

Oklahoma's NURSING TIMES

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Got milk?

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Connie Brasier, RN, IBCLC, has helped her hospital become a donor site for The Mother's Milk Bank.

by Mike Lee
Staff Writer

Overwhelming evidence supports the fact that a mother's milk is the best for her baby.

But what if that milk

isn't available?

Connie Brasier, RN, IBCLC, knows it's a reality for some moms.

That's why she's super excited Integris Canadian Valley Hospital has made a commitment to help those

infants in need.

"I knew about the Oklahoma Mother's Milk Bank and I knew there was a way you could become a donor depot so I contacted them," Brasier said. "The Mother's Milk Bank was all for it because Western Oklahoma doesn't have a lot of donor drop-off sites. Anyone who was a donor had to ship it or take it to Lincoln and 10th St."

The appropriate contacts were made through the Integris

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Pulmonology Nurse Recognized

Linda Caton noted for her
compassionate care to patients



photos provided

Linda Caton, RN; and Denise Geuder, RN, MS, CNOR, VP of Patient Care Services and Chief Nursing Officer.

Linda Caton, RN, who is a nurse in the pulmonary department at Cancer Treatment Centers of America in Tulsa (CTCA), received a DAISY award for the compassionate care she gives to patients.

The DAISY Award is an international program that rewards and celebrates the extraordinary, compassionate, and skillful care given by nurses every day. Earlier this year, CTCA in Tulsa became a DAISY Award Partner, recognizing one nurse with the honor quarterly.

From April to June, CTCA staff, patients, and caregivers, submitted more than 100 nominations for the

See MILK Page 3

See AWARD Page 2

photos provided

Tammi Holden, RN, BSN, VP Oncology Patient Services; Linda Caton, RN; Tracy Tetzner, RN, BSN, Clinic & Care Management Director; Susan Brown, RN, MSN, OCN, CBCN, Oncology Practice Manager; and Shelly Stillwell, RN.

AWARD

Continued from Page 1

DAISY Award. Last month, Linda was named the first recipient.

Linda was nominated for the close relationship she developed with a patient and his wife over the last two years. When the patient's condition started to decline earlier this year, Linda drove to their home in another state to see the patient before he passed, and visited again for the memorial service - driving more than 800 miles total for

both trips. Several weeks later, the patient's wife came to CTCA in Tulsa to visit with her late husband's physician, and she spent the weekend with Linda to celebrate their birthdays together, which are only a few days apart.

"Linda is an incredibly passionate nurse," said Tammi Holden, RN, BSN, vice president of Oncology Patient Services. "The patients become like her own family. She truly exhibits our Mother Standard of care with each of them."

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MILK

Continued from Page 1

legal department and the Mother's Milk Bank supplied the freezer to use.

Brasier says Integris Canadian Valley Hospital is now the only facility statewide that accepts donations 24 hours a day.

Once the milk is received it is forwarded to the downtown OKC site to be pasteurized for safety and then distributed to the various hospital sites where it has been prescribed.

The milk itself is available by prescription only from a neonatologist. It's used for compromised NICU patients - largely pre-term infants.

Sometimes depending on medical conditions or the medications that a mother is on milk from the infant's own mother is either not available or an option.

"We know a mother's milk is the best milk for those little infants," Brasier said.

Brasier said there have been instances where mothers have miscarried but have pumped their milk and continued to donate to the milk bank.

"The ideal donor is any mom who is lactating," Brasier said.

Donors are taken through a health screening and then asked to donate at least 100 ounces in the first year.

"For most moms that's pretty easy to do," Brasier said.

Brasier recognizes that donors will never see the recipients of the milk or all the good that comes from it.

But she has.

"They are making a huge difference," Brasier said. "Hopefully, the donors are passionate about breastfeeding and breast milk for their infants and others and know the importance of that. These babies who are compromised formula is OK but if it's breast milk it's more easily digested so for illnesses and intestinal issues they are making a huge difference."

"The way it can easily be broken down is much more gentle on these infants that are compromised. It is a good thing."

Brasier breastfed her children. When she became a nurse 11 years ago she was eventually led to working with new moms.

"I'm a big cheerleader," Brasier said. "For those moms who are new

it was easy for me to get into that role. I think women can be especially hard on themselves. If we say we want to breastfeed and then we struggle with it we kind of take it personal."

With the encouragement of her manager, Jill Hughes, RN, Brasier pursued her certification as an International Board Certified Lactation Consultant.

Her entire nursing focus is now on lactation both in the hospital and for outpatients.

The Oklahoma Mothers' Milk Bank mission is to provide donor milk for critically ill and/or preterm infants in Oklahoma and surrounding states to improve short and long-term health care outcomes. Oklahoma has one of the highest rates of preterm births in the nation, with one in seven babies born premature.

The use of human milk, in lieu of other nutritional methods, greatly increases the survivability and development of these babies. Additional goals include educating mothers and the medical community about the superiority of mother's milk over alternative forms of nutrition for infants and young children.

The Oklahoma Mothers' Milk bank was the 13th milk bank operating in the United States when it began processing milk in August 2013. Prior to OMMB, the closest bank to Oklahoma was in Texas. There are frequent shortages nationwide as the demand for human milk in hospitals continues to increase.

"It's a huge accomplishment," Brasier said of mothers being able to breastfeed. "I know just for the health of our society in general I think we're making a difference just one baby at a time. We know breastfeeding gives us life-long protection from a lot of illnesses."

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CAREERS IN NURSING

TIMES OF EMERGENCY - ER NURSES ARE THERE WHEN YOU NEED THEM

by James Coburn - Writer/Photographer

Shannon Dunkeson, RN, has spent all of 21 years as a nurse in emergency department nursing. She is an emergency room nurse at OU Medical Center Edmond.

"I love my patients. I love what I do. People say it's because I do something different every day," Dunkeson said. "No. It's because I am going to be the best part of somebody's worst day. And somebody's going to make my day remind me of why I do what I do."

This seasoned ER nurse loves people and likes to touch lives by helping them. She never wants to change.

"I've done it long enough to where I'm one of those old ER nurses," said Dunkenson, who is in her early 40s.

She has worked at the facility for about a year, but also worked at OU Medical Center in downtown Oklahoma City. She earned her nursing degree at the Central

Wyoming College in 1995 where she grew up.

"I actually flew in my younger years when I was in my 20s for about 10 years but I've always done ER," Dunkeson said. "I was a flight nurse in a helicopter in South Dakota for a local hospital. I never went outside of ER. It's my passion."

It was a tragic accident to her father when Dunkeson was 9 years old that gave rise to a nursing career.

"When we were going to turn the ventilator off, the nurse with a white hat and a white gown came over and said something to my mom in the midst of all this disaster," she recalled. "And my mom just smiled and said thank you."

That one nurse made a difference in Dunkeson's life. She wishes that she knew the name of the nurse that made her mother smile at a time of profound loss.

Smiles return to the emergency

room at OU Medical Center Edmond in the form of thank you cards and greetings.

"There's always those people that remind you of what you do," she said.

One gentleman stays in touch with her because she cared for his elderly mother in her 90s several times before she passed. Every time he visits her, he will bring her a Dr. Pepper.

He will say, "I remember you saying you like Dr. Pepper, and mom wanted me to bring you one."

Dunkeson describes the nurses she works with as a good bunch of people.

"We're good at what we do and we're here for a reason," she said. "We're a great team. We all get along and I think we all have the same reasoning to why we're here, if you will, and the same need and wants."

"We're here because we want to

be, not because we have to be."

Everyone she works with at OU Medical Center Edmond has the same big heart and family values. The hospital has brought that to her career, she said.

"I've been to other hospitals in my career. This one seems to be the one that stole the blanket. It's nice."

Her days are spontaneous. It is not like being a surgical nurse when surgeries are scheduled and a nurse knows what to expect the next day. She never knows who will be come through the door after or during a conversation.

"I'm okay with that. As ER nurses our lives revolve around things like that. We take everything in stride," she said.

Patients and their families do not set an appointment to come to the ER. Their days may be interrupted with fear. As a nurse, Dunkeson is a soothing instrument of peace. She makes a point to touch her patients,

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As Katie's kidneys deteriorated, her energy level also decreased. Thanks to a generous act from her brother who was her kidney donor, the past 33 years have allowed Katie a chance to live a normal life. She was able to raise her children, and enjoy the gift of grandchildren and great grandchildren. Katie has cherished the opportunity to live her life to the fullest after her transplant.

Organ, eye and tissue donation saves lives. Please make your decision to donate life and tell your family. Register to be an organ, eye and tissue donor on your Oklahoma driver's license or state ID card or register online at www.LifeShareRegistry.org. You may also call 800-826-LIFE (5433) and request a donor registration card.

Katie **LifeShare**



Shannon Dunkeson's career as a registered nurse has her exactly where she wants to be, the ER nurse at OU Medical Center Edmond says.

perhaps their knee, looking at them in the eye and letting them cry or be angry.

Dunkeson lets her patients know that while they are in the emergency room to let her do the worrying. Let them be at peace with what we're doing, she continued.

"They didn't plan on this day. They came in. We take their clothes off. We put you on a bed and may give you a warm blanket, depending on what's going on," she said. "So if you can give that one person or the family a little bit of, 'It's okay. Let me

do this while you take a breath, then I will let you know what is happening."

Summer time is hot. Oftentimes, there will be patients coming to the ER with heat exhaustion or bites from snakes or spiders.

"A lot of these guys -- the manual workers outside -- the TV repairmen that are in these attics when it's more than 100 degrees are doing their job," she said.

Dunkeson reacts in the moment to get them cooled down. They are grateful as a result, she said.

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St. Anthony Physicians Group Names Gary Jepson Administrative Director of Operations

St. Anthony has recently appointed Gary Jepson to the position Administrative Director of Operations, where he will join the St. Anthony Physicians Group administrative team.

Jepson obtained his Master of Science in Healthcare Administration from Trinity University in San Antonio, Texas, and is a Fellow with the American College of Healthcare



Gary Jepson,
Administrative Director
of Operations - St.
Anthony Physicians



Associate of The Fountains at Canterbury Obtains Oklahoma Long Term Care Administrator License

Katy Woodard, an associate of The Fountains at Canterbury in Oklahoma City, recently received her Oklahoma Long Term Care Administrator license from the Oklahoma State Board of Examiners for Long Term Care Administrators.

Woodard, program director and now administrator at The Fountains at Canterbury, fell in love with the senior population while engaging in philanthropic opportunities through her collegiate sorority, Sigma Kappa. Hoping to continue working with seniors, she pursued a Bachelor of Science and Master of Science in speech-language pathology at the University of Central Oklahoma.

Woodard spent seven years practicing speech-language pathology in skilled rehabilitation, two years of which were spent as the director of rehabilitation in The Springs at The Fountains at Canterbury. Most recently, Woodard decided to continue pursuing her passion for the elderly by becoming a long term care administrator. She completed an 18-week class through Administrator University in Oklahoma City as well as 560 hours of required training. After passing the State Board Exam, Woodard completed the National Association of Long Term Care Administrators Boards in May of this year and became fully licensed by the Oklahoma State Board of Examiners for Long Term Care Administrators in June.

"We are very proud to have Katy serving as the long term care administrator in The Springs at The Fountains at Canterbury," said Scott Steinmetz, executive director of The Fountains at Canterbury. "Her



Katy Woodard, associate of The Fountains at Canterbury in Oklahoma City.

passion for helping our residents thrive motivated her to pursue her Oklahoma Long Term Care Administrator license. The time and energy she invested to achieve this milestone illustrates her dedication and commitment."

The Fountains at Canterbury is dedicated to being the first choice in senior living, providing a continuum of care including independent living, assisted living, memory care, innovative rehabilitation therapies and skilled care. The Fountains at Canterbury is committed to creating an extraordinary community where people thrive. To learn more, please call (405) 381-8165 or go online to www.watermarkcommunities.com.

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Oklahoma's Nursing Times Hospice Directory

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Okc, 405-463-5695 Keith Ruminer/volunteer
coordinator/chaplain

Autumn Bridge Hospice: 405-440-2440

Autumn Light Hospice: 580-252-1266

Carter Healthcare & Hospice: OKC - OKC
Pat McGowen, Vol. Coordinator, 405-947-7705, ext.
134; Tulsa - Samantha Estes, Vol. Coordinator,
918-425-4000

Centennial Hospice: Becky Johnson,
Bereavement Coordinator 405-562-1211

Choice Home Health & Hospice:
405-879-3470

Comforting Hands Hospice: Bartlesville:
918-331-0003

Companion Hospice:
Steve Hickey, Vol. Coordinator, Guthrie:
405-282-3980; Edmond: 405-341-9751

Compassionate Care Hospice: Amy Legare,
Bereavement/Vol. Coordinator, 405-948-4357

Cornerstone Hospice: Vicky Herrington, Vol.
Coordinator, 918-641-5192

Crossroads Hospice: Elizabeth Horn, Vol.
Coordinator, 405-632-9631

Cross Timbers Hospice: Ardmore-
800-498-0655 Davis-580-369-5335 Volunteer
Coordinator-Shelly Murray

Excell Hospice: Toni K. Cameron, Vol.
Coordinator 405-631-0521

Faith Hospice of OKC: Charlene Kilgore, Vol.
Coordinator, 405-840-8915

Frontier Hospice: Kelly Morris, Vol.
Coordinator, 405-789-2913

Golden Age Hospice: 405-735-5121

Good Shepherd Hospice: 4350 Will Rogers
Parkway Suite 400 OKC OK 73108 405-943-0903

Grace Hospice Foundation: Sharon Doty, Dir
of Spec. Projects - Tulsa 918-744-7223

Harbor Light Hospice: Randy Pratt, Vol.
Coordinator, 1009 N Meridian, Oklahoma City, OK
73107 405-949-1200

Horizon Hospice: LaDonna Rhodes, Vol.
Coordinator, 918-473-0505

Heartland Hospice: Shawnee: Vol. Coord. Karen
Cleveland, 405-214-6442; OKC: Vol. Coord. Tricia
Woodward, 405-579-8565

Heavenly Hospice: Julie Myers, Coordinator
405-701-2536

Hope Hospice: Bartlesville: 918-333-7700,
Claremore: 918-343-0777 Owasso: 918-272-3060

Hospice by Loving Care: Connie McDivitt,
Vol. Coordinator, 405-872-1515

Hospice of Green Country: Tulsa:
918-747-2273, Claremore: 918-342-1222, Sapulpa:
918-224-7403

**INTEGRIS Hospice, Inc. & the INTEGRIS
Hospice House:** Ruth Ann Frick, Vol.
Coordinator, 405-848-8884

Hospice of Owasso, Inc.: Todd A. Robertson,
Dir. of Marketing, 877-274-0333

Humanity Hospice:
Kay Cole, Vol. Coordinator 405-418-2530

InFinity Care of Tulsa: Spencer Brazeal, Vol.
Director, 918-392-0800

Indian Territory Home Health & Hospice:
1-866-279-3975

Interim Healthcare Hospice: 405-848-3555

Image HealthCare : 6116 S. Memorial Tulsa,
Ok. 74133 (918) 622-4799

LifeChoice Hospice: Christy Coppenbarger,
RN, Executive Director. 405-842-0171

LifeSpring In-Home Care Network: Terry
Boston, Volunteer and Bereavement Coordinator
405-801-3768

LifeLine Hospice: April Moon, RN Clinical
Coordinator 405-222-2051

Mercy Hospice: Sandy Schuler, Vol.
Coordinator, 405-486-8600

Mission Hospice L.L.C.: 2525 NW Expressway,
Ste. 312 OKC, OK 73112 405-848-3779

Oklahoma Hospice Care: 405-418-2659
Jennifer Forrester, Community Relations Director

One Health Home Health in Tulsa:
918-412-7200

Palliative Hospice: Janet Lowder, Seminole, &
Sabrina Johnson, Durant, 800-648-1655

Physician's Choice Hospice: Tim Clausing,
Vol. Coordinator 405-936-9433

Professional Home Hospice: Sallisaw:
877-418-1815; Muskogee: 866-683-9400; Poteau:
888-647-1378

PromiseCare Hospice: Angela Shelton, LPN -
Hospice Coordinator, Lawton: (580) 248-1405

Quality Life Hospice: 405 486-1357

RoseRock Healthcare: Audrey McCraw,
Admin. 918-236-4866

Ross Health Care: Glenn LeBlanc, Norman,
Chickasha; April Burrows, Enid; Vol. Coordinators,
580-213-3333

Russell Murray Hospice: Tambi Urias,
Vol. Coordinator, 405-262-3088; Kingfisher
405-375-5015; Weatherford-580-774-2661

Seasons Hospice: Carolyn Miller, Vol. /
Bereavement Coordinator, 918-745-0222

Sequoyah Memorial Hospice:
Vernon Stone, D. Min. Chaplin, Vol. Coordinator,
918-774-1171

Sooner Hospice, LLC:
Matt Ottis, Vol. Coordinator, 405-608-0555

Clinical Nurse Specialists Call Comprehensive Addiction and Recovery Act 'Good Start' but Say It Falls Short

"As a member of the Coalition to Stop Opioid Overdose, the National Association of Clinical Nurse Specialists (NACNS) supports all meaningful efforts to reduce and prevent opioid addiction. We see the Comprehensive Addiction and Recovery Act (CARA), signed on Friday by President Obama, as a good start, but this law falls far short of what is really needed.

"The new law underscores the fact that opioid addiction is a disease, not a crime, and that we must treat people suffering from this disease accordingly. It also increases access to medication-assisted treatment and to the overdose antidote naloxone, funds drug courts, and gives states incentives to improve prescription drug monitoring programs and adopt comprehensive substance abuse plans. Unfortunately, the funding falls far short of what's needed to fully

implement that work.

"So, while we are encouraged that steps are being taken in the right direction, we strongly urge Congress to go further to address this public health crisis by increasing funding to fight opioid addiction.

"Congress should also expand the types of health care providers, like clinical nurse specialists, who can prescribe medication-assisted treatment. Clinical nurse specialists have the same education and training as other advance practice registered nurses. Allowing CNSs to practice to the full scope of their education and training will not only increase the pool of qualified health professionals but also improve access to care."

Sharon Horner, PhD, RN, MC-CNS, FAAN is the President of the 2016-2017 NACNS Board of Directors.

INTEGRIS Heart Hospital Implants First-of-its-kind Naturally Dissolving Heart Stent in Patient with Coronary Artery Disease

A First for Oklahoma

The interventional cardiology team at INTEGRIS Heart Hospital recently became the first in Oklahoma to offer patients with coronary artery disease a new treatment option that literally disappears over time.

George Chrysant, M.D., an interventional cardiologist at INTEGRIS Heart Hospital, implanted a patient July 14, 2016, with the world's first FDA-approved dissolving heart stent. The Absorb bioresorbable vascular scaffold is a major advance in the treatment of coronary artery disease, which affects 15 million people in the United States and remains a leading cause of death worldwide despite decades of therapeutic advances.

While stents are traditionally made of metal, Abbott's Absorb stent is made of a naturally dissolving material, similar to dissolving sutures. Absorb disappears in about three years, after it has done its job of

keeping a clogged artery open and promoting healing of the treated artery segment. By contrast, metal stents are permanent implants.

"Absorb represents a paradigm shift in interventional cardiology similar to when drug-eluting stents took over bare metal stents," Chrysant explained. "It also revolutionizes patient care when a couple years down the road, the patient has their own natural artery back with no metal left behind. There is also a reduced risk of future blockages that can occur with metal stents."

To ensure optimal patient selection and implant technique, INTEGRIS Heart Hospital's interventional cardiology team underwent extensive training on the new device. More information about the Absorb dissolving heart stent is available online at dissolvingstent.com.

The Hospice Directory above does not represent a list of all Hospice facilities statewide. For a complete list visit www.ok.gov/health



**Vicki L Mayfield, M.Ed., R.N.,
LMFT Marriage and Family
Therapy Oklahoma City**
*If you would like to send a
question to Vicki, email us at
news@okcnursingtimes.com*

My husband and I are in marriage counseling and recently learned that after eight years of marriage we NEVER talked about our EXPECTATIONS for each other. How did we manage to overlook this?

There are some couples who are required to take pre-marital counseling before getting married by some ministers and/or churches. A discount can be obtained on the marriage license if counseling is received. These are situations that push people into an opportunity for some much needed "getting to really know you" counseling before the I DO'S.

Otherwise people generally find counseling on their own when they just can't take it any more.

One of the biggest culprits of marital strife is unfulfilled expectations. Many couples never define their expectations before marriage. This is an interesting fact. Would you buy a car and not have some clear expectations for what you want it to do. Would you apply for a job without having some exceptions for what you will be doing.

Recently Donna and Brian came in for marriage counseling. Brian was frustrated with Donna's tight hold on the finances. He said he worked hard and when he wanted to buy something Donna had to approve it. He felt like Donna was his mother.

Donna said she never wanted to manage the finances. It just kind of fell into her lap. Brian did not want to do it. And she was concerned with the way Brian would spend fun money first and then focus on the bills. She wanted the bills paid first.

Their expectations about managing the finances had never been discussed. Both resented the other. So for the first time in their eight year marriage they were actually discussing their expectations about several things.

Expectations need to be stated. They can not always be met. But two people who are planning a life together need to have this discussion. Many of the resentments and discord are directly related to not having a clear understanding of the expectations.

Mind reading 101 is not offered in most college curriculum's. Wives say, "Why do I need to tell him how he can help me, can't he see it?" Husbands say, "She knows I love her, why do I have to always say it?"

What screws us up in life is the picture in our head of how it is supposed to be.

Failure to Classify is Out of Step - Nurse Leader Warns

The president of the National Association of Clinical Nurse Specialists (NACNS) today expressed deep disappointment that the Office of Management and Budget (OMB) on Friday incorrectly classified clinical nurse specialists (CNSs) once again, categorizing them as general registered nurses instead of as the advanced practice registered nurses (APRNs) that they are.

"Yet again, we are incredibly disappointed that the Standard Occupational Classification (SOC) Policy Committee is erecting barriers to full scope of practice for the more than 72,000 clinical nurse specialists across the United States who work in hospitals and other health care settings," said Sharon Horner, PhD, RN, MC-CNS, FAAN, president of the 2016-2017 NACNS Board of Directors. "Clinical nurse specialists are advanced practice registered nurses who have education

and training in advanced nursing care, physiology, pharmacology, and physical assessment. The demand for CNS's science-based expertise is rising as our nation's health care needs multiply and become more complex."

The SOC Policy Committee was established by OMB to ensure the coordination of occupational statistics across federal programs. By lumping CNSs into the general registered nurses category, the OMB prevents researchers from accurately capturing the data and statistics that represent the CNS workforce.

"By refusing to recognize the CNS as an APRN, the SOC Policy Committee's recommendation skews the quality and utility of federal health care policy data," Horner continued. "This classification is out of step with the other federal agencies, practice in the states and the larger nursing community. The seminal 2010 Future of Nursing report recommends that all APRNs, including clinical nurse specialists, be allowed to practice to the full scope of their education and training. States are actively adopting the APRN Consensus Model, which clearly identifies clinical nurse specialists as one of the four

recognized APRNs. In May, the Department of Veterans Affairs (VA) proposed to amend its medical regulations to permit full practice authority of all VA APRNs, including CNSs, when they are acting within the scope of their VA employment. Furthermore, Congress recognized CNSs as APRNs in the Balanced Budget Act of 1997 when it allowed CNSs to directly bill their services through the Centers for Medicare & Medicaid Services."

"Every day across this country, CNSs provide expert care to patients and their families, support nurses caring for patients at the bedside, help drive practice changes at their organizations, and ensure the use of best practices and evidence-based care to achieve the best possible patient outcomes," Horner concluded. "We will continue to collaborate with other nursing organizations to show that if every health care setting employed CNSs, more care would be based on research and best practices, our health care system would be more efficient, and our patient population would be healthier."

Horner said NACNS will submit comments on the recommendations for revising the 2010 Standard Occupational Classification for 2018 during this second comment period. OMB is expected to produce the 2018 SOC Manual in the summer of 2017. Federal agencies will implement the changes beginning in 2018.

Founded in 1995, The National Association of Clinical Nurse Specialists is the only association representing the clinical nurse specialist (CNS). CNSs are advanced practice registered nurses who work in a variety of specialties to ensure high-quality, evidence-based, patient-centered care. As leaders in health care settings, CNSs provide direct patient care and lead initiatives to improve care and clinical outcomes, and reduce costs. NACNS is dedicated to advancing CNS practice and education, removing certification and regulatory barriers, and assuring the public access to quality CNS services.



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What is your favorite recipe? Golden Age Nursing Center

"My favorite recipe would probably be my mom's homemade lasagna. We use it with marinara, hamburger and the noodles, cheese and cottage cheese."



Candice Bootenhoff,
LPN

"My favorite recipe is deer chili and I've won at chili cook-offs."



Ashley Nelson,
activities

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"Cheese enchiladas with red pepper, salsa, tortillas, flour tortillas and corn tortillas with Spanish rice and refried beans."



Maria Ordaz, CMA

"A family recipe called Cherry Coke Salad. It's a gelatin salad. And unfortunately I can't tell you how it's made because it's a family secret."



Meghan Crawford,
LPN

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