Research shows that quality of life may be enhanced by a liberalized diet.”
- “Facilities should review existing diets to minimize unnecessary restrictions.”
- “There is broad consensus that dietary restrictions, the so-called therapeutic diets such as low fat, sodium restricted and modified textured diets are only sometimes helpful and may actually inhibit adequate nutrition especially in undernourished or at risk individuals. Generally weight stabilization and adequate nutrition are promoted by serving residents regular or minimally restricted diets.”

CMS sat. broadcast 5/18/07

Clinical Case Studies

No more med carts



- No requirement
- Nurses don't hover
- Nurses have some one-to-one time with residents
- Saving nurses' shoulders
- All of one person's medications in one place = less chance for error
- Med pass becomes person-centered
- Eliminates institutional look
- Nurses have more time to help residents with dining !

No regulations prohibit

- Physicians order medications qd, bid, tid, qid, etc.
- We tell the pharmacy what time to assign
- “Meds upon rising”
- “Meds at hs”
- Person-centered schedule



Person-Centered Med Pass

- Look at each resident's medications
 - Can med times be combined?
 - Which must be given at specific intervals?
- Work with pharmacist
 - Drug interactions
 - Some drugs do need specific intervals/times assigned
 - Standard of practice
- Documentation changes
 - Now we need nurses to record times when meds were given so the next nurse knows.

From Institutionalized to Individualized Care

2007 CMS Four Part
Satellite Broadcast
Series

Clinical Case Studies

www.cms.internetstreaming.com

And sold by Pioneer
Network at

www.pioneernetwork.net



TOPIC:
Integrating Individualized Care and Quality Improvement
Titled: From Institutional to Individualized Care
The Series Includes:

- Part 1 - Nov. 2, 2006 - Integrating Individualized Care and Quality Improvement
- Part 2 - May 4, 2007 - Transforming Systems to Achieve Better Clinical Outcomes
- Part 3 - May 18, 2007 - Clinical Case Studies in Culture Change
- Part 4 - Sept. 14, 2007 - The Role of Change

**DVD SET &
CD ROM (Handouts)**



The Future of Med Carts

- Refurbished into a garden cart



Ft. Collins Good Samaritan, Ft. Collins, CO

Staff Dining with Residents



Berkley Manor, Denver, CO

Staff Dining with Residents Regulations

- No regulations prohibit
- Tag 441 Infection Control
- Tags 310, 311, 312 Resident assistance provided
- Staff still get their break in addition to dining with residents – OSHA
- Homes committed to creating the opportunity for staff and resident relationships to bloom, gladly pay staff to dine with residents plus take their breaks.

Approved Food Sources



Littleton Manor, Littleton, CO

Approved Food Sources Regulation

- Tag F371
Sanitary Conditions
Procure food from
sources approved or
considered satisfactory
by federal, state or local
authorities.
- Garden food
- Fishing
- Food brought by
families, etc.
- CMS 2006 S&C letter:
not intended to
diminish the rights of
specific residents vs.
food procured for all
residents

Potlucks



Exempla Colorado Lutheran Home, Arvada, CO

Call Systems

- Tag F463
The nurses' station must be equipped to receive resident calls through a communication system from –
 1. Resident rooms; and
 2. Toilet and bathing facilities.
- Interpretive Guidelines already refer to “wireless systems.”
- 2006 CMS letter: “the use of modern pager/telephone systems which route resident calls to caregivers in a specified order is a satisfactory way to meet the intent of the requirement at F463.”

Call System person-centered changes

- Tag 463 Intent
The intent of this requirement is that residents, when in their rooms and toilet and bathing areas, have a means of directly contacting staff at the nurses' station. This communication may be through audible or visual signals and may include wireless systems.
- Some homes turning off the sound, many benefits
- If a resident needs/wants/feels more comfortable with audible can provide a bell, phone numbers, etc.

Postings

Many homes are placing postings and the survey results into a photo album or binder to minimize the institutional look of so many postings.

F 156 Postings/F167 Survey Results

- F156 posting requirement
 - State advocacy groups
 - How to apply for Medicare/Medicaid
- F167 Survey results availability

CMS 2006 letter:

- One posting that advises what information is available and where
- Titled notebook or album

Animals Living in/Visiting the Home



Teresian House, Albany, NY



Christopher House, Wheat Ridge, CO

Animal Regulations

- Local municipality requirements
- Possible state regulations
- Possible F323 Accident Hazards
 - prepare staff, residents and families
- Tag F441 Infection control
 - Out of dining room, especially during meals
 - Cleanliness

Consistent Staff Care for Residents

- No federal regulation prohibits
- KEY to changing an institutional culture
- Benefits:
 - Decreased aggression and other behaviors
 - Relationships with families improve
 - Change in resident conditions noted earlier
 - Higher morale and attendance by staff
 - Research shows less turnover!

Cross-training of Staff

- No federal regulation prohibits
- Brings all staff closer to the resident
- Decreases number of staff who interact with a resident
- Staff know each resident as a unique individual
- True customer service
- Self-directed work teams is next step

Involving and Honoring CNAs

- Invite and expect to be a part of each resident's care conference
- Free them to honor resident choices
- Empower them to them to honor residents' sleep!
- Self-scheduling



Does needing to use the bathroom usurp all else?

- When a resident needs to use the bathroom all else stops. Why? Because WE COULD NOT help them. “We” being those of us who are not trained to help someone use the bathroom.
- What is the main reason most people move to a nursing home?
- Is that good customer service?
- Why isn't the need for bathroom assistance is not THE top priority in every nursing home in America everyday? “Really?”
- What if everyone who works in a nursing home was expected to become a Certified Nursing Assistant!?
- What if Performance Evaluations include support of resident-directed care?
- What about Maslow's Hierarchy of Needs?

Increasing Resident and Family Involvement in Decision Making

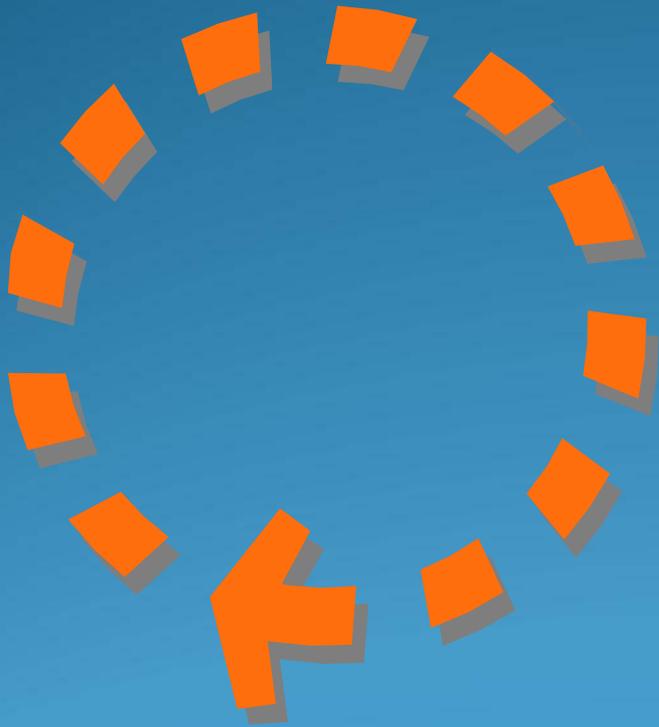
- No regulation prohibits
- Meets F 242 and F 243/244
- Residents and families care just as much about your home as you do!
- Costs no money!
- Learning circles
 - Residents, families, friends and staff participate
 - Everyone has the right to speak
 - Includes residents, families and staff in making decisions about life within the household or neighborhood.

Colorow Olathe, CO

“Emergency Learning Circle”



Regenerative Community Community Meetings



Barry and Debbie Barkan
Berkeley, CA

- Builds community
- Creates connection
- Explores meaning
- Gathering as a community to discuss things of mutual interest and concern, to celebrate, to remember and to mourn.

Clear Creek Care Center's Community Meeting

- Pledge
- Resident led song God Bless America
- Birthdays/Landmark Life events celebrated
- Announcements/Upcoming events
- Planning events/holidays/decorations
- Honored residents attending for first time
- Jokes
- New residents and staff introduced,
- Visitors introduced
- Residents moving, Residents dying
- Policy review
- Open forum for questions, comments, announcements
- Resident closed with a devotion

Tags F243/F244 Participation in resident and family groups

Facility must listen to views/ act upon grievances and recommendations concerning proposed policy and operational decisions affecting resident care and life in the facility

Who should lead

Resident/Neighborhood/Household Council?

- What if Administrators lead in conjunction with residents?
- NHA is the boss of the place, the boss of all managers, any manager is put in a precarious position

Residents/families serve on QA?

“Residents and families care about your home as much as you do!” Beth Irtz

Truly personalized rooms



Crestview in Bethany, MO

Homelike

- Tag 252 supports
- Tags to consider:
 - Accident hazards *maybe*
 - For own furniture - fire retardant products or dips and sprays
 - LSC requires smoke detector with own furniture but most homes already have



Eliminating overhead paging

- F 258 Comfortable sound levels –
”difficulty because of background sounds such as **overuse** or excessive volume of intercom, shouting, loud TV or cleaning equipment”
 - Many homes only use the intercom in case of emergency
 - Decreased agitation, warmer climate

Common Care Planning

Problem

Goal

Intervention

Difficult behavior:
Resident wanders into
others rooms at night

Resident will sleep 5
hours during the night
by next RCC

Sleep medication PRN
Discourage napping
during the day
Side rails up
If unable to sleep,
place in geri-chair

"I" Care Plan

Problem

I like to walk during the night

Goal

I will ambulate freely throughout my home daily at times of my choice over the next quarter

Intervention

If I'm walking at night, please offer to walk with me

Place sashes on the doorways of the residents who are disturbed by my presence at night

Offer snacks and preferred activities when I'm unable to sleep. I like to read the sports section of the newspaper, play solitaire, watch old movies

COMMUNICATION/MEMORY: I have a little bit of trouble with my memory. I have been diagnosed with early Alzheimer's dementia. I am aware of my situation, my caregivers and my family. Occasionally I am a little forgetful and confused. Be sure to orient me as part of our conversation while you are providing care. Remind me what is going to happen next. Introduce yourself every time you meet me until I am able to remember you. If I should be more confused than you normally see me, or I don't remember details about my day, notify the nurse. Often times this means that I am having health complications, which my nurse will be able to assess. I enjoy conversation about your family and your children. I have had a lot of experience raising kids. If you would like some advice on beauty, I love to share my opinion. Especially on how you should do your hair or what clothes look good on you. Being a model all those years has paid off.

GOAL: *I want to remain oriented to my family and my caregivers. I want to be able to remember special events and holidays with your reminders.*

WELL-BEING: Most of the time my mood is very pleasant. I enjoy people, I enjoy talking, and I look forward to the daily visits from my daughter. The thing that makes me happiest is when I feel in control of the things going on around me. You can help by offering me choices in my care. Encourage me to get out and be with others. It is important that I get to all three meals in the dining room because my table companions count on me to be there. If I appear grouchy, really listen to me. I like to have things done my way so follow my directions. I also get grouchy if I am hurting in my back, hip or shoulder. I take medication that helps me with pain and with depression. Let my nurse know if I am grouchy, I don't want to get out of bed, I don't feel like eating, or I don't bother to put on my make-up. These are signs that I am not quite myself.

GOAL: *I want to make decisions in my daily care. I want to get out of my room for meals three times a day. I want my mood to improve with your helping interventions.*

Only part of a narrative I care plan taken from the workbook
Changing the Culture of Care Planning: A Person-Directed Approach
Published by Action Pact at www.culturechangenow.com

But what about persons with dementia?

- Isn't it like "putting words in their mouths?"
 - If you know your residents well, you know what they would say if they could.
-
- But what if surveyors don't like it?

Care Planning Regulations

- Tag F279 “measurable objectives and timeframes” and “highest practicable” are the **only** requirements (THREE)
- Otherwise no specific style required
- We have followed the traditional medical/nursing care plan model
- You have choices in how to care plan!
- There is no prescription from the federal regs, this is why new styles are emerging!

Typically state regulations (if any):

- Dishwasher temps
 - Washer/dryer temps
 - Microwaves/small refrigerators
 - Nurses stations: ability to view down hall
 - Animals
 - Design requirements
-
- Waivers/Variations
 - If state regs are standing in your way, be glad!
State regs are easier to change than federal regs!

Traditions/Not regulations

- Two baths/week
- Must be “doused or dunked” to be clean
- Meal intake records – some homes choosing to only document intake on those nutritionally at risk
- Scoop sizes - “Not the end all, be all”
Captain Steve Chickering, CMS
- Table numbers and name plates

Related Resource

Workbook designed to

assist staff in thinking through:

- how regulations support culture change,
- how culture change embodies OBRA '87
- regulations that pertain to common culture change practices through the eyes of a surveyor

Additionally:

- Staff exercises
- Learning Circle questions
- Short and user-friendly

Available by Action Pact at

www.culturechangenow.com.



CMS Support

9/02 Satellite Broadcast

“Innovations in Quality of Life – the Pioneer Network”



Available from the Pioneer
Network for \$99.00

www.pioneernetwork.net

- 2.75 hours
- What is Culture Change
- Staff Empowerment
- Care Planning
- Dr Thomas/Eden
- Bathing without a Battle
- Meadowlark Hills
- Surveyor to Surveyor segment

Artifacts of Culture Change

- Co-developed CMS and Edu-Catering
 - Measurement tool - evidences of a changed culture
1. Artifacts of Culture Change tool
 2. Comprehensive report regarding its development, which also includes
 3. Source Information: research and prevalence

www.siq.air.org

- SIQ = Sharing Innovations in Quality - CMS contracted website full of resources, particularly any mentioned in new interpretive guidelines

More CMS Support

- Training to CMS Regional Offices on culture change
- Dissemination of Culture Change Now magazine to state survey agencies
- “From Institutional to Individual Care” four part broadcast series available from PN (earlier slide)
- Culture change committee at CMS Central Office!

Creating Home in the Nursing Home: A National Symposium on Culture Change and the Environment Requirements



APRIL 3, 2008 | WASHINGTON, D.C.



Centers for Medicare & Medicaid Services
and Pioneer Network Presents

Creating Home in the Nursing Home

In cooperation with
American Association of Homes and Services for the Aging



Creating Home Symposium

- “The federal government is listening”
- Innovations and barriers: federal, state, Life Safety Code
- Background paper, transcripts and all papers and presentations available at www.pioneernetwork.net.
- Results:
 - National Life Safety Task Force: making proposals re: LSC to NFPA
 - New CMS Guidance and Press Release
 - **PN/CMS Dining Symposium in 2010!**

CONVERSATIONS
Carmen



Every 3rd Friday, 1 hr
CC Training directly
into your home
Series on Guidance on
the New CMS Guidance

Action Pact
www.culturechangenow.com

August 21 Guidance on the New CMS Guidance: A Reason to look at Organizational Design with Megan Hannan and LaVrene Norton

September 18 Guidance on the New CMS Guidance: Quick Fixes to the Environment with Maggie Calkins

Future LTC Professional?





Who isn't a Future
Elder
of
America?

“Everyday
Pancakes”

Edu-Catering
Catering Education for
Compliance and Culture Change
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