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With Person Centered Dining

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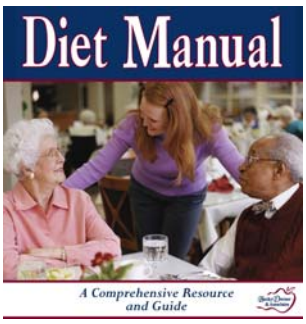

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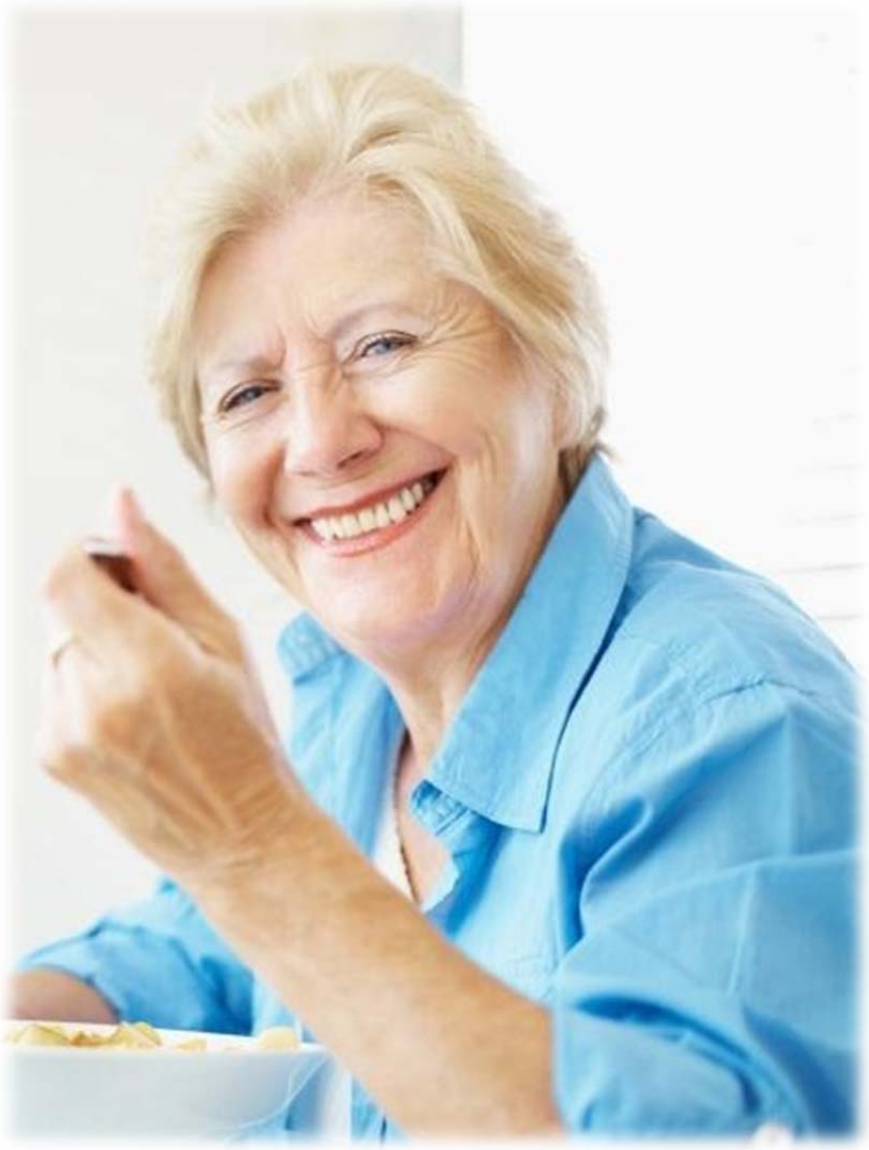

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Introduction

"Person centered care" is a result of culture changes in long term health care that have been occurring over the last two decades. Health care communities (nursing homes, skilled nursing facilities, assisted living facilities, continuous care retirement communities, group homes, etc.) are replacing the traditional model of health care with a more home-like approach to care and living environments with a focus on allowing residents more opportunities to make choices in their daily lives.

People who reside in health care communities are encouraged to think of their residence as "home" rather than a medical facility. Health care communities are changing the way they operate on every level to adopt culture change and person centered care. As a result, significant changes in care delivery have evolved. The Centers for Medicare and Medicaid Services (CMS), the organization that regulates long term care facilities, embraces these changes and encourages facilities to implement culture change.

This document will define culture change and person centered care, explain how culture change and person centered care play a role in dining services, and provide ideas on how your food service department can lead the person centered care movement in your facility through person centered dining. It will also review how to help assure compliance to CMS regulations and manage special dietary needs while delivering person-centered nutrition care.

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Imagine what it would be like if you lost your ability to care for yourself and to live independently, and needed to be placed in a nursing home for your care. What are your biggest fears? What would you miss the most? Most people say they would miss their independence, dignity, choices, and control over their everyday lives. Giving some of this freedom and control back to residents is the reason for culture change in long term care.

Unfortunately there have been many negative stories about nursing homes in the media in the past, which has led to some common misconceptions about the quality of care provided, and what everyday life is like for people who live in nursing homes. In 2007 Prince Market Research conducted a study of more than 800 seniors (65 and older) and baby boomers. Eighty-nine percent of seniors indicated that they want to grow old without leaving their home. Seniors' biggest fears were loss of independence, and entering a nursing home. Half of seniors indicated that they would be willing to use new technologies to foster independence, including having sensors installed in their homes to monitor their health (1). The study also indicated that eighty-two percent of baby boomers feared their parents would be mistreated in a nursing home.

Most people do not want to live in a nursing home or assisted living facility, but in recent years the environment in health care communities has changed dramatically to be more resident-friendly. In facilities that practice person centered care, residents are given more autonomy and choice in all aspects of daily living. The nursing home industry's challenge is to increase consumer awareness of the more homelike atmospheres and cultures these facilities are adopting to make them less institutional and more appealing to older adults.

The Aging Population

In 2010 there were 40 million Americans over the age of 65 (2), and in 2011 the baby boomers began turning 65. By 2030, the older population is projected to be twice as large as it was in 2000, growing from 35 million to 72 million. This means that in 2030, nearly 20 percent of the total population will be over 65. These increases in the numbers of older adults will have a dramatic effect on our health care system in the future.

Despite these large numbers of older adults, in 2009 only about 4% of people over age 65 lived in long term care facilities. The percentage of people living in long term care facilities was higher for the older age groups; for example, 14 percent of people 85 and older in the U.S. lived in long term care facilities (2).

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The Traditional Medical Model

The traditional nursing home environment of years past followed an institutional or medical model of care. The day revolved around the *tasks* to be accomplished, and the tasks were often performed to treat illness and meet state and federal regulations, not necessarily to satisfy the individual being cared for. In this model, the facility schedule dictated care. Residents were told when to get up, when to go to bed, when to eat, bathe, and when to take their medications. Independent choices were limited.

In other words, historically, nursing homes provided medical care, but did not always address basic human needs for relationships and connections with others. Care was perceived as impersonal and individual's rights and desires may not have been recognized to the fullest extent possible.

Changing the Culture of Long Term Care

Nationwide, long term care facilities are changing the image of nursing homes by changing the culture for residents, staff, and families. Each health care community is in a different stage in the process of implementing this culture change, but changes can be seen in virtually every long term care facility in the U.S.

As an alternative to long term care, communities are working to keep people in their homes as long as possible. Whether a person remains at home or enters a skilled nursing facility, living in a home-like atmosphere with privacy, choice, and control over their lives is the goal of care for older adults.

Defining Culture Change

Culture can be defined in many ways, but one definition is "the ideas, customs, and social behavior of a particular people or society" (3). In long term care, the term "culture" is usually used to define the way of life in the facility.

The term "culture change" refers to a transformation of long term care services. Culture change focuses on person-directed care, also referred to as person-centered care or resident-centered care. Person-directed care values include dignity, respect, purposeful living, and having the freedom to make informed choices about daily life and health care (4).

The primary focus of culture change is to promote a better quality of life by implementing strategies that support person-centered care. Culture change can be very dramatic (for example, changes in building construction and layout of facilities). It might also be less obvious but include changes in policies, schedules, and resident choices within the confines of an existing building.

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The Centers for Medicare and Medicaid Services (CMS) may have started the movement for culture change with the Nursing Home Reform Act, part of the Omnibus Budget Reconciliation Act of 1987 (OBRA). The objective of the Nursing Home Reform Act was for nursing facilities to care for each resident's physical, mental and psychosocial well-being; and provide care that attains or maintains the highest practicable physical, mental and psychosocial well-being of each resident. The Act established a resident's bill of rights, including the right to exercise self-determination (allowing one to make their own decisions), and to be treated with dignity (5). In recent years, CMS has been actively involved in the culture change movement, working within their regulatory framework to improve quality of care and quality of life by emphasizing resident's rights and encouraging resident choice.

Person-centered care promotes what is typical for each patient as the goal of daily care. To meet these goals, routines are adjusted to the resident as much as possible (rather than the old medical model which focused on the staffs' or facility's convenience). Upon admission and periodically during a resident's stay at a facility, the facility staff, residents, and families discuss the individual's lifelong habits. Sleeping patterns, eating habits, and other daily routines are considered, and every task for each resident's care is structured to accommodate the individual resident's needs and preferences.

Basic Principles of Person Directed Care

Every facility approaches culture change differently, at its own pace, and with a different focus. However, the basic principles of person-directed care usually include the following concepts (4,6-9):

1. **De-institutionalizing the setting as much as possible.**
   This includes asking the question, "Would we see this in a home setting?" There are no nurse's stations, medication carts, food carts, snack carts or loud speakers in a home, so the environment in a facility is altered as much as possible with this in mind. When possible, furnishings are less institutional and décor is home-like and comfortable.
2. **Maintaining a more normal living atmosphere.**
   Many facilities are constructing smaller living units or neighborhoods with a central living area and kitchen, and a small number of rooms that make up a "neighborhood". Regular meetings are held for those who live and work there to discuss topics relevant to everyday life in their neighborhood. Pets, plants, and music may be part of each neighborhood. Each neighborhood has a kitchen and dining room. Meals are served on each unit rather than in a large dining room, and residents have access to a small kitchen area.

3. **Maintaining a Committed, Stable Staff.**
   Ideally, each staff member works on the same unit consistently with the same residents and co-workers. This allows the whole team (including residents) to get to know one another, live and work together, and creates an atmosphere of family, caring, and community. All individuals are treated with dignity, respect and loving care. Often staff is cross-trained so they can serve as certified nursing assistant, dietary aide, and/or housekeeper for a neighborhood.

4. **Encouraging More Control over Decisions.**
   Privacy, dignity, and choices about daily life and the care residents receive is the key to person-directed care. The individual is the focus, and is involved in care planning and setting daily routines. This usually begins with using "I" care plans: (for example, *"I prefer to eat breakfast at 9:00 AM…"),* and is carried out in every activity of daily living. Individuals are encouraged to continue lifelong habits, rituals, and cultural routines. The facility staff listen to each individual's needs, empower them to make their own choices, and support their decisions.

5. **Using Participatory Leadership.**
   Leadership which promotes open, honest relationships, communications and trust among facility staff and residents is suggested for culture change to be successful. A participatory leader has a vision based on values; is a role model; enables others to make decisions and act on the vision; values the team; expects excellence; encourages creativity and original thinking; and gives staff authority that matches their level of responsibility for care.

6. **Implementing Systems to Support Relationships and Choice.**
   In the ideal setting, healthy relationships between both staff and residents are nurtured. People discuss things that are meaningful to them. This requires interpersonal skills and communication skills, caring and trust between team members. When culture change is the goal, teamwork that includes group processes and group decision-making often works best.

   Everyone who lives and works in the facility should be valued, supported, and involved in the process of creating an environment that includes manageable systems with a focus on the goal of nurturing the human spirit.

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Benefits of Culture Change
Research is ongoing on the outcomes of the culture change movement, but some benefits have been identified.

Benefits for the Patient:

- Improved quality of life for all involved (residents, staff, family, community).
- Significant improvements in customer satisfaction: resident satisfaction, family satisfaction, and staff satisfaction.
- Improved clinical outcomes, including decreased pressure ulcers, decreased use of restraints, and decreased use of psychotropic medications (10).

Benefits for the Facility

- Higher occupancy rate
- Increased revenue
- Decreased staff turnover
- Satisfied customers (10)

The History of Culture Change
Several organizations have been groundbreakers in the culture change movement, including the Eden Alternative, the Green House Project, the Wellspring Model, Planetree, and more recently, the Pioneer Network. These programs can be used as a blueprint and resource for facilities who wish to implement culture change today.

Eden Alternative®
The Eden Alternative was founded in 1991 and offers a series of surveys for residents, staff and family to determine whether a facility is *ready* to implement culture change. According to the Eden Alternative, for positive change to take place, there has to be an attitude that positive change can happen, there must be a trust factor between the people involved, and there must be a feeling of generosity. The Eden Alternative believes that care should take a holistic approach that seeks to eliminate the plagues of *"loneliness, helplessness, and boredom"* for residents (6).

Dr. William Thomas, founder of the Eden Alternative and the Green House Project, believes that these programs strive to recreate the experience of aging by improving social and physical environments. The Eden Alternative model promotes the opportunity for residents to give meaningful care to other living creatures such as dogs, cats, birds, children, and plants. It also allows people to interact with others as they would in a normal living situation. This includes the opportunity to care for someone or something else, with the philosophy that everyone needs to be needed.

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Eden Alternative encourages the variety and spontaneity that exists in everyday life. "*The Eden Alternative shows how companionship, the opportunity to give meaningful care to other living things, and the variety and spontaneity that mark an enlivened environment, can succeed where pills and therapies often fail*" (6).

A study of 7 facilities that adopted the Eden Alternative indicated a 60% decrease in behavioral incidents (i.e. incidents between 2 or more residents), a 57% decrease in formation of pressure ulcers, a 25% decrease in the number of bedfast residents, an 18% decrease in restraint use, a 48% decrease in staff absenteeism, and an 11% increase in resident census sustained over 2 year period (6,11). Other outcome studies of Eden projects have identified a decrease in use of psychoactive medications, decreases in the average number of medications per older adult, and fewer deficiencies in their state surveys (11).

The Green House® Project creates intentional communities for small groups of older adults and staff. Its goal is to create the most positive life possible for older persons. Philosophies focus on life and living, and the relationships that help create a positive living environment. Green House facilities are smaller, with a homelike interior design. They alter staffing patterns and delivery of skilled professional services to accommodate residents' needs (7).

The intention of the Green House project is "to de-institutionalize long term care by eliminating large nursing facilities and creating habilitative, social settings. Its primary purpose is to serve as a place where older adults can receive assistance and support with activities of daily living and clinical care, *without the assistance and care becoming the focus of their existence*" (7).

The Wellspring Model

The Wellspring Model, formed in 1994, is based on 11 non-profit facilities in Wisconsin that formed an alliance to improve quality. They formed a Board of Directors, and created a budget for a shared Executive Director, a geriatric nurse practitioner (GNP), staff training and data analysis. The GNP trained key staff on best practices (care assessment, continence, behavior management, skin care, accident prevention and restraint reduction, restorative care, and nutrition). These staff members in turn trained the rest of the staff in each of their facilities.

According to the Wellspring Model, all departments must be involved and networking to share quality improvement ideas and data; all staff must be empowered to make decisions that affect quality of care and impact the work environment; and continuous reviews must occur to assess resident outcomes and environmental outcomes (8).

Data suggests that Wellspring facilities have fewer and less serious state survey deficiencies and less staff turnover than other facilities, all without increasing costs (12).

Planetree
Founded in 1978, the Planetree model began in hospitals as an attempt to "personalize, humanize, and demystify" patient care in the hospital setting. The goal of the program is to individualize and personalize care, to create an organizational culture of caring, and to nurture staff in an effort to encourage them to provide better care.

The focus is on relationships between caregivers and patients, the importance of human touch and continuous quality improvement (13). In 2004, Planetree was incorporated into a few large nursing home chains with dramatic results in quality improvement and customer satisfaction scores (13).

The Pioneer Network
The Pioneer Network was formed in 1997 by a small group of long term care professionals to advocate for person-directed care. The Network has used the work of pioneers in the culture change movement to evolve into the premier advocate for and source of information on culture change in long term care. The Pioneer Network is known for:

- Creating communication, networking and learning opportunities.
- Building and supporting relationships and community.
- Identifying and promoting transformations in practice, services, public policy and research.
- Developing and providing access to resources and leadership (14).

The Pioneer Network's goal is to transform the culture of aging in America, with an emphasis on changing the traditional model of caring for aging adults in an institution-like setting to a model that incorporates a more social and home-like model of caring. Their vision is a culture of aging that is life affirming, satisfying, humane, and meaningful.

The Pioneer Network believes that in order to change the culture in health care facilities, changes are also needed in the following areas: government policy and regulation, society's attitudes toward aging and older adults, older adults' attitudes towards themselves and aging, and the attitudes and behaviors of caregivers.

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The Pioneer Network promotes team building, enhancing the creativity of residents, families and staff, and creating a living pattern for all that is comfortable and familiar. They provide a wealth of resources for families, facilities, and providers that can be accessed on their website at www.pioneernetwork.net.

The New Dining Practice Standards

One of the Pioneer Network's many significant contributions to the culture change movement is their *New Dining Practice Standards,* which was published in 2011. The Standards make recommendations for maximizing nutritional status through person-centered nutrition care. Many different professional organizations (those supporting nurses, dietitians, medical directors, pharmacists, and speech-language pathologists among them) were involved with the development of these standards (15).

The Centers for Medicare and Medicaid Services (CMS) was also a partner in the development of the *New Dining Practice Standards* and is in full support of the guidelines.

For more information on how these standards relate to CMS regulations, see Chapter 3.

More information on details of the *New Dining Practice Standards* can be found in Chapter 2.

The *New Dining Practice Standards* can be downloaded from the Pioneer Network website at http://www.pioneernetwork.net/Providers/DiningPracticeStandards/. It is suggested that every medical director, administrator, director of nursing (DON), registered dietitian (RD), dietetic technician registered (DTR), certified dietary manager (CDM), and director of dining services to be familiar with this document.

The Language of Culture Change

According to the Pioneer Network, part of transforming long term care is using new words that respect residents as individuals. Suggestions for changing the language of long term care include replacing "elderly" with "older adults", or "elders" and "feeder" with "person who needs assistance with dining" (16). As part of this change in language, the term "non-compliant" might be replaced with "resident is making a choice" or similar terminology.

The Pioneer Network's complete list of suggested terms can be found here: http://www.pioneernetwork.net/CultureChange/Language/.

Home-Based Programs
Encouraging individuals to remain in their home is an important part of the culture change movement. Two existing programs that encourage home-based care are described here.

The Programs of All-inclusive Care for the Elderly (PACE)
PACE assists seniors to maintain independence in their own homes. Their philosophy is that it is better for seniors and their families to care for chronic health care needs in their own homes whenever possible. PACE serves people aged 55 and older who are certified to need nursing home care, yet able to live safely in the community. PACE will pay for and coordinate care including: home health care, prescription drugs, social services, medical specialists, nursing, therapies, hospital care when needed, meals, and nutrition counseling (17).

Money Follows the Person (MFP)
The CMS "Money Follows the Person" Rebalancing Demonstration Program (MFP) helps states rebalance their long term care systems to transition people who receive Medicaid from institutions back into the community. From spring 2008 through December 2010, nearly 12,000 people were transitioned back into the community through MFP Programs (18).

MFP program goals are to:

- Increase the use of home and community-based services (HCBS), and reduce the use of institutionally-based services.
- Eliminate barriers in state laws, state Medicaid plans, and state budgets that restrict the use of Medicaid funds to let people obtain long term care in the settings of their choice.
- Strengthen the ability of Medicaid programs to provide HCBS to people who choose to transition out of institutions.
- Put procedures in place to provide quality assurance and improvement of HCBS (18).

MFP is a public policy concept (similar to the public school voucher program) that allows people with disabilities living in institutional settings to move into less restrictive settings. The government funding for the individual will follow them into that setting. For example, an individual being served in a state funded developmental center could be given the option to move into a less restrictive setting. The funding dedicated to serving that person in the developmental center would no longer be provided to the developmental center, but used to support that person in their new setting.

Today, funding streams are established to pay for a bed rather than to support a person. This "take it or leave it" approach creates no incentive for providers to improve the services and supports for their clientele. A move to MFP would further empower individuals with disabilities to make choices about how they live their lives.

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Summary
As a result of the culture change movement, long term care customers, their families, and people who work in the industry expect care to be directed by the individual resident (person-directed).

There are many successful programs available to serve as models for positive change. These programs share common goals:

- To change the culture of health care settings from institutional to home-like, focusing on the human aspects of caring and relationship-building to create a community of family.
- To change the focus from staff-centered decision-making to resident-centered decision-making.
- To allow people to live the way they want to live, and to provide assistance without the assistance and medical care becoming the focus of their daily lives.
- To provide a normal living atmosphere incorporating people, pets, plants, spontaneous activities, real life activities, food, and socialization on an everyday basis.
- To improve quality of care and quality of life and transform care of the older adult as we know it today.

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Chapter 2: Person Centered Dining

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The Pioneer Network New Dining Practice Standards
As you begin to consider changing the culture of your dining program, it is important to keep the recommendations of the New Dining Practice Standards in mind.

The New Dining Practice Standards recognize that food and dining are an important part of individualized care and self-directed living. They address several aspects of dining, including therapeutic diets, consistency-altered diets, and tube feeding. They provide guidance to practitioners on how to honor choice and promote self-directed living as it relates to food and nutrition. The Standards outline a recommended course of practice that includes the following key points:

- Diet (both consistency modifications and use of a therapeutic diet) is to be determined with the person, in accordance with his/her informed goals and preferences.
- Unless a medical condition warrants a restricted diet, consider beginning with a regular diet and monitor how the person does eating it.
- Empower and honor the person first, and the whole interdisciplinary team second, to look at concerns and create effective solutions.
- Monitor the person and his/her condition related to their goals regarding nutritional status and their physical, mental, and psychosocial well-being.
- When a person makes “risky” decisions the plan of care should be adjusted to honor informed choice and provide support to mitigate the risks.
- Although a person may not be able to make decisions about certain aspects of their life, that does not mean they cannot make choices in dining.
- There is often no clear right or wrong answer when dealing with frail older adults’ nutrition and dining needs.
- All decisions should default to the person (15).

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Dining and Culture Change

Dining is one area that a facility can and should provide a home-like environment, focus on resident choice, and provide person-directed care. Today's health care consumers are accustomed to choice. They often come to a facility with very specific food dislikes and dietary habits that could include things like a vegetarian diet or a focus on organic foods. They may have food allergies or avoid certain foods because of food intolerances. Meeting the individual needs can be a challenge, but it is an integral part of the culture of person-centered care.

The goals of dining service in health care communities are to:

- provide nourishing, palatable, attractive meals,
- meet the daily nutritional and/or special dietary needs of each individual,
- maintain or improve eating skills, and
- enhance quality of life.

Does the dining experience at your facility provide these opportunities? Does it meet the unique needs of your customers?

A 2010 national survey of resident and family satisfaction in nursing facilities conducted by My InnerView, indicated that 69% of residents reported the quality of meals was excellent to good. Seventy-seven percent reported their dining experience as good to excellent (19). Although these statistics are positive, it nonetheless means that almost a third of residents are unhappy with the food, and almost a quarter are unhappy with the dining experience in their facilities.

Satisfaction with food and meal service is considered a quality of life marker in long term care settings, so attention to resident satisfaction with meal service is critical. Customer satisfaction is also key to making a successful dining program part of the change in culture in your facility. Conducting meal rounds and monitoring the dining room regularly are essential to assure that customers are satisfied over time.

To determine how satisfied your customers are, implement regular customer satisfaction surveys. Both residents and their families can be surveyed, preferably anonymously. Questions can be simple, but must be measurable. For example, these questions might be rated on a scale of 1 to 5:

- Does the food look good? Does the food taste good?

- Was your hot food hot? Was your cold food cold?
- Did you receive what you requested? If you didn't like something you were served, were you offered a replacement?

Open ended questions can also be helpful:

- What would you like to see added to the menu? What would you like to see taken off the menu?
- Are you satisfied with the service and/or assistance you get in the dining room?
- Is there anything you would change regarding dining services?

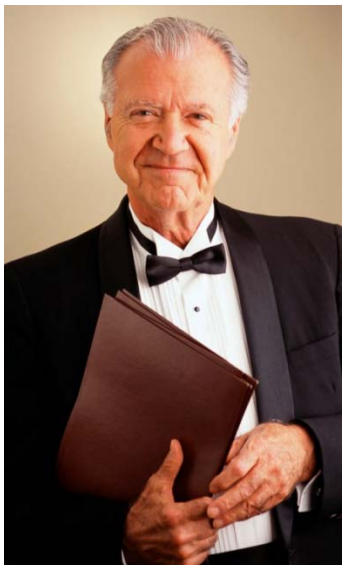
A sample Dining Satisfaction Survey is included in the Appendix. Another way to solicit input it to invite comments about your dining services at resident council and family council meetings and care plan meetings. Seeking input on what to offer on the menus and taste-testing new menu items with residents may help improve their satisfaction with meals.

The Importance of Food

Food is a major part of daily life. It is much more than nutrition and hydration; it is an important part of psychological, social, cultural, religious, and family traditions and celebrations. Aromas, flavors, and textures of food can brighten someone's day by eliciting happy memories, providing a feeling of comfort, and sometimes by providing solace when it is needed. The residents in your facility are likely to have some of these feelings even if they are unable to express them.

Individuals who reside in health care communities should be offered choices. The Pioneer Network's New Dining Practice Standards support this basic right, and CMS regulations also reflect the importance of this individual right to choice. Residents have the right to choose:

- what they want to eat,
- who they will eat with,
- when they will eat, and
- where they will eat.



Residents also have the right to refuse medical treatment including therapeutic diets ordered by a physician, or tube feedings (after being informed of risks versus benefits).

Most importantly, residents have the right to be treated with dignity and respect at meal time.

More information on resident's rights can be found in Chapter 3.

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Making Meal Time Special

Meals are an important part of the culture of any health care community and are usually highly anticipated by residents. By one estimate, roughly 60 percent of the average long term care resident's day revolves around preparing for, attending, and returning from meals (20).

Regardless of how your facility has incorporated culture change, providing the most comfortable dining environment possible will help make meals comfortable, memorable, and enjoyable, and it should be a priority.

The decor, sounds, smells, tastes, and the ambiance of the dining atmosphere make up the total dining experience. There is an added benefit to providing a pleasant dining atmosphere; research indicates that improvements in physical environment and dining room atmosphere may result in weight gain in older adults. This has significance to all individuals but especially those at nutritional risk (21).

Dining Atmosphere

Think about what you could do to improve the dining experience in your facility. Consider whether you want to create a home-like, festive, or restaurant-style atmosphere. Identify how you can upgrade the dining room to make a more comfortable environment. The Sample Dining Room Evaluation Form in the Appendix will help you to identify areas for improvement in your dining room.

The atmosphere in your dining room should be visually pleasant, noise levels should be comfortable, and residents and staff should be able to move around freely. It is crucial to ask your residents what type of atmosphere *they* want. Are they more comfortable with a home-like atmosphere or a restaurant-like atmosphere?

Use this information to turn your dining area into a place where residents can feel at home. You can help create a dining atmosphere that pleases residents by including them in the planning process.

The dining room should be attractive, functional, and have a "personality" that reflects the atmosphere you are trying to create. So before you begin making changes, consider what type of atmosphere will work best for your customers and your facility. Know your residents and the culture they are accustomed to. Choose a theme that fits your

clientele (i.e. country, upscale, local theme) and use the theme to create a new atmosphere and a new dining experience.

The décor, music, table coverings, centerpieces, waiter/waitress uniforms, even the menus and food choices should all reflect the theme.

Once you have determined your theme and décor, start fresh. Clean and update your dining room with fresh paint or wall paper, new window treatments, and if needed, a change in lighting to enhance the atmosphere.

Table tops should have their own style that fits the atmosphere, with contrasting colors in dishware, tablecloths and napkins. Colored plates also assist those with visual problems to see the food on the plate.

If possible, cloth napkins should be used.

When food is delivered, it should be removed from trays and placed on the table for each resident.

If your residents enjoy music with meals, have them help select the music. Provide choices that are soothing and appropriate to the population in your facility.

The policy on Dining Atmosphere in Chapter 4 may be helpful as you plan changes to your dining environment.

Food and Socialization

We all like to share a good meal with friends and family. For many residents meals are the highlight of the day and add structure to their daily routine. Perhaps the most important aspect of mealtime is the opportunity to socialize with other residents and staff. Socialization is important for many reasons, including the fact that research shows that food intake and nutritional status in older adults improves when they dine in a socially stimulating environment (21).

At your facility, pride yourself on creating an atmosphere where residents look forward to spending time and socializing with each other, with family, and with staff. Encourage residents to invite guests to dine with them. A policy on Guest Meals can be found in Chapter 4.

Staff should make individuals feel comfortable, socialize with them, and assure that they receive the help they need at meal time. Staff should converse *with* residents rather than talking to other staff members.

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Increasing Choices Available at Meals

The dining environment is important, but it is just one part of the equation. The way you deliver food can promote a home-like environment and/or provide more food choices for older adults. In addition to creating a more home-like environment, creative dining programs have been shown to demonstrate improvements in food intake and/or quality of life for elders (21). There are many ways to enhance your dining services, including:

- **Plate Service with Menu Choices:** In this style of dining, residents make selections from a restaurant or select-style menu. Once the order is received, the food is portioned (in the kitchen, from a dining area kitchenette or food cart), and served on a plate to the resident. Restaurant-style menus and select menus can also be used with residents who eat in their rooms by obtaining meal preferences prior to each meal.
    - Restaurant-style menus that provide several alternatives are an ideal way to expand and improve the food choices in facilities. Using this system, resident's review a daily menu and wait staff obtain the resident's order (much as in a restaurant). Sample restaurant-style menus can be found in Chapter 5.
    - Select menus may offer a less complicated system. A select menu might include two choices of entrée, starch, vegetable, and dessert, allowing residents to choose which of the two options they prefer. For more information on select menus see Chapter 5 on Menu Ideas, and see Resources in the Appendix. Some residents may need to be shown the actual food in order to make a selection. It is easy to create sample plates for this purpose.

- **Buffet Style Dining:** Some facilities provide a free-standing buffet with multiple choices available. A well-planned buffet can include a variety of soups, salads, entrees, starches, breads, and desserts. Residents choose what they want at the time of the meal by going through the buffet line. Some residents may need assistance with food choices and/or putting food on their trays when using buffet-style dining. Proper procedures for safe holding of hot and cold foods should be in place during buffet meal service.
- **Family Style Dining**: Family style dining involves eating at a small kitchen or dining room table where food is passed on platters and bowls and residents help themselves. This creates a more home-like dining experience and is common in facilities that have constructed small neighborhoods with

intimate dining areas. Studies indicate that family-style mealtimes can improve quality of life and energy intake, and decrease malnutrition in nursing homes residents (21). In some facilities staff sits at the table and dines with the residents, providing assistance as needed.

Proper food safety procedures should be in place (i.e. washing hands prior to the mea, no bare-hand contact with food). Staff should assure dishes and utensils are handled appropriately to prevent cross-contamination.

Sample policies and procedures on how to implement these and other types of dining programs can be found in Chapter 4.

Additional Service Options

Variety and choice can also be incorporated into food and nutrition programs in other ways, including:

- Implementing open dining. Keep your dining room open and staffed for a longer time for each meal and invite residents to eat when it is appealing and convenient for them. This allows for flexible waking schedules at breakfast, and early and late dining options at lunch and dinner.
- Using dessert carts, snack carts, or beverage carts that are circulated in the dining room and during mealtime and/or during activities.
- Presenting a soup de jour, available in a heated urn in the dining room. (Safety precautions may be needed.)
- Offering a staff service to create custom-made sandwiches or salads. This could be laid out like a buffet, but residents go through the line and tell staff what they want, and the staff put together the sandwich, sub, or salad (similar to some food chains). Salads could be tossed with dressing in front of the resident, creating a fun experience for ordering food.
- Adding self-serve beverage and/or dessert stations.
- Incorporating current food trends such as locally grown produce, vegetarian or vegan options, and/or organic food options into your menus or buffet service.
- Providing access to food and beverages throughout the day and night from kitchenettes or pantries.

Chapter 4 outlines policies and procedures to assist you in implementing these types of dining programs and options.

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Customer Service

Providing excellent customer service involves knowing who your customers are and what they want. That's why seeking input from your residents is so important. As the baby boomer population ages, residents entering skilled nursing facilities for rehabilitation and for short term stays will most likely have sophisticated palates and be accustomed to excellent customer service. Soliciting input directly from residents can help you assure that your operation changes to accommodate the changing needs of your population.

Customer service and hospitality training for all staff that work with meal service can help you implement excellent service techniques. Concerns or complaints should be taken seriously and followed up on in a timely manner. Train staff to solve any complaints, and to find the best solution for each customer.

Staff assigned to the dining room should encourage residents to eat, cue and assist residents with set-up and dining as needed, and retrieve items that are requested. If table service is provided, staff should be trained on proper procedures for waiting on residents.

Because nursing assistants are often the people who not only care for residents, but also serve meals, sometimes having them "change hats" as they change jobs can help them get into the frame of mind to serve food at meal time. For example, you might consider having your staff change into colorful aprons for service of the meal. As they put on their aprons, ask them to mentally change roles.

If you need additional help at meal time to achieve improved service, consider cross-training staff from other departments to assist with meal service. Most staff can easily be trained to assist with serving food, opening containers, cutting food, etc. for residents who eat independently. This allows facility staff to be available for improving dining service for residents who can dine independently, and allows the trained nursing assistants more time to help those who need more assistance to eat the meal.

Be sure to check your state and federal regulations for training requirements for staff who are assisting residents who have swallowing problems or are at risk of choking or aspiration; or residents who need additional assistance to eat. Paid feeding assistants must have specific training as outlined in the CMS regulations. If your facility has a lot of residents who depend on staff for assistance at mealtime, you might find that hiring trained paid feeding assistants is the best solution.

Federal regulatory information on paid feeding assistants can be found in Chapter 3, and policies and procedures related to this topic can be found in Chapter 4.

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Providing Quality Food

High quality food presented attractively and at the correct temperature is essential for your residents. Everyone has their own opinions about food quality. Opinions are based on many things, including lifes' experiences. Each individual is influenced by family traditions, ethnic heritage, religious background, and countless other factors. However, most people would agree that quality food is food that is served attractively, tastes good, is served at the right temperature, that has a pleasant smell, is nourishing, satisfies special dietary needs, cultural and/or religious preferences, and food preferences.

There are many aspects involved in preparing and serving quality food to meet the needs of all customers. The more you know about food quality the better off you (and your residents) will be! A food service manager who is passionate about food and service is also enthusiastic about leading staff to make quality improvements: encouraging cooks and food service workers to keep their skills up to date, providing regular inservice education on food preparation and presentation, and encouraging staff to create new ideas for foods and recipes that residents will love. A break room that has recipe books and cooking magazines, and a television that is playing cooking shows can help encourage creativity. Or consider bringing a chef in to your facility to train staff, or even hiring a chef to enhance the quality of your food.

A dining services manager can help assure that food quality is high by:

- Planning menus carefully. Nutrition is of utmost importance, but you should also consider color, shape/size, texture, taste, temperature, freshness, plating, portions, garnish, aroma, moistness and presentation.
- Following menus and recipes. Most people like to know what to expect at meals; preplanned menus and standardized recipes can help assure consistent quality food products.
- Cooking and seasoning food properly. Food should not be overcooked or undercooked. Cooks should always taste the foods and adjust seasonings as needed prior to service.
- Plating food attractively. Train staff to look at food presentation in a different way. Encourage them to think of ways to make food look and taste more appealing. Use garnishes and plate decorations to enhance the appearance of the food. Even small changes can make food more attractive in its presentation.

- Using the freshest ingredients and preparing food safely. Be sure to maintain proper storage, cooking, and holding temperatures. Maintain clean and organized storage areas that use the first in/first out (FIFO) method. Assure that staff are well-trained in food safety, using clean hands, utensils, surfaces, and safe food handling practices.

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Food Quality: Preparing Therapeutic and Texture-Modified Diets

In most facilities, physicians order therapeutic diets, so cooks have been trained to prepare low salt, low fat, low sugar, bland, calorie restricted, and diabetic diets. But over the years, experts have researched the need for therapeutic diets for older adults living in health care communities.

Many of the older people we serve are frail or have poor appetites. For these residents, every bite counts! If the food doesn't look and taste good, they won't eat - and if they don't eat, they are at risk for unintended weight loss and other health risks.

Many facilities now use individualized or liberalized diets rather than diets that restrict the amount of sugar, salt, or fat in the food. These ingredients help to make food more flavorful and appealing to residents. Each facility should consider liberalizing diets with the input of the facility Registered Dietitian (see Chapter 4 for sample policies and procedures). Using menus and recipes that follow the recommendations outlined by the Dietary Guidelines for Americans for regular diets can help assure that all of your menus meet the nutrient needs of your residents. Liberalizing and individualizing diets can help assure that you meet their personal needs and desires.

If therapeutic diets are used, your menus should have spreadsheets (and accompanying recipes) that reflect these diets. These special diets should be just as flavorful and attractive as the foods served to residents who are not on dietary restrictions.

It is essential that texture-modified diets such as pureed or mechanical soft diets are eye appealing, and are seasoned correctly for good flavor. They should be plated attractively and taste just as good as the regular foods.

Standardized recipes are available to assist with creating attractive and tasty pureed and texture modified foods. Another option is pre-pureed and pre-formed food which can be purchased and reheated. Appropriate garnishes can enhance eye appeal to create a more visually-appealing option for people who receive pureed diets.

See Resources in the Appendix for more information on texture modified diets.

Enhancing Food Presentation

There are many little touches that can make food look attractive and therefore, more appealing. Think about how restaurants present food and all the things they do to make it look and taste appealing. How do they present food for salad bars and buffets? How do they plate foods to make them look more attractive? How do they flavor foods to make them tastier? How can you apply these ideas to your food service?

Get creative with the way your food is presented. For example, serve sandwiches open faced with lettuce and tomato on one side and the meat/filling on the other side. Use carrot curls, radish roses, lemon wedges, leaf lettuce, tomato slices, sauces, gravies, and other garnishes to make the plate look more attractive and appealing.

Another way to enhance your food quality and presentation is to upgrade what you offer at each meal. For example:

- Provide coffee-shop style coffees such as cappuccino, espresso, and lattes. Offer a selection of flavored creamers and a choice of sweeteners.
- Offer fresh baked bread, cookies, or other baked goods daily.
- Use fresh herbs for seasoning and garnishing.
- Use fresh seasonal produce. Feature fresh produce as the centerpiece of your summertime meals. You can choose to purchase locally grown produce, or even consider starting a facility garden. This can be a wonderful activity for residents, staff and families, and it can include inter-generational activities where the older adults teach the younger generations how to plant, tend and harvest a vegetable garden.
    - Be sure to follow CMS regulations (see Chapter 3) on F-tag 371, which deals with serving food under sanitary conditions and procuring food from appropriate vendors.
    - Also check with your local health department to be sure you are complying with their guidelines, which may be different from the federal regulations.

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Include special events regularly to provide a festive atmosphere that revolves around food. Many facilities offer holiday meals and birthday parties. Other events you might consider include:

- Men's night out (tailgating, final four or world series sporting events parties)
- Ladies' afternoon tea
- Breakfast in bed
- Happy hour or wine and cheese parties. Be sure your medical director is involved in this decision if you plan to include alcohol. You can also offer "virgin" drink options.
- Holiday meals: Refer to the sample holiday menus in Chapter 5 for some fresh ideas.
- Breakfast buffet with made-to-order eggs or omelets; freshly grilled pancakes or waffles.
- Outdoor barbeque can include steaks, chicken, burgers, or hot dogs on the grill.
- Resident's choice menus
- Ethnic-themed meals: Mexican, Italian, Thai, Indian, etc.
- Meals featuring resident's favorite personal recipes
- Do something special for residents who eat in their rooms: A greeting card or flower on the tray, linen napkins, etc.

Remember to rely on input from your residents, who are your most important customers. Listen to what the older adults in your facility say about the food and the dining experience. You and your staff should regularly discuss the answers to key questions such as:

- What can we do to improve the quality of the food?
- What can we do to improve the flavor of the food?
- What can we do to improve the appearance/presentation of the food?
- How can we improve our service to you at meal time?
- What can we do to make the dining experience special?
- What would make your dining experience more enjoyable? More memorable?
- What special events would you like us to include in our dining program?

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Food Service Operations and Culture Change

It is important to take a hard look at your operation as you plan for culture change. Assess what is actually happening in your kitchen and dining areas:

- Are jobs and work schedules clearly defined?
- Do the cooks use standardized recipes?
- Do the cooks follow the menus?
- Do the cooks use herbs, spices and flavorings to bring out the flavors of the food?
- Are foods cooked to the appropriate internal temperatures (not over or undercooked)?
- Are foods plated attractively?
- Is your dining environment pleasant?
- Is your dining service pleasant and welcoming?
- Do your residents have choices (food, meal times, table mates, etc.)?
- Are you meeting the needs of your customers?

Before implementing new dining programs (whether large or small) be sure to consider how they will impact your operation. Improving your food quality and changing your dining program may require major changes in the operations of your department.

You may need an increase in your food budget to be able to purchase a wider variety of food. You will need to provide more staff training, which may also require an increase in your budget. Production schedules and staffing will both be affected.

Think about your ability to store additional food between deliveries. Evaluate your kitchen equipment to determine if you can produce more types of food with your existing equipment. Consider whether buffet or restaurant-style dining is possible without purchasing new equipment or adding additional staff. If new equipment is needed, is the funding available in the capital budget?

Evaluate your stock of dishware, flatware, serving equipment, and carts to decide if new purchases are needed.

Consider where you purchase your food and if you need to seek alternatives such as vendors who can provide local produce, specialty desserts and coffees, or higher quality meats.

For more information on various aspects of food service cost control, refer to Resources in the Appendix.

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Implementing Person Centered Dining

Begin the process of culture change in your dining services by taking a fresh look at your whole food service and dining program. Remember, "If you keep on doing what you've always done, you'll keep on getting what you've always gotten!" This is an opportunity to "think outside of the box" and envision the changes you want to make.

Be sure to ask residents and their families what changes they would like to see and then listen carefully to their ideas. Everything should be open for consideration. One way to gather ideas for your program and to find out what works is to network with other facilities. Contact facilities in your area that you know have successful dining programs. Visit them to see how they implement new ideas and incorporate culture change into their facility. Discuss the problems and successes they encountered as they implemented their changes.

Once you have ideas for your program, discuss them with your administrator to see where you can begin. Be sure to talk about your food and labor budgets, because changes in your dining program will probably impact both, at least initially.

The medical director for your facility should be involved in conversations that involve changing the culture of your dining programs, particularly those that involve resident's choice in food selections. Policy changes may be required. Your medical director is ultimately responsible for medical care of the residents so needs to understand and support the proposed changes. The regulations on the role of the medical director in the facility are outlined in the CMS State Operations Manual which can be found at: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf (scroll down to F 501).

With the commitment from your administrator and medical director, meet with your staff: dietary, nursing, nursing assistants, ancillary staff, and management team. Discuss your vision of an excellent dining program and seek input about how you can "change the culture" of your dining program. Be open to comments from other disciplines, who will be able to provide valuable input.

For example, the nursing staff knows things like the daily routines of each resident, which residents have difficulty with making decisions, and who might need assistance to make their menu selections.

They also know how changes like open dining could affect scheduling for nursing staff.

One important consideration when planning your new dining program is that your customers are your residents, not the facility staff.

Although staff might have opinions about what type of food a facility should serve, or what type of meal service should be offered, it is the residents' opinions that take precedence.

Next, review your total operation: food purchasing, food preparation, meal service, food service staffing, nursing staffing, work schedules, and responsibilities. Determine where changes may be needed.

Brainstorm everything you want to change: customer service, dining environment, food quality, meal service, feeding assistance, and staff training, for example. Some ideas to consider when brainstorming are included in the Appendix.

Consider the risks, benefits, and barriers to implementing culture changes in your dining program. It will probably take multiple brainstorming sessions with various people involved to identify and solve all potential barriers.

Once your brainstorming sessions are done, the real work begins. You will need to begin to think about actual implementation of ideas.

- Nursing will need to revisit your facility's standing orders for nutrition services and nursing services.
- Both departments will need to review policies and procedures to see what changes might be needed.

A variety of policies and procedures related to culture changes and person centered dining can be found in Chapter 4.

The next step is to set some goals and develop a plan of action. A sample action plan can be found in the Appendix. Plan as much as you can before getting started. A committee that includes people from several disciplines and levels of staff (for example, RN and CNA, food service manager and cook) to look at how to best implement your action plan.

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Staff training for food service, nursing, and housekeeping is critical to the success of your program. Training will be needed to explain the reasons for the changes in your dining programs as well as the logistics of implementing the changes.

Implement changes in your dining programs slowly and evaluate them often. Keep good records of changes you have made and what has been successful. Changes will not happen overnight. Try one thing at a time and then evaluate and revise your program as many times as needed until your dining service runs smoothly. Then move on the next goal and repeat the process.

For example, try offering a choice of two to three entrees at the lunch meal, evaluate and tweak your program; then try offering multiple entrée choices at each meal and follow the same process. This may take weeks or even months to implement depending on how much you plan ahead and how much the facility staff, residents and families support the changes. Inclusive planning and good communications from the start are essential for success.

Summary
Changing the culture of a dining program requires thought, planning, and buy-in from facility staff and residents and families.

Everyone in the facility should be involved in the planning process. There are many ways to begin to implement “person-centered dining”. You may decide to change food delivery, food quality, dining services, and/or the variety of foods available in your facility. Change should take place over time with careful evaluation to decide if the implemented changes work for the residents and the facility staff.

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Chapter 3: Balancing Culture Change and Regulations in Long Term Care

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The Centers for Medicare and Medicaid Services (CMS) is the federal agency that regulates the long term care industry. CMS regulations drive all systems within every long term care facility. Nursing facilities are surveyed every 9 to 15 months by a team of state surveyors from CMS, who are responsible for assuring that each facility is in compliance with federal regulations. Facilities that are not in compliance with a regulation receive a statement of deficiencies. Each cited deficiency is tied to a specific regulation. The facility is given a specific period of time to develop and implement corrective actions to resolve any issues that have been identified.

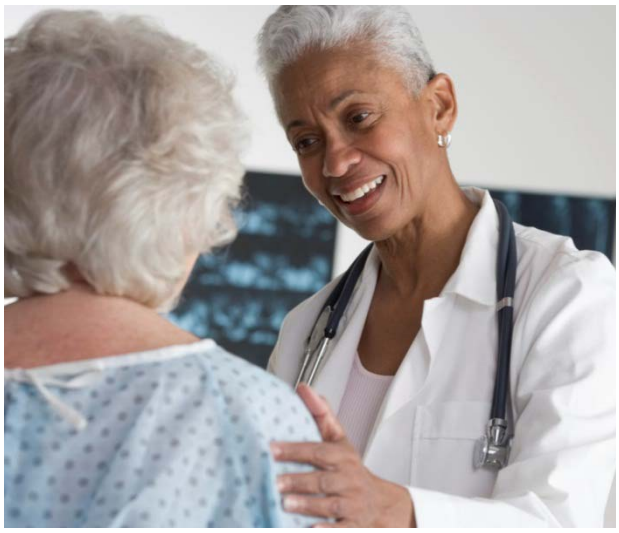
In recent years, as facilities have begun to implement culture change in dining, CMS has received frequent questions (from both surveyors and providers) about the balance between resident choice and regulatory compliance in the area of food, nutrition, and dining services. The Pioneer Network's New Dining Practice Standards were developed in part to help guide facilities on how to implement culture change within the limits of federal regulatory guidelines (15).

Residents Rights

The right of a resident to make choices about their daily living is a cornerstone of federal regulations. According to CMS, "*Each resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility*" (23). A dignified existence includes providing individuals the ability to choose when, where, and what they eat.

Facilities that don't recognize a resident's right to make these choices may not be in compliance and can receive a deficiency related to Resident's rights during their annual survey.

The complete set of regulations and interpretative guidelines related to resident's rights can be found at 483.10:
http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.



The regulations also specify that residents have the right to refuse medical treatment, including therapeutic or texture-modified diets, medications, and care procedures. This is clearly spelled out in F tag 155, where it states "*The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive*" (23).

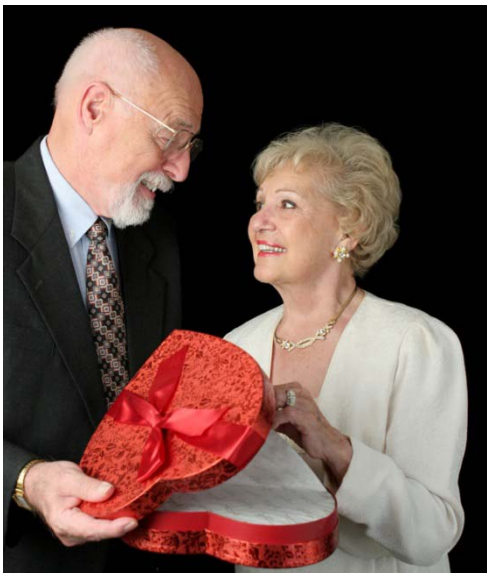
Regardless of what a family member, staff member, or physician recommend, a resident's decision to refuse a recommended treatment must be honored, *as long as proper education about the risks of refusing treatment has been provided.* Proper education and documentation of that education is key to being in compliance with F tag 155.

As facilities begin to offer more choice in dining, more residents may begin to exercise their right to make choices in what they eat. Many residents, families, and even some facility nursing staff express concerns with the resident's right to refuse a therapeutic or texture-modified diet. Even some certified dietary managers (CDM), registered dietitians (RD) and dietetic technicians registered (DTR) resist a resident's right to make choices that might put them at risk (24).

For example, family members may get upset when their loved one with high blood pressure eats salty meats. Individuals with swallowing problems might prefer to eat regular consistency foods, upsetting staff or family. Nursing staff might be concerned that a resident with diabetes is choosing to have dessert with each meal.

When buffet dining, select menus, and restaurant-style menus are provided, residents may make choices that are not perceived as healthy or in their best interests. However, the guidance provided by the New Dining Practice Standards is clear: all decisions default to the person (15). Although CMS uses different terminology, saying a resident has the right to self-determination (23), the intent of both organizations is clear: *after proper education about the risks and benefits of a decision, the resident's choices are theirs alone and should be honored.*

Culture Change and Therapeutic Diets



The culture change movement goes hand in hand with current research and expert opinion on nutrition for the older adult. Although therapeutic diets are designed to improve health, they can affect the variety and flavor of food offered and result in decreased food intake, unintended weight loss, and an overall decline (25).

Many experts now believe that therapeutic diets such as No Added Salt (NAS) and No Concentrated Sweets (NCS) should be minimized or avoided in long term care communities (26,27). The reasons for this are many, including a lack of evidence that therapeutic diets have a health benefit in older adults (25,27). For many older adults, the benefit of a liberal diet that incorporates choice and flexibility outweighs the medical risks. This holds true for those with diabetes, heart failure, hypertension, obesity, and even renal disease in some, but not all, cases.

Based on this evidence, the New Dining Practice Standards suggest that persons living in nursing homes receive a regular diet unless there is a strong medical reason to continue a restrictive diet (15). The New Dining Practice Standards indicate that patient education, monitoring the resident's health status and meal intake, and follow-up by a registered dietitian are important to assuring the regular diet is appropriate for each individual.

Detailed information regarding decisions related to nutrition and dining interventions for older adults with obesity can be found in *The Obesity Challenge: Weight management for older adults*, available at http://www.beckydorner.com/products/47. Also see Resources.

Culture Change and Texture Modified Diets

A diet altered in consistency or texture (mechanical soft, pureed, or thickened liquids, for example) is usually ordered by a physician because of chewing difficulty or dysphagia. Dysphagia is a swallowing problem that may be caused by any number of factors including a stroke, advanced dementia, or Parkinson's disease. Changing the consistency of food or fluid is thought to make it easier to eat and drink and also to prevent aspiration pneumonia in patients with swallowing problems. However, some patients are resistant to texture modified food and fluids and eat poorly as a result.

Although the subject is controversial, there is some evidence that suggests that a texture modified diet does not prevent aspiration (28). According to the American Medical Director's Association, swallowing abnormalities are common but don't always require modified textures in food or fluid, especially if the restrictions adversely affect intake (27). Based on the evidence, *The New Dining Practice Standards* suggest that,

after proper evaluation for dysphagia, facilities should provide foods of a consistency that allow comfortable chewing and swallowing. The risk of choking should be weighed against the risk of unintended weight loss due to poor intake for individuals who do not want to eat a texture modified diet. Unless a medical condition warrants a restrictive diet, a facility should consider beginning with a regular diet, monitoring carefully, and changing the texture of foods or consistency of fluids as necessary (15). In addition, offering naturally soft textured foods such as yogurt or mashed potatoes, or finely chopped foods with sauces or gravies may be helpful in improving food acceptance. The interdisciplinary team, including the speech language pathologist, RD, physician and nursing staff, should work together to find the best solution for each individual.

Detailed information regarding decisions related to dysphagia nutrition and dining interventions for older adults can be found in *Dysphagia Diet Solutions: Person centered care for food, nutrition and dining*, available at http://www.beckydorner.com.

Culture Change and Tube Feeding

Tube feeding is a method of delivering food directly into the stomach or intestines. Tube feeding might be suggested when a person is unwilling or unable to consume enough food or fluids orally to maintain their health. This method of feeding may be appropriate in some cases but not in others (27). Feeding tubes have not been shown to reduce the risk for aspiration or prolong survival in residents with end-stage dementia (29). Starting tube feeding is a decision that is complex and difficult for many residents and families. Based on the evidence available, the New Dining Practice Guidelines suggest that the default should *not* be to place a feeding tube. Rather, the interdisciplinary team (IDT), resident and/or family, and physician should meet to determine the best goals for the resident. This may include a discussion on hospice or palliative care (15).

Detailed information regarding decisions related to enteral feeding for older adults can be found in *Enteral Nutrition for Older Adults: Comprehensive assessment and intervention*, available at http://www.beckydorner.com/products/242.

Implementing Choice While Meeting Federal Regulations

To meet federal guidelines, facility staff should encourage residents to make the healthiest choices possible from the food selections offered. Residents and family members should be included in the development of each resident's care plan, and informed regarding the resident's right to make their own choices.

The risks and benefits of their choices should be discussed and documented as part of resident care planning and routine follow up care.

Each facility should be able to answer these questions:

- How is the resident informed about dietary/dining rights?
- Does the resident have a voice or is their input limited?
- Is education offered regarding alternatives and potential consequences of choices?
- Is there a mutually-agreed upon plan recognizing the resident's choice?
- If the choice is against medical advice, is there a plan to help mitigate potential risks?
- Is there adequate resident support and monitoring once that informed refusal is made? (24)

To successfully implement choice in food selections for residents, staff may need training and regular updating. It is critical that all direct care staff understand how your dining program meets the needs and choices of your residents and how those choices can be in compliance with CMS regulations.

Culture Change and the Annual Survey

Facilities often want to initiate culture change but have concerns that resident's choices might be in conflict with federal regulations (30). Fear of survey citations is one reason facilities are resistant to culture change in their dining programs. While there is no guarantee that a facility will not be cited, with proper care planning, patient and family involvement, staff and patient education, and documentation of all of these efforts, many deficiencies can be avoided.

Changes within the long term care industry must start with changes in the CMS surveyor interpretive guidance of the regulations (31). The CMS *State Operations Manual for Surveyors* was updated in 2011. This document provides guidance to both facilities and surveyors as to how to interpret regulations and remain in compliance during the process of changing the culture of dining programs. The complete document can be downloaded from the following website page: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.

Much of the language in the 2011 *State Operations Manual* reflects an understanding of changing culture in long term care facilities, including changing the culture in facility dining programs. For example, guidance for F Tag 325 (Maintaining Nutritional Status) states "*the intent of this requirement is that the resident maintains, to the extent possible, acceptable parameters of nutritional status and that the facility provides a therapeutic diet that takes into account the resident's clinical condition and preferences when there is a nutritional indication*" (23). The use of the word *preferences* is CMS's

acknowledgement of culture change (32) which allows for the resident to request choices that may be other than those provided by a therapeutic diet.

The language in the interpretive guidelines for surveyors for F tag 325 also states "*during observations, surveyors may see non-traditional or alternate approaches to dining services such as buffet, restaurant style, or family-style dining. These alternate dining approaches may include more choices in meal options, preparations, dining areas, and meal times. Such alternate dining approaches are acceptable and encouraged*" (23). These are just two examples of how federal regulations have changed over time to recognize the importance of person-directed care. No doubt in the future there will be additional changes to clarify how facilities can maintain compliance while changing the culture of their dining programs.

The F 325 tag and its interpretive guidance can be found in The CMS *State Operations Manual for Surveyors* as previously noted.

When planning for culture change in dining programs, be sure to review the F tags and the interpretive guidelines related to nutrition and dining (F 360 to F 368) to be sure your policies and procedures are in compliance with the regulations. Information regarding the complete set of F tags related to dining services can be found in Chapter 6.

Be aware that there are gray areas in each regulation as it applies to resident's choices. For example, F tag 360 states "*The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident*" (23). But the question must be asked: if all the components of a nourishing diet are provided but the resident selects only starches and desserts, is the facility in compliance? According to experts, in order to remain in compliance, the facility *must have documented that they educated the resident and documented that the resident made his or her own food choices despite the education that was provided* (32).

Balancing regulations with an individual's right to choose is a dynamic work in progress for the long term care industry and for individual facilities. According to Linda Handy, a former California surveyor and registered dietitian (RD) who is an expert in the relationship between culture change and regulatory compliance, until the interpretive guidance to surveyors and the survey process are more clearly defined, there will be barriers to implementing culture change (30).

With future updates of the CMS State Operations Manual for surveyors, hopefully more clarification in the regulations as they relate to culture change will be forthcoming. In the meantime, each facility should keep abreast of regulatory changes and adjust their policies and procedures accordingly.

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Culture Change and the High-Risk Patient

It is important to identify and monitor individuals who are at high risk for nutritional problems. This can be done using systems that are already in place in a facility, including the MDS and the reports that it generates on high risk residents. Staff can identify those who have had unintended weight loss, poor food intake, pressure ulcers, dehydration, and other nutrition risks. Maintaining a good weight tracking system and reviewing food intake records can help to identify those with special nutritional or dining needs. Conducting regular meal rounds will help you get to know the residents and make it easier to identify future problems, arrange for needed assistance or request alterations to diet consistencies, restorative dining programs, or speech or occupational therapy.

Open dining programs, select menus, and other forms of resident choice may help prevent unintended weight loss (21). When unintended weight loss or other nutrition risks are identified, revisiting food and dining preferences, evaluating the appropriateness of a therapeutic diet, and providing more choice at mealtime are appropriate interventions.

Many patients with Alzheimer's disease or other forms of dementia are at nutrition risk. According to the New Dining Practice Standards, although a person may not have been able to make decisions about certain aspects of their life, that does not mean they cannot make choices in dining (15).

According to F tag 325, when a resident is not eating well or is losing weight, "*the interdisciplinary team may temporarily abate dietary restrictions and liberalize the diet to improve the resident's food intake and to try to stabilize their weight*" (23). Sometimes a resident or resident's representative decides to decline medically relevant dietary restrictions. In such circumstances, the resident, facility, and practitioner collaborate to identify pertinent alternatives (23).

The interdisciplinary team (IDT) should communicate about each resident's desires and routines and share concerns as they relate to nutrition risks. Information that can affect food intake and weight includes:

- Eating habits: food preferences, normal eating times, snacking habits, favorite beverages.
- Mealtime behaviors such as: interactions with staff or other residents, or eating too rapidly or too slowly.
- Chewing or swallowing difficulties
- Ability to use utensils and eat independently, or need for increased cueing or assistance.
- Ability to position properly to eat independently.
- Dining location.

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Making Every Bite Count

For some residents who are at nutrition risk, every bite counts. Appropriate interventions include individualized diets and choices at meals and snacks. In many cases additional calories and/or protein are needed. This can be achieved by:

- Using foods first. Enhancing the individual's favorite foods and offering them at times the resident prefers to eat. See Resources for access to additional information on Enhancing Nutritional Value with Fortified Foods: A Resource for Professionals.
- Using calorie and protein boosters from your kitchen (margarine, gravy, mayonnaise, half and half, etc.), or trying super cereal, soups, gravies, casseroles, and baked goods.
- Using commercial calorie and/or protein enhancers in the form of powdered or liquid additives.
- Considering commercial supplements if all of the above has been tried and failed. An individual's preferences regarding the type of supplement are important. Depending on the individual's preference you might recommend milkshake type beverages, puddings, clear liquid beverages, fortified ice creams or puddings, or other forms of supplementation.

Some residents may lose the ability to use eating utensils such as forks, knives, or spoons, and may prefer instead to eat with their fingers. A finger foods menu is best for these individuals. (Refer to Resources for the Becky Dorner & Associates, Inc. *Diet Manual* for more information on finger foods).

Consistency altered diets are often recommended for many individuals with dysphagia. With attention to food preparation, these foods can be both visually appealing and tasty. Refer to Resources for information on *Dysphagia Diet Solutions: Person Centered Care for Food, Nutrition and Dining,* an excellent resource for those who wish to improve their consistency altered diets.

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Important CMS Regulatory Information

The following is a list of F Tags that may have an impact on person centered dining. We recommend that you take the time to review these and become familiar with how they may affect your implementation plans. The complete *CMS State Operations Manual, Appendix PP - Interpretive Guidance for Surveyors for Long Term Care Facilities* document can be downloaded from this Internet link: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.

- F 150 Resident's Rights
- F 151 Exercise of Rights
- F 154 Right to be fully informed in language he or she can understand
- F 155 Right to refuse treatment
- F 164 Privacy and Confidentiality
- F 241 Dignity
- F 242 Self Determination and Participation
- F 246 Accommodation of Needs
- F 252, 254, 256, 258 Environment
- F 325 Nutrition
- F 360 Dietary Services
- F 361 Staffing
- F 362 Standard Sufficient Staff
- F 363 Menus and Nutritional Adequacy
- F 364 Food
- F 365 Food prepared in a form designed to meet individual needs
- F 366 Substitutes offered of similar nutritive value to residents who refuse food served
- F 367 Therapeutic diets
- F 368 Frequency of meals
- F 371 Sanitary Conditions
- F 373 Paid feeding assistants
- F 501 Medical Director

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Summary
Culture change often begins with person-centered dining. Each facility should implement new models that focus on individual choices, home-like or restaurant-like meal service, and personal service.

By implementing systems and being involved in all aspects of caring for food and nutrition needs, you can assure both happy customers and regulatory compliance.

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Menu Planning

Policy:

Nutritional needs of individuals will be provided in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences (adjusted for age, gender, activity level and disability), through nourishing, well-balanced diets, unless contraindicated by medical needs.

Procedure:

1. Menu planning is completed by the facility for at least two weeks in advance of need and menus are kept on file for a minimum of 90 days (check individual state regulations for exceptions to this procedure). All current menus will be posted in the kitchen area during the appropriate time period. Regular and therapeutic menus are written to provide a variety of foods served on different days of the week, adjusted for seasonal changes, and in adequate amounts at each meal to satisfy recommended daily allowances. If menus are written in cycles, they are rotated. Menu cycles should cover a 4 to 5 week period of time for long term care settings. If select menus are in place, rotations can be as little as 1 to 7 days depending on the number of selections, and the average length of stay. (See Menu Shell Sample Forms on the following pages.)

2. Menus are written using an accepted, standard meal planning guide, such as the USDA Choose MyPlate.

3. Regular and therapeutic menus are written by the facility's food and nutrition professional in accordance with the facility's approved diet manual. All menus should be approved by the registered dietitian (RD) or designee.

4. Menus are written to include at least three meals daily at regular times, in amounts consistent with nutritional needs. A substantial evening meal consisting of three or more menu items is offered, one of which includes high quality protein. The meal contains no less than 20% of the day's total nutritional requirements. A nourishing snack is offered at bedtime. A nourishing snack is defined as a verbal offering of items, single or in combination, from the basic food groups. In order for the nourishing snack to be considered adequate, individual patients/residents should participate in the selection, and verbalize satisfaction.

5. Menus are posted in areas, and at heights where all individuals can easily view them.

6. Temporary changes in the menu are noted on the menu substitution sheets and posted for the staff's benefit. (See Menu Substitution Sheet Sample Form in this section of the manual.) Permanent menu changes are approved by the (RD) or designee.

7. Significant information pertaining to individual's diets and response to the diets are recorded in the medical record.

Note: Support staff work under the supervision of the registered dietitian (RD). Support staff include dietetic technicians registered (DTR), nutrition associates (four year degree in nutrition/dietetics), certified dietary managers (CDM), food service managers, etc. The RD may delegate certain tasks based on the scope of practice and competency level of each member of the nutrition team.

Making Mealtime Magic
With Person Centered Dining

Menu Shell Sample Form 1

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
BREAKFAST							
	Substitutions:						
LUNCH							
	Substitutions:						
DINNER							
	Substitutions:						
HS							

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Menu Shell Sample Form 2

	REGULAR/NAS	MECHANICAL SOFT	PUREE	CONSISTENT CARBOHYDRATE	CONSISTENT CARBOHYDRATE PUREE
BREAKFAST					
	Substitutions:				
LUNCH					
	Substitutions:				
DINNER					
	Substitutions:				
HS					

Making Mealtime Magic
With Person Centered Dining

Production Sheet Sample Form

Menu Cycle _____ Week Number _____ Day _____

Food Item to be Produced	Recipe Number	Portion Size	Forecast Amount	Amount Prepared	Amount Used	Amount Discarded	Leftover Use
Freezer Pull				**Pre-preparation**			

Selective Menus

Policy:

If selective menus are offered, selections will be provided within allowed dietary modifications. A non-select menu will be available for anyone who does not make meal choices on their own. If an individual is unable to make their own choices, a family member may make the selection, or staff will choose based on known food preferences and diet order. Nutritional supplements may be added to the selective menu after discussion with the individual.

Procedure:

1. Selective menus are provided to all individuals who choose to make their own menu selections. Assistance from family or staff is encouraged for those who cannot make their own menu choices.

2. Nutrition and food service staff will label menus with the individual's name, room number and diet, and deliver the menus.

3. Nursing staff may assist in the delivery of menus and in menu selection as deemed necessary. Family members are also encouraged to assist when needed. Menus are returned to the food service department when complete.

4. The Food Service Manager, or designee will review food choices for individuals on therapeutic diets, and refer to the registered dietitian (RD) or designee if there are concerns.
   a. The RD or designee will counsel individuals, if needed, on appropriate choices for their therapeutic diets to encourage a nutritionally adequate diet and will document accordingly in the medical record. Interview the individual regarding nutritional interventions that are acceptable (i.e. milkshake, fortified cereal, etc.) for those needing high calorie/protein supplements or other nutrition interventions.
   b. The RD or designee will add the intervention to the individual's selective menu.
   c. The RD or designee will observe the individual's acceptance and tolerance to the nutritional intervention and adjust as needed.

Note: Support staff work under the supervision of the registered dietitian (RD). Support staff include dietetic technicians registered (DTR), nutrition associates (four year degree in nutrition/dietetics), certified dietary managers (CDM), food service managers, etc. The RD may delegate certain tasks based on the scope of practice and competency level of each member of the nutrition team.

Standardized Recipes

Policy:

Standardized recipes are used when preparing menu items.

Procedure:

1. Standardized recipes (in appropriate portion sizes) for each set of cycle menus are maintained in the facility.

2. The food service manager or designee is responsible for adjusting and recording the recipes for the needed yield.

3. Cooks/chefs are expected to use and follow the recipes provided.

4. In addition to the recipes provided with the menus, a collection of additional recipes should be available in the kitchen (these should also be adjusted to the needed yield).

5. Cooks/chefs should discuss problems or concerns about recipes with the food service manager so that issues can be resolved.

Menu Substitutions

Policy:

To provide a substitute when an uncontrollable situation (i.e. inventory emergency) has temporarily made the item unavailable, decisions on menu substitutions will be made after discussion with the food service manager whenever possible.

Procedure:

1. Kitchen staff will consult with the food service manager or designee on any needed menu substitutions.

2. If the food service manager is unavailable, the designated staff (i.e. assistant supervisor, cook/chef) will refer to the Substitution Lists. (See Substitution Lists in this section of the manual).

3. All changes to the menu will be recorded on the Menu Extension Sheets and the Menu Substitution Sheet (see sample forms in this section of the manual). The date, menu item, substitution and reason for the substitution will be recorded on the Menu Substitution Sheet.

4. Menu changes should be evaluated periodically by the registered dietitian (RD) or designee and an appropriate plan of action should be made according to the facility's needs.

5. Records of menu substitutions are retained for 12 months. These records should be reviewed periodically by the food service manager and/or RD or designee to assess for any concerns that may need to be addressed.

Note: To use the Substitution Lists, staff may choose any food within the same list to substitute for the unavailable food. For example, if 1/2 cup corn is the scheduled item, then a starchy vegetable from on the "Breads and Starches" list (where corn is listed) may be substituted, such as 1/2 cup peas, 1/3 cup yams, etc.

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Menu Substitutions: Vegetables

- Provide carbohydrates, vitamin A, vitamin B6, potassium, copper, dietary fiber, calcium, iron, magnesium, vitamin C and folate
- Preferably prepared without added fats

Food and Amount Equivalent to ½ Cup	
Fresh • 1 cup raw vegetables	**Canned, Cooked, Frozen or Juice** • ½ cup

Vegetables are organized into 5 subgroups, based on their nutrient content. Include a vitamin C source every day and a vitamin A source 3 to 4 times a week. Some commonly eaten vegetables in each subgroup are:

Dark Green Vegetables
- +*Broccoli
- *Collard greens
- +*Dark green leafy lettuce
- Edamame (fresh soy beans)
- *Endive
- *Escarole
- *Kale
- *Mesclun
- *Mustard greens
- *Romaine lettuce
- Snow peas
- +*Spinach
- *Turnip greens
- *Watercress

***Red & Orange Vegetables**
- *Carrots
- *Carrot juice
- *Pumpkin
- +*Red peppers
- *Sweet potatoes (starchy)
- +Tomatoes
- +Tomato juice
- +*Vegetable juice
- +*Winter squash (acorn, butternut, hubbard)

Dry Beans And Peas (Starchy)
- Black beans
- Black-eyed peas
- Butter beans
- Garbanzo beans (chickpeas)
- Kidney beans
- Lentils
- Lima beans (mature)
- Navy beans
- Pinto beans
- Purple hull peas
- Soy beans
- Split peas
- Tofu (bean curd made from soybeans)
- White beans

Other Starchy Vegetables
- +*Acorn squash
- Corn (white or yellow)
- *Green peas
- Jicama (yam bean root)
- Lima beans (green)
- Potatoes

Other Vegetables & Juices
- Artichokes
- Asparagus
- Bean sprouts
- Beets
- *Bok choy
- +Brussels sprouts
- *Cabbage
- Cauliflower
- Celery
- Cucumbers
- Eggplant
- Green beans
- +Green peppers
- Iceberg (head) lettuce
- Mushrooms
- Okra
- Onions
- Parsnips
- Summer squash
- Turnips
- Wax beans
- Zucchini

\+ Good source of vitamin C
* Good source of vitamin A

Note: Dry beans and peas may be counted as either a vegetable or a protein food

Menu Substitutions: Fruits

- Provide carbohydrates, dietary fiber, minerals, potassium, vitamins A and C.
- Choose majority of servings from whole fruits (fresh, frozen, canned or dried) rather than juice.

Food and Amount Equivalent to ½ Cup	
Fresh Fruit (1 piece) • Apple • *Apricots (4 whole or 5½ ounces) • Banana • Figs • +Guava • +Grapefruits • Grapes (1 small bunch) • +Kiwi • *Mango • Nectarine • +Orange • +*Papaya • Peach • Pear • Plum (2 small) • +Tangerine **Fresh Fruit** (1 cup) • Cubed Melon (+*cantaloupe, honeydew, watermelon) • Strawberries • Fresh fruit cubed/small pieces • Berries: blueberries, red or black raspberries • Pineapple	**Fruit Juice:** ½ cup fruit juice (100% juice) • Apple juice • Apricot nectar • Cranberry juice • Grape juice • +Grapefruit juice • +Orange juice • Peach nectar • Pear nectar • Pineapple juice • Pomegranate juice • Prune juice • +Vitamin C Fortified juices **Canned or Frozen Fruit** ½ cup canned or frozen fruit **Dried Fruit** ¼ cup dried fruit • Apples • Apricots • Bananas • Dates • Figs • Mango • Papaya • Prunes • Raisins

\+ Good source of vitamin C
* Good source of vitamin A

Please Note: According to ChooseMyPlate, the serving size for juice is ½ cup. However, in order to provide 90 mg vitamin C a day, many health care facilities serve 6 ounces of a high vitamin C juice or vitamin C fortified juice. Some states also require a 6 ounce serving. Please check your state regulations to assure that all requirements are met.

Menu Substitutions: Grains

(Whole Grain/enriched)

- Provides B vitamins, carbohydrates, dietary fiber and iron
- Choose at least half of the grains as whole
- Preferably prepared without added fats or sugars

Food and Amount Equivalent to 1 Ounce	
Breads • 1 slice bread • ½ bun, bagel or English muffin • 1 small pancake or waffle • 1 taco or tortilla shell, 6" across (corn or flour) **Cereals** • 1 cup dry cereal or 1¼ cups puffed cereal • ½ cup cooked cereal	**Crackers** • 7 round or square crackers • 2 rye crisps • 5 whole wheat crackers **Grains** • ½ cup pasta • 3 cups popcorn • ½ cup rice, couscous, barley, bulgar, risotto, polenta

Notes :

- For whole grain choices, the first ingredient listed on the label should be a whole grain
- When grains have been refined, they should be enriched (B vitamins and iron are added to replace nutrients lost during refinement)
- Grains fortified with folic acid (i.e. some ready to eat whole grain cereals) should be included especially for women who are capable of becoming pregnant

Menu Substitutions: Dairy

(Milk and Milk Products)

- Provides carbohydrates, protein, calcium, vitamin D, potassium, magnesium, phosphorus, riboflavin, vitamin A and saturated fat if fat containing options are chosen
- Choose fat free or low fat options

Food and Amount Equivalent to 1 Cup	
Milk • 1 cup milk • ½ cup evaporated milk • 1 cup yogurt **Miscellaneous** • 1 cup pudding made with milk • 1 cup frozen yogurt **Milk Substitutes** • 1 cup fortified soy beverage (calcium, vitamin A and D) • 1 cup fortified soy yogurt (calcium, vitamin A and D) • 3 oz tofu made with calcium-sulfate	**Cheese** • 1½ oz hard cheese (cheddar, mozzarella, parmesan, Swiss) • ⅓ cup shredded cheese • ½ cup ricotta cheese • 1½ oz soy cheese • 2 oz processed cheese • 2 cups cottage cheese (for calcium equivalent of 300 mg)

Notes:

- Choose fat free, reduced fat or nonfat dairy products milk depending on diet goals
- Choose fresh, dried or evaporated
- Milk and dairy products may be used in cooking and food preparation (i.e. cream soups, puddings, etc.)

Menu Substitutions: Protein Foods

(Seafood, Poultry, Meat and Alternatives)

- Provides protein, fat, B vitamins (niacin, thiamin, riboflavin, B6), iron, magnesium and omega-3 fatty acids
- Choose low fat, lean or fat free protein foods preferably prepared with little, if any added fat

Food and Amount Equivalent to 1 Ounce	
Fish and Seafood • 1 oz fish, shellfish • **Note:** Include 8 oz or more of seafood each week* **Dried Beans, Peas** • Legumes: ¼ cup cooked peas or beans (baked, black, butter, garbanzo, kidney, lentils, navy, pinto, white, etc.) **Nuts and Seeds** (unsalted) • ½ oz nuts (almonds, pistachios, walnuts, seeds, etc.) • 1 Tbs peanut butter or almond butter	**Lean Meat, Poultry** • 1 oz beef, pork, veal, chicken, turkey **Meat Alternates** • 1 egg, or 2 egg whites or ¼ cup egg substitute • 3 oz vegetarian soy or "meat" product • ¼ cup or 2 oz tofu • 1 oz tempeh, cooked • 1 oz cheese, preferably low fat • ¼ cup cottage cheese, preferably low fat **High Fat Meats** (Use very sparingly) • 1 oz chorizo (Mexican sausage) • 1 oz lunch meat • 1 oz sausage

*Preferably seafood that is high in omega-3 fatty acids, eicosepentaenoic acide (EPA) and docoosahexaenoic acid (DHA). Choose a mixture of seafood that are high in EPA+DHA and relatively low in methyl mercury, including salmon, anchovies, herring, sardines, Pacific oysters, trout, Atlantic and Pacific mackerel (not king mackerel which is high in mercury). A total of 1750 mg per week of EPA+DPA provides an average of 250 mg per day of omega-3 fatty acids.

Menu Substitutions: Healthy Fats

- Provides calories, essential fatty acids and vitamin E. Use in small amounts
- Choose mostly healthy oils

Food and Amount Equal to 1 Serving (1 teaspoon each)	
Monounsaturated oils	**Polyunsaturated oils**
• Canola	• Corn
• Olive	• Cottonseed
• Peanut	• Soybean
• Safflower	• Sunflower

Notes:

- Nuts and seeds (unsalted) are also healthy sources of monounsaturated fats (see Protein foods above)
- Olives and avocados are also naturally high in oils
- Avoid: Coconut oil, palm kernel oil and palm oil (high in saturated fat and trans fat)

Menu Substitutions: Saturated Fats, Added Sugars (SoFAS) and Alcohol

- Provides calories, carbohydrates, fats, alcohol
- Poor sources of healthy nutrients

Food and Amount	Alcohol and Amount
• 1 tsp of butter, stick margarine or soft margarine • 1 tsp cream cheese • 1 tsp whipping cream or dessert topping • 1 tsp regular mayonnaise or salad dressing • 2 Tbs cream or sour cream • 2 Tbs low fat salad dressing • 2 Tbs low fat mayonnaise • 1 cup ice cream or frozen yogurt • 1 cup fruit flavored low fat yogurt • 1 cup chocolate milk • 8 to 12 oz soft drink • 2 mini plain doughnuts, 1 glazed doughnut • 1 cinnamon sweet roll • 2 large chocolate chip cookies • 1 piece cake • ½ cup French fries or 6 onion rings • 1 oz candies	• 12 oz regular beer (5% alcohol) • 5 oz wine (12% alcohol) • 1½ oz 80 proof distilled spirits (40% alcohol) **Note:** Recommend no more than one drink a day for women and 2 drinks a day for men

These foods are meant to be used sparingly to round out the menu for a pleasing appearance and satisfying meals.

Menu Substitutions: Discretionary Calorie Foods/Beverages

Discretionary calorie foods are generally good sources of calories, carbohydrates and fats, but poor sources of healthy nutrients. There are healthy and unhealthy discretionary calories. Discretionary calories are meant to round out the menu for a pleasing appearance and satisfying meals. They may be used in the form of high fat milk, milk products, solid fats, added sugars or additional servings of any other food.

These contain 15 grams carbohydrate and can count as 1 starch or 1 fruit or 1 milk (approximately 60 to 80 calories each). Doubling a portion will double the calories and carbohydrates. Some of these choices include extra fat.

Desserts/Sweets/Miscellaneous	Portion
Angel Food Cake, Unfrosted	1 oz
Brownie, Unfrosted	1 oz
Ginger Snaps, Small	3
Vanilla Wafers	5
Frozen Fruit Juice Bar, 100% Juice	3 oz
Sherbet	¼ cup
Ice Cream, Light	½ cup
Granola Bar or Breakfast Bar	1 oz
Lorna Doones®	3
Cake, Unfrosted	1 oz
Cake, Frosted	1 oz
Cookie or Sandwich Cookie	2 small
Cookie, Sugar Free	1 oz
Gelatin, Regular	½ cup
Pudding, Sugar Free Made With Low Fat Milk	½ cup
Syrup, Regular	1 Tbs
French Fries, 2” to 3 ½” long (1 to 1/2 oz.)	10
Cranberry Sauce, Jellied	3 Tbs
Cupcake, Frosted	1 oz
Doughnut, Plain, Cake	1 oz
Fruit Snack, Chewy (Puree Fruit Concentrate)	¾ oz
Ice Cream	½ cup
Ice Cream, Light	½ cup
Ice Cream, No Sugar Added	½ cup
Frozen Yogurt	⅓ cup
Frozen Yogurt, Fat Free	⅓ cup
Jam or Jelly, Regular	1 Tbs
Honey	1 Tbs
Milk, Chocolate, Whole	½ cup
Pudding, Regular, Low Fat	¼ cup
Pudding, Sugar Free and Fat Free	½ cup
Reduced Calorie Meal Replacement Shake	7 to 8 oz
Rice Milk, Low Fat or Fat Free, Plain	1 cup
Salad Dressing, Fat Free (High Sodium)	¼ cup
Sorbet	¼ cup
Spaghetti Sauce, Canned (High Sodium)	½ cup
Sugar	1 Tbs

Menu Substitutions: Discretionary Calories

Alcohol	Portion	Calories, Approximate
Beer	12 oz	146
Wine	5 oz	72
Spirits (Gin, Vodka, Rum, etc.)	1½ oz	97

Fats

Each portion contains approximately 45 calories and 5 grams of fat

Fat	Amount	Nuts & Seeds	Amount
*Butter	1 teaspoon	Dry Roasted:	
Margarine: Regular	1 teaspoon	Almonds, Whole	6 nuts
Diet	1 Tablespoon	Cashews	6 nuts
Mayonnaise: Regular	1 teaspoon	Peanuts	10 nuts
Calorie-Reduced	1 Tablespoon	Walnuts, Whole	2
Salad Dressing:		Pecans, Whole	2
Regular	1 Tablespoon		
Reduced Calorie	2 Tablespoon		
Oil (Peanut)	1 teaspoon	Other Nuts	1 Tablespoon
*Coconut, Shredded	2 Tablespoon	Seeds: Pine Nuts or	
*Coffee Whitener,		Sunflower	1 Tablespoon
Liquid	2 Tablespoon	Pumpkin Seeds	2 Tablespoon
Powder	4 teaspoon	Peanut Butter	2 teaspoon
*Cream: Half & half	2 Tablespoon		
*Sour Cream	2 Tablespoon		
*Cream Cheese	1 Tablespoon		
Olives, Black	8 large		
Olives, Green, Stuffed	10 large		
Avocado, Medium	1/8		
*Gravy	2 Tablespoon		

***Saturated Fats**

Menu Substitutions: Combination Foods

Main-Dish	Amount	Food Equivalents
Casseroles, Homemade	1 cup (8 oz)	2 Starch, 2 Meats, 2 Fats
Cheese Pizza, Thin Slice	¼ of 10 inch (5 oz)	2 Starch, 2 Meats, 3 Fats
Chili with Beans	1 cup (8 oz)	2 Starch, 2 Meats, 2 Fat
Chow Mein (No Noodles or Rice)	2 cups (16 oz)	1 Starch, 2 Very Lean Meats
Macaroni and Cheese	1 cup (8 oz)	2 Starch, 2 Meats, 2 Fats
Spaghetti and Meatballs	1 cup (8 oz.	2 Starch, 2 Meats, 2 Fats
or Lasagna	1 cup (8 oz)	2 Starch, 2 Meats, 2 Fats

Soups:	Amount	Food Equivalents
Bean	1 cup (8 oz)	1 Starch, 1 Very Lean Meat
Cream (Made with Water)	1 cup (8 oz)	1 Starch, 1 Fat
Vegetable, Chicken Noodle, or Broth Based Soup	1 cup (8 oz)	1 Starch
Split Peas (Made with Water)	½ cup (4 oz)	1 Starch
Tomato	1 cup (8 oz)	1 Starch

Miscellaneous:	Amount	Food Equivalents
Ice Cream	½ cup	1 Starch, 2 Fat
Snack Chips	1 oz	1 Starch, 2 Fat

Menu Substitutions: Free Foods

Free Foods in Unlimited Amounts of 1 Serving per Meal
Sugar Substitute
Coffee/Tea
Fat Free Broth, Bouillon, Consommé Without Added Fat
Sugar-Free Carbonated Beverages, Club Soda, Sugar-Free Tonic Water
Carbonated Water
Sugar-Free Gelatin
Sugar-Free Pickles
Vinegar
Spices and Herbs
Mustard
Horseradish
Drink Mixes, Sugar-Free
Nonstick Pan Spray
Gum, Sugar-Free

Menu Substitutions: Limited Free Foods

Free Foods in Limited Amounts	Amount
Catsup	1 Tablespoon
Cocoa Powder, Unsweetened	1 Tablespoon
Jam/Jelly, Sugar-Free	2 teaspoon
Pancake Syrup, Sugar-Free	1 to 2 Tablespoons
Whipped Topping	2 Tablespoons
Salad Dressing, Low Calorie	2 Tablespoons
Taco Sauce	1 Tablespoons
Wine, Used in Cooking	¼ cup
Fruits	**Amount**
Unsweetened or Sweetened with Sugar Substitute	
Cranberries	½ cup
Lemon	½ cup
Lime	½ cup
Rhubarb	½ cup

Vegetables, Raw	1 cup
Cabbage	Hot Peppers
Celery	Lettuce
Chinese Cabbage	Mushrooms
Cucumber	Radishes
Endive	Romaine
Escarole	Spinach
Green Onion	Zucchini

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Menu Substitution Sheet Sample Form

Date	Scheduled Food Item	Substitute	Reason for Substitution	Employee Signature	Supervisor Initials

Maintain this record on file for quality assurance.

Diets Available on the Menu

Policy:

The nursing staff and/or registered dietitian (RD) or designee will notify physicians of the diets that are offered on the menu.

Note: Although therapeutic diets are designed to improve health, they can negatively affect the variety and flavor of the food offered. Individuals on restrictive diets often find the food unpalatable, which can result in reducing the pleasure of eating, decreasing food intake, unintended weight loss and undernutrition - the problems practitioners are trying to prevent. In an effort to provide individualized (and liberalized) diets, the following procedure will help to assure that the most appropriate diet is provided.

Procedure:

1. Diets will be offered as ordered by the physician. If the RD or designee finds through nutritional assessment that the diet order is not appropriate for the individual, she/he will notify the physician with a recommendation for a more appropriate diet.

2. The main diet orders that will be offered are:
   - Regular/No Added Salt
   - Mechanical Soft
   - Puree
   - Consistent Carbohydrate
   - Consistent Carbohydrate Puree
   - Other:

3. In an effort to liberalize therapeutic diet orders, secondary diet orders are offered and can be combined with the main diet order to achieve desired results. The following secondary diets are offered:
   - No Salt Pack/No Salt at Table
   - No Salt Pack, No Salty Meats, Vegetables, Soups (i.e. ham, bacon, sausage, lunchmeat)
   - No Sugar Pack, Low Sugar Desserts
   - Chopped Meat
   - Puree Meat
   - Other:

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Weekly Diet Census Sheet Sample Form

Week of: _____

Diets	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Regular							
Mechanical (Dental) Soft							
Puree							
Chopped Meat							
Ground Meat							
Pureed Meat							
Consistent Carbohydrate							
Consistent Carbohydrate Puree							
Other:							
Guest Meals							
Staff Meals							
Daily Totals							

Daily counts should be used for the production sheets so the proper foods/amounts can be prepared.

Note: This information may be computerized.

Foods Not Allowed on the Physician Ordered Diet

Policy:

If an individual exhibits a pattern of requesting foods that are not allowed on the physician's ordered diet, the facility staff should refer the person to the registered dietitian (RD) or designee for re-evaluation and counseling.

Procedure:

1. Food service staff should serve only the foods permitted on each diet order as planned on the menus. If an individual is very insistent with facility staff that they want a food that is not allowed on the physician ordered diet, staff should remind the individual that the food is not allowed. If the individual continues to insist they want the food item, it is their right, and facility staff may serve it. Staff should document consistent requests for foods not allowed on the diet.

2. If food service staff or nursing staff are not sure about foods permitted on a diet, they should refer to the diet manual, or contact the RD or designee as needed.

3. If a pattern of requesting inappropriate foods continues repeatedly, the individual should be referred to the RD or designee for re-evaluation and counseling.

4. A new diet order slip is required before an individual can be served consistencies of food or fluids that are a higher level than the physician ordered diet/fluid. For example:
   - If an individual is NPO and has an order for enteral feeding only, staff is NOT permitted to serve any food or beverage without a diet order slip.
   - When on a full liquid diet, all foods served must follow the full liquid diet guidelines. A diet requisition is required before staff is permitted to serve any other foods.
   - If an individual has an order for a puree diet, the speech–language pathologist (SLP) may request a trial diet when working with the individual.

5. It is the responsibility of the RD or designee and the SLP to discuss the possibility of upward progression of a consistency altered diet (i.e. pureed to mechanical soft diet), and to obtain physician's orders in advance of serving foods not listed on the current diet.

Note: Support staff work under the supervision of the registered dietitian (RD). Support staff include dietetic technicians registered (DTR), nutrition associates (four year degree in nutrition/dietetics), certified dietary managers (CDM), food service managers, etc. The RD may delegate certain tasks based on the scope of practice and competency level of each member of the nutrition team.

Use of Salt Substitute

Policy:

The use of salt substitute requires a physician's order.

Procedure:

1. Salt substitute can only be given with a physician's order.

2. Once the physician's order is obtained, "Salt Sub" is noted on the meal identification (ID) card/ticket, care plan and progress notes as appropriate.

3. When salt substitute that is high in potassium is given, electrolytes should be monitored. If potassium blood level increases above normal, refer to the physician. Use of salt substitute high in potassium may need to be discontinued.

4. Instruct individuals to use salt substitutes sparingly. Staff should monitor individuals at meal time for complaints of "food tasting bitter" as salt substitutes may impart a bitter taste.

Note: Alternates for salt substitutes such as herb and spice mixes may provide a healthier option.

Food Replacement for Individuals with Diabetes

Policy:

If an individual with diabetes refuses to eat meals, nursing will be notified. If a pattern of refusal exists, nursing will refer to the registered dietitian (RD) or designee as appropriate.

Procedure:

1. Facility staff will offer alternative choices to individuals who do not eat the meal served.

2. Nursing will contact food service for meal/food replacements as needed.

3. Nursing will determine if medication or insulin adjustment is required.

4. Nursing will refer to the physician as needed.

5. If nursing notices a consistent pattern of refusal of food at mealtime, a referral will be made to the RD or designee.

Note: Support staff work under the supervision of the registered dietitian (RD). Support staff include dietetic technicians registered (DTR), nutrition associates (four year degree in nutrition/dietetics), certified dietary managers (CDM), food service managers, etc. The RD may delegate certain tasks based on the scope of practice and competency level of each member of the nutrition team.

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Renal Diets

Policy:

Individuals requiring renal meal plans will be supervised by the registered dietitian (RD) or designee. The facility RD or designee will contact the dialysis unit's RD for specific diet patterns if needed. The facility RD or designee will plan menus in accordance with the physician ordered diet restrictions.

Note: Restrictive therapeutic diets may be unpalatable to individual residents/patients, causing reduced food intake, unintended weight loss and undernutrition. It is the resident's right to refuse to refuse any therapeutic diet. It is the RD's role to educate and counsel, and determine the best approach in these cases. Refer to your Diet/Nutrition Care Manual for more information.

Procedure:

1. The RD or designee will review the physician ordered diet and assess for appropriateness in relation to the individual's complete Medical Nutrition Therapy (MNT) assessment.

2. The RD or designee will contact the dialysis center to discuss the individual's needs.
   a. The RD or designee will discuss the individual's needs with the dialysis RD, and request a copy of the dialysis daily meal plan/pattern, or refer to the facility's Diet/Nutrition Care Manual as appropriate.
   b. Information should be sent as soon as possible so that the meals can be followed as planned.
   c. Renal diets should be as liberal as appropriate to meet the individual's needs.

2. The RD or designee will add each day's meal pattern to the daily menu extension sheets.

3. The RD or designee should provide specific instructions to the food service department regarding preparation (with the cooks, chefs and dietary aides) on an ongoing basis as appropriate.

Note: Support staff work under the supervision of the registered dietitian (RD). Support staff include dietetic technicians registered (DTR), nutrition associates (four year degree in nutrition/dietetics), certified dietary managers (CDM), food service managers, etc. The RD may delegate certain tasks based on the scope of practice and competency level of each member of the nutrition team.

Dysphagia Diets

Policy:

Dysphagia diets will be individualized with modifications made by the speech-language pathologist (SLP) and physician working in conjunction with the registered dietitian (RD) or designee and food service manager. A physician's order is needed.

Note: There is little evidence based research to support texture modified diets for treatment of dysphagia and prevention of aspiration. The person centered approach to diet, and providing individualized intervention is most important. Some individuals may be averse to consistency-altered (texture modified) diets, and therefore may refuse to eat much of their food, leading to unintended weight loss and undernutrition. In these cases, resident's rights take precedence, and an individual has the right to refuse any therapeutic diet (including consistency modifications). Refer to your Diet/Nutrition Care Manual for more information.

Procedure:

1. Individuals who wear dentures will be reminded to have dentures in for meals and snacks as needed. If dentures do not fit properly, facility staff will refer for a dental consult.
2. Individuals with observed indicators of dysphagia (coughing, choking, delayed swallow, pocketing of food, inability to manipulate food in the mouth, wet, gurgly voice, etc.) will be referred to the SLP for evaluation of dysphagia.
3. The SLP may request a video fluoroscopy to assess the individual's condition. Once a diagnosis has been made, the SLP will work with the RD or designee to make appropriate recommendations to the physician for proper food and fluid consistency.
4. Nursing staff will notify the food service manager of needed consistency changes using the Dietary Order Form.
5. The food service department will be responsible for preparing and serving the diet and fluid consistency as ordered.
6. Individuals needing a change in diet consistency may be placed on a dysphagia diet level 1, 2 or 3 (or on a mechanical soft diet, chopped, ground, or pureed foods). Diets should be adjusted to meet individual needs. For example, if the individual has difficulty chewing meats only, the meats may be chopped, ground or pureed and other foods may be of regular consistency.
7. Care will be taken to serve the foods and fluids as ordered on the consistency-altered diet or fluids.

Note: It is advisable to state the reason for a pureed diet in the documentation. Do not allow food consistency changes without a physician's order. Upgrading or downgrading consistency may need to be evaluated by a SLP and requires a physician's order for a permanent change.

Altered Portions

Policy:

The food serviced manager or designee shall interview all individuals upon admission and periodically as needed for food preference and meal satisfaction. Altered portion sizes will be served upon request however; small portions require a physician's order.

Procedure:

1. Refer to the facility diet/nutrition care manual and preplanned menus for guidelines for serving various portion sizes.

2. Small portions are planned on the menu to meet nutritional needs. The individual is interviewed for snack options between meals. This information is documented in the individual's chart and care plan. The RD or designee monitors the individual's weight and food intake for adequacy. A second portion is given if requested.

Note: Support staff work under the supervision of the registered dietitian (RD). Support staff include dietetic technicians registered (DTR), nutrition associates (four year degree in nutrition/dietetics), certified dietary managers (CDM), food service managers, etc. The RD may delegate certain tasks based on the scope of practice and competency level of each member of the nutrition team.

Festivity Foods or Diet Holiday

Policy:

Individuals on oral diets (with the exception of clear or full liquid diets and dysphagia or modified consistency diets) will be granted a diet holiday from their therapeutic diet for special holidays and events. The words “Festivity Foods PRN” or “Diet Holiday PRN” will appear on the physician’s orders.

Procedure:

Individuals on special diets will receive the same food as those on regular diets for special holidays and events. These special holidays and events may include:

New Year’s Eve
New Year’s Day
Martin Luther King Day
Valentine’s Day
St Patrick’s Day
Good Friday
Easter
Passover
Cinco de Mayo
Mother’s Day
Memorial Day
Father’s Day
Independence Day
Labor Day
Rosh Hashanah
Yom Kipper
Columbus Day
Halloween
Veterans Day
Thanksgiving Day
Christmas Eve
Christmas Day
Hanukkah (Chanukah)
Kwanza
Other Pertinent Religious Holidays
Special Activities and Parties

Note: Diabetics will continue to receive lower carbohydrate alternatives to sweet desserts, snacks and beverages. Consistencies will be provided to meet individual needs.

Food and Beverages for Activities

Policy:

Safety and diet compliance will be maintained as appropriate for individuals who consume food and beverages during activities.

Procedure:

1. The activities director or designee will provide the food service department with the monthly scheduled activities that require food or beverage from the department.

2. Foods and beverages are requisitioned from the food service department per facility policy.

3. The food service manager or designee maintains a diet listing for all individuals. The list must include all therapeutic and food texture modifications, and be the most current available.

4. The activities director will notify the food service manager of individuals planning to attend each event so that therapeutic and texture modifications can be planned.

5. The food service department will prepare the requisitioned food and beverage for service during the activity. Proper storage for food safety and transport will be maintained.

6. The activities director will follow prescribed texture modified diet orders when serving food and beverages during the activity.

7. The activities department will monitor food and beverage consumption during the activity for signs and symptoms of choking, aspiration, or other adverse reaction to the food or beverage. Any concern will be reported to nursing immediately. Activities personnel should also be trained in the Heimlich maneuver.

8. The food service department will dispose of any single service use food or beverage brought back to the department after the activity. Leftovers will only be used if food safety can be confirmed, and only after following proper procedures for storage and reheating.

The Dining Experience: Staff Responsibilities

Policy

The goals of the dining experience are to enhance the individual's quality of life through person centered dining: providing person centered care and attention; nourishing, palatable, and attractive meals that meet the individual's daily nutritional and special dietary needs.

Procedure:

1. Staff will work with each person as an individual to meet their personal needs. Each individual will be treated with dignity and respect. Staff will socialize with each individual, focus on the individual - listen, pay attention, and converse with each individual (rather than only with other staff).
   a. Remain confidential with patient/resident instructions.
   b. Be positive. Staff attitudes and actions directly affect the individual's acceptance of the meal.
   c. Keep noise levels to a minimum. (If playing music in the dining area, make sure the type of music is appropriate for the population being served.)

2. Staff should provide service that will help to make dining a special "event" that individual patients/residents will look forward to and that will create lasting memories.
   a. Offer as many choices as possible when it comes to mealtime: Choices on what to eat, when to eat and who to eat with. Selective menus are ideal, and waiter/waitress style service (allowing the individual to choose from a menu right before a meal) is best.
   b. The dining area will be attractive, functional, home-like or restaurant-like (depending on the facility), roomy, comfortable with nice décor, contrasting colors, and appropriate furniture.
   c. All dining areas will have comfortable sound levels, adequate lighting, furnishing, ventilation, space and absence of odors to accommodate dining.

3. The food service manager will perform meal rounds routinely to determine if the meals are timely, attractive, nutritious, and meet the needs of the individual. The food service manager will observe meals for preferences, portion sizes, temperature, flavor, variety and accuracy. The food service manager will report any concerns to the administrator, nursing director, registered dietitian (RD) or designee, or other staff as appropriate.

Note: Support staff work under the supervision of the registered dietitian (RD). Support staff include dietetic technicians registered (DTR), nutrition associates (four year degree in nutrition/dietetics), certified dietary managers (CDM), food service managers, etc. The RD may delegate certain tasks based on the scope of practice and competency level of each member of the nutrition team.
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Dining and Meal Service

Policy:

The dining experience will be person centered with the purpose of enhancing each individual patient's/resident's quality of life and being supportive of each individual's needs during dining. Individuals will be provided with nourishing, palatable, attractive meals that meet daily nutritional and special dietary needs. Individuals will be provided with services to maintain or improve eating skills.

Procedure:

1. Dining areas will have comfortable sound levels, adequate lighting, furnishing, ventilation, space and absence of negative odors to accommodate dining.

2. The table should be properly set (forks on the right, spoon on the left). If knives are not provided in certain dining areas and an individual needs their food cut, food should be cut neatly, so the individual can still see what the original food was.

3. Individuals will be provided with proper hygiene prior to each meal or snack, prepared for the meal by the nursing staff (i.e. hearing aids in place, dentures in, hair combed, dressed properly, and eyeglasses on); and assisted to the dining area as needed.

4. Individuals will be positioned comfortably for the meal, and in a way that will assist with independent eating (i.e. positioned to encourage proper range of motion for eating, promote safe swallowing).
   a. Tables will be adjusted to accommodate wheelchairs, etc.
   b. Positioning and assistance at mealtime must be appropriate for individual needs. Individuals should eat in an upright position unless otherwise specified by the interdisciplinary team or a physician.
   c. Individuals seated in wheel chairs will be encouraged/assisted to transfer to a dining room chair as appropriate.
   d. Individuals will be positioned properly in chair, wheelchair, etc. at an appropriate distance from the table.
   e. If eating in bed, tray tables and beds will be at the appropriate height and position for those eating in bed (as close to a 90 degree angle as possible, or as recommended by the speech language pathologist, occupational therapist or physical therapist for special needs).

5. Use of dining napkins will be encouraged, and dignified clothing protectors will be available as needed.

6. Individuals will be provided with the proper assistive devices and utensils identified by the care plan.

7. Food placement, colors and textures are in keeping with the individuals' needs or deficits (ex: vision, swallowing, etc.).

8. Individuals at the same table will be served and assisted at the same time.

9. Food will be served at the proper texture/consistency to meet each individual's needs and desires. Mechanically altered diets, such as pureed diets, are prepared and served as separate entrée items (except when meant to be combined food such as stews, casseroles, etc.).

10. Appropriate staff will assist as needed to assure adequate intake of food and fluids at the meal.
    a. Individuals will be assisted promptly and in a timely manner after the meal arrives.
    b. Individuals who need extensive assistance will be seated in appropriate dining areas.

11. Individuals will be monitored by the nursing staff to determine the amounts of food/fluids consumed. (Refer to food and fluid intake policies in this section).

12. Individuals will be assisted to leave the dining room promptly after each meal.

13. The dining room will be cleaned promptly after each meal.

Note: Support staff work under the supervision of the registered dietitian (RD). Support staff include dietetic technicians registered (DTR), nutrition associates (four year degree in nutrition/dietetics), certified dietary managers (CDM), food service managers, etc. The RD may delegate certain tasks based on the scope of practice and competency level of each member of the nutrition team.

The Person Centered Dining Approach

Policy:

Person centered care allows individuals to live as normal a life as possible. To that end, person centered care and hospitality services are adapted as much as possible into the everyday living arrangement, included dining. The person centered dining approach focuses on each individual's needs related to food, nutrition, and dining.

Procedure:

1. Each person is treated like a special individual, with a focus on individualizing all interactions, interventions, and care including food, nutrition and dining.

2. The atmosphere and surroundings should be cheerful, clean, tidy, inviting, warm and friendly. This includes the environment of the building, and also the attitude and actions of the staff.

3. Staff should come to work with a professional appearance (neat, clean uniforms or clothing, hair, etc.), and more importantly, with a positive attitude towards serving residents/patients.

4. All individuals are treated with the utmost courtesy, respect and dignity. Each person is treated as if they were the most special guest.
   a. This includes greeting people by name (using Mr., Mrs., or Ms.), recognizing their unique wants and needs, and providing for their comfort at all times.
   b. Individuals should be greeted with a smile and a friendly "Hello! How can I serve you?"
   c. Staff should make all efforts to satisfy individual requests, and always be sure to follow through on any promises made.

5. Guests should be welcomed into the dining environment and thanked for coming.

6. Seating preferences, beverage preferences, and special dietary needs should be met per individual choice.

Making Mealtime Magic
With Person Centered Dining

Resource: Traits of Great Person Centered Service

1. Treat each guest as if they were the most important person ever served.
2. Be enthusiastic.
3. Have an attitude of service. Make the commitment to provide great service.
4. Act with empowerment. Be confident in your ability to provide what is needed, and make timely and appropriate decisions.
5. Deliver what is promised. Take notes if needed to remember what has been promised.
6. Have a sense of urgency. Serve people in a timely manner. Respond quickly. Be organized.
7. Have a genuine caring attitude. Treat others with respect and dignity. Have a sense of empathy.
8. Be flexible and adaptable. Have a steady, patient mood.
9. Communicate well. Ask good questions, and then truly listen to the answers, and follow through on requests.
10. Be willing to improve.
11. Be willing to learn. Be proactive and try to avoid mistakes by knowing how things should be done. But when mistakes are made, learn from them.
12. Set and strive for high standards.
13. Have a sense of family. Be trustworthy and empathetic. Put yourself in the customer's place, and serve them as you would want to be served.
14. Use body language can show caring: Lean forward, look into the person's eyes, nod your head, and acknowledge what others say. Smile if appropriate - the smile is a universal language that all people understand.

Customer Service

Policy:

All individuals will be treated with respect and prompt service. It is the employee's responsibility to find the best solution for any concerns of the individual being served. Employees should be empowered to "do whatever it takes" to provide great service.

Procedure:

1. Staff members support everyone on the team to get the job done right.

2. Staff members must have an attitude of truly wanting to help and serve people. Managers should watch for what staff are doing correctly and reinforce it. (Expect a high level of service, and then praise it and reward it when staff achieve it).

3. Management staff should encourage front line staff to make suggestions for improving individual service. Management staff should act as coaches to teach frontline staff how to deal with any issues that arise at mealtime.

4. Management staff should be visible, involved, and accessible. Management staff should give support and training wherever needed and support frontline staff in providing excellent service.

5. Staff should be trained to treat each individual with the utmost dignity, respect and care.

Dining Room Service

Policy:

Individuals will be encouraged to receive dining room service. A comfortable, attractive atmosphere will be maintained in the dining room area.

Effective equipment shall be provided and guidelines established to maintain food at proper temperatures during meal service. Food will be delivered promptly to assure quality.

Procedure:

1. Meals are distributed promptly to maintain adequate temperature and appearance.

2. Dining room tables should be adequate in height so that wheel chairs can fit underneath them for more comfortable eating. If possible, individuals should be encouraged to sit in a dining room chair.

3. Staff will notify the food service department of those who wish to receive room service.

4. Staff should check individual name and diet on the meal identification (ID) card/ticket to verify that the meal is served to the correct person, and check items on the plate/tray to assure accuracy for therapeutic diets.

5. There should be enough available staff in the dining areas to assist those who need help and to handle any situation that may arise.

Dining Atmosphere

Policy:

Person centered dining is the focus of the dining atmosphere. Meals will be served in a way to enhance the individual's dining experience. Because the presentation of the meal directly affects how much an individual eats, presentation will include the dining environment, the attitude of the server, and the appearance of the meal.

Procedure:

1. The Dining Environment
   - The dining area should be appealing to the individuals being served. It should reflect the preferences of the residents/patients being served.
   - The dining areas must be clean, with adequate lighting, and free of unpleasant odors.
   - Suggestions for a pleasant environment include use of clean, wrinkle-free tablecloths, appropriate color dishes and napkins, centerpieces, soft background music, place mats, colorful dishes, and nice décor.

2. The Attitude of the Server
   - Servers should use friendly, courteous, and considerate behavior when serving meals.
   - Servers should be enthusiastic about the food being served.
   - Servers should focus on each individual's needs and desires, and do their best to satisfy those needs and desires .

3. Appearance of the Table and Meal
   - Use attractive dishware: Clean, eye appealing, matched, without chips, appropriate colors.
   - Flatware will be clean, neatly placed, and in good condition. All meals served must include a minimum of fork and spoon (and knife as appropriate).
   - Glasses will be clean and free of stains or spots.
   - Placemats, tablecloths and napkins will be clean and wrinkle-free.
   - Items will be placed so they are convenient for the individual and neatly and correctly arranged.
   - Serve food carefully to avoid drips and spills.
   - Use suitable dishes for the proper size for various food items. For example:
     - Salads served on individual salad plates or bowls
     - Bread and butter served on individual plates
     - Saucers for coffee or teacups (Mugs do not require a saucer)
   - Hot food must be hot and cold food must be cold (as acceptable to the individual being served).
   - Assure that the correct condiments and beverages are available for the meal.
   - Servers will offer assistance as needed.

4. Appearance of the Server
   - The food service manager will provide training on personal hygiene.
   - Aprons or other special uniforms will be made available to staff as appropriate (such as waiter/waitress uniforms, chef's uniforms, etc.).
   - Each facility will address issues such as appropriateness of tattoos, body piercings, hair restraints, etc.
   - All staff will abide by the facility dress code. (Staff dress/appearance should be acceptable to the individuals being served).

Serving the Meal

Policy:

Food will be served with enthusiasm in a pleasant and tasteful manner to please all individuals.

Procedure:

1. Staff should make every effort to make dining special.

    a. Wait staff should greet and seat individuals as they enter the dining area, then offer a beverage and a menu or listing of food options for the meal.

    b. Wait staff should wear colorful aprons or other uniforms that are different from what is worn for providing other services.

    c. Staff should be trained to handle situations such as choking, quarrels, evacuation of the dining area, etc.

2. The appropriate type of meal service will be chosen for the individuals being served. Depending on the setting, one or a combination of the following service styles may be used: restaurant, family style, buffet dining, open dining, 24 hours service and/or room service. See each policy and procedure (in this section) for details.

3. If appropriate, staff should offer choice of beverage, salad or fruit, bread, entrée, starch, vegetable, dessert and/or soup du jour. A sample plate of the featured entrees is a nice way to show the day's specials.

4. After all individuals have left the table, tables should be sanitized and prepared for the next meal.

Service Staff

Policy:

Staff treats each individual as the focus during mealtime to create a person centered dining approach to the dining experience.

Procedure:

Facility staff will:

1. Greet each individual by name as they enter the dining area.

2. Carry on normal conversations with individuals. Encourage conversation among the guests.

3. Keep distraction in the dining areas to a minimum and focus on the individual.

4. Notice who is absent for the meal and follow-up to be sure no one is missing or forgetting a meal.

5. Notice if someone is having difficulty with a meal and inform the appropriate staff. (Ex: difficulty using utensils, cutting food, self feeding, etc.)

6. Serve individuals beyond expectations: Do whatever is needed to assure a positive dining experience.

7. Take care of all issues before the end of the shift. If for some reason this is not possible, staff must be sure to pass on the information to the next shift so that they can take care of the issues.

8. Refuse to accept tips and other forms of gratuity.

9. Present a professional appearance at all times.

10. Abide by the facility dress code. (Staff dress/appearance should be acceptable to the individuals being served.)

The food service manager will:

- Provide training on personal hygiene.
- Make aprons or other special uniforms available to staff (such as waiter/waitress uniforms, chef's uniforms, etc.) as appropriate.
- Address issues such as appropriateness of tattoos, body piercings, hair restraints, etc.

Handling Customer Concerns

Policy:

All concerns will be handled promptly, confidentially, and to the individual's satisfaction.

Procedure:

1. Staff should be trained to handle complaints in a positive manner. The following are good basic training points:
   a. Complaints are extremely valuable. They identify problems and allow us to develop solutions. Listen to the complaint and have a clear understanding of the problem. Repeat back to be sure you understand.
   b. Identify the cause of the problem and ask the individual what they want. Discuss possible solutions and resolve the problem. Ask if the individual is satisfied with the solution.
   c. Think about how you can keep the problem from recurring with that individual or any other individual.
   d. Know when to listen. The most common complaints are due to the following: Rudeness, lack of follow through, not listening to customer concerns, negative attitude.
   e. Keep a steady, pleasant mood, especially when stress is high. When stress levels are extreme, take a break if able, or talk to someone.
   f. Be flexible and adapt to change as much as possible.
   g. Share your improvement ideas with fellow staff and management staff.
   h. Be willing to constantly learn and improve.
   i. Embrace change for the betterment of service.

2. Management conducts customer satisfaction surveys on a regular basis as part of ongoing quality assessment and performance improvement. (See Dining Satisfaction Sample Form and Dining Satisfaction Meal Evaluations Form on the following pages.)

3. Management must continually monitor how staff handles complaints, and intervene with training and/or support as needed.

Making Mealtime Magic
With Person Centered Dining

Dining Satisfaction Sample Form

Optional: Name _____ Date_____

	Yes	No
Was your meal service timely?		
Was the service courteous?		
Was the hot food hot?		
Was the cold food cold?		
Were your food preferences honored?		
Were your food substitutions available in a timely manner? (if applicable)		
Was the dining atmosphere pleasant?		
Did you enjoy your dining experience?		
Did the food taste good?		
What foods would you like added to the menu?		
What foods would you like taken off the menu?		
Suggestions/Comments:		

Dining Satisfaction Meal Evaluation Sample Form

Dining Satisfaction Meal Evaluation Sample Form

Name _____ Date _____ Time _____

	Yes	No
The meal selection of food and beverage choices meets my needs? If no, please explain:		
The quality and presentation of the food is colorful and appealing.		
The food and beverage choices are served at proper temperature. If no, please explain:		
The staff were friendly and attentive to my needs.		
The service was timely.		
The dining room is clean and well organized.		
The hours of service met my needs.		
Suggestions/Comments:		

Table Setting

Policy:

Individuals will be provided with an attractive table setting that enhances the dining experience.

Procedure:

1. Assure enough room at the table for proper place setting and comfort of each individual (elbow room, space for wheelchairs, accommodations for those who need them, and adequate room for place settings).

2. Provide chairs with sturdy side arms and cushions.

3. Centerpieces should be low in height, so they do not interfere with the ability to socialize. Vary colors, shapes, and items used depending on the occasion.

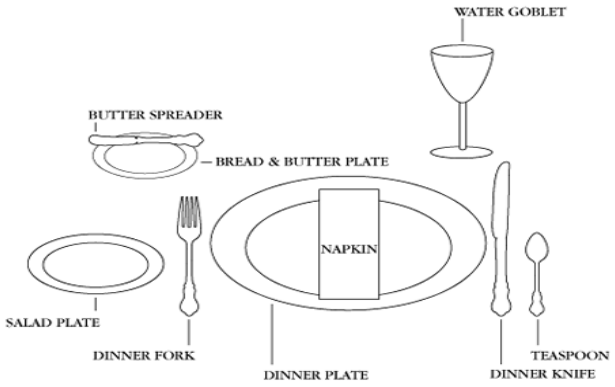
4. If linens are used, they should be easily cleaned. As an alternate, consider the use of a linen service.

5. Napkins should be folded to present an upscale dining style.

6. Glasses should not be too heavy to handle.

7. Dishware should be durable and replaceable, with appropriate designs and colors for those being served.

   Example of an appropriate dinner place setting:



8. Make sure that dishes, glasses, and silverware are placed appropriately (see graphic above).

Condiments, Food Baskets and Food Items on the Table

Policy:

Individuals who are able should be allowed to self-select items such as condiments, bread and crackers. Condiments placed on tables for meal service will be monitored for diet compliance to physician prescribed diets (both therapeutic and texture modifications) by designated facility staff during meal service.

Procedure:

1. Condiments (such as salt, pepper, sugar, sugar substitutes, creamer, catsup, mustard, bread, butter, spreads, and crackers) placed on tables for meal service will be on the table in clean containers with appropriate lids or covers to maintain food safety.

    a. If using individual packages, make sure individuals are able to open packages easily.

2. Designated facility staff will monitor use of condiments by individuals during the meal service.
    a. Diet compliance to physician prescribed diets will be encouraged. A roster of prescribed therapeutic and texture modified diets will be provided to appropriate designated facility staff for monitoring during the meal service.
    b. If the individual chooses not to follow their specific therapeutic diet, there is an obligation to educate on the risk of not following the diet.
    c. If the individual is not able to make appropriate decisions, then the family physician, durable power of attorney for medical care, etc. will be educated on the risks versus benefits and will determine what is best.

3. Diet education for compliance will be provided to individuals by designated facility staff.

4. Designated facility staff will monitor and discourage collecting (hoarding), or inappropriate use of condiments, bread and crackers, and report such behaviors to their immediate supervisor.

Restaurant Style Dining

Policy:

Restaurant style dining will enhance the individual's quality of life through provision of nourishing palatable attractive meals that meet the individual's daily nutritional and special dietary needs. The purpose of this policy is to provide personal choice dining during meal service.

Procedure:

1. Restaurant style dining is available during breakfast, lunch and dinner.

2. Nursing staff will remind all residents/patients of the meal. Nursing is responsible for assisting those needing help to the dining room. Individuals are assisted to prepare for the meal (glasses on, hearing aids in, hands washed, etc.)

3. Nursing and/or food service staff will offer food and beverage choices to the individual at the point of service.

4. Nursing and/or food service staff will report the individual food and beverage choices to the food service staff member serving the meal.

5. Food service staff members will serve the food choices made with consideration given to dietary restrictions/texture modifications. Plates will be verified for accuracy of service.

6. If the individual decides not to follow specific diet recommendations, there is an obligation to educate on the risk of not following the diet. If the individual cannot make this decision, then family, physician, POA, etc., will be educated on the risks and will determine what is best.

7. Food service and nursing staff members serve food to the individual with nursing providing any eating/dining assistance as necessary.

8. Nursing staff are responsible for recording food and beverage intakes. The information is recorded per facility policy.

9. Individuals are offered (or assisted to use) a hand wipe or cloth to wipe their hands prior to leaving the dining room.

10. The food service manager will perform meal rounds routinely to determine if the meals are attractive and nutritious and meet the needs of the individual; and will observe meals for preferences, portion sizes, temperature, flavor, variety and service accuracy.

Family Style Dining

Policy:

Family style dining supports the rituals of dining at home. Individuals participating in family style dining will be monitored for safe food handling and needs during the meal. Individuals will be offered personal choice in dining service.

Procedure:

1. Family style dining is available to individuals during breakfast, lunch and dinner.

2. Nursing staff will remind all residents/patients of the meal. Nursing is responsible for assisting those needing help to the dining room. Individuals are assisted to prepare for the meal (glasses on, hearing aids in, hands washed, etc.)

3. Nursing and food service staff will offer food and beverage choices to the individual at the point of service.

4. Food is placed in bowls or on platters and delivered to the dining tables just prior to service. The food will:
   - Be covered if necessary.
   - Be at the appropriate and required temperature for service.
   - Have the appropriate size serving utensil according to the planned menu.

5. Food bowls and platters used are appropriate for passing at the table. Soup and dessert items may not lend themselves to family style dining and may be serviced similar to restaurant service.

6. A staff member will:
   - Oversee the passing and serving of the food as needed.
   - Encourage appropriate portion size. Assist those with manual dexterity limitations.
   - Monitor for any unsafe food handling practices during the meal (such as direct hand contact with the food by an individual, or other forms of contamination such as sneezing, coughing or spitting on or near the food to be passed).
   - If a food item is considered contaminated, the food will be removed from the table and a replacement obtained.

7. If the individual decides not to follow specific diet recommendations, there is an obligation to educate on the risk of not following their diet. If the individual cannot make this decision, then family, physician, durable power of attorney for medical care, etc. will be educated on the risks and will determine what is best.

8. For those individuals unable to pass dishes, Russian-style of family-style service may be used. Waiters offer choice of entrée, vegetable and starch from divided dishes. Leftovers served in this manner can be properly returned to the kitchen.

9. Nursing staff are responsible for recording food and beverage intakes. This information is recorded per facility policy.

10. Individuals are offered (or assisted to use) a hand wipe or cloth to wipe their hands prior to leaving the dining room.

11. The food service manager will perform meal rounds routinely to determine if the meals are attractive and nutritious and meet the needs of the individual; and will observe meals for preferences, portion sizes, temperature, flavor, variety and service accuracy.

Buffet Style Dining

Policy:

Buffet Style Dining offers the individual infinite possibilities for mealtime food combinations and selections. Individuals will be provided personal choice dining and the ability to choose food portions that match their appetite. Appropriate assistance will be provided during meal service and dining. Infection control systems will also be followed.

Note: Much of this also applies to food/salad bars and self-service stations.

Procedure:

1. Buffet style dining is available during breakfast, lunch and dinner. Foods and beverages should allow for variety and rotation of various food items.

2. Nursing staff will remind all residents/patients of the meal. Nursing is responsible for assisting those needing help to the dining room. Individuals are assisted to prepare for the meal (glasses on, hearing aids in, hands washed, etc.)

3. Nursing and food service staff will offer food and beverage choices to the individual at the point of service.

4. Independent residents are encouraged to plate their own hot and cold food items. Nursing staff is available to facilitate others with their self-selection of hot and cold food items from the buffet line. Dietary staff members will plate the food items chosen. Most residents will require tray service of food items selected to table side.

5. If the individual decides not to follow specific diet recommendations, there is an obligation to educate on the risk of not following their diet. If the individual cannot make this decision, then family, physician, durable power of attorney for medical care, etc. will be educated on the risks and will determine what is best.

6. Nursing staff members place the food items from the tray to each resident's/patient's table place setting and provide eating/dining assistance as needed.

7. Any resident/patient or staff member returning to the buffet line should obtain a clean plate.

8. Staff should monitor individuals to assure that unsafe practices do not occur (such as reaching into the food and then putting it back on the food bar)

9. Dietary staff must be attentive to food holding times and the possible need for batch cooking to assure a quality product. Remove food pans prior to replacing food items. Never add new food to older food that has been sitting on a buffet table.

10. Staff must assure that food is safe. Food must be held at ≥ 135 degrees F for hot foods ≤ 41 degrees F for cold foods. Food should not be held longer than 2 hours.

11. Sneeze guards should be provided.

12. Nursing staff members are responsible for recording food and beverage intake. This is recorded per facility policy.

13. Individuals are offered (or assisted to use) a hand wipe or cloth to wipe their hands prior to leaving the dining room.

14. The food service manager will perform meal rounds routinely to determine if the meals are attractive and nutritious and meet the needs of the individual; and will observe meals for preferences, portion sizes, temperature, flavor, variety and service accuracy.

15. Food service staff will break down, clean and sanitize the buffet equipment after each meal.

Open Style Dining

Policy:

Open style dining will allow the individual choice of dining time to foster independence, enhance nourishment, and quality of life. Individuals will be provided choices of what to eat, when to eat and who to eat with.

Procedure:

1. Open dining is available during breakfast, lunch and dinner to provide the opportunity to dine at the individual's choice of time.

2. The dining room will be open for a minimum of two hours at each meal. Individuals are encouraged to choose the time they prefer to eat their meals.

3. Independent diners have the opportunity to start breakfast early or finish late.

4. Individuals that cannot make the choice of time to eat will be served meals at 7:30 AM, 11:30 AM, and 5:30 PM.

5. Nursing staff will remind all residents/patients of the meal. Nursing is responsible for assisting those needing help to the dining room. Individuals are assisted to prepare for the meal (glasses on, hearing aids in, hands washed, etc.)

6. Nursing and food service staff will offer food and beverage choices to the individual at the point of service.

7. Dietary and nursing staff will offer food and beverage choices to the individual at the point of service.

8. Nursing and food service staff will report the food and beverage choices to the food service staff members responsible for serving the food.

9. The food service staff members will serve food and beverage choices made with consideration given to any dietary restrictions/texture modifications.

10. If the individual decides not to follow specific diet recommendations there is an obligation to educate on the risk of not following their diet. If they can't make decisions, then family, physician, durable power of attorney for medical care, etc., will be educated on the risks and will determine what is best.

11. Dietary and nursing staff members will deliver hot and cold food choices to the individual with nursing providing eating/dining assistance as necessary.

12. Nursing staff members are responsible for recording food and beverage intake. The information is recorded per facility policy.

13. Individuals will be allowed to linger and visit throughout breakfast setting a relaxed tone throughout the day. Individuals are offered (or assisted to use) a hand wipe or cloth to wipe their hands prior to leaving the dining room.

14. Staff will clear and reset tables as needed between services.

15. The food service manager will observe the meals served for preferences, portion sizes, temperature, flavor, variety and service accuracy.

Note: The Federal nursing home tag F368 requires no more than 14 hours to elapse between the evening and morning meals. As long as the morning meal is available within 14 hours, the intent of the regulation is met.

In-Room Dining (Room Service)

Policy:

In-Room Dining (room service) will be served in a way to compliment the primary dining program. Individuals admitted for short term rehab therapy may have little interest in socializing and may request meals in their room. This style dining may also be used for critically ill/bed-bound residents/patients who have increased nutrition and hydration needs. Because the presentation of the meal directly affects how much the individual eats, presentation will include dining environment, the attitude of the server, and the appearance of the meal.

Procedure:

1. The In-Room Dining Environment
   - The room must be clean, well lit, and free of unpleasant odors.
   - Suggestions for a pleasant environment include the use of colorful placemats, dishware.
   - Use of tray favors is also suggested.
   - To assure foods are served at proper temperatures use insulated plate covers coffee pots or mugs and bowls. Cover all foods. Deliver the food within 20 minutes of plating.
   - Deliver trays to the room. Set tray up and uncover all food items.
   - Individuals order from a rotating or fixed menu, which is the same menu as what is being served in the dining room. Selections can be customized. May require individuals to select meal 12 to 24 hours prior to service.

2. The Attitude of the Server
   - Servers, generally nursing staff will use friendly, courteous, and considerate behavior when serving meals.
   - Servers will be enthusiastic about the food being served.

3. Appearance of the Meal
   - Use attractive dishware: Clean, eye appealing, matched, without chips or stains.
   - Flatware will be clean, without spots, neatly placed, and in good condition. All meals served must include a minimum, fork, and spoon (and knife as appropriate).
   - Glasses will be clean and free of stains or spots.
   - Tray covers and napkins will be clean and wrinkle free.
   - Items will be placed so they are convenient for the individual and neatly and correctly arranged.
   - Serve food carefully to avoid drips and spills.
   - Use suitable dishes for the proper size for various food items. For example:
     - Salads served in individual bowls with dressing on the side.
     - Bread and margarine served on individual plates.
     - Saucers for coffee or teacups (mugs do not require a saucer).

- Hot food must be hot and cold food must be cold (as acceptable to the individual being served).
- Assure that the correct condiments and beverages are available for the meal.

4. Appearance of the server
   - The food service manager will provide service training to the servers.
   - All staff will abide by the facility dress code. (Staff dress/appearance should be acceptable to the individuals residing at the facility).
   - Each facility will address issues such as appropriateness of tattoos, body piercings, and hair restraints.

24 Hour Dining

Policy:

Twenty four hour dining will focus on the residents'/patients' needs, wants, and desire for greater choice and flexibility by providing meals and snacks continuously around the clock to meet daily nutritional and special dietary needs, and enhance patient's quality of life. The at home kitchen is never closed. 24 hour dining provides a variety of food choices throughout the day and night.

Procedure:

1. Individuals are provided 24 hours dining opportunities throughout the day and night with a choice between daily specials, a meal cooked-to-order and a variety of snacks.

2. Individuals are assisted by staff as needed to request meal and snack items.

3. The individual determines when, where and what time they would like to eat breakfast and have it cooked to order per preference.

4. Around 10:30 AM, the individual may participate in a breakfast/brunch with items found on the daily menu.

5. In the afternoon, the individual may desire a snack to eat and go to the dining room at 2:00 PM for a cup of tea, fresh baked product, fresh fruit or a sandwich.

6. Between the hours of 4:30 PM and 6:00 PM, a hearty meal is available from the main kitchen with many choices. If the individual doesn't like the meal option, they may select from a list of always available choices.

7. As the sun sets, the individual may want to select from a simple cup of soup or a grilled sandwich menu.

8. After hours, the individual may select from list of snacks such as fresh fruit, vegetables, yogurt, ice cream, pudding, gelatin, cereals, cookies, soups, deli meats and assorted breads. Other food items can be kept in a small refrigerator that staff, family and residents/patients have access to throughout the day and night.

9. Staff is available to help individuals make good choices but continue to honor their right to choose.

10. If the individual decides not to follow specific diet recommendations there is an obligation to educate on the risk of not following their diet. If they can't make decisions, then family, physician, durable power of attorney for medical care, etc. will be educated on the risks and will determine what is best.

11. If the individual cannot make choices, meal and snack items will be served at scheduled meal and snack times and foods provided will be based on recorded preferences and dietary needs.

12. The nursing staff will record food and fluid intake daily. This is recorded per facility policy.

13. Food safety, sanitation, infection control, and resident/patient safety policies and procedures will be reviewed with staff routinely.

Special Occasions – Holiday and Theme Meals

Policy:

Facility staff will plan special occasions, holiday and theme meals that highlight traditions that are most important to the individuals being served.

Procedure:

1. Meet with customers (patients/residents) to discuss and plan special events and celebrations. Get input from staff and families as well.

2. Plan ahead. A yearly calendar may be helpful.

3. Define desired outcomes (function, time, place, cost, number of people to be served, type of service, decoration/theme).

4. Define each person's responsibilities. Plan the menu and activities together. Plan for extra supplies (tables, chairs, china, linen, glassware, utensils).

5. Prepare work schedules/timetables. Include set-up, break down, service.

6. Do a final report with suggestions for the next time this type of event is to be planned.

Ideas for theme meals:

- Movies (Gone with the Wind, Wizard of Oz, Casablanca, Singing in the Rain, True Grit)
- Las Vegas Night
- Western Day
- Holidays (Valentine's Day, Halloween, Memorial Day, Veteran's Day, etc.)
- Mock weddings/real weddings
- Ethnic meals (French, German, Irish, Italian, Mexican, Oriental, Polish, Russian)
- Tailgating/football parties
- Barbeques or picnics
- Special events for small groups
- Special small dining room for family meals
- Community involvement – boy scouts/girl scouts, churches

Paid Feeding Assistants (Nursing Facilities)

Policy:
Paid feeding assistants will only be used if they have met the criteria as outlined in the Center for Medicare/Medicaid Services (CMS) State Operations Manual under §488.301 tag F 373 Paid Feeding Assistants. Paid feeding assistants will be: Properly trained and adequately supervised; will assist only those residents without complicated feeding problems and who have been selected as eligible to receive these services from a paid feeding assistant; and will provide assistance in accordance with the resident's needs, based on individualized assessment and care planning.

Procedure:

1. The facility will assure that any paid feeding assistants have been trained using a:
   (1) State-approved training course.
      a. The feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and
      b. The use of feeding assistants is consistent with State law.

   (2) Supervision.
      a. A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). Supervision must avoid negative outcomes for residents.
      b. The supervisory nurse should monitor the provision of the assistance provided by paid feeding assistants to evaluate on an ongoing basis:
         i. Their use of appropriate feeding techniques;
         ii. Whether they are assisting assigned residents according to their identified eating and drinking needs;
         iii. Whether they are providing assistance in recognition of the rights and dignity of the resident; and
         iv. Whether they are adhering to safety and infection control practices.
      c. In an emergency, a feeding assistant must call a supervisory nurse for help on the resident call system.
         i. Regardless of where a resident is being assisted to eat or drink, in the case of an emergency, the facility needs to have a means for a paid feeding assistant to obtain timely help of a supervisory nurse.

   (3) Resident selection criteria.
      a. A facility must ensure that paid feeding assistants are permitted to assist only those residents who have no complicated eating or drinking

problems. This includes residents who are dependent in eating and/or those who have some degree of dependence, such as needing cueing or partial assistance, as long as they do not have complicated eating or drinking problems.

b. Facilities may use paid feeding assistants to assist eligible residents to eat and drink at mealtimes, snack times, or during activities or social events as needed, whenever the facility can provide the necessary supervision.
c. Paid feeding assistants are *not* permitted to assist residents who have complicated eating problems, such as (but not limited to) difficulty swallowing, recurrent lung aspirations, or who receive nutrition through parenteral or enteral means. Nurses or nurse aides must continue to assist residents to eat or drink who require the assistance of staff with more specialized training.
    i. The facility must base resident selection on the charge nurse's (RN, or LPN if allowed by State law) current assessment of the resident's condition and the resident's latest comprehensive assessment and plan of care.
    ii. Charge nurses may wish to consult with interdisciplinary team members, such as speech-language pathologists or other professionals, when making their decisions.

2. Paid feeding assistants must complete a training program with the following minimum content as specified at §483.160:
    a. Minimum training course contents. A State-approved training course for paid feeding assistants must include, at a minimum, 8 hours of training in the following:
        (1) Feeding techniques;
        (2) Assistance with feeding and hydration;
        (3) Communication and interpersonal skills;
        (4) Appropriate responses to resident behavior;
        (5) Safety and emergency procedures, including the Heimlich maneuver;
        (6) Infection control;
        (7) Resident rights; and
        (8) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.

3. The facility must maintain a record of all individuals used by the facility as feeding assistants, including verification of successful completion a State-approved training course for paid feeding assistants.

4. Use of Existing Staff as Paid Feeding Assistants
    a. Facilities may use their existing staff to assist eligible residents to eat and drink.
        i. These employees must have successfully completed a State-approved training course for paid feeding assistants, which has a minimum of 8 hours of training as required in §483.160.
        ii. Staff may include administrative, clerical, housekeeping, dietary staff, or activity specialists.
    b. Employees used as paid feeding assistants, regardless of their position, are subject to the same training and supervisory requirements as any other paid feeding assistant.

Source: Centers for Medicare & Medicaid Services. State Operations Manual, Guidance to Surveyors for Long Term Care Facilities, Appendix PP. http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_appendixtoc.pdf (scroll down to the Appendix PP link). Revision 70, 1/7/11. Accessed December 5, 2012.

Timely Meal Service

Policy:

Food will be delivered promptly to assure proper temperatures and high quality food.

Procedure:

1. Nursing staff will notify the food service department in writing of individuals who wish to eat in their rooms.

2. Meals will be placed in the cart in sequence to achieve the most effective service. Each meal will be identified by the meal identification (ID) card/ticket with the individual's name, room number and diet order.

3. Food service staff will notify the appropriate staff as each cart is ready for delivery. Food service personnel deliver carts to the wings. Nursing or food service staff will return the carts to the kitchen after meal service per facility policy.

4. Meals are distributed promptly with supervision as needed by nursing staff. (Close supervision may be needed for those on special diets, or with feeding difficulties). Staff should check each individual name and room number to verify correct information, and check items on the plate or tray against the meal ID card/ticket to assure accuracy.

5. At least one person will be stationed in the dining room during meal service to assist individuals with eating and to handle any emergency situation that might arise.

Mealtimes and Frequency

Policy:

The facility provides at least three meals daily at regular times comparable to normal mealtimes in the community. Meals will be served in a timely manner.

Procedure:

1. There will be no more than fourteen (14) hours between a substantial evening meal (dinner) and breakfast the following day, unless a nourishing snack is provided at bedtime. If a nourishing snack is provided at bedtime, then up to 16 hours may elapse between a substantial evening meal (dinner) and breakfast the next day. However, the individuals in the group must agree to this meal span.
   Note: Check state regulations to assure compliance.

2. There will be at least a four hour interval between breakfast and lunch, and between lunch and dinner.

3. Meals and HS snack will be served at the following times:

   Breakfast: _____

   Lunch: _____

   Dinner: _____

   HS Snack: _____

Note: A "substantial evening meal" is defined as an offering of three or more menu items at one time, one of which includes a high quality protein such as meat, fish, eggs or cheese. The meal should represent no less than 20% of the day's total nutritional requirement.

"Nourishing snack" is defined as verbal offering of items, single or in combination, from the basic food groups. Adequacy of the snack will be determined both by individuals in the group and evaluating the overall nutritional status of those in the facility.

Early and Late Meals

Policy:

Early and late meals will be provided to any individual who needs them.

Procedure:

Early Meals:

1. Nursing and/or the food service department determine which individuals may benefit from an early meal, on either a temporary or permanent basis.

2. The early meals will leave the food service department at approximately:

   Lunch _____

   Dinner _____

3. Upon arrival on the floor, it is the responsibility of nursing to see that the meals are passed and individuals receive assistance as quickly as possible.

Late Trays:

1. Food service staff will pull the meal identification (ID) cards/tickets for those who need to have their meal held. Meal cards will be placed in a designated area in the kitchen. The food service manager notifies the cook at the start of the tray line how many late trays there are.

2. After the meal is served, the cook will reserve enough food for the meals that will be going out later. These foods should be held safely at the proper temperatures.

3. When the nursing department phones that a certain individual may eat, the cook prepares the meal and one of the food service staff delivers it to the proper nursing station, assuring that the meal is properly labeled with the name and room number of the individual.

Select Menus

Policy:

If select menus are offered, they will be provided within each individual's dietary modifications. Menus will be reviewed to assure therapeutic correctness and nutritional adequacy while respecting the individual's food preferences. Select menu sheets may be used for meal/tray identification. Those who are not able to make meal choices independently will be provided with assistance, or a non-select menu will be provided (and altered for individual food preferences and diet order).

Procedure:

Diet Clerk/Aide/Secretary:

1. Print the individual's name and room number on the select menu according to the diet order. Select menus are provided to all individuals who choose to make their own menu selections. Assistance from family or staff is encouraged for those who cannot communicate their own choices.

2. Distribute menus in advance of the meal so that each individual may make their menu choices for each meal. Depending on style of service, this may be done as the individual is seated in the dining room; or if disposable paper menus are used, it may be done in advance of the meal. In this case, facility staff may assist in the delivery of menus and in menu selection as deemed necessary. Family members are also encouraged to assist when needed. Menu choices are returned to the food service department once they are completed.

3. Collect marked menus.

4. Assemble select menus in order according to the service procedure.
   - Check the marked menus to be sure that there is a menu for each individual (except NPO) and menus are correct according to the physician ordered diet.
   - Check for any missing select menus or incomplete menus.
   - Retrieve the missing select menus and visit or call individuals who did not complete menus, assisting them with menu marking, if necessary.
   - Assemble select menus in order according to service. These select menus will act as the individual's meal identification (ID) card/ticket.
   - Assure that there is a select menu available for every individual who uses the select menu system.

5. Correct select menus following these guidelines:
   - Complete the heading on the menu with name, diet order, dining area and day.
   - Verify name, diet order and menu with the individual's current records.
   - Check the non-modified menus for completeness and nutritional adequacy (example: if an individual selected cereal, check that milk is also selected; if an individual selects only fruit, visit the individual and assist in completing the menu. Refer to the RD or designee for diet education if needed.

- Check the modified menus for therapeutic accuracy, nutritional adequacy, and completeness using the individual's records and the diet/nutrition care manual.
- Correct all menus within the parameters of the individual's recorded likes/dislikes, food intolerances and allergies.
- Verify substitutions with the individual if the food item selected for substitution is not listed as a preference.
- Verify that each food item on the menu is legible and neatly circled.
- Refer complicated therapeutic diets to the RD or designee as needed to review and approve.

6. If an individual has been unable to mark a menu, make menu selections using the above guidelines.

For Trayline Service:

1. Diet changes received during tray line will be processed immediately and inserted in the appropriate place in the tray line.

2. Prior to each meal, check to be sure there is a correct menu for every individual (except those who are NPO).

3. Place the select menus (meal ID card/ticket) for the next meal at the starter station on tray line.

Starter Position:

1. Place select menu (which is now the meal ID card/ticket) on the tray to be used by other tray line associates to complete meal assembly.

Diet Clerk/Supervisor:

1. Check accuracy of meal according to the menu.

Nursing:

1. When passing meals, use the meal (ID) card/ticket to verify the individual's name and diet order to assure it is provided to the correct individual.

For Dining Room Service:

1. Follow the same basic guidelines as with trayline service and adapt as needed for dining room service.

Note: The menu selection procedure may be automated using spoken menus and wireless data transfer to the kitchen/service area.

Note: Support staff work under the supervision of the registered dietitian (RD). Support staff include dietetic technicians registered (DTR), nutrition associates (four year degree in nutrition/dietetics), certified dietary managers (CDM), food service managers, etc. The RD may delegate certain tasks based on the scope of practice and competency level of each member of the nutrition team.

Meal Identification and Preference Cards/Tickets

Policy:

A meal identification (ID) and food preferences card (meal ID card/ticket) is used to properly identify each individual's needs and desires for food.

Procedure:

1. The food service manager visits a newly admitted individual to obtain food and beverage preferences, dislikes and food allergies/intolerances before a permanent meal ID card/ticket is written.

2. A temporary meal ID card/ticket containing the individual's name, room number and diet order may be used until a permanent one is prepared (usually for the first meal or two).

3. The permanent meal ID card/ticket includes the name of the individual, diet order, beverage preferences, food dislikes and any other specific diet information. Food allergies should be written in red, or printed boldly to call attention to them. Room number or dining area may also be included.

4. Meal ID cards/tickets are used during meal service to assure the correct diet is being served and food preferences are honored.

5. Meal ID cards/tickets are placed with corresponding meals to assure delivery to the correct individual.

Meals delivered to the dining rooms, wings/neighborhoods:

6. Meal ID cards/tickets are removed by the server after the meal is served and placed in a container to be sent to the kitchen.

7. Food service staff are responsible for keeping meal ID cards/tickets clean and in the correct serving order.

8. The food service manager or designee is responsible for keeping meal ID cards/tickets up-to-date and for replacing worn cards when appropriate and/or printing all meal ID cards as needed for meal service.

9. Hard copy plastic meal ID cards are sanitized following each meal.

Note: Staff may use paper tray cards to note changes in preferences, food intake percentages and other pertinent information to send back to the food service department.

Offering Food Replacements at Mealtime

Policy:

Each individual receives appropriate nutrition when a food replacement is offered.

Procedure:

1. If an individual is not eating a food (or foods) served, the nursing staff is responsible for asking why and for verbally offering a suitable food replacement. (Please see Menu Substitution Lists in the Menus/Therapeutic Diets Section.) The individual is encouraged to give input for his/her choice of substitution. A minimum of three substitutes should be offered verbally.

2. For those on special diets, be sure the food replacements offered are appropriate for the therapeutic diet order.

3. If an individual agrees to eat the food replacement, the nursing staff tells the food service staff what is needed, for whom and why. This may be done verbally, or in writing to avoid mistakes (see Food Replacements Sample Form in this section).

4. The food server is responsible for preparing the food replacement as soon as the current series of meals has been served; making sure it is delivered to the individual in a timely manner.

5. The food service manager should be notified by staff so that an accurate list of dislikes can be created and used for future reference as appropriate.

6. If the individual refuses the served or offered food replacement, the staff is not required to offer any further food replacements. The staff does document that the individual did not eat the particular food(s) served and that the substitute was also refused. Additional nourishment is offered at the next nourishment time. For diabetics that refuse meals and substitutes, notify nursing and if refusal of meals continues, refer to registered dietitian (RD) or designee.

7. When food replacements are consistently refused, the staff will notify the food service manager or designee who is then responsible for discussing food preferences with the individual, making revisions as necessary, and documenting specific problems in the progress notes and care plans. The food service manager or designee will refer individuals to the RD or designee as appropriate.

8. The following page lists the items that will be available for food replacement at all meals. It is the responsibility of the food service manager to provide this list to the nursing staff. It is the responsibility of the nursing staff to know the alternates available for the meal.

Note: Support staff work under the supervision of the registered dietitian (RD). Support staff include dietetic technicians registered (DTR), nutrition associates (four year degree in nutrition/dietetics), certified dietary managers (CDM), food service managers, etc. The RD may delegate certain tasks based on the scope of practice and competency level of each member of the nutrition team.

Making Mealtime Magic
With Person Centered Dining

Resource: Available Food Replacements Sample

When an individual refuses to eat, a food replacement (or substitute) should be offered to assure that all individuals receive adequate nourishment.

- If an individual is not eating a food (or foods) served, the staff should ask why and offer a suitable replacement. The individual is encouraged to give input for his/her choice of replacement. Staff should verbally offer a choice of at least 3 different food replacements.
- Food replacements should be provided within 15 minutes of determining an individual's wishes. The food service department should keep an accurate list of dislikes for future reference.
- The following chart lists the items that will be available for replacement at all meals. When an individual consumes less than 75% of their meal, a replacement should be offered.

Note: Individuals have the right to refuse food replacements. Some individuals receiving supplements or enhanced food items may not need or want additional foods or fluids.

When an Individual Consumes < 75% of:	Offer:
Entrée/Meat 2 to 3 ounces*	• Alternate meat or entrée item • Sandwich with 2 to 3 ounces meat or cheese (such as a hamburger with bun, or turkey and cheese sandwich) • ½ cup cottage cheese • 2 ounces cheese (with crackers or bread) • 2 cooked eggs (with 1 ounce cheese, optional)
Milk 8 ounces*	• 1 cup yogurt • 1 ½ ounces cheese • 1 cup chocolate milk • 1 cup buttermilk • 1 cup pudding or custard • 1 cup cream soup made with milk and/or cream
***If an individual refuses the offered choices, the facility staff may choose to offer:** • 6 to 8 ounce milkshake or high calorie/protein supplement • ½ cup pudding made with milk or substitute which provides a minimum of 4 to 5 grams protein • Other supplement of choice	

Displaying the Menu

The planned menus will be posted each week, and the daily menus will be posted daily.

Procedure:

1. Planned written menus will be posted by the dietary staff in a clear, obvious area that is easily viewed by all individuals.

2. Daily menus will be clearly posted outside the dining area on the menu board.

3. Food service staff is responsible for posting revisions to the planned menu in a timely manner.

Portion Control

Policy:

Individuals will receive the appropriate portions of food as planned on the menu. Control at the point of service is necessary to assure that accurate portion sizes are served.

Procedure:

1. Use standardized recipes to avoid waste caused by overproduction. Recipes should be adjusted as needed and the yield and serving size specified on each recipe.

2. The menu should list the specific portion size for each food item. Menus should be posted at the tray line for staff to refer to for proper portions for each diet.

3. Serve the food with ladles, scoops, spoodles and spoons of standard sizes. Scales should be used as needed to weigh meat portions. Scoops should be leveled off (not overflowing) for the most accurate portion size.
   - Portions that are too small result in the individual not receiving the nutrients needed.
   - Portions that are too large increase the costs as well as providing the individual more food than needed or allowed (i.e. therapeutic diets).

4. Food service staff will be inserviced by the food service manager on proper portion sizes at regular intervals. Meal observations for quality control of portion sizes should be conducted by the food service manager, or registered dietitian (RD) or designee on a routine basis.

Serving Utensils		
Utensils	**Cup Amount**	**Ounce Amount**
# 5 scoop	3/4 cup	6 ounces
# 6 scoop	2/3 cup	5.34 ounces
# 8 scoop	1/2 cup	4 ounces
# 10 scoop	2/5 to 3/8 cup	3 1/4 ounces
# 12 scoop	1/3 cup	2.67 ounces
# 16 scoop	1/4 cup	2 ounces
# 20 scoop	3 1/8 Tbs	1 3/4 to 2 ounces
# 24 scoop	2 2/3 Tbs (1/6 cup)	1 1/2 to 1 3/4 ounces
# 30 scoop	2 Tbs	1 ounce
# 40 scoop	1 1/2 Tbs	3/4 ounce
6 ounce ladle	3/4 cup	6 ounces

Mealtime Observation

Policy:

All individuals will be observed during mealtime to monitor meal acceptance. All individuals will receive complete dining service for the meal. Staff will assure that all individuals have been served appropriately before leaving the dining area.

Procedure:

1. The food service manager or designee will do meal rounds in the dining rooms and resident/patient rooms during mealtimes.

2. Nursing will provide supervision and observation during mealtime, in both the dining areas and resident/patient rooms.

3. Staff will visit every table to be sure that all individuals have received the appropriate meal and service.

4. Observations will be noted and referrals will be made as needed to the appropriate staff (for difficulty chewing, swallowing, using utensils, self-feeding, etc.).

5. Meal/food substitutions will be provided in a timely manner as needed.

6. Acceptance and appropriateness of therapeutic or mechanically altered diets will also be monitored.

7. Follow up on problems or concerns for food preference is the responsibility of the observer and should be completed within 48 hours.

Guest Meals

Policy:

Guests may purchase meals and eat with a patient/resident.

Procedure:

1. Whenever family or friends wish, they may purchase a meal at the business office so they can eat with an individual patient/resident.

2. The cost of a guest tray is $_____.

3. The business office informs the kitchen of extra guests as soon as possible, preferably one day before the meal is served.

4. The food service staff sets up and serves the guest meal along with the individual patient's/resident's tray. Guests receive the same meal that those on regular diets receive, unless special requests are prearranged and approved by the food service manager or designee.

5. Guest meals are delivered along with the individual's meals so that they may eat together unless otherwise directed.

6. The food service manager should keep an accurate record of all guest meals served, and reconcile this with the bookkeeper so that money from guest trays is credited to the food service department.

7. Follow the facility policy on tracking and collecting money for guest meals.

Food Availability

Policy:

Supplies of food and beverage items will be available around the clock in the kitchenette or pantry areas.

Procedure:

1. The food service manager will determine food and beverage items and par levels to be delivered to the patient/resident areas.

2. The food service staff will deliver items daily to the appropriate kitchenette or pantry, replenishing items according to predetermined par levels. They are also responsible for:
   - Rotating stock and removing outdated items.
   - Checking the temperatures of the refrigerators/freezers in kitchenettes or pantries weekly and maintain documentation (see Refrigerator and Freezer Temperatures Sample Forms in Food Production and Food Safety section).
   - Checking the internal food temperatures randomly to assure proper temperatures (< 41° F).
   - Cleaning and sanitizing refrigerators on a regular cleaning schedule, and as needed for spills.

Food Procurement and Facility Gardens

Policy:

Food produced and/or harvested from facility gardens will be safe for consumption.

Procedure:

1. Facility staff in charge of facility gardens will be knowledgeable in use of safe fertilizers, soil, etc. for use in gardening foods. Gardens will be maintained to keep food safe (including free from pests as much as possible, fertilizers, pesticides, soil, etc.).

2. Garden foods will be harvested using safe food handling practices to mitigate the dangers of food borne illness.

3. Once foods are harvested, safe food handling practices will be followed for delivery to the kitchen.

4. The kitchen staff is responsible to handle harvested foods properly once they reach the kitchen. This includes safe storage, thorough washing, and appropriate handling for preparation, service and storage of leftovers.

Note: Check your state regulations for any additional requirement for compliance.

Resource: Center for Medicaid, CHIP and Survey & Certification Group. Survey & Certification (S & C): 11-38 – NH. September 7, 2011

Taste Testing

Policy:

All food is taste tested prior to serving.

Procedure:

1. The cook is responsible for tasting all food before it is served. The supervisor should also participate in this procedure.

2. Proper tasting procedure should be used: Use one spoon to serve food onto a dish or bowl, and use a new spoon to taste the food.

3. All food not passing the taste test due to seasoning, toughness, color, or other negative factors is not to be served until the problem has been corrected.

Personal Food Storage

Policy:

Food or beverage brought in from outside sources for storage in facility pantries, refrigeration units, or personal room refrigeration units will be monitored by designated facility staff for food safety.

Procedure:

1. Individuals will be educated on safe food handling and storage techniques by designated facility staff as needed. Staff will examine food for quality (visual, smell, packaging) to identify potential concerns.

2. Staff will provide information on safe food storage and handling as deemed appropriate.

3. Designated facility staff will be assigned to monitor individual room storage and refrigeration units for food or beverage disposal.

4. All refrigeration units will have internal thermometers to monitor for safe food storage temperatures. Units must maintain safe internal temperatures in accordance with state and federal standards for safe food storage temperatures. Staff will monitor and document unit refrigerator temperatures.

Food Service Problems / Referral to Food Service Manager

Policy:

Food service problems and unusual incidents will be brought to the attention of the food service manager in a timely manner.

Procedure:

1. Staff will notify the food service manager of problems or unusual incidents via verbal and/or written communication.

2. Referrals include, but are not limited to, problems with:
   - Quality of food
   - Recipes
   - Equipment
   - Food preparation
   - Sanitation
   - Resident's/patient's food intake
   - Dining areas
   - Meal delivery and/or service
   - Food safety
   - Food brought in by families or visitors

Nursing Homes: Resident's Rights Training

Policy:
All staff working in Nursing Homes will be made aware of Resident's Rights.

Resources:
- Information from CMS: http://www.medicare.gov/nursing/residentrights.asp
- Sample Nursing Home Resident Bill of Rights: http://www.amerilawyer.com/nh_bill_of_rights.htm

Insert a copy of your nursing home Nursing Home Resident's Rights Document here.

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Training/Orientation Sample Form

Name _____ Position _____ Date of Hire _____

Subject	Date	Instructor Initials	Employee Initials	Review Date	Instructor Initials	Employee Initials
Resident's or Patient's Rights						
Overview of Food Service						
Introduction to Food Service						
Sanitation						
Safety						
Food Preparation						
Standard Measurements						
Nutrition						
Therapeutic Diets						
Review of Policies and Procedures						

I have been oriented to the department, and the subjects listed above have been explained to me.

_____ _____ _____

Employee Signature Date Food Service Manager's Signature

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Inservice Training Report Sample Form

Department: _____

Date: _____ Time: _____

Employee Group(s) Present: _____

Total Number of Employees in Group: _____

Number Present: _____ Number Not Present: _____

Method of Presentation: _____

Subject(s) Covered:

_____

_____

_____

_____

_____

_____

_____

_____

Recommendations/Follow-Up:

_____

_____

_____

_____

_____

_____

_____

_____

_____
Conducted by

_____
Title

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Inservice Sign In Sheet Sample Form

Date:_____ Time:_____ Inservice Title: _____

Name	Title/Position	Shift

Diet History

Policy:

Information will be gathered upon admission to inform the food service department of the individual's food preferences and diet history.

Procedure:

1. Upon admission and periodically as needed, the food service manager or designee will interview the individual for the following information using the Food Preferences Form (Sample form on the following page):
   - Understanding and acceptance of the diet order
   - Food preferences, intolerances, allergies
   - Cultural and/or religious preferences
   - Location where the meals are to be served
   - Preferred portion sizes for each meal
   - Select menu preference (if applicable)
   - Beverage preferences

2. When interviewing an individual for food preferences, the food service manager or designee will offer the names of foods as needed (some individuals may have a difficult time with open ended questions). The Food Preferences Sample Form on the following page provides a good guideline to follow:

3. A Food Preferences Form may be distributed to the family or significant other upon admission.

4. Each individual will be visited by the food service manager or designee for a personal interview to obtain food preferences within 48 to 72 hours of admission.

5. The information is kept on file in the food service department and used to assure that each individual's needs and desires for food are met.

Note: Support staff work under the supervision of the registered dietitian (RD). Support staff include dietetic technicians registered (DTR), nutrition associates (four year degree in nutrition/dietetics), certified dietary managers (CDM), food service managers, etc. The RD may delegate certain tasks based on the scope of practice and competency level of each member of the nutrition team.

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Food Preferences Sample Form

Name _____ Admission Date_____

Diet Order _____ Food Allergies/Intolerances_____
Meal Location Room: B L D Dining Room: B L D Preferred Portions: Lg Avg Sm

Is food available from outside sources? Yes No Source:_____

Would you like a select menu? Yes No

Beverage Preference (Circle)

Breakfast	Juice	Milk	Coffee	Reg/Decaf	Hot Tea	Reg/Decaf	Water	Soda Pop	Iced Tea
Lunch	Juice	Milk	Coffee	Reg/Decaf	Hot Tea	Reg/Decaf	Water	Soda Pop	Iced Tea
Dinner	Juice	Milk	Coffee	Reg/Decaf	Hot Tea	Reg/Decaf	Water	Soda Pop	Iced Tea

Food Dislikes (Circle)

Meat/Substitutes	Vegetables	Fruits	Starches	Cereal
Bacon Beef Liver Beef Patty Cheese Chicken Chicken Liver Chili Cottage Cheese Eggs Enchiladas Fish Ground Beef Ham Lamb Luncheon Meat Nuts Pork Loin Pork Chop Roast Sausage Link Sausage Patty Shellfish Shrimp Soy Burgers Tofu Tuna Turkey	Beets Broccoli Brussels Sprouts Cabbage Carrots Corn Coleslaw Green Beans Green Peas Greens Lettuce Lima Beans Okra Onions Peas Sauerkraut Spinach Tomatoes Yellow Squash Wax Beans Zucchini	Apples Applesauce Apricots Bananas Cantaloupe Grapefruit Mango Oranges Papaya Peaches Pears Pineapple Plums Prunes Tangerines Watermelon	Baked Beans Black-eyed Peas French Fries Lima Beans Macaroni Mashed Potatoes Navy Beans Noodles Pancakes Pinto Beans Potatoes Rice Sweet Potatoes Tator Tots Waffles	Cream of Wheat Grits Malt-O-Meal Oatmeal Dry Cereal:
				Milk/Dairy
				1% 2% Skim Whole Buttermilk Chocolate Milk Kefir Rice Milk Soymilk Yogurt
		Juices	**Bread**	**Desserts**
		Apple Cranberry Grape Grapefruit Orange Prune Tomato Vegetable	Bagels Biscuits Cornbread Crackers Coffee Cake Muffins Pancakes Pita Bread Raisin Bread Rolls Rye Bread Toast Tortillas Wheat Bread White Bread	Cakes Cookies Fruit Crisp Gelatin Ice Cream Pudding Pie Sherbet
	Soups	**Spicy Foods**		
	Bean Beef Noodle/Veg. Broth Lentil Potato Split Pea Tomato Vegetable Cream Soups	Chili Sauce Tacos Tomato Sauce		

Special meal preferences or pattern if different from menu (including cultural/religious preferences):

Interventions for Unintended Weight Loss

Policy:

The facility has a weight-tracking program in place to identify any individuals with unintended weight loss so that assessment of the problem and appropriate intervention can be implemented.

Procedure:

1. Individuals will be weighed upon admission or readmission (to establish a baseline weight), weekly for the first 4 weeks after admission and at least monthly thereafter to help identify and document trends such as insidious weight loss.

2. Individuals may also be weighed due to a significant change in condition, if food intake has declined and persisted (e.g., for more than a week), or there is other evidence of altered nutritional status or fluid and electrolyte imbalance. Note: In some cases, weight monitoring is not indicated (e.g., the individual is terminally ill and requests only comfort care). Other factors that may impact weight and the significance of apparent weight changes include:
   - The individual's usual weight through adult life
   - Current medical conditions
   - Calorie restricted diet
   - Recent changes in dietary intake
   - Edema

3. Staff will follow a consistent approach to weighing and use an appropriately calibrated and functioning scale (e.g., wheelchair scale or bed scale). Since weight varies throughout the day, a consistent process and technique (e.g., weighing the individual wearing a similar type of clothing, at approximately the same time of the day, using the same scale, either consistently wearing or not wearing orthotics or prostheses, and verifying scale accuracy) can help make weight comparisons more reliable. (See Policy and Resource on Obtaining Accurate Weights in the Anthropometrics section).

Note: The last weight obtained in the hospital may differ markedly from the initial weight upon admission to the facility, and is not to be used in lieu of actually weighing the individual.

Source: Centers for Medicare & Medicaid Services. State Operations Manual, Guidance to Surveyors for Long Term Care Facilities, Appendix PP. http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_appendixtoc.pdf (scroll down to the Appendix PP link). Revision 70, 1/7/11. Accessed December 5, 2012.

Refer to Policies and Procedures and Resources on Accurate Weights, How to Obtain Accurate Weights, Adjusting Weights for Amputees, Significant Weight Changes, Tracking Weight Changes, Significant Weight Loss and Significant Weight Gain, Sample Forms and Charts, etc. under Anthropometrics Section of this manual.

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Resource: Calorie Boosters/Fortified Foods

The following suggestions are intended for people who need to increase their calories in order to maintain or gain weight. These recommendations are not necessarily intended for people on low fat or carbohydrate controlled diets. Please use multiple suggestions to boost calories in the diet.

Margarine or Butter	Add to casseroles, hot cereals, vegetables, potatoes, rice and noodles, soups Spread on bread, sandwiches, toast, crackers, rolls, and muffins	
Mayonnaise	Spread on bread, sandwiches, toast, crackers, rolls and muffins Use in egg, chicken, tuna or meat salad	
Peanut Butter	Spread on bread, sandwiches, toast, crackers, rolls, muffins, apples, bananas	
Sour Cream	Use on baked potatoes or as a dip	
Half-and-half or Cream	Add to milk shakes, hot chocolate and other beverages; pour over cereals; use in cream soups and puddings	
Other Calorie Dense Foods:	Casseroles with added cream Cheese *Corn syrup Cream cheese Evaporated milk Fried foods Gravy *Hard candy *Honey *Ice cream floats and sundaes *Jam and jelly	*Maple syrup *Marshmallows Oils *Pudding Salad dressings Soups (made with whole milk or half-and-half) *Syrup Whipped cream
Commercially Prepared High Calorie/Protein Supplements	*Bars *Beverages Fortified or enhanced foods Juices *Milkshakes *Puddings	
Meal Frequency	Offer three meals and two or more snacks each day	

*These foods are high in simple sugars and must be counted into the day's total carbohydrate if on a carbohydrate controlled diet.

Note: There are products available that allow for easy creation of enhanced foods. These products may be in the form of powders or liquids that mix into certain foods or beverages, thus boosting calories.

Source: Dorner, Becky, Diet Manual: A Comprehensive Nutrition Care Guide, Becky Dorner & Associates, Inc., Akron, OH, 2011.

Resource: Protein Boosters

The following suggestions are intended for people who have difficulty eating high protein foods. Here are a few suggestions for boosting protein intake.

Skim Milk Powder (for cooking use only)	Mix one cup of skim milk powder into one quart of whole milk and use in recipes for creamed soups, hot cocoa, cooked cereals, cooked custard or pudding, casseroles and mashed potatoes Skim milk powder can also be added to scrambled eggs, soups, casseroles, meat loaf or meat balls, cookies and muffins. Start by adding 1 tablespoon of skim milk powder per serving.
Milk or Half-and-half	Use instead of water for soups, cereals and instant cocoa
Cheese or Cheese Sauce	Add grated or melted cheese to vegetables, casseroles, soups
Eggs (fully cooked only)	Plain or in mixed dishes
Peanut Butter	Use on bread, crackers, or celery, apples and bananas
Instant Breakfast Milkshake	Combine and mix well; one packet instant breakfast mix, one-cup whole milk or half-and-half, ½ cup ice cream
Other High Protein Foods	Cottage cheese Yogurt Meat, fish, poultry

Caution: Do not use on dysphagia diets unless safely pureed into a pureed food item.

Note: There are products on the market that allow for easy creation of enhanced foods. These products may be in the form of powders or liquids that mix into certain foods or beverages, thus boosting protein.

Source: Dorner, Becky, Diet Manual: A Comprehensive Nutrition Care Guide, Becky Dorner & Associates, Inc., Akron, OH, 2011.

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Meal Survey Sample Form 1

	Excellent 5	Very Good 4	Good 3	Poor 2	Very Poor 1
Quality of meal today was:					
What is your overall impression of the food service?					
Is the hot food *HOT*?					
Is the cold food COLD?					
Is there a choice available if you dislike the meal?					
Portion sizes are Adequate.					
The food tastes good.					
The dining atmosphere is pleasant.					
What do you think of the variety and choice of foods offered?					

List 5 Favorite Foods that are Served

1._____

2._____

3._____

4._____

5._____

List 5 Foods You Would Like on the Menu

1._____

2._____

3._____

4._____

5._____

Comments:

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Meal Survey Sample Form 2

Name _____ **Date _____**

Questions	Answers
If you were going to improve the quality of the food, what would you do?	
What is your overall impression of the "food service"?	
Is the hot food HOT?	
Is the cold food COLD?	
Is there a choice available if you dislike the meal?	
Are portion sizes adequate?	
Does the food taste good?	
Is the dining atmosphere pleasant?	
What items would you delete from the menu if you were preparing the meals?	

List Your 5 Favorite Meats/Entrees:

1. _____
2. _____
3. _____
4. _____
5. _____

List Your 5 Favorite Vegetables:

1. _____
2. _____
3. _____
4. _____
5. _____

List Your 5 Favorite Salads:

1. _____
2. _____
3. _____
4. _____
5. _____

List Your 5 Favorite Desserts:

1. _____
2. _____
3. _____
4. _____
5. _____

Comments:

_____

_____

Chapter 5: Menu Ideas

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Restaurant Style Menus

The following pages will provide some ideas for facilities that are considering implementing restaurant style menus. Ideally, you will want to conduct a sample survey with your residents and determine their favorite foods so you can include these on your restaurant style menus. Sample survey forms can be found at the end of the Policy and Procedure section. You will want to choose the residents' favorite foods as staple items on your menus, and then rotate other favorite food items.

The first few pages in this section include sample restaurant style menus for Breakfast/Brunch, and Lunch/Dinner. As you review these samples, you will notice a number of "Today's" or "Chef's" specials where you can rotate the residents' favorite food items each day. You can use the "Possible Menu Rotations for the Daily Specials" (for Breakfast/Brunch, and Lunch and Dinner) for ideas on which food items to use for your daily rotations.

"Guiding Resident Choices for a Healthy Diet" provides guidelines for your staff to encourage residents to choose a well-rounded meal when they are using restaurant style menus, buffets, or other personal choice food service meal options. This tool provides suggestions for servings of each food group at breakfast, lunch and dinner, and also provides some general guidelines for healthy snacks. We suggest that you train your service staff to use these guidelines, and also post this information in areas where service staff can see – or better yet, print this onto note cards for staff to carry in their pockets.

In addition to these tools, there is a sample restaurant style menu template. You can also download this template from the free members' only area of our website at http://www.beckydorner.com/membersonly (simply sign up for the free membership on our home page to access the members' only area).

Next, you will find select sample menu spread sheets in case you want to develop your own select menus along with therapeutic diet spread sheets. Or you can refer to our website if you choose to purchase select menus that are already created: http://www.beckydorner.com/products/11.

Last, in this section are our sample holiday and theme meal posters and spread sheets. Feel free to use these as they are written, or for ideas to develop your own.

Café Breakfast/Brunch Menu *Entrees, Fruits, Juices, Baked Goods & More!*

Welcome to the Café, where you, your friends and families gather to enjoy good food, great service, and wonderful conversation!

Fruits

Banana

Stewed Prunes

Today's seasonal fruit*

Beverages

Fruit Juices (Apple, Cranberry, Grape, Orange or Today's Juice*)

Milk (Skim, 2%, Low Fat Chocolate)

Hot Brewed Coffee

Hot Tea

Ice Water with Lemon

Entrees

Eggs made to order (scrambled, poached, fried, hard boiled)

Waffles

Chef's daily special*

Breads and Cereals

Choice of hot cereal (cream of wheat or rice, oatmeal, grits)

Choice of cold cereal (toasted Os, raisin bran, corn flakes)

Toast (white or wheat)

Today's baked goods & breads*

Combinations*

Breakfast sandwich of the day*

Chef's daily combination*

Sides

Yogurt (plain, fruit or Greek)

Bacon

Sausage

Today's special side*

**Ask your server about today's special choices*

We are indeed much more than what we eat, but what we eat can nevertheless help us to be much more than what we are.

- Adelle Davis (1904-1974)

Café Lunch and Dinner Menu *Entrees, Sandwiches, Salads, Sides & More!*

Welcome to the Café, where you, your friends and families gather to enjoy good food, great service, and wonderful conversation!

Appetizers/Salads

Soup de Jour*

House Salad

Selection of Cheeses & Crackers

Today's salad*

Beverages

Fruit Juices (Apple, Cranberry, Grape, Orange or Today's Juice*)

Milk (Skim, 2%, Low Fat Chocolate)

Hot Beverage of Choice (brewed hot coffee, hot tea)

Cold Beverage of Choice (iced tea, soda, ice water with lemon)

Entrees

Pot roast with gravy

Oven baked chicken

Spaghetti with meat sauce

Catch of the day*

Chef's daily special*

Sandwiches

Chicken salad on choice of bread or croissant

Hamburger (with lettuce, tomato, onion,cheese, condiments)

Grilled cheese

Turkey Club (turkey, Swiss cheese, bacon, mayonnaise)

Sandwich of the day*

Combinations*

Soup du jour and salad bar

Half sandwich of the day and soup du jour

Half sandwich of the day and house salad

Sides

Creamy mashed potatoes

Rice pilaf

Seasoned corn

Green beans

Today's vegetables*

Today's special side*

**Ask your server about today's special choices*

Desserts

Today's fresh seasonal fruit*

Today's special baked goods*

Ice cream or sherbet

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Possible Menu Rotations for Daily Specials: Breakfast

Note: Rotate different specials for each meal.

Today's Seasonal Fruit

- Fresh fruit cup (melons, berries)
- Grapefruit
- Melon: cantaloupe, honeydew
- Orange sections
- Orange and grapefruit
- Seasonal berries: blackberries, blueberries, raspberries, strawberries,

Today's Juice

- Cranberry mixes: cranberry with apple, grape, orange
- Pineapple
- Pineapple-orange
- Strawberry-kiwi

Hot Beverage of Choice

- Regular or decaffeinated coffee
- Regular or decaffeinated tea
- List of available teas (herbal teas, flavors, etc.)
- Hot spiced apple cider (seasonal)

Cold Beverage of Choice

- Iced Tea: sweet, unsweetened, flavored teas (peach, lemon, raspberry, etc.)
- Soda: Cola, diet cola, ginger ale, diet ginger ale, lemon-lime soda, diet lemon-lime soda, root beer, etc.
- Lemonade, flavored lemonades (raspberry lemonade, etc.)

Chef's Daily Specials

- French toast
- Omelets: made to order, 3 cheese, ham and cheese

Today's Baked Goods and Breads:

- Muffins: apple cinnamon, banana, blueberry, cranberry orange
- Coffee cake, crumb cake
- Danish, pastries, or donuts

Chef's Daily Combinations

- Breakfast sandwich: egg and cheese, egg, ham and cheese, egg, sausage and cheese

Today's Special Sides

- Ham
- Cottage cheese and peaches

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Possible Menu Rotations for Daily Specials: Lunch and Dinner

Note: Rotate different specials for each meal.

Soup de Jour (preferably homemade)

- Bean soup, black bean soup
- Beef vegetable soup
- Chicken noodle soup
- Cream of celery, chicken, tomato
- Clam chowder
- Corn chowder
- Minestrone
- Potato soup
- Tomato bisque
- Vegetable soup
- Wedding soup

Today's Salad

- Arugula
- Coleslaw, creamy coleslaw
- Cucumber, cucumber and onion, cucumber and tomato
- Lettuce with a variety of vegetables (onion, carrot, cucumber, tomato, etc.)
- Macaroni or pasta salad
- Mixed greens
- Potato salad
- Spinach (baby)
- Three bean salad

Today's Juice

- Cranberry mixes: cranberry with apple, grape, orange
- Pineapple
- Pineapple-orange
- Strawberry-kiwi

Catch of the Day (choice of baked, grilled)

- Mahi mahi
- Salmon
- Tilapia
- White fish

Chef's Daily Special (Entrees)

- Beef: pepper steak, pot roast, Salisbury steak, sirloin steak, stuffed peppers, tips
- Chicken: baked, fried, a la king, pot pie, sweet and sour
- Italian: lasagna, pizza, ravioli
- Mexican: enchiladas, tacos
- Turkey a la king

Sandwich of the Day

- Ham, ham and cheese
- Reuben
- Sloppy Joe

Today's Vegetables

- Asparagus
- Broccoli (steamed)
- Carrots (buttered, glazed, with peas)
- Cauliflower (buttered, cheesy)
- Corn (baked casserole, buttered, creamed)
- Greens
- Mixed
- Peas
- Zucchini

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Today's Sides

- Chips (cheese puffs, corn chips, potato chips)
- Macaroni and cheese
- Noodles (buttered, creamed)
- Potatoes: baked, French fries, hash browns (cheesy hash brown casserole), steak fries, sweet potato fries, sweet (baked, candied, casserole), tater tots

Today's Fresh Seasonal Fruit

- Ambrosia
- Apple: baked with cinnamon
- Applesauce with cinnamon
- Mandarin oranges
- Melon in season: cantaloupe, honeydew, watermelon
- Peaches
- Pears
- Strawberries
- Watermelon

Today's Special Baked Goods (Desserts)

- Cake (cherry, chocolate, marble, white, yellow) with topping (fruit, frosting, whipped cream),
- German chocolate, jello cake
- Cheese cake with topping (cherries, strawberries, whipped topping)
- Cookies: chocolate chip, kiss cookies, peanut butter, snicker-doodle, sugar
- Cookie bars: blondies, brownies, seven layer bars
- Pudding: bread pudding, butterscotch, chocolate, pistachio, rice pudding, tapioca, vanilla, white chocolate

Bread Basket Suggestions

If you choose to have a bread basket on the table, consider varying the breads offered based on the day's specials. Offer a variety of breads (two to three types) in the basket each day.

- Quick breads: banana, corn, cranberry-orange, pumpkin
- Yeast breads: French, Italian, oat, rolls, rye, white, whole grain, whole wheat

Guiding Resident Choices for a Healthy Diet

The following are general guidelines for a regular diet that is well rounded and meets the MyPlate guidelines for a healthy diet. Refer to your registered dietitian and your diet manual for more specific guidance, especially for therapeutic diets.

Breakfast
Encourage residents to choose the following for each breakfast meal:

- 1 serving of fruit or juice (preferably high in vitamin C)
- 2 servings of cereal and/or bread (preferably whole grain)
- 1 oz of protein or equivalent
- 1 c low fat milk or yogurt
- Beverage of choice (coffee, tea, water, etc.)

Lunch
Encourage residents to choose the following for each lunch meal:

- 2 oz protein or equivalent
- 2 servings of vegetables
- 2 servings bread or grain (preferably whole grain)
- 1 serving of fruit
- 1 c low fat milk or yogurt
- Beverage of choice (coffee, tea, water, etc.)

Dinner
Encourage residents to choose the following for each Dinner meal:

- 3 oz protein or equivalent
- 2 servings of vegetables
- 2 servings bread or grain (preferably whole grain)
- 1 serving of fruit
- 1 c low fat milk or yogurt
- Condiments as Desired+
- Beverage of choice (coffee, tea, water, etc.)

Snacks
Encourage residents to choose healthy snacks, for example:

- Fruits
- Vegetables
- Sandwiches
- Whole grain crackers with cheese
- Low fat yogurt

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Sample Daily Meal Plan for a Well Balanced Diet

Breakfast	Lunch	Dinner
½ c Orange Juice ½ c Oatmeal ¼ c Scrambled Egg 1 Slice Whole Wheat Toast 1 Tbs Jelly or Fruit Spread 1 tsp Margarine* 1 c Low Fat Milk and/or Yogurt Condiments as Desired+ Beverage of Choice	2 oz Roast Beef ½ c Seasoned Rice ½ c Seasoned Peas w/Mushrooms 1 c Green Salad with 1 Tbs Salad Dressing 1 Whole Wheat Roll ½ c Fruit Sorbet with ¼ cup Strawberries 1 c Low Fat Milk Condiments as Desired+ Beverage of Choice	6 oz Vegetable Soup 3 oz Baked Fish ½ c Mashed Potato ½ c Green Beans Almondine 1 Slice Whole Wheat Bread 1 Baked Apple 1 c Low Fat Milk Condiments as Desired+ Beverage of Choice
P.M. Snack		
2 Squares Graham Crackers Beverage of Choice		

*Low in *trans* fats

+May include pepper or other spices, sugar, sugar substitute, salt, coffee creamer, etc. based on nutrition goals

Your Name Café Gourmet Soups, Salads, Sandwiches and More!

Your Message Here

Hot Drinks

Menu Item

Menu Item

Menu Item

Menu Item

Cold Drinks

Menu Item

Menu Item

Menu Item

Menu Item

Salads

Menu saItem

Menu Item

Menu Item

Menu Item

Menu Item

Menu Item

Menu Item

Sandwiches

Menu Item

Menu Item

Menu Item

Menu Item

Menu Item

Menu Item

Desserts

Menu Item

Menu Item

Menu Item

Menu Item

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Sample Select Menu Spreadsheet

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Breakfast		***Breakfast***		***Breakfast***		***Breakfast***		
Orange Juice	¾ c	Orange Juice	¾ c	Orange Juice*	¾ c	SF Orange Juice	¾ c	¾ c*
Cream of Wheat	½ c	Cream of Wheat	½ c	Cream of Wheat	½ c	Cream of Wheat	½ c	½ c
Or Asst Cold Cereal	¾ c					Or Asst Cold Cereal	¾ c	---
Cheese Strata	3 oz	Cheese Strata	3 oz	P Cheese Strata	#8 s	Cheese Strata	3 oz	P #8 s
2% Milk	1 c	2% Milk*	1 c	2% Milk*	1 c	2% Milk	1 c	1 c*
Condiments as Desired		Condiments+		Condiments+		Condiments (No Sugar)		+
Beverage of Choice		Beverage of Choice*		Beverage of Choice*		SF Beverage of Choice		*
Alternate Breakfast		***Alternate Breakfast***		***Alternative Breakfast***		***Alternative Breakfast***		
Grapefruit	½ c	Grapefruit Juice	½ c	Grapefruit Juice	½ c	Grapefruit (Juice for Puree)	½ c	½ c*
Oatmeal	¾ c	Oatmeal	¾ c	Oatmeal	½ c	Oatmeal	¾ c	½ c
Scrambled Egg	¼ c	Scrambled Egg	¼ c	P Scrambled Egg	\	Scrambled Egg	¼ c	\
English Muffin	1	English Muffin	1	With English Muffin	#10 s	English Muffin w/Marg	1/1	P #10 s
w/Marg & Jelly	1/1	w/Marg & Jelly	1/1	And Marg & Jelly	/	& SF Jelly	1	/
2% Milk	1 c	2% Milk*	1 c	2% Milk*	1 c	2% Milk	1 c	1 c*
Condiments as Desired		Condiments+		Condiments+		Condiments (No Sugar)		+
Beverage of Choice		Beverage of Choice*		Beverage of Choice*		SF Beverage of Choice		*

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Making Mealtime Magic
With Person Centered Dining

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Lunch		***Lunch***		***Lunch***		***Lunch***		
Turkey	3 oz	Ground Turkey	3 oz	Puree Turkey	#8 s	Turkey	3 oz	P #8 s
Gravy	1 oz	Gravy	1 oz	Gravy	1 oz	Gravy	1 oz	1 oz
Mashed Potatoes	½ c	Mashed Potatoes	½ c	Mashed Potatoes	#8 s	Mashed Potatoes	½ c	P #8 s
Buttered Yellow Squash w/Pimento	½ c	Buttered Yellow Squash w/Pimento	½ c	P Buttered Yellow Squash	#8 s	Yellow Squash w/Pimento	½ c	P #8 s
Fruited Strawberry Gelatin w/Topping	2x2"	Fruited Strawberry Gelatin w/Topping	2x2"	Puree Fruited Gelatin w/Topping	#8 s	SF Fruited Strawberry Gelatin w/Topping	½ c	P #8 s
WW Bread w/Margarine	1/1	WW Bread w/Margarine	1/1	Pureed Bread	#10 s	WW Bread w/Margarine	1/1	P #10 s
2% Milk	1 c	2% Milk*	1 c	2% Milk	1 c	2% Milk	1 c	1 c*
Condiments as Desired		Condiments+		Condiments+		Condiments (No Sugar)		+
Beverage of Choice		Beverage of Choice*		Beverage of Choice*		SF Beverage of Choice		*
Alternate Lunch		***Alternate Lunch***		***Alternate Lunch***		***Alternate Lunch***		
Beef Patty	3 oz	Ground Beef Patty	3 oz	Puree Beef Patty w/Bun	\ /#6 s	Beef Patty	3 oz	\ /P #6 s
On Bun	1	On Bun	1			On Bun	1	
French Fried Potatoes	½ c	French Fried Potatoes	½ c	Mashed Potatoes	½ c	Fr Fried (P Mash Pots)	½ c	½ c
Lettuce & Tomato Slice	1/1	V-8 Juice	½ c	V-8 Juice*	½ c	Lettuce & Tomato Slice	1/1	---
						SF Plums	½ c	P #12 s
White Cake w/Icing	2x2"	White Cake w/Icing	2x2"	P White Cake w/Icing	#12 s	V-8 Juice	---	½ c
2% Milk	1 c	2% Milk*	1 c	2% Milk*	1 c	2% Milk	1 c	1 c*
Condiments as Desired		Condiments+		Condiments+		Condiments (No Sugar)		+
Beverage of Choice		Beverage of Choice*		Beverage of Choice*		SF Beverage of Choice		*

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Making Mealtime Magic
With Person Centered Dining

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Dinner		***Dinner***		***Dinner***		***Dinner***		
Vegetable Soup	6 oz	Vegetable Soup	6 oz	P Vegetable Soup	6 oz	Vegetable Soup	6 oz	P 6 oz
Crackers	2					Crackers	2	---
Tuna Salad	#12 s	Tuna Salad	#12 s	Puree Tuna Salad	\	Tuna Salad	#12 s	\
On Croissant	1	On Croissant	1	w/Bread	/#12 s	On Croissant	1	/P #6 s
Bean Salad	½ c	Puree Bean Salad	#12 s	Puree Bean Salad	#12 s	Bean Salad	½ c	P #12 s
Pineapple Sauce		Puree Pineapple		Puree Pineapple		SF Pineapple Sauce		
w/Cherry Garnish	½ c	w/Cherry Garnish	#12 s	w/Cherry Garnish	#12 s	w/Cherry Garnish	½ c	P #12 s
2% Milk	1 c	2% Milk*	1 c	2% Milk*	1 c	2% Milk	1 c	1 c*
Condiments as Desired		Condiments+		Condiments+		Condiments (No Sugar)		+
Beverage of Choice		Beverage of Choice*		Beverage of Choice*		SF Beverage of Choice		*
Alternate Dinner		***Alternate Dinner***		***Alternate Dinner***		***Alternate Dinner***		
V-8 Juice	½ c	V-8 Juice	½ c	V-8 Juice	½ c	V-8 Juice	½ c	½ c
Swiss Steak	2 oz	Ground Swiss Steak	2 oz	Puree Swiss Steak	# 8 s	Swiss Steak	2 oz	P #8 s
Gravy	1 oz	Gravy	1 oz	Gravy	1 oz	Gravy	1 oz	1 oz
Baked Potato/Marg	1/1	Mashed Potatoes	½ c	Mashed Potatoes	# 8 s	Bkd Pot/M (Mash for P)	1/1	½ c
Buttered Carrots	½ c	Buttered Carrots	½ c	P Buttered Carrots	# 8 s	Carrots	½ c	P #8 s
WW Roll w/Margarine	1/1	WW Roll w/Margarine	1/1	P WW Roll w/Marg	1/1	WW Bread w/Margarine	1/1	P 1/1
Peach Pie	1 sl	Peach Pie (1 Crust)	1 sl	Puree Peach Pie	# 12 s	SF Peach Pie	1 sl	P #12 s
2% Milk	1 c	2% Milk*	1 c	2% Milk*	1 c	2% Milk	1 c	1 c*
Condiments as Desired		Condiments+		Condiments+		Condiments (No Sugar)		+
Beverage of Choice		Beverage of Choice*		Beverage of Choice*		SF Beverage of Choice		*

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Making Mealtime Magic
With Person Centered Dining

Regular/No Added Salt	Mechanical Soft	Puree	Consistent Carbohydrate (CCHO)	CCHO Puree
H.S. Snack	***H.S. Snack***	***H.S. Snack***	***H.S. Snack***	
Orange Cream Shake 1 c	Orange Cream Shake* 1 c	Orange Cream Shake* 1 c	SF Orange Milk Shake 1 c	1 c*
Alternative H.S. Snack	***Alternative H.S. Snack***	***Alternative H.S. Snack***	***Alternative H.S. Snack***	
Cookies 2 2% Milk ½ c	Soft Cookies 2 2% Milk* ½ c	Puree Cookies #12 s 2% Milk* ½ c	Graham Crackers 2 2% Milk ½ c	P #12 s ½ c*

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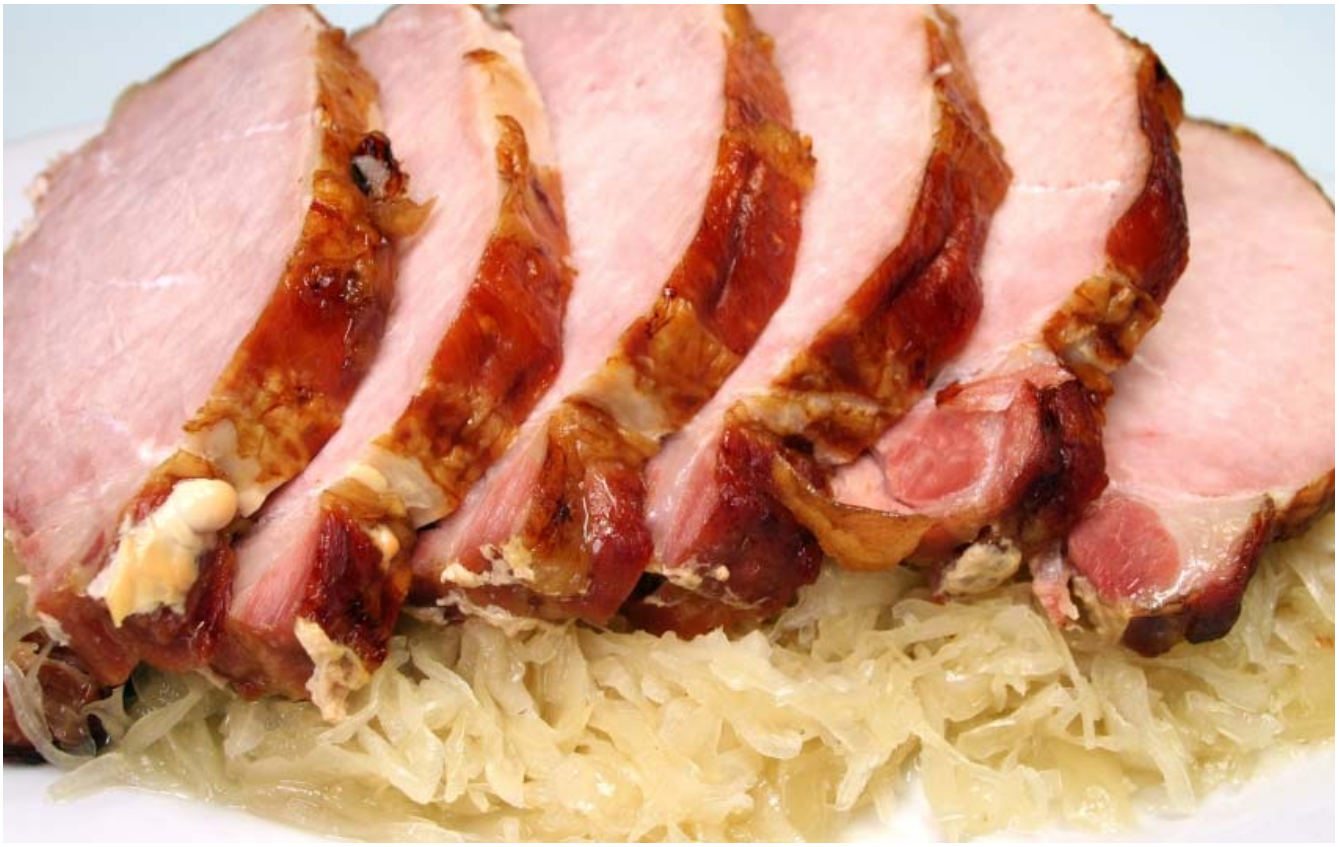

New Year's Dinner

New Year's Day Toast

Traditional roast pork

Creamy mashed potatoes

Seasoned sauerkraut

Buttered baby green peas

Black forest cake

Dinner roll

Choice of beverage

New Year's Day Dinner

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
New Year's Toast (Orange juice and sparkling non-alcoholic beverage)	6 oz.	New Year's Toast (Orange juice and sparkling non-alcoholic beverage)*	6 oz.	New Year's Toast (Orange juice and sparkling non- alcoholic beverage)*	6 oz.	New Year's Toast (Orange juice and sparkling non-alcoholic beverage)	6 oz.	6 oz.*
Traditional Roast Pork	3 oz.	Traditional Roast Pork, Ground	3 oz.	P Traditional Roast Pork	P #8 s	Traditional Roast Pork	3 oz.	P #8 s
With Gravy	1 oz.	With Gravy	1 oz.	With Smooth Gravy	1 oz.	With Gravy	1 oz.	
Creamy Mashed Potatoes	½ c	Creamy Mashed Potatoes	½ c	P Creamy Mashed Potatoes	½ c	Creamy Mashed Potatoes	½ c	P #8 s
Seasoned Sauerkraut	½ c	Seasoned Sauerkraut	½ c	P Seasoned Sauerkraut	P #8 s	Seasoned Sauerkraut	½ c	P # 8 s
Bu. baby green peas	½ c	Bu. Baby Green Peas	½ c	P Bu. Baby Green Peas	P #8 s	Bu. Baby Green Peas	½ c	P # 8 s
Black Forest Cake	1 sl.	Black Forest Cake	1 sl.	P Black Forest Cake	P # 16 s	Black Forest Cake	1 sl.	P # 16 s
Dinner Roll	1	Fresh Bread+	1	P Dinner Roll	P # 16 s	Dinner Roll	1	P # 16 s
With Margarine	1	With Margarine	1	With Margarine	1	With Margarine	1	1
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of beverage		Choice of beverage*		Choice of beverage*		Choice of beverage		*

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Valentine's Day Dinner

Country steak with gravy

Rice pilaf

Steamed broccoli bouquets

Seasonal fruit salad

Fresh baked rolls

Cherry pie

Choice of beverage

Valentine's Day Dinner

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Country Steak With Gravy	3 oz. 1 oz.	Country Steak, Ground With Gravy	3 oz. 1 oz.	P Country Steak With Smooth Gravy	#8 s 1 oz.	Country Steak With Gravy	3 oz. 1 oz.	P #8 s 1 oz.
Rice Pilaf	½ c	Rice Pilaf	½ c	P Rice Pilaf	8 s	Rice Pilaf	½ c	P #8 s
Steamed Broccoli	½ c	Steamed Broccoli, Soft	½ c	P Steamed Broccoli	#8 s	Steamed Broccoli	½ c	P #8 s
Seasonal Fruit Salad	½ c	Seasonal Fruit Salad, Soft	½ c	P Seasonal Fruit Salad	#12 s	Seasonal Fruit Salad	½ c	P #12 s
Fresh Baked Rolls With Margarine	1 1	Fresh Bread+ With Margarine	1 1	P Fresh Baked Rolls With Margarine	#16 s 1	Fresh Baked Rolls With Margarine	1 1	P#16 s 1
Cherry Pie	1 sl	Cherry Pie, Single Crust	1 sl	P Cherry Pie	#12 s	Cherry Pie	1 sl	P #12 s
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of Beverage		Choice of Beverage*		Choice of Beverage*		Choice of Beverage		*

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St. Patrick's Day Dinner

Festive mint tea punch

Corned beef

Roasted parsley potatoes

Cabbage with carrots and onions

Irish soda bread

Chocolate mint bars

Choice of beverage

St. Patrick's Day Dinner

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Festive Mint Tea Punch	6 oz.	Festive Mint Tea Punch*	6 oz.	Festive Mint Tea Punch*	6 oz.	Festive Mint Tea Punch	6 oz.	6 oz.*
Corned Beef	3 oz.	Corned Beef, Ground	3 oz.	P Corned Beef	#8 s	Corned Beef	3 oz.	P #8 s
Roasted Parsley Potatoes	½ c	Roasted Parsley Potatoes	½ c	P Roasted Parsley Potatoes	#8 s	Roasted Parsley Potatoes	½ c	P #8 s
Cabbage with Carrots and Onions	½ c	Cabbage with Carrots and Onions, Soft	½ c	P Cabbage with Carrots and Onions	#8 s	Cabbage with Carrots and Onions	½ c	P #8 s
Irish Soda Bread	1 sl	Irish Soda Bread+	1 sl	P Bread	#16 s	Irish Soda Bread	1 sl	P #16 s
With Margarine	1	With Margarine	1	With Margarine		With Margarine	1	
Chocolate Mint Bars	1 sl	Chocolate Mint Bars	1 sl	P Chocolate Mint Bars	#16 s	Chocolate Mint Bars	1 sl	P #16 s
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of Beverage		Choice of Beverage*		Choice of Beverage*		Choice of Beverage		*

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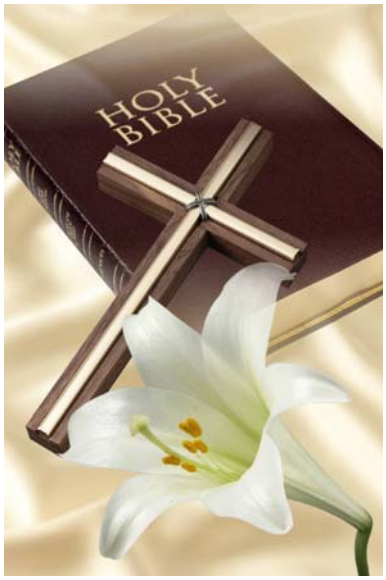
Easter Brunch Menu



Braised ham

Cheesy hash brown potatoes

Baked French toast casserole

Fresh fruit in season

Choice of beverage

Easter Brunch Menu

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Braised Ham	2 oz.	Braised Ham, Ground	2 oz.	P Braised Ham	#12 s	Braised Ham	2 oz.	P #12 s
Cheesy Hash Brown Potatoes	½ c	Cheesy Hash Brown Potatoes	½ c	P Cheesy Hash Brown Potatoes	#8 s	Cheesy Hash Brown Potatoes	½ c	P #8 s
Baked French Toast Casserole	½ c	Baked French Toast Casserole, Soft	½ c	P Baked French Toast Casserole	#8 s	Baked French Toast Casserole	½ c	P #8 s
Fresh Fruit in Season	½ c	Fresh Fruit in Season, Soft	½ c	P Fresh Fruit in Season	#8 s	Fresh Fruit in Season	½ c	P #8 s
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of beverage		Choice of beverage*		Choice of beverage*		Choice of beverages		*

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Mother's Day Tea

Assorted tea sandwiches

Choice of salads:

bean salad, beet salad, mixed greens, pasta salad

Fresh fruit

Scones with strawberry jam

Assorted tea cakes

Variety of hot teas and iced teas

Choice of beverage

Mother's Day Tea

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Turkey Club (Meat/Cheese) Sandwich (Bread)	2 oz 2 sl	Turkey Club (Meat/Cheese) Sandwich (Bread)	2 oz 2 sl	P Turkey Club (Meat/Cheese) Sandwich (Bread)	\ /P #6 s	Turkey Club (Meat/Cheese) Sandwich (Bread)	2 oz 2 sl	\ /P #6 s
Bean Salad	½ c	Bean Salad, No Hard Vegetables	½ c	P Bean Salad	½ c	Bean Salad	½ c	P #12 s
Fresh Fruit	½ c	Fresh Fruit, Soft	½ c	P Fresh Fruit	#12 s	Fresh Fruit	½ c	P # 12 s
Fresh Scone	1	Fresh Scone+	1	P Fresh Scone	#16 s	Fresh Scone	1	P # 8 s
With Margarine	1	With Margarine	1	With Margarine	1	With Margarine	1	P # 16 s
Strawberry Jam	1 Tbsp	Strawberry Jelly	1 Tbsp	Strawberry Jelly	1 Tbsp	SF Strawberry Jelly	1 Tbsp	1 Tbsp
Tea Cakes, Small	2	Tea Cakes, Small	2	P Tea Cakes	# 16 s	Tea Cake, No icing, Small	1	P # 16 s
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of beverage		Choice of beverage*		Choice of beverage*		Choice of beverage		*

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Memorial Day Picnic

Grilled boneless pork chops

Choice of macaroni or potato salad

Sweet and sour coleslaw

Dinner roll

Strawberry shortcake with whipped topping

Choice of beverage

Memorial Day Picnic

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Grilled Boneless Pork Chop	3 oz	Grilled Boneless Pork Chop, Ground	3 oz	P Grilled Boneless Pork Chop	#8 s	Grilled Boneless Pork Chop	3 oz	P #8 s
Potato Salad	½ c	Potato Salad	½ c	P Potato Salad	#8 s	Potato Salad	½ c	P #8 s
Sweet and Sour Coleslaw	½ c	Sweet and Sour Coleslaw, Finely Grated	½ c	P Sweet and Sour Coleslaw	#12 s	Sweet and Sour Coleslaw	½ c	P # 12 s
Dinner Roll	1	Dinner Roll+	1	P Dinner Roll	# 16 s	Dinner Roll	1	P # 16 s
With Margarine	1	With Margarine	1	With Margarine	1	With Margarine	1	1
Strawberry Short Cake	1 sl	Strawberry Short Cake	1 sl	P Strawberry Short Cake	# 16 s	SF Strawberry Short Cake	1 sl	P # 16 s
With Whipped Topping	2 Tbsp	With Whipped Topping	2 Tbsp	With Whipped Topping	2 Tbsp	With Whipped Topping	2 Tbsp	2 Tbsp
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of beverage		Choice of beverage*		Choice of beverage*		Choice of beverage		*

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Father's Day Lunch

Roast beef with gravy

Loaded baked potatoes

Buttered green beans

Peach pie

Dinner roll

Choice of beverage

Father's Day Lunch

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Roast Beef	3 oz	Roast Beef, Ground	3 oz	P Roast Beef	#8 s	Roast Beef	3 oz	P #8 s
With Gravy	1 oz	With Gravy	1 oz	With Smooth Gravy	1 oz	With Gravy	1 oz	1 oz
Loaded Baked Potatoes	1	Loaded Baked Potatoes	1	P Mashed Potatoes	½ c	Loaded Baked Potatoes	1	-
With Sour Cream and Margarine	1 Tbsp	With Sour Cream and Margarine		With Sour Cream and Margarine	1 Tbsp	P Mashed Potatoes	-	P #8 s
	1				1	With Sour Cream and Margarine		1 Tbsp
								1
Bu. Green Beans	½ c	Bu. Green Beans	½ c	P Bu. Green Beans	#8 s	Bu. Bu. Green Beans	½ c	P # 8 s
Peach Pie	1 sl	Peach Pie, Single Crust	1 sl	P Peach Pie	# 16 s	SF Pie	1 sl	P # 16 s
Dinner Roll	1	Fresh Bread+	1	P Dinner Roll	P16 s	Dinner Roll	1	P # 16 s
With Margarine	1	With Margarine	1	With Margarine	1	With Margarine	1	1
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of beverage		Choice of beverage*		Choice of beverage*		Choice of beverage		*

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4th of July Menu

Grilled Chicken

Potato salad

BBQ baked beans

Fresh melon salad

Apple pie

Choice of beverage

4th of July Menu

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Grilled Chicken	3 oz	Grilled Chicken, Ground	3 oz	P Grilled Chicken	#8 s	Grilled Chicken	3 oz	P #8 s
With BBQ Sauce	1 oz	With BBQ Sauce	1 oz	With BBQ Sauce	1 oz	With BBQ Sauce	1 oz	1 oz
Potato Salad	½ c	Potato Salad	½ c	P Potato Salad	#8 s	Potato Salad	½ c	P #8 s
BBQ Baked Beans	½ c	BBQ Baked Beans	½ c	P BBQ Baked Beans	#8 s	BBQ Baked Beans	½ c	P # 8 s
Chilled Melon Salad	½ c	Chilled Melon Salad	½ c	Pureed Melon	#12 s	Chilled Melon Salad	½ c	P #12 s
Whole Wheat Roll	1	Whole Wheat Roll+	1	P Whole Wheat Roll	#16 S	Whole Wheat Roll	1	P #16 S
With Margarine	1	With Margarine	1	With Margarine	1	With Margarine	1	1
Apple Pie	1 sl	Apple Pie, Single Crust	1 sl	P Apple Pie	#16 S	SF Apple Pie	1 sl	P #16 S
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of beverage		Choice of beverage*		Choice of beverage*		Choice of beverage		*

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Summer BBQ Menu

Choice of grilled chicken or BBQ ribette

Roasted potatoes and onions

Three bean salad

Fresh watermelon

Choice of beverage

Summer BBQ Menu

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Grilled Chicken	3 oz.	Grilled Chicken, Ground	3 oz.	P Grilled Chicken	#8 s	Grilled Chicken	3 oz.	P #8 s
With BBQ Sauce	1 oz.	With BBQ Sauce	1 oz.	With BBQ Sauce	1 oz.	With BBQ Sauce	1 oz.	1 oz.
Roasted Potatoes and Onions	½ c	Roasted Potatoes and Onions	1 oz.	P Roasted Potatoes and Onions	#8 s	Roasted Potatoes and Onions	½ c	P #8 s
Three Bean Salad	½ c	Three Bean Salad, No Hard Vegetables	½ c	P Three Bean Salad	#8 s	Three Bean Salad	½ c	P # 8 s
Fresh Chilled Watermelon	1 sl	Fresh Chilled Watermelon	1 sl	Pureed Watermelon	#10 s	Fresh Chilled Watermelon	1 sl	P #10 s
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of beverage		Choice of beverage*		Choice of beverage*		Choice of beverage		*

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Labor Day Celebration

Mini chicken sliders

Amish potato salad

Corn on the cob

Red, white & blue fruit cup

Cracked wheat dinner roll

Choice of beverage

Labor Day Celebration

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Chicken Pattie	3 oz	Chicken Pattie+	3 oz.	P Chicken Pattie	\	Chicken Pattie	3 oz.	\
On Mini Bun	1	On Mini Bun+	1	And Mini Bun	/P #8 s	On Minnie Bun	1	/P #8 s
Lettuce, Tomato Slice, Mayonnaise, Mustard	1 each	Tomato Slice, Mayonnaise, Mustard	1 each	Mayonnaise, Mustard	1 each	Lettuce, Tomato Slice, Mayonnaise, Mustard	1 each	Mayo 1 & Mustard 1
Amish Potato Salad	½ c	Amish Potato Salad	½ c	P Amish Potato Salad	#8 s	Amish Potato Salad	½ c	P #8 s
Bu. Corn on the Cob	½	Creamed Corn	½ c	P Bu. Corn	#8 s	Bu. Corn on the Cob	½	PCorn# 8 s
Red, White & Blue Fruit Cup (Strawberries, Blueberries)	½ c	Red, White & Blue Fruit Cup (Strawberries, Blueberries)	½ c	P Red, White & Blue Fruit Cup (Strawberries, Blueberries)	#12 s	Red, White & Blue Fruit Cup (Strawberries, Blueberries)	½ c	P # 12 s
With Whipped Topping	1 Tbsp	With Whipped Topping	1 Tbsp	With Whipped Topping	1 Tbsp	With Whipped Topping	1 Tbsp	1 Tbsp
Cracked Wheat Dinner Roll	1	Fresh Bread+	1	P Dinner Roll	# 16 s	Dinner Roll	1	P # 16 s
With Margarine	1	With Margarine	1	With Margarine	1	With Margarine	1	1
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of beverage		Choice of beverage*		Choice of beverage*		Choice of beverage		*

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Tailgating Party

Non-alcoholic beer (optional)

Choice of hamburger, cheeseburger, or hot dog

Baked beans

Broccoli salad

Fresh cut fruit

Choice of beverage

Tailgating Party Menu

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Non-Alcoholic Beer	6 oz.	Non-Alcoholic Beer*	6 oz.	Non-Alcoholic Beer *	6 oz.	Non-Alcoholic Beer	6 oz.	6 oz.*
Hamburger	3 oz.	Hamburger	3 oz.	P Hamburger	\	Hamburger	3 oz.	\
With Bun	1	With Bun+	1	With Bun	/ #6 s	With Bun	1	/ P #6 s
Choice of Condiments		Choice of Condiments, Soft		Choice of Ketchup, Mustard, Mayonnaise		Choice of Condiments		P
Broccoli Salad	½ c	Broccoli Salad, Chopped fine	½ c	P Broccoli Salad	#12 s	Broccoli Salad	½ c	P #12 s
Fresh Cut Fruit	½ c	Fresh Cut Fruit	½ c	P Fresh Fruit	#12 s	Fresh Cut Fruit	½ c	P # 12 s
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of beverage		Choice of beverage*		Choice of beverage*		Choice of beverage		*

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Halloween Luncheon

Witch's brew hearty beef stew

Spring mix salad greens with creamy French dressing

Fresh homemade biscuit

Boo berry pie

Choice of beverage

Halloween Luncheon

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Hearty Beef Stew	6 oz	Hearty Beef Stew	6 oz	P Hearty Beef Stew	#6 s	Hearty Beef Stew	6 oz	P #6 s
Spring Mix Salad	3/4 c	Spring Mix Salad	3/4 c	P Buttered Peas	#8 s	Spring Mix Salad	3/4 c	P #8 s
With Creamy French Dressing	1 Tbsp	With Creamy French Dressing	1 Tbsp			With Creamy French Dressing	1 Tbsp	
						P Buttered Peas	-	P #8 s
Homemade Biscuit	1	Homemade Biscuit+	1	P Homemade Biscuit	# 16 s	Homemade Biscuit	1	P # 16 s
With Margarine	1	With Margarine	1	With Margarine	1	With Margarine	1	1
Blueberry Pie	1 sl	Blueberry Pie, Single Crust	1 sl	P Blueberry Pie	# 16 s	SF Blueberry Pie	1 sl	P # 16 s
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of beverage		Choice of beverage*		Choice of beverage*		Choice of beverage		*

*At Ordered Liquid Consistency +As Tolerated P = Pureed SF = Sugar Free

Thanksgiving Menu

Roast turkey with gravy

Bread stuffing with cranberries

Candied yams

Buttered green beans

Pumpkin pie with whipped topping

Dinner roll

Choice of beverage

Thanksgiving Menu

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Roast Turkey	3 oz.	Roast Turkey, Ground	3 oz.	P Roast Turkey	#8 s	Roast Turkey	3 oz.	P #8 s
Bread stuffing	½ c	Bread stuffing	½ c	P Bread stuffing	#8 s	Bread stuffing	½ c	P #8 s
With Gravy	1 oz.	With Gravy	1 oz.	With Smooth Gravy	1 oz.	With Gravy	1 oz.	
Candied Yams	½ c	Candied Yams	½ c	P Candied Yams	½ c	Yams	½ c	P #8 s
Bu. Green Beans	½ c	Bu. Green Beans	½ c	P Bu. Green Beans	#8 s	Bu. Green Beans	½ c	P # 8 s
Pumpkin Pie	1 sl.	Pumpkin Pie	1 sl.	P Pumpkin Pie	# 16 s	SF Pumpkin Pie	1 sl.	P # 16 s
With Whipped Topping	2 Tbsp	With Whipped Topping	2 Tbsp	With Whipped Topping	2 Tbsp	With Whipped Topping	2 Tbsp	2 Tbsp
Dinner Roll/Marg.	1/1	Fresh Bread+	1	P Dinner Roll	# 16 s	Dinner Roll	1	P # 16 s
		With Margarine	1	With Margarine	1	With Margarine	1	1
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of beverage		Choice of beverage*		Choice of beverage*		Choice of beverage		*

*At Ordered Liquid Consistency +As Tolerated P = Pureed SF = Sugar Free

Christmas Eve Dinner Menu

Homemade potato and leek soup

Hot ham and cheese sandwich

Crudités and light ranch dip

Ambrosia fruit cup

Assorted Christmas cookies

Choice of beverage

Christmas Eve Dinner Menu

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Homemade Potato and Leek Soup	6 oz.	Homemade Potato and Leek Soup*	6 oz.	P Homemade Potato and Leek Soup*	6 oz.	Homemade Potato and Leek Soup	6 oz.	P 6 oz.*
Hot ham and cheese	3 oz.	Hot Grd Ham/Cheese	3 oz.	P Hot ham and cheese	\	Hot ham and cheese	3 oz.	\
Sandwich (Bread)	2 sl	Sandwich (Bread)+	2 sl	Sandwich (Bread)	/ #8 s	Sandwich (Bread)	2 sl	/P #8 s
Crudités	½ c	Soft Crudités	½ c	P Mixed Vegetables	# 6 s	Creamy Mashed Potatoes	½ c	P #8 s
Light Ranch Dip		Light Ranch Dip						
Ambrosia Fruit Cup	½ c	Ambrosia Fruit Cup	½ c	P Ambrosia Fruit Cup	#8 s	SF Ambrosia Fruit Cup	½ c	P # 8 s
Assorted Christmas Cookies, Small	2	Assorted Christmas Cookies, Small, Soft	2	P Christmas Cookies	# 16 s	Plain Christmas Cookies, small	2	P # 16 s
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of beverage		Choice of beverage*		Choice of beverage*		Choice of beverage		*

*At Ordered Liquid Consistency +As Tolerated P = Pureed SF = Sugar Free

Christmas Dinner Menu

Roasted honey baked ham

with raisin sauce

Scalloped potatoes

Green beans almandine

Homemade apple crisp

Dinner roll

Choice of beverage

Christmas Dinner Menu

Regular/No Added Salt		Mechanical Soft		Puree		Consistent Carbohydrate (CCHO)		CCHO Puree
Roasted Honey Baked Ham	3 oz	Roasted Honey Baked Ham, Ground	3 oz	P Roasted Honey Baked Ham	#8 s	Roasted Honey Baked Ham	3 oz.	P #8 s
With Raisin Sauce	1 oz	With Raisin Sauce	1 oz.	With P Raisin Sauce	1 oz	Au juice	1 oz	
Scalloped Potatoes	½ c	Scalloped Potatoes	½ c	P Scalloped Potatoes	½ c	Scalloped Potatoes	½ c	P #8 s
Green Beans Almandine	½ c	Buttered Green Beans	½ c	P Buttered Green Beans	#8 s	Green Beans Almandine	½ c	P # 8 s -No Almonds
Homemade Apple Crisp	½ c	Homemade Apple Crisp	½ c	P Homemade Apple Crisp	# 16 s	Homemade Apple Crisp, Low Sugar	½ c	P # 12 s
With Whipped Topping	2 Tbsp	With Whipped Topping	2 Tbsp	With Whipped Topping	2 Tbsp	With Whipped Topping	2Tbsp	2 Tbsp
Dinner Roll	1	Fresh Bread+	1	P Dinner Roll	# 16 s	Dinner Roll	1	P # 16 s
With Margarine	1	With Margarine	1	With Margarine	1	With Margarine	1	1
Low Fat Milk	1 c	Low Fat Milk*	1 c	Low Fat Milk*	1 c	Low Fat Milk	1 c	1 c*
Choice of beverage		Choice of beverage*		Choice of beverage*		Choice of beverage		*

*At Ordered Liquid Consistency +As Tolerated P = Pureed SF = Sugar Free

Menu Template Sample

Regular/No Added Salt	Mechanical Soft	Puree	Consistent Carbohydrate (CCHO)	CCHO Puree
Low Fat Milk 1 c Choice of beverage	Low Fat Milk* 1 c Choice of beverage*	Low Fat Milk* 1 c Choice of beverage*	Low Fat Milk 1 c Choice of beverage	1 c* *

*At Ordered Liquid Consistency +As Tolerated P = Pureed SF = Sugar Free

Making Mealtime Magic
With Person Centered Dining

Staff Education

Providing a Superior Dining Experience Inservice (Presenter Note Pages) ____ 6-1

Respecting Residents' Right to Make Choices in Food and Dining Inservice (Presenter Note Pages) _____ 7-1

Making Mealtime Magic

Providing a Superior Dining Experience

Hello and thank you for coming! By show of hands, how many of you are from the Nursing Department? How many of you are from the dietary department?

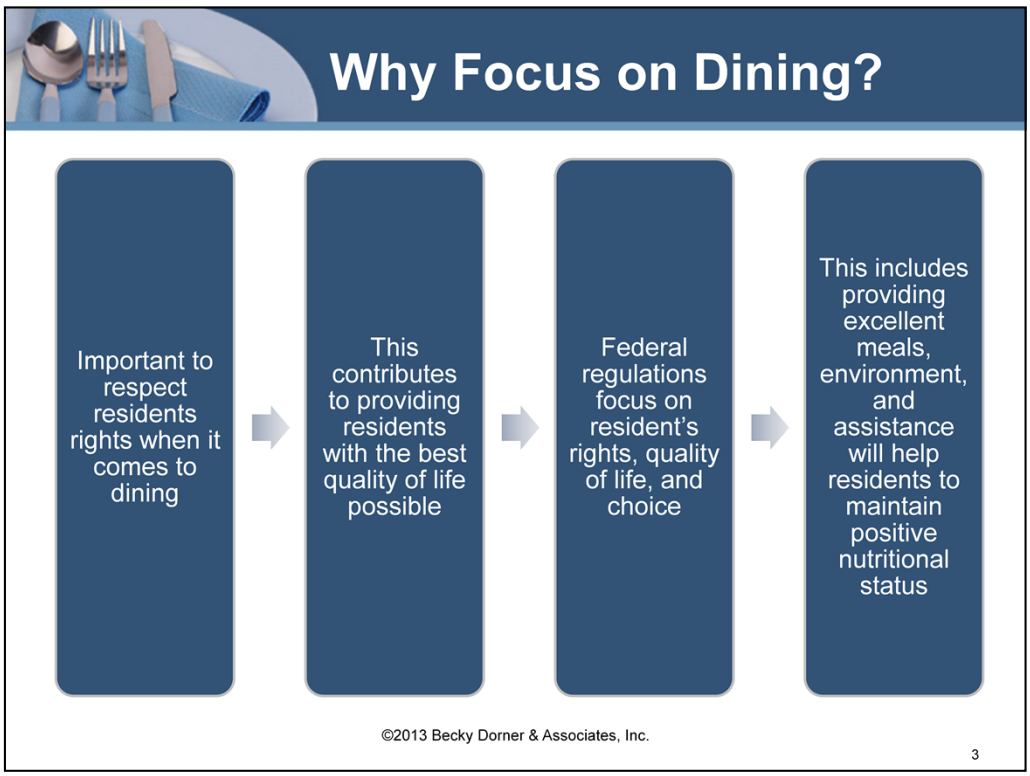
Who is here from the Customer Service Department? All hands should be raised! Every one of us is in the Customer Service Department!

All of us have an incredible opportunity to serve our “customers/ residents” and provide a superior dining experience to make mealtime magic!

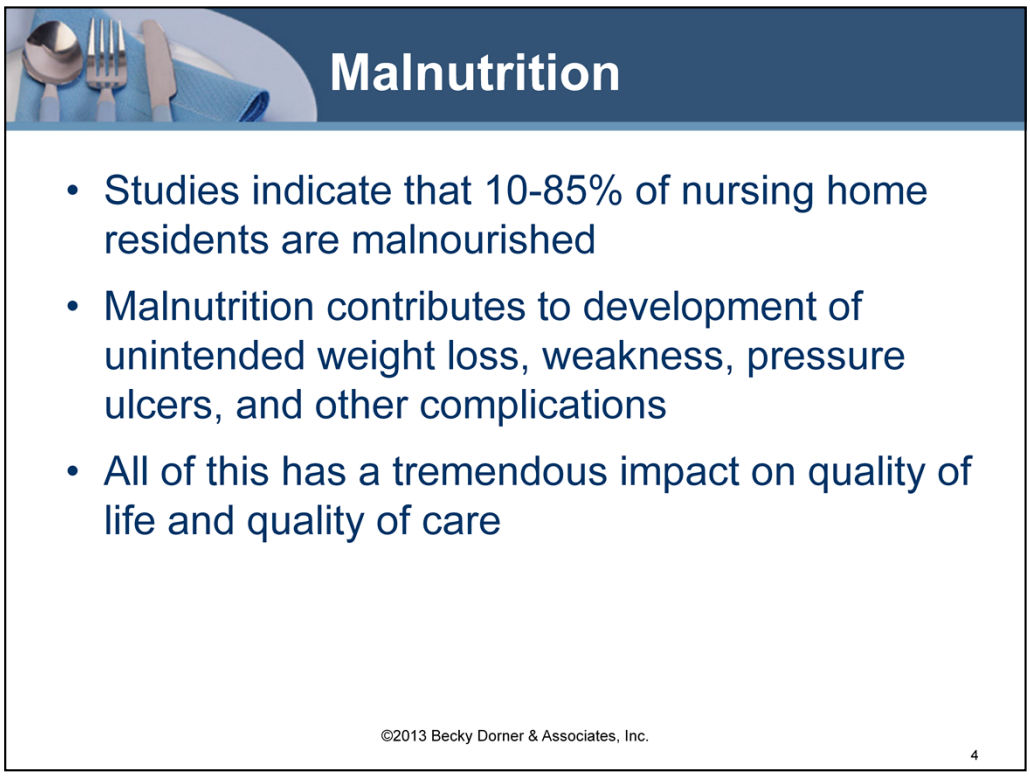
Our objectives today will be to learn how to:

Improve resident meal satisfaction.

Work as a team to create a wonderful dining experience for our residents by creating a comfortable dining environment with proper meal assistance, and improving food quality and presentation.



Read the slide.



Why is providing a nice dining experience so important?

In addition to providing a good quality of life and respecting a resident's rights to make choices, positive dining services may help prevent malnutrition.

Read the slide.

Many of the greatest risk factors for malnutrition can be easily addressed: poor oral health, undiagnosed swallowing disorders, insensitivity to individual needs (including ethnic and religious preferences), and most importantly, lack of adequate staff to assist residents at meal time.

Through our efforts to keep our residents well nourished, we can:

- reduce complications
- reduce hospitalizations
- reduce hospital stays, and
- reduce the need for drugs, surgery and treatment!

How many of you like to eat? Our residents do too! Our mission is to provide a superior dining experience for our residents. A superior dining experience can have a positive impact on improving our residents' quality of life. We want to have the goal of making mealtime magical for our residents.

Starting with the basics, our residents have a right to:

- Choose when and what they want to eat, and who they will eat with (just like we do)
- Refuse medication and treatment, including special diets (upon being informed of risks versus benefits)
- Be treated with dignity and respect at meal time

- To achieve these goals, the food we serve has to:
- Look good
- Taste good
- Be offered courteously

For many of our frail residents, every bite counts! If the food doesn't look good or taste good, they won't eat - and if they don't eat, we have real problems (unintended weight loss, etc.)!

Read the slide.

By setting achievable goals we can improve the nutritional status of our residents.

The goals for our "superior dining program" are to provide nourishing, palatable, attractive meals that:

Read the bullets from the slide.

(These goals are the same as the objectives for the Federal Survey Protocol for Dining and Food Services.)

We can't satisfy our residents without knowing what they want. It is important to find out what they want by asking them, to know how they feel about the dining services in our facility and what types of changes we can make to improve those services.

We can obtain this information using informal methods, or more formal methods like a survey sent out to all residents and family members.

Most importantly, once we know what residents want, we need to follow through and provide it to them.

How can we pull our efforts together? How can we make a difference in improving our resident's meal satisfaction?

We can start by asking these simple questions:

Read the bullets from the slide.

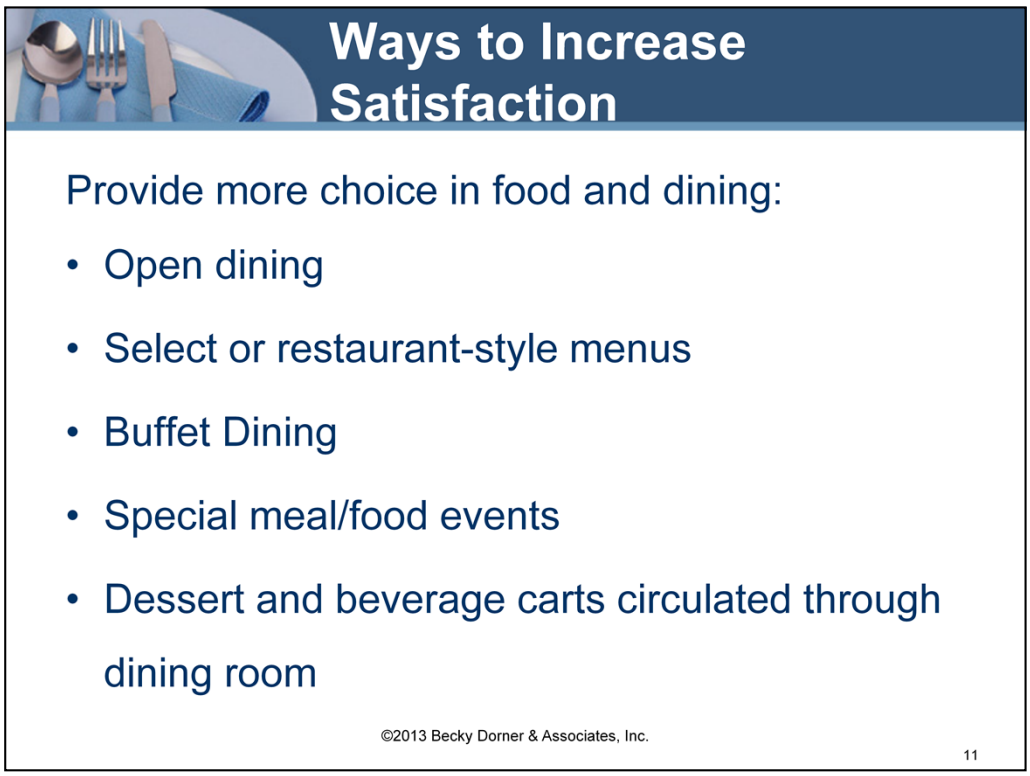
These are also great questions to ask our residents to determine their level of satisfaction.

As you know, every year we have a state survey. The job of surveyors is to determine if the meals are palatable, attractive, nutritious and meet the individual needs of each resident.

Surveyors will observe to see if residents complained of taste, temperatures quality, quantity, or appearance of food. If there is a problem, then surveyors will determine:

The reason for refusal of food (refer to ST, OT, or nursing as needed to evaluate).

- If a substitute of equal value was offered and provided, and served in a timely manner if the resident didn't eat well.
- If food placement and texture were appropriate for the individual's needs (Ex. clock placement for vision problems, pureed or mechanical soft food for chewing and swallowing problems).
- If mechanically altered foods were prepared and served separately. (Except stews, casseroles, etc. that are meant to be mixed foods). This especially refers to pureed foods.
- Adaptive equipment was provided to those who needed it.



Share what your facility is doing to increase options for accommodating more choice in food and dining. The list might include:

- Open dining-keeping the dining room open for longer periods at each meal to accommodate early risers, late risers, those who prefer to dine earlier or later, for example
- Select or restaurant-style menus: Give residents several options to choose from, either a select menu or a restaurant-style menu, where the kitchen provides several entrees, sides, etc. at each meal.
- Buffet dining: Provide an open buffet line for residents to make their own selections of each item
- Special meal/food events: Occasions like holiday meals (St. Patrick's Day corned beef, for example), Super Bowl tailgate party, ladies afternoon tea party, etc.
- Dessert and beverage carts circulated throughout dining room, with different choices daily.

Note: Changing your dining program to include some new and different dining programs will require planning, manpower, and money.

Mealtime should be a special event that our residents look forward to.

Our dining environment is an important component of the dining experience. Look around and see if there are any simple things we can do to enhance the dining experience. Does anyone have any ideas? (Ex. Turn off the TV, play soft music, adjust the lighting, adjust the temperature).

The dining environment should be attractive, functional, enhance socialization, have adequate lighting, comfortable furnishings, adequate ventilation, be absent of odors, have sufficient space with tables adjusted to accommodate wheel chairs, and comfortable sound levels.

It is important to treat residents with dignity and respect.

Socialization includes resident to resident contact and staff to resident contact. The focus is ALWAYS on the resident.

Residents should dine with people they enjoy

Use small tables (for 4 to 6) so residents can socialize easily

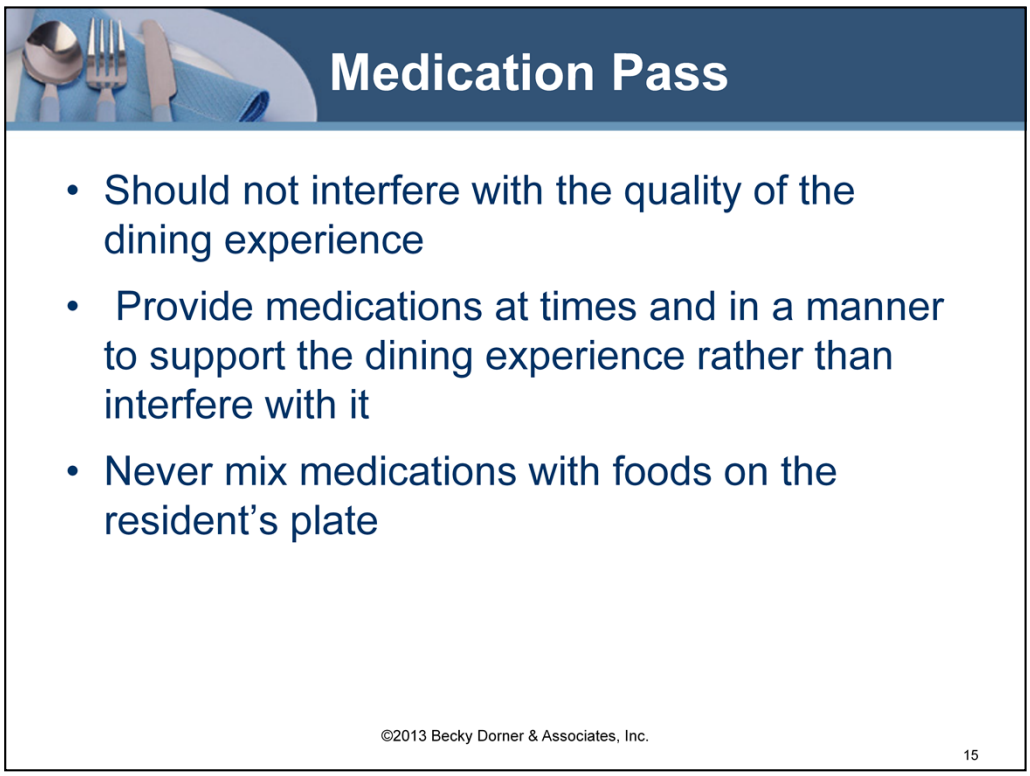
Staff should talk to residents, not to each other

- Talk with the residents rather than "over them"
- Avoid personal conversations with other staff members during meal service

Resident's needs are of utmost importance during meals. To assure we are satisfying our residents we need to serve attractive, palatable meals, in a timely manner, that meet the needs of our residents.

We should also:

- Offer as many food choices as possible.
- Provide appropriate dishes, flatware and napkins (cloth if possible).
- Serve attractive, well-seasoned meals at appropriate temperatures.
- Serve meals on time. Residents know the normal meal schedule in a facility. If meals are late, they will notice!
- Provide substitutes or other requests in a timely manner.
- Honor portion sizes, preferences, and condiment requests.



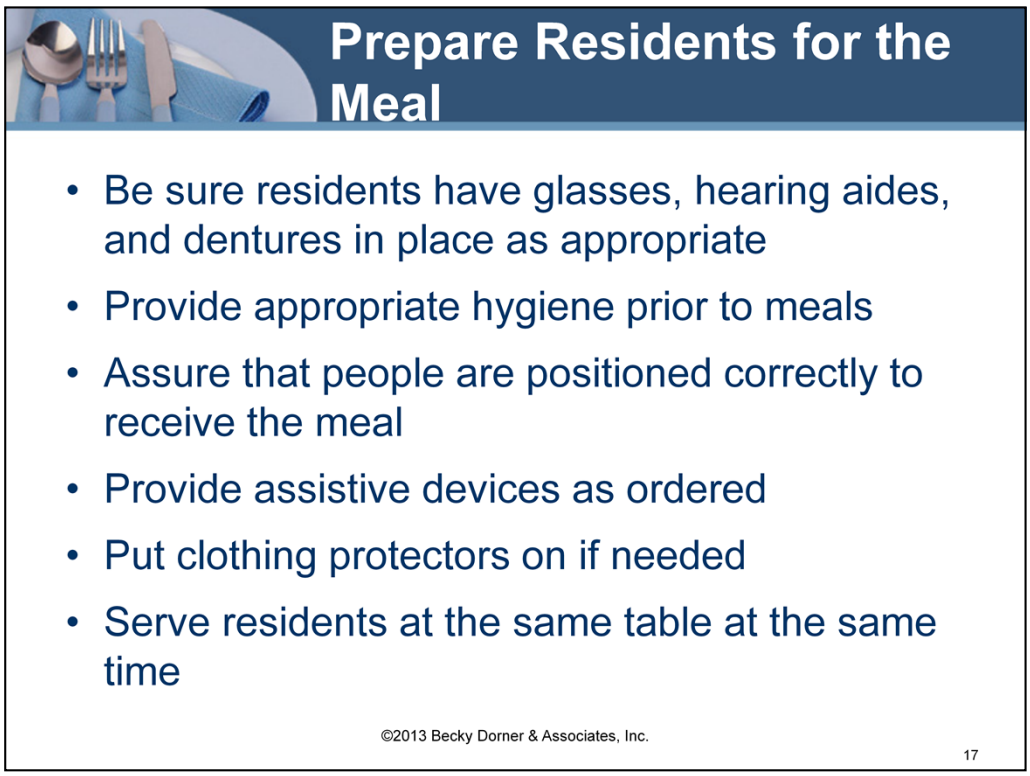
Sometimes our residents need to take a medication at mealtime. Remember that the medication pass must not interfere with the quality of the dining experience according to the federal regulations.

Provide medications at times and in a manner to support the dining experience rather than interfere with it.

Never mix medications with foods on the resident's plate.

Part of an excellent dining program is to provide superior service. This includes:

- Serving residents beyond their expectations by serving food politely and in a timely manner.
- Asking residents what they want, and providing alternate foods and beverages if requested.
- Giving attention to detail during meal service.
- Revaluating your dining program regularly and making changes based on residents' input.



As part of the team, our nursing staff participates daily in helping with a superior dining experience by preparing residents for the meal. Nursing staff makes sure our residents are not taken to the dining room too early and that they are ready to receive the meal by making sure that each resident:

Has glasses, hearing aides, and dentures in place as appropriate.

Has been provided appropriate hygiene prior to meals (hand washing, etc.)

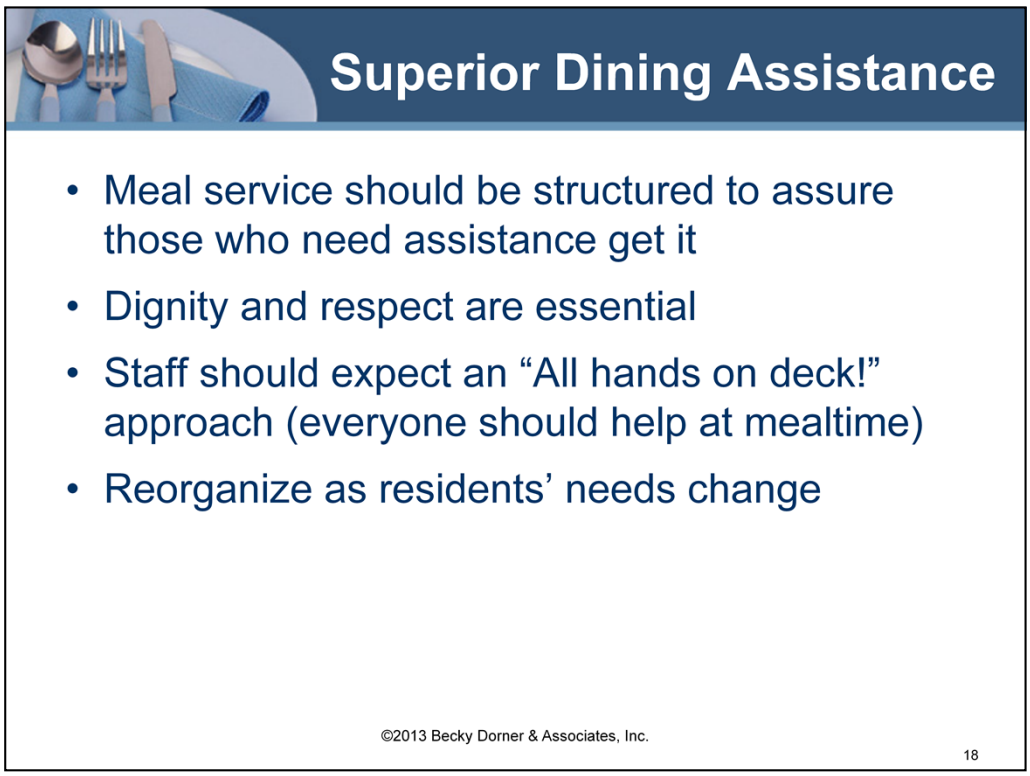
Is positioned correctly to receive the meal:

- Proper positioning in chair, geri-chair or wheelchair, and proper distance from the table/bedside.
- Table at appropriate height and position (positioning should promote independence in eating).

Provide assistive devices as ordered and assure they are used as planned.

Put clothing protectors on if needed.

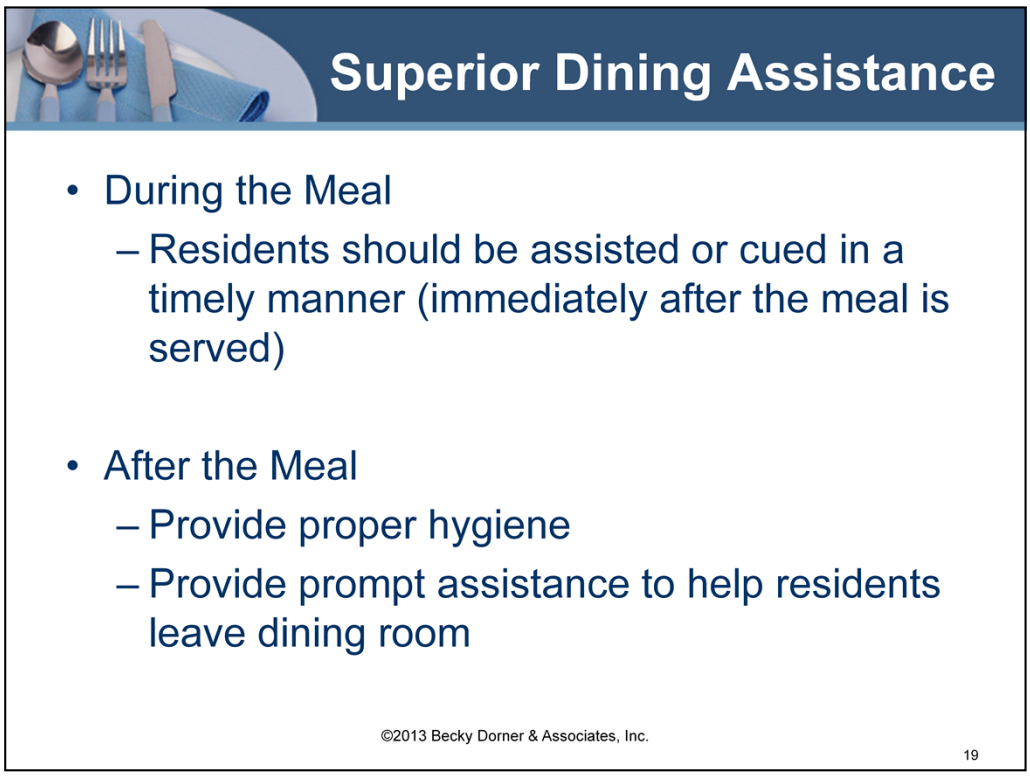
Serve residents at the same table at the same time.



Residents who require assistance at mealtime deserve the same quality of service as those who dine independently. Be sure to serve residents who need assistance with dignity and respect.

Extra assistance may be needed when it comes to mealtime for those who cannot dine independently. All staff involved in feeding should know their assignments and be ready to assist.

As residents' abilities and needs change, the facility should adjust to meet their needs by providing assistive devices, changing level of assistance, ordering or discontinuing restorative dining programs, etc.



It is important to assist those who need it in a timely manner as soon as the meal is served. If “all hands are on deck” this shouldn’t be a problem.

After the meal, hygiene should be provided and residents should be assisted out of the dining room promptly. They should not have to sit and wait for attention when they have completed their meal.

Sometimes, in spite of our best efforts, we still may have residents who just don't want to eat. Many things can contribute to a loss of appetite:

- Change in environment, loneliness, dementia, chronic illness, uncomfortable eating in large group, or with residents who are confused or have physical difficulties. Sometimes simply moving a resident to a different table or position is enough to improve appetite.
- Residents who are confused or easily distracted may need more direction/assistance.

But there are things we can do to make meal time more pleasant/ improve appetite. Here are just a few ideas:

Read the slide.

To keep our dining program fresh, it is important to review how we serve our residents, and improve our food, presentation, and dining environment.

Regularly ask yourself and your residents:

- "What can we do to make the meal more attractive?"
- "What can we do to make the food taste better?
- "What can we do to make the dining experience special?"

And then follow through and make the changes to improve the residents' dining experience to provide a superior dining program. All these things will help to make the meal time magic for your residents.

Making Mealtime Magic

Respecting Resident's Rights to Make Choices in Food and Dining

Hello and thank you for coming! By show of hands, how many of you are from the Nursing Department? How many of you are from the dietary department?

Our objectives today will be to:

Understand the resident's right to make choices.

Learn how we can encourage choice in food and dining but still prevent citations during our annual survey.

Meals are one of the most important events of the day for residents. They are far more than nourishment, they are a time to socialize, relax, and exercise choices.

As a facility we need to be sure that we:

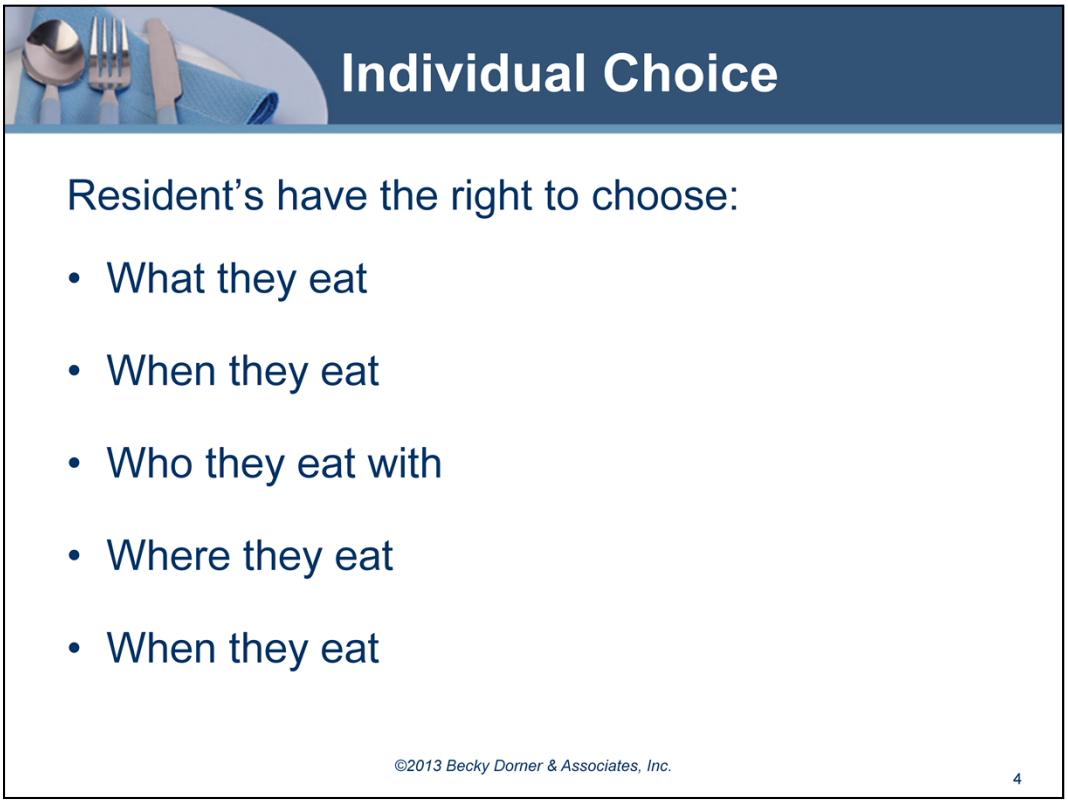
- Provide an outstanding dining experience for our residents
- Provide a nutritionally-balanced meal

At the same time, the federal regulations that we operate under say that residents have choice in how they spend their time, whether or not they accept recommended treatment, and what, where, and when they eat. According to regulations, a resident has the right to refuse a therapeutic or texture-modified diet and/or specific foods that they don't like.

As a facility, we need to recognize the right of residents to make those choices and be able to show that we have implemented a system to educate residents about the risks and benefits of their choices and then given them the right to choose how they will live their lives.

Our objectives today will be to learn how to:

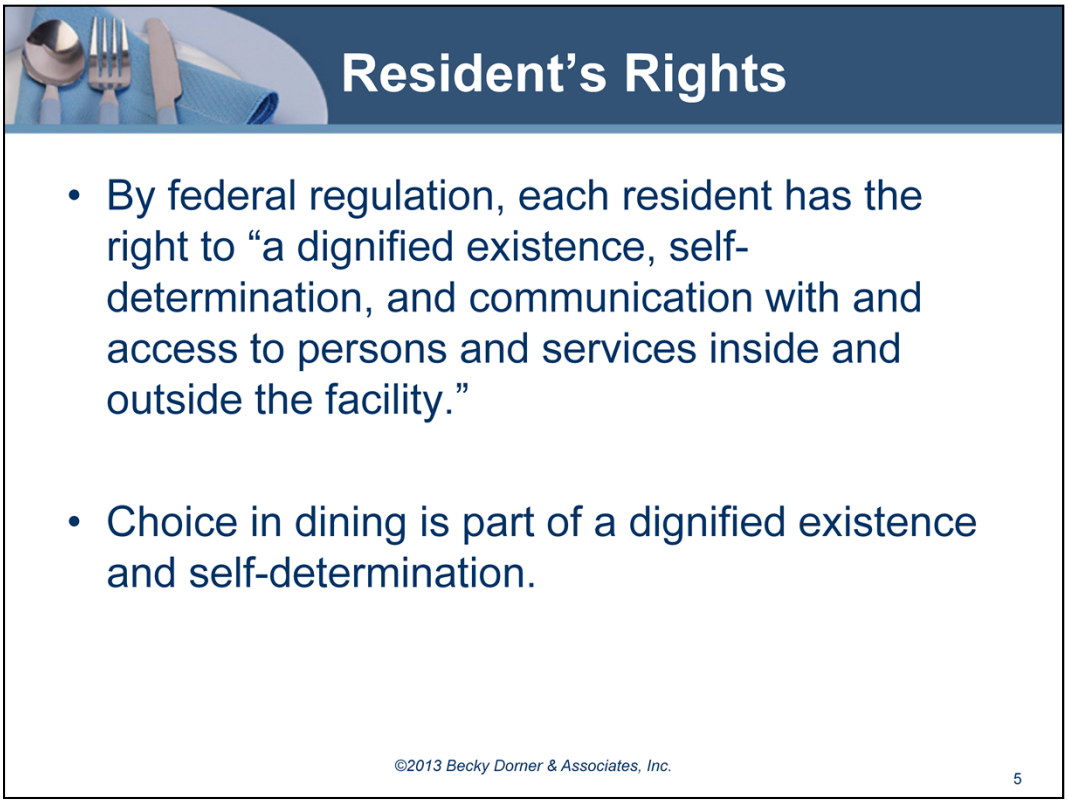
- Improve resident meal satisfaction.
- Work as a team to create a wonderful dining experience for our residents by creating a comfortable dining environment with proper meal assistance, and improving food quality and presentation.



Think about your life when you are at home. You have the ability to make choices about dining, so it only makes sense that our residents should be able to do the same thing.

Residents should be able to choose what they want to eat at any given time, which means that some choices should be available at each meal and snack.

They should also be able to choose their dining location and the people they dine with. And to some extent, they should be able to choose when they eat.



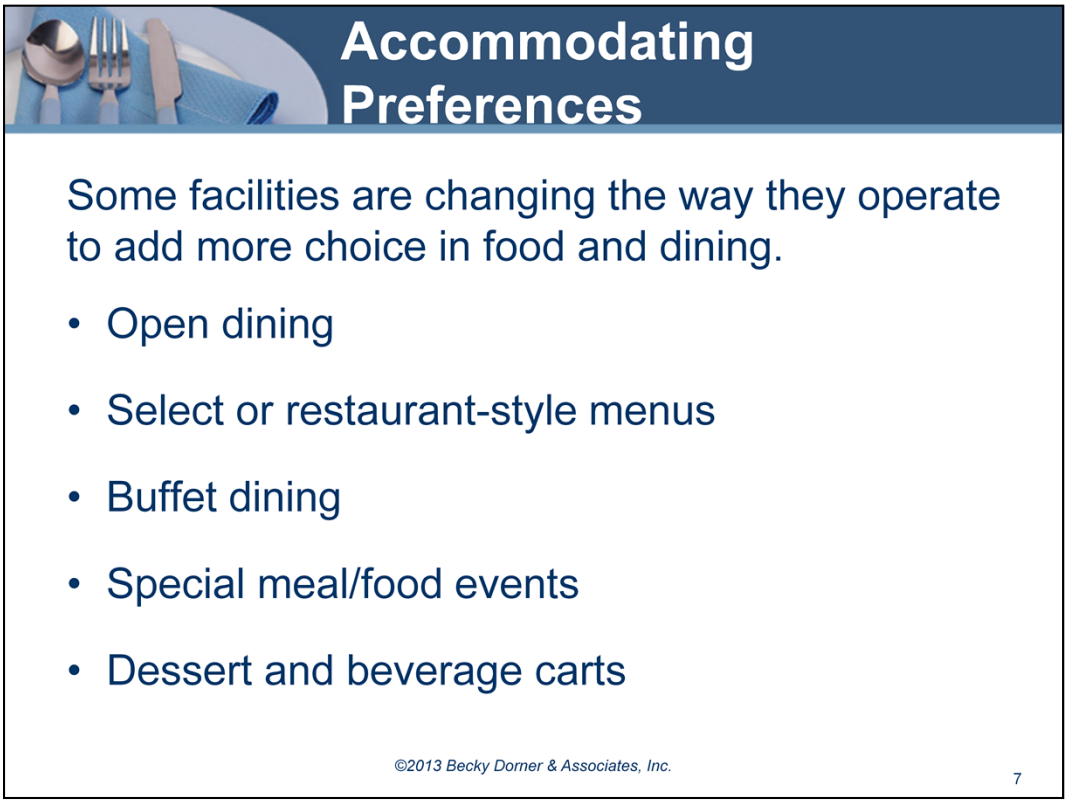
Resident's rights are written into the federal regulations that we operate under.

When the annual survey team comes in to the facility, they are observing to make sure the facility respects our residents' rights.

If violations are noted, the facility can receive a citation (deficiency) and corrective action will need to be taken.

When residents are admitted we should be talk to them (or to their family) about their normal habits, including what time they eat meals, if they prefer to eat alone in their room or in the dining room, what foods and beverages they prefer, and other details related to their food habits and preferences.

These preferences should be revisited periodically by asking the resident and/or their family and discussing the subject at periodic care plan meetings.



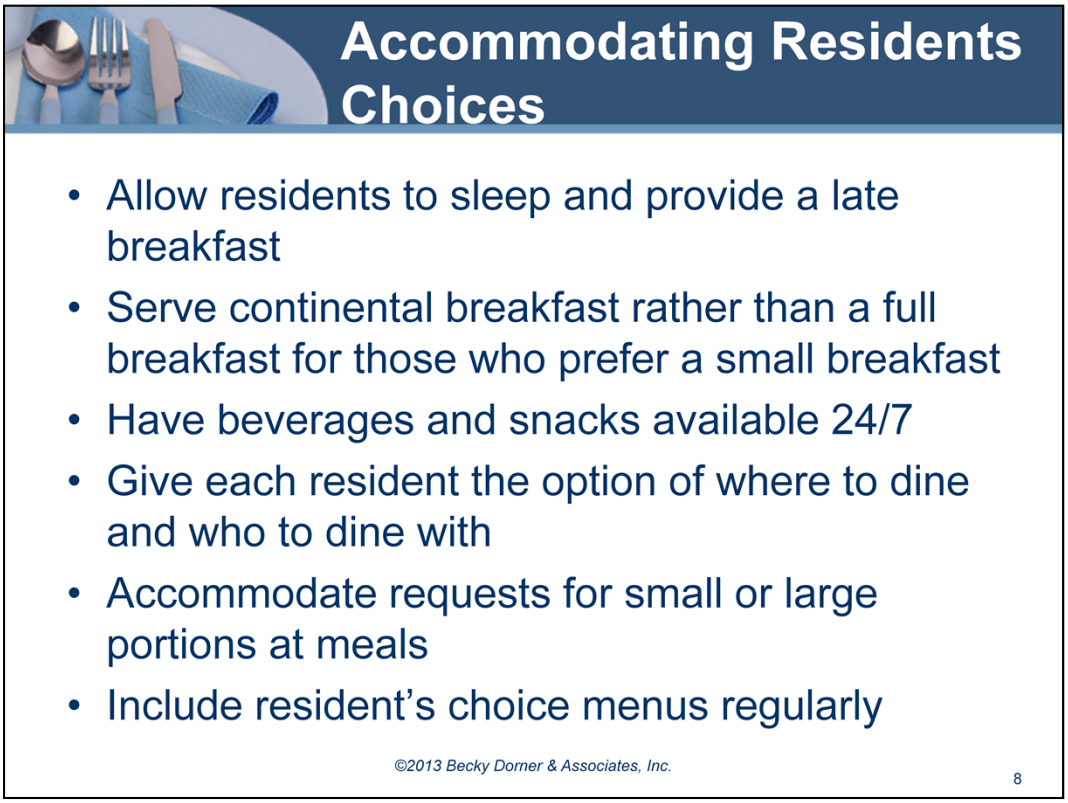
Options for accommodating preferences might include:

- Open dining: Keeping the dining room open for longer periods at each meal to accommodate early risers, late risers, those who prefer to dine earlier or later, for example.
- Select or restaurant-style menus: Give residents several options to choose from, either a select menu or a restaurant-style menu, where the kitchen provides several entrees, sides, etc. at each meal for residents to choose from.
- Buffet dining: Provide an open buffet line for residents to make their own selections of each item.
- Special meal/food events: Occasions like holiday meals (St. Patrick's Day corned beef, for example), Super Bowl tailgate party, Ladies afternoon tea party, etc.
- Dessert and beverage carts circulated throughout dining room, with different choices daily

New dining programs such as these require planning, manpower, and money!

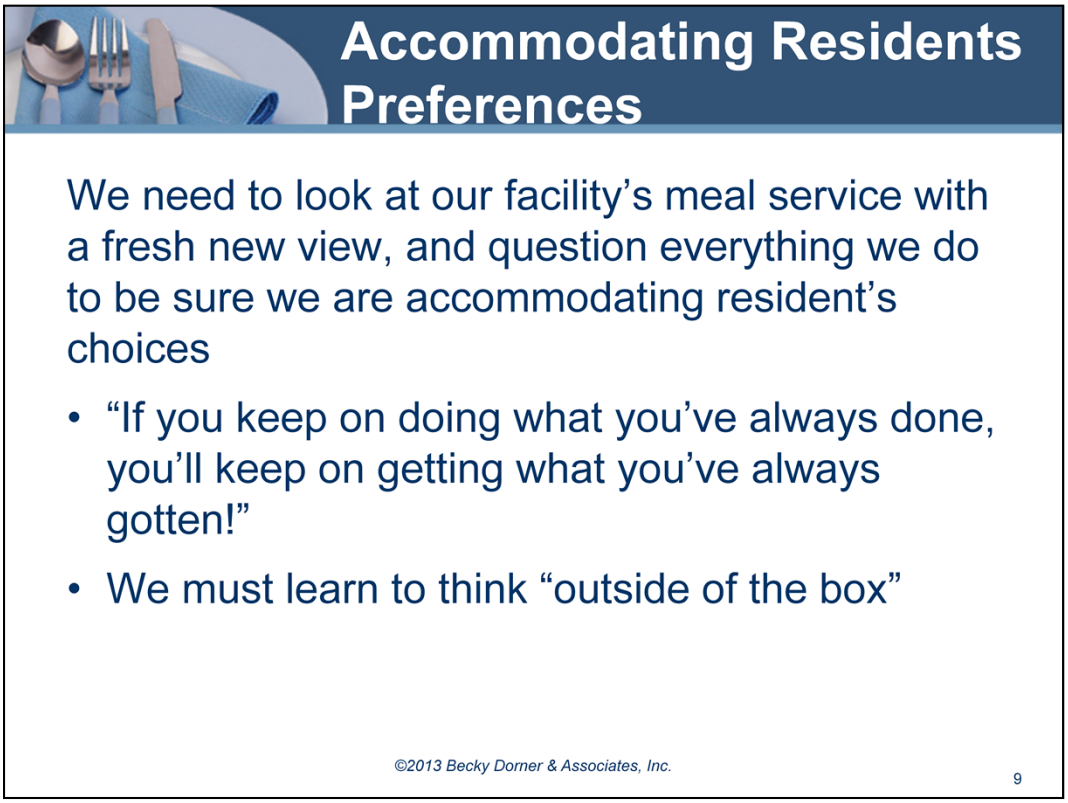
Initiate a conversation about what types of programs your facility offers to accommodate choices in dining.

If appropriate, encourage the conversation to progress to what the facility COULD be doing.



There are many ways we can accommodate resident's individual choices when it comes to food and dining. Here are just a few examples of ideas:

- Rather than waking residents for breakfast at a certain time, let them sleep and provide breakfast upon waking.
- Provide a small breakfast (some people prefer only cereal and milk, or toast and juice, for example, rather than a full breakfast).
- Have snacks and beverages available 24/7 in an "open pantry" so residents can help themselves.
- Encourage the resident to choose to dine in his/her room, the main dining room, or other dining rooms if they are available.
- Give residents the option of receiving small portions or large portions.
- Have a "resident' choice" menu that is provided regularly (for example, once a month). Let the resident's council choose the meal.

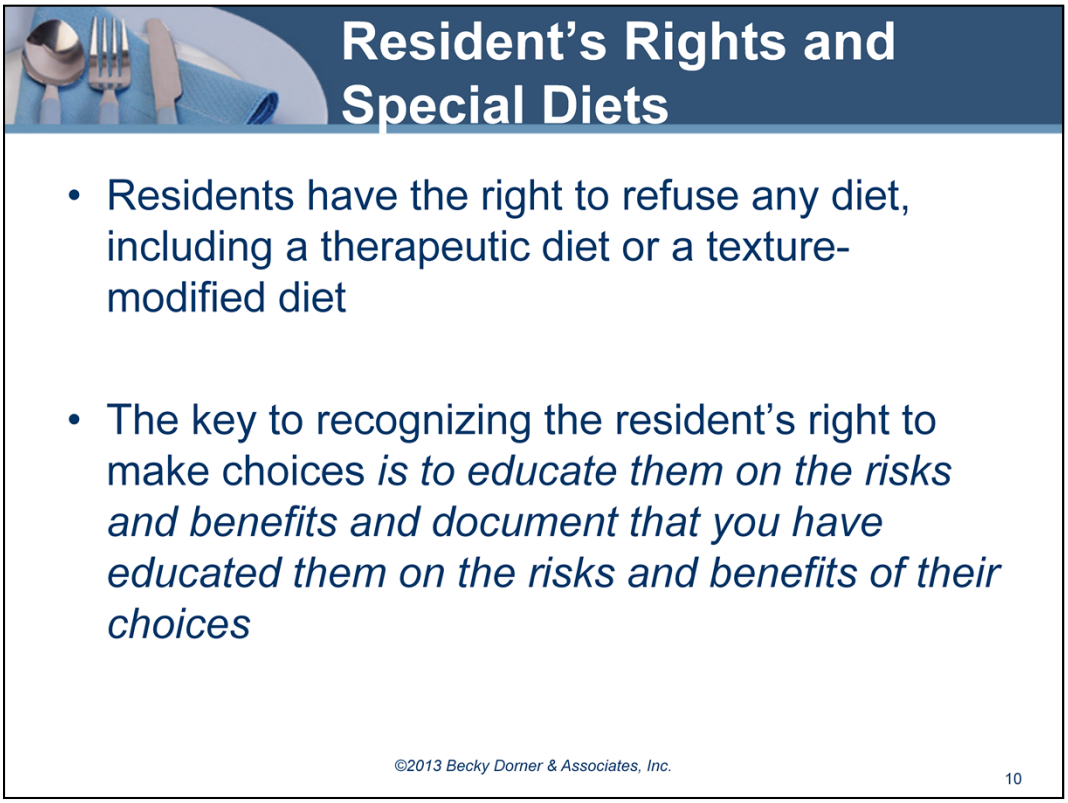


We need to look at our facility's meal service with a fresh new view, and question everything we do!

If you keep on doing what you've always done, you'll keep on getting what you've always gotten!

The facility dietary department, Medical Director, and administrator should all be involved in planning ways to accommodate more choices in dining.

All disciplines should be involved in the planning process. For example, if open dining at breakfast is considered, nursing needs to be involved in the planning to determine if CNA schedules need to be changed to accommodate dining changes.



Our residents depend on us to keep their best interests in our thoughts every day.

We may even need to question the diet the doctor ordered if the resident is unhappy with it. If the diet ordered is too restrictive or the resident refuses to eat, a more liberal approach to the diet may be necessary. The facility registered dietitian (RD) should be involved in situations where a resident is unhappy with his/her diet order. The RD can work with the resident to individualize the diet to meet their needs.

You know your residents better than anyone else. If you think there may be a problem, please report it to a supervisor. Examples inculde: a resident is not eating or drinking as much as he/she normally does; is having difficulty chewing or swallowing; is having difficulty feeding him or her self, etc.

Together we can think "outside of the box" to enhance our residents' nutritional status and meal enjoyment.

Many experts, including the Academy of Nutrition and Dietetics, the American Medical Directors Association, and many collaborating organizations that developed the New Dining Practice Standards, indicate that diets like NCS or NAS may not be needed by residents living in long term health care settings. Some facilities are now offering just regular diets (that are consistent in carbohydrate) and consistency modified diets, such as puree and mechanical soft.

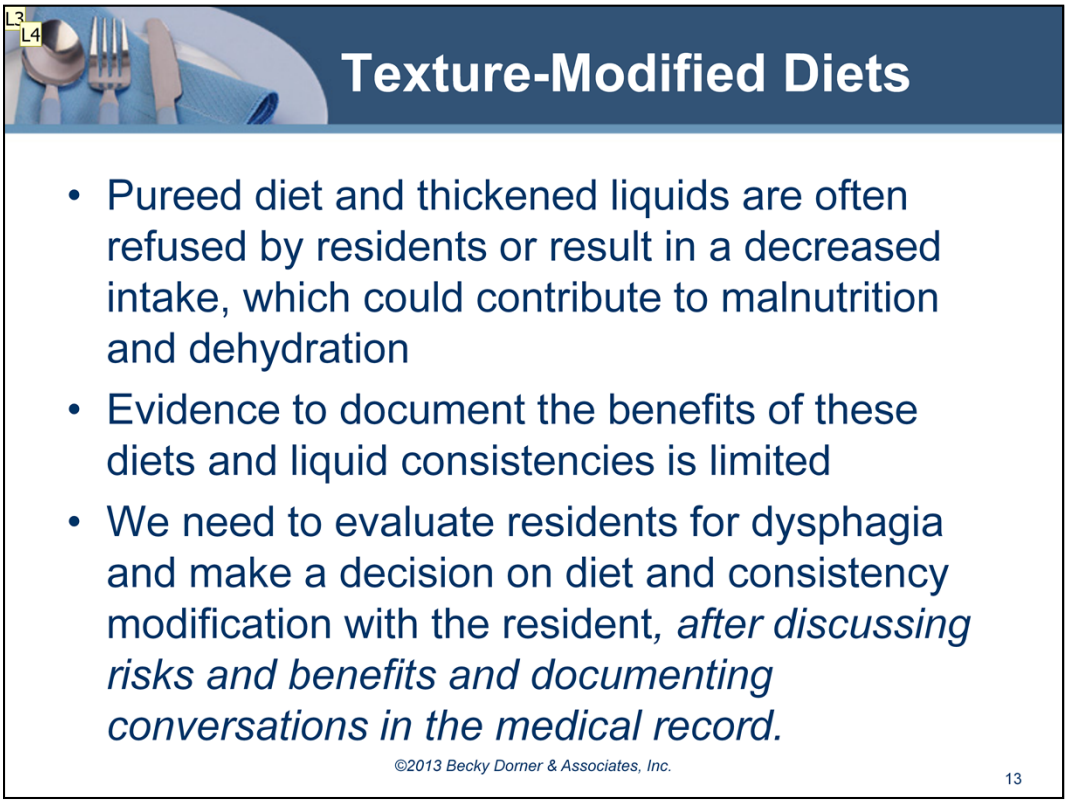
Note to Presenter: it is suggested that you review the Pioneer Network's New Dining Practice Standards and the Academy of Nutrition and Dietetics' Position and Practice Papers on Individualized Nutrition Approaches for Older Adults in Health Care Communities, and then relate what you are doing in your facility to address this issue.

Pioneer Network Food and Dining Clinical Standards Task Force. New Dining Practice Standards. 2011. Available at http://www.pioneernetwork.net/Providers/DiningPracticeStandards/. Accessed January 6, 2013.

Academy of Nutrition and Dietetics Position Paper on Individualized Nutrition Approaches for Older Adults in Health Care Communities http://www.eatright.org/About/Content.aspx?id=8373. Accessed January 6, 2013.

Note to presenter: A comprehensive discussion of the topic can be found at Pioneer Network Food and Dining Clinical Standards Task Force. New Dining Practice Standards. 2011. Available at http://www.pioneernetwork.net/Providers/DiningPracticeStandards/.

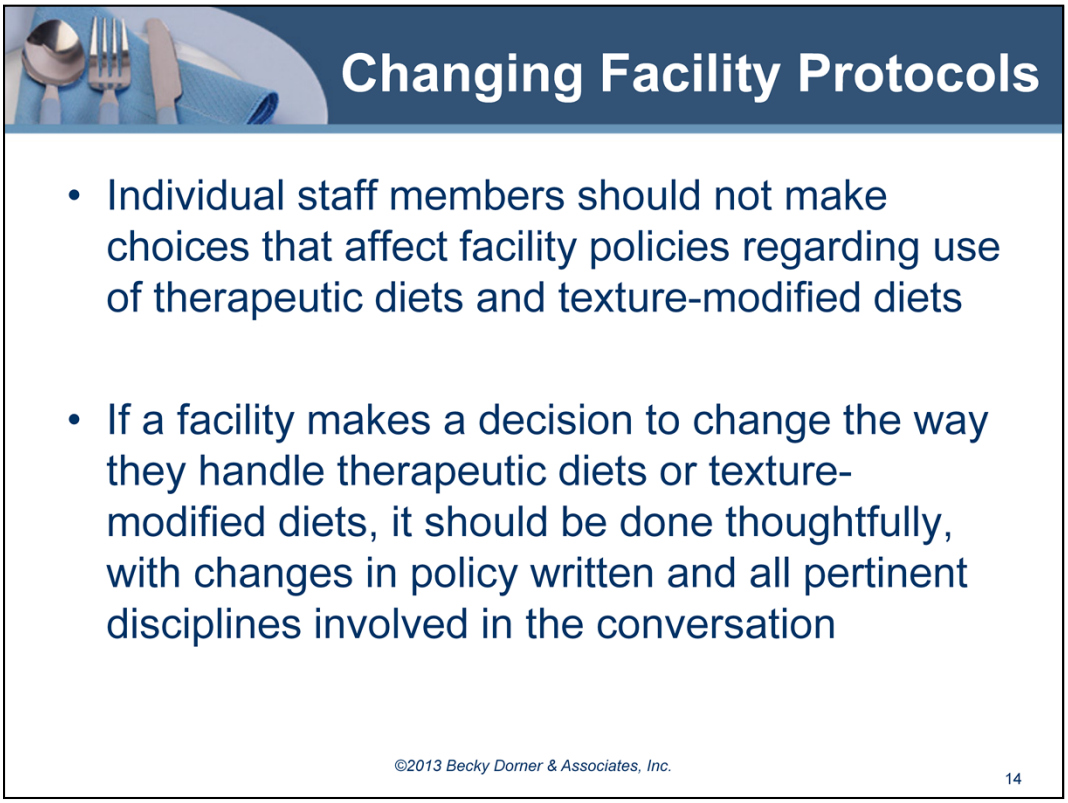
Most of us believe that NCS diets are needed for those with diabetes and NAS diets are needed for hypertension. But it turns out that most of the research on these topics was not done on older adults. We really don't know if a diabetic diet controls blood sugar levels in older adults, nor do we know if there are a real benefit to strict control of blood sugar levels in older adults. The same goes for NAS and blood pressure.



Note to presenter: Refer to Pioneer Network Food and Dining Clinical Standards Task Force. New Dining Practice Standards. 2011. Available at http://www.pioneernetwork.net/Providers/DiningPracticeStandards/ for a full discussion of this subject.

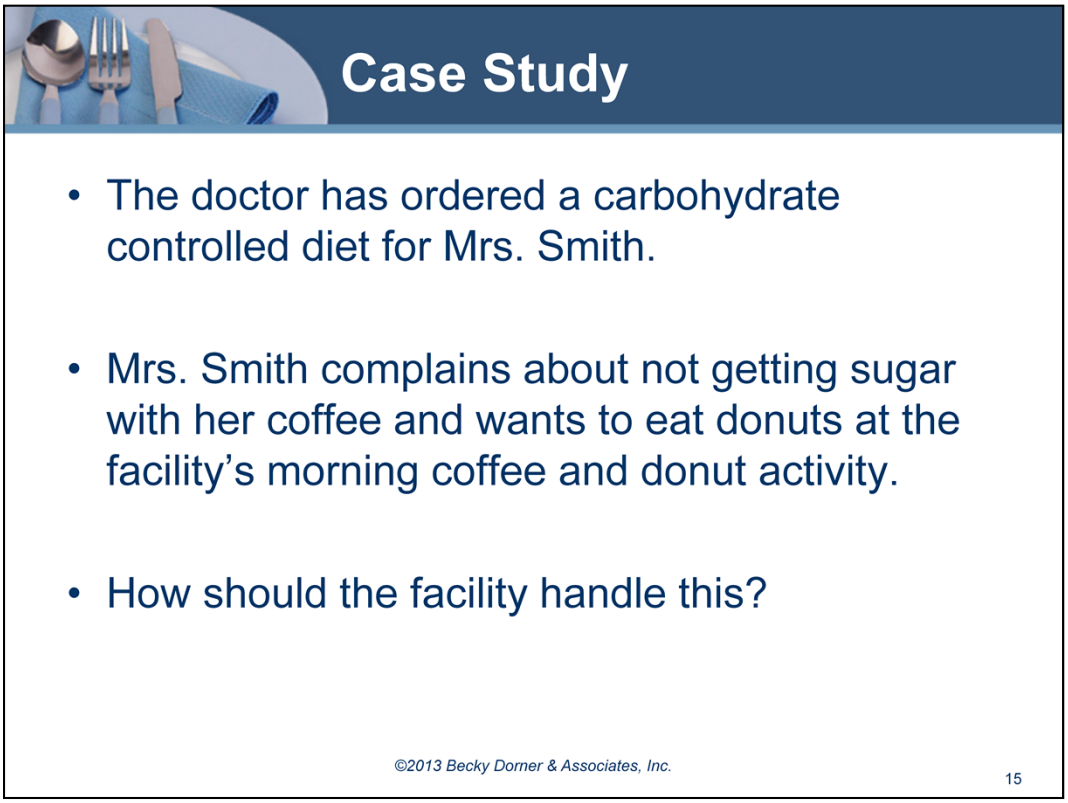
All of us have experience residents who don't like pureed diets or thickened liquids. It turns out the evidence to document the benefits of these diets and liquid consistencies is limited. If residents refuse to eat or drink they can lose weight and become dehydrated; in some cases the best course of action might be to return the patient to regular food and liquid consistencies.

This can be done in conjunction with the RD, speech-language pathologist, and physician, and with proper education and documentation of that education. Some facilities prefer to use waivers but if they are used they should be in ADDITION to other documentation in the medical record and care plan. A waiver alone is not adequate documentation.



To be clear, individual staff members should not make choices that affect facility policies regarding use of therapeutic diets and texture-modified diets.

If a facility makes a decision to change the way they handle therapeutic diets or texture-modified diets, it should be done thoughtfully, with changes in policy written and all pertinent disciplines involved in the conversation

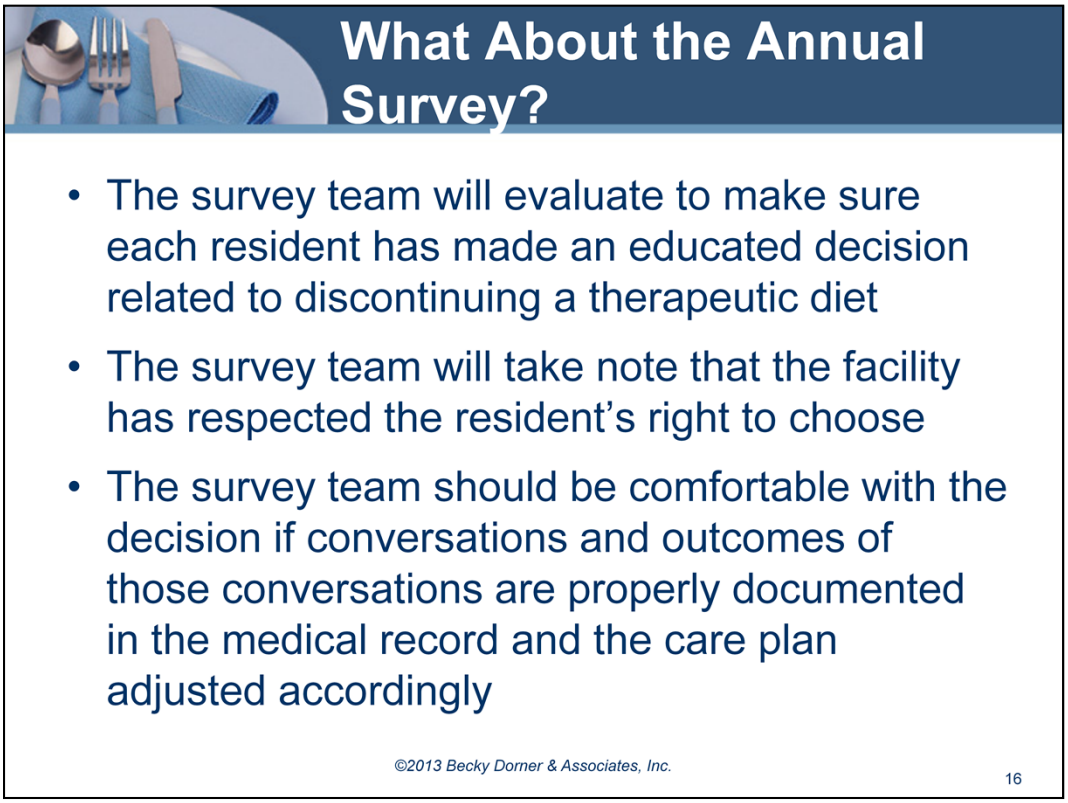


Note to Presenter: Take a few minutes to discuss this scenario with participants, and determine how these situations should be handled in your facility.

There are many possible outcomes to this scenario. The resident might decide, after counseling, that she prefers to stay on the carbohydrate controlled diet. She might decide to receive a regular diet. As part of a regular diet, she might prefer to receive sugar in her coffee but to receive other beverages sweetened artificially.

Suggestions include:

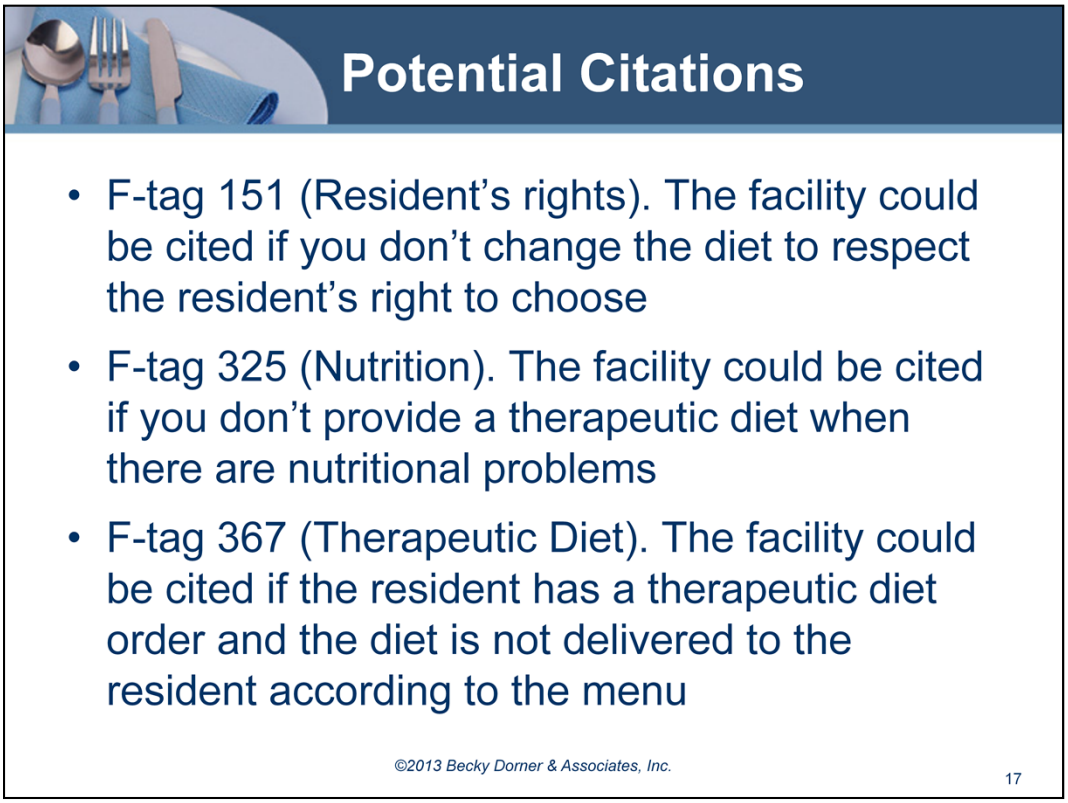
- Counsel Mrs. Smith on the risks/benefits of changing her diet to regular.
- Give Mrs. Smith the option of discontinuing her carbohydrate controlled diet and changing her diet to regular. Let her know that she can still select sugar substitutes for other beverages and fruit for dessert if that is her preference.
- If her preference is the regular diet, write a request to the doctor diet order to discontinue the carbohydrate controlled diet at the resident's request.
- Document education and outcome of the conversations in Mrs. Smith's medical record.



The survey team is always looking for a facility to honor a resident's right to choose.

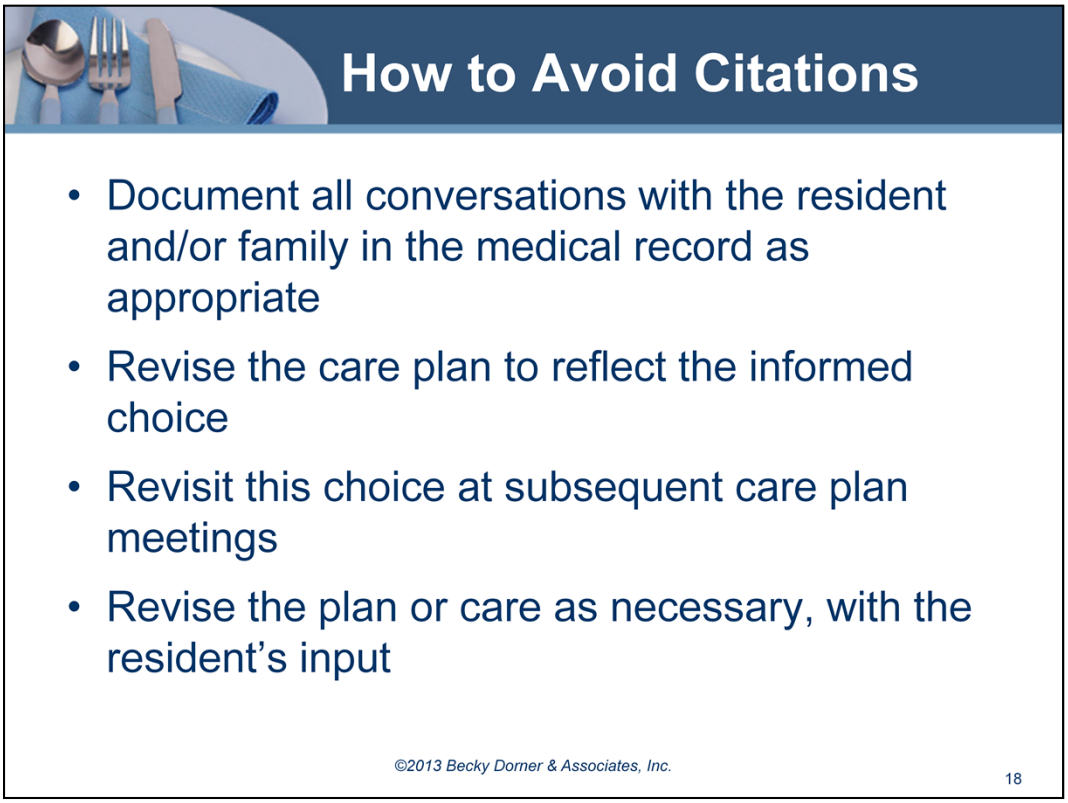
However, they also want to be sure that the resident has made an informed choice and that facility gave the resident the information needed to make an informed choice.

There is no guarantee that the facility will not be cited, but proper documentation can help assure that the survey teams knows the resident was given a choice, educated on the risks versus benefits, and involved in making the decision.



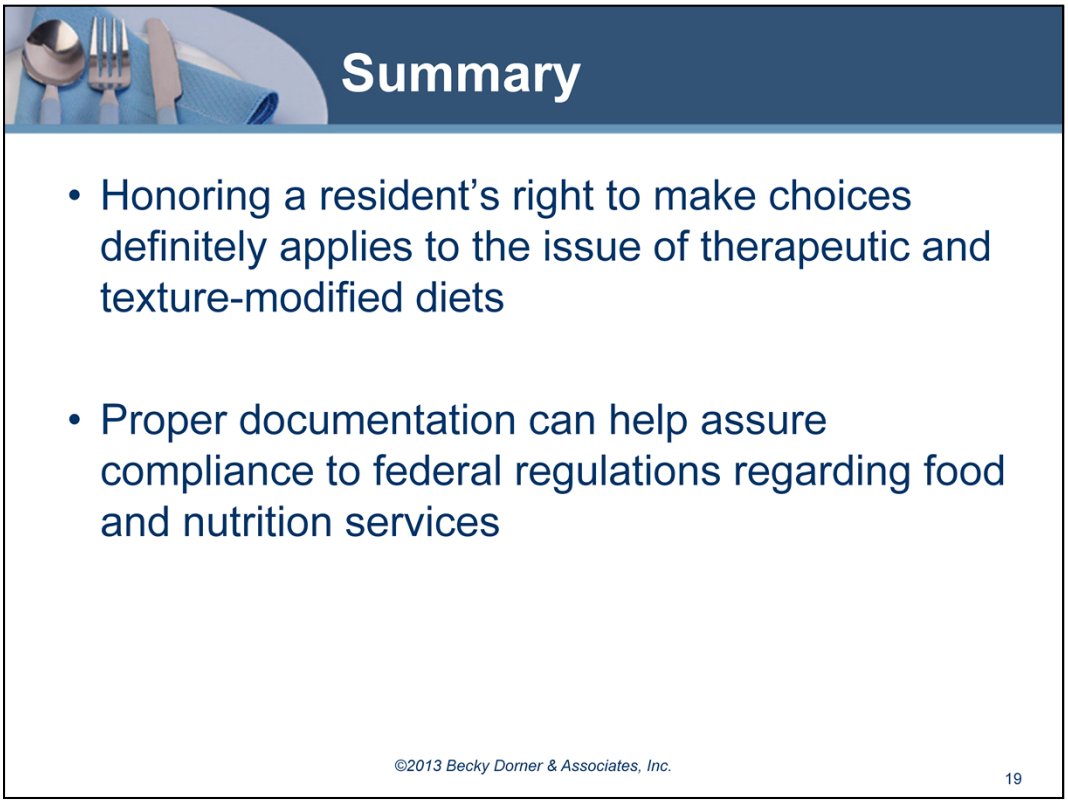
As you know, every year we have a state survey. When it comes to nutrition and dining services, the job of surveyors is to determine if the meals are palatable, attractive, nutritious and meet the individual needs of each resident. There are several potential citations (F-tags) that could result from this scenario. This slide lists a few of them. It is up to each facility to determine that their counseling and interventions have met the requirements of the regulations

Note to presenter: Appendix PP, which outlines F tags and provides interpretive guidance for the F tags, can be found at Centers for Medicare and Medicaid Services. State Operations Manual. Appendix PP - Guidance to Surveyors for Long Term Care Facilities, Rev 70 (1-7-11). Available at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.



Proper documentation is the key to preventing citations.

- Document all conversations with the resident and/or family in the medical record as appropriate.
- Revise the care plan to reflect the informed choice.
- Revisit this choice at subsequent care plan meetings.
- Revise the plan or care as necessary, with the resident's input.



Residents have the right to make choices about what they eat, where they eat, and who they dine with.

To assure residents' quality of life and compliance with federal regulations, facilities should include residents in decisions about food and nutrition.

It is extremely important to offer residents as many choices as possible when it comes to meal time:

Provide choices of what to eat, when to eat and who to eat with.

We all want choices in life, and we need of offer as many choices as we can to our residents. Mealtime is one time we can easily give them a choice. Choices can have a dramatic affect on how well residents eat, how they socialize, how happy they are, and how healthy they are.

Our job at every meal is to be sure:

- Appropriate dishes and flatware are available
- Water is offered with the meal
- Meals are attractive, palatable, at the appropriate temperature, and delivered on time
- Substitutes arrive quickly after requested (within 5-10 minutes)
- Diet cards, portion sizes, preferences and condiment requests are honored
- Seasoning is added as requested or appropriate at the meal

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Appendix

Dining Satisfaction Survey Sample Form _____ 8-1

Dining Room Evaluation Sample Form _____ 8-2

Brainstorming Ideas for Changing the Culture of Your Dining Program _____ 8-3

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Dining Satisfaction Survey Sample Form

Our goal is to provide you with exceptional service and food. Please take a few moments to fill out this short survey. Your opinion is important to us.

	All of the Time	Some of the Time	None of the Time
Do you receive the food that you asked for?			
Was the temperature of your food appropriate when served?			
Did you receive help and assistance, when appropriate, during meal ordering, delivery, and setup?			
Did the overall taste of the food meet your expectations?			
Did the overall appearance of the food meet your expectations?			
Was your food served in a timely manner?			
Were you served an appropriate amount of food?			
Was the food served at the correct temperature?			

Do you have suggestions for foods you would like to see served?

_____
_____
_____
_____
_____

Please include additional comments about our food and dining services.

_____
_____
_____
_____
_____
_____
_____

Name and Room Number (Not required)

_____

Thank You!

Dining Room Evaluation Sample Form

	Observations	Possible Corrective Action
Physical appearance		
Paint and/or wallpaper		
Floors		
Baseboards		
Ceilings		
Windows/Window treatments		
Doors		
Lighting		
Dining room décor		
Dining Service		
Tables		
Chairs		
Table coverings/cloths		
Table settings		
Table decor		
Spacing of tables		
Noise level during meals		

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Brainstorming Ideas for Changing the Culture of Your Dining Program

Key Questions for Brainstorming Session

1. For each area, begin by asking this key question: What are our strengths in this area? How can we build on them?
2. From the beginning, remember to consider how residents will be involved in the process.
3. Consider the best way to communicate changes to residents, families and staff.
4. How will staff be supported through the changes?

Food/Menu

5. Do residents prefer family style, restaurant style or buffet dining? (This will have an impact on developing the menu).
6. What types of foods do residents want on the menu? Focus on trying to provide for specific food preferences, cultural/ethnic/religious preferences, etc.
7. Are there any foods that the residents want taken off the menu?
8. Make a list of all the foods the residents' request. Be prepared with some options for them to choose from as some residents may need some ideas to get the conversation going. Consider having some cooking magazines or cookbooks with photos available to spur ideas.
9. Plan to adjust the menu often as you go along. Also plan to have frequent meetings to discuss menu changes and to discuss holiday and special event menus.

Dining Experience/Customer Service

10. How can we make the dining experience special (more enjoyable)?
11. Do we want host/hostess service for seating? Refilling beverages? Obtaining substitutions or replacements for food uneaten? Assisting residents in and out of dining area?
12. Do we want a walk-to dine program? (Assistance to get out of wheel chairs and walk to and from the dining area to allow some activity and to allow residents to sit in a dining room chair).
13. Do we need to do customer service training?
14. Do we need hospitality training?

Dining Atmosphere

15. What kind of dining atmosphere are we trying to achieve?

16. Do we want the dining atmosphere to be attractive, functional, home-like or restaurant-like, roomy, comfortable?
17. Do we want a certain type of décor (plants, window treatments, center pieces, etc.)?
18. Do we want to contrast colors in dishware and tablecloths?
19. What kind of music do we want?
20. What fits with our current physical plant structure (without having to do major renovation or construction)?

Food Preparation

21. How can we make the food look more attractive?
22. How can we make the food taste better?
23. Is our kitchen able to handle short order cooking? What changes would need to be made to accommodate this?

Equipment and Labor

24. What new equipment do we need to accommodate the changes we want to make?
25. Do we have adequate labor hours to accommodate the changes we want to make? Can we alter schedules to accommodate staffing needs within current hours?

Meeting Individual Needs

26. How can we make sure we communicate what we know about each individual?
27. How can we assure nutritional needs are met?
28. How can we assure that each person gets what they need and want?

Assistance/Feeding

29. How can we help each person to be as independent as possible? (Finger foods, assistive devices, verbal cues, physical cues, hand-over-hand feeding, feeding, etc.)
30. How can we make sure that eating assistance needs are identified and a plan of action is in place in a timely manner? What kind of system do we need to have in place? (A dining team that is trained to identify, refer to appropriate professionals, training, protocols, forms, documentation, etc.)
31. Do we need to do staff training? If so, what type of training?

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Pearls of Wisdom

The following are various things that facilities across the country have implemented in their facilities to provide person centered dining options for their residents. We hope that some of these ideas may assist you with your brainstorming efforts. The best suggestions come straight from the residents, and are often the types of things that they have been used to during their lifetimes. This information might be obtained by asking simple questions such as “What are the things you enjoy eating/drinking daily?” or “What kinds of food did you enjoy at home?” In addition, knowing your clientele can help you determine the types of activities to offer, such as gardening or farming.

It also helps to have people who are champions for change. Those who have a strong vision for change, encourage others to buy into the new ideas and concepts, help “sell” others, and get them involved in the changes can be real change masters. Good communications are key. Be sure to carefully communicate ideas and plans well in advance to residents, families and staff.

As you brainstorm, remember that this is about creating a “total” dining experience. Think about the places you frequent on a regular basis to purchase foods or beverages. Think about what is available in your local community and what your residents were used to when they lived in the community.

Type of Food Offered

- Healthier food options: lower salt, sugar, fat
- Locally grown foods (or facility garden grown)
- Organic foods
- Sustainable foods
- Incorporate resident and family recipes
- Fresh baked goods (breads, cookies, cakes, pies)
- Fresh herbs, spices and herb or garlic infused oils used to bring out the flavors in foods – creating fresh, clean tasting, light food options

Food Presentation

- Fruit baskets
- Clear glass of milk or juice rather than drinking from the carton
- Bottles or containers of condiments rather than individual packets
- Food bars (self-serve or with staff assistance for service): Soup and salad bars, dessert bars, deli sandwich bars, a la cart bars, topper bars (with baked potatoes or chili)

- Food carts: Beverage carts, dessert carts, snack carts, ice cream carts, coffee carts

Dining Room Décor

- Cloth awning over the dining room door with the name/logo of the "restaurant" printed on them
- Round tables for 2 or 4 (no more than 4 at a table)
- Fresh cut flowers on the tables
- Contrasting dishware with table cloth color

Dining Delights of Service

- Create an atmosphere that is similar to home, where families gather to visit and celebrate everyday life happenings (get together just like they would at home)
- Open seating in dining room
- Hostess greets and seats, and introduces residents to others at the table (really have to know your residents to do this well)
- Welcome guests and offer a beverage as soon as they are seated (just as you would in a restaurant).
- Hospitality service: Train staff on excellent customer service. This is essential for success.

Food with Flair

- Demonstration cooking or open preparation in the dining room
- Fresh, made to order (i.e. eggs, omelets, waffles, salads, sandwiches, wok cooking, etc.)
- Asian, Mexican, Mediterranean, Latin, or French cuisine

24-7 Food Availability

- Develop a list of foods that are "Always Available" and be sure these items are ready–to-eat foods that are available at all times in specific easily accessible areas.
- Grab and go items should be based on residents' preferences
- Room service should be available 24-7

Activities

- Celebrity chef contests
- Cooking classes
- Cooking activities
- Recipe contests

- Cooking contests (choose a food category, or provide a few ingredients that they must use and let them create their own meal)

Dining Options (Including casual dining options)

- Smaller, casual dining areas
- Soda fountain or ice cream parlor offering sodas, floats, ice cream sundaes, milkshakes, sandwiches, burgers, etc.
- Coffee shop, coffee bar, espresso bar, or breakfast nook with specialty coffees, pastries, breakfast sandwiches, yogurt, bagels, fruit; bistro featuring casual meals
- Café, grill room or bistro featuring grab and go options, soups, made to order salads and sandwiches
- Tavern, pub, lounge, tap room or bar featuring locally brewed beers and wines, hamburgers and other bar foods, etc.
- Formal dining area with display cooking, wine pairings
- Privacy dining – private dining area so residents can invite guests and family
- Market place, general store or country store
- Produce stand
- Outdoor dining options
- Small group special events such as a “progressive dining party” where residents have cocktails and appetizers in one location and then move to another location for dinner entrée, and yet another location for dessert and coffee.

Culinary Team

- Titles can make a difference: Culinary Director, Hospitality Manager, Executive chef (certified chef), Sous chef, Hostess, wait staff
- Staff attire – adapt “uniforms” to go with the atmosphere you are trying to achieve: professional, but easy to identify staff

Menu Considerations

- Use descriptive terms: Chilled, fresh, house made, tender, sautéed, seasonal ingredients, seasoned, tart, etc.
- Divide menu into categories: Appetizers or starters, entrees, desserts, etc.
- If there are certain things you offer all the time, list these on your printed menu. For example, if you serve bread on the table, list this on your menu. Let them know that you will make substitutions (Substitutions are welcome). Smaller portions are always available, etc.
- Offer rotations such as “Today’s special” or “Chef’s special” and rotate these options daily.

- Be sure to list prices only if appropriate for the setting.

Labor Hours

- Juggle your staff schedules and use a mix of full and part time workers to achieve your goals. For example, if you are doing away with your traditional tray line service, you may be able to pull those staff hours and use them for a short order cook in each dining area.
- Labor costs may be offset by increased food sales from guests and staff as your dining area becomes a place where people want to meet, eat, and visit.

Equipment Needs

- The type of food the residents want will help determine equipment needs (i.e. If they want French Fries, you will need a deep fryer)
- Grab and go or 24-7 areas may need small refrigerators with glass doors for easy viewing, or display type refrigerator cases similar to those in a deli area.

Where to Begin

- Eliminate trays: Set plates, bowls, cups, glasses and silverware directly on the table. Consider wrapping silverware in napkins like they do in restaurants if you are short on staff time for table setting. Or ask residents who are interested, to help with pre-setting tables (supervision will help assure that it is done correctly and in a sanitary manner).
- Eliminate paper and plastic cutlery and dishes.
- Eliminate staff standing over residents while assisting them to eat, and staff talking with each other rather than with residents at meal time.

Action Plan for Implementing Culture Change in Dining Programs Sample Form

Goal	Benefits to Residents/Facility	Resources Needed*	Potential Barriers	Timeframe for Implementation	Person Responsible

* Time, staff, money, support from other departments, etc.

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Selection of Table Top Items for Older Adults

A group of dietitians, members of The RD Executive Council for Quality Long Term Care, identified a gap in research, education, tools and resources to assist in selection of table top items for use by older adults in healthcare communities. The RD Council worked with SLPs and OTs, as well as specialists at Direct Supply, to develop broad based guidelines for identifying characteristics of table top products most appropriate for use. The four main areas of evaluation include: durability and safety, size, visual contrast, and ergonomic design for gripping, lifting and lip closure. The resulting guidelines can help manufacturers as well as the members of the senior healthcare industry make changes to table top products that incorporate the goals of person-centered care.

Comprised exclusively of executive dietitians who are actively working for long term care providers, the RD Executive Council represents over 2,500 communities nationwide. Through their extensive research, numerous programs and partnership with the Academy of Nutrition and Dietetics, the Council's mission is to improve the quality of food and nutrition among our older adults. The following information is used with permission of Direct Supply, Inc.

All Dinnerware Pieces
- Constructed of durable vitrified china
- Foot to be glazed or finely polished
- Color: white or cream with or without colored band
- 1-year commercial warranty (minimum)

Dinner Plate
- 9" Diameter
- Less than 1" height
- Fit in the pellet
- Must have ½" to 1¼" rim
- Weigh 18 to 23 oz

Bread & Butter Plate
- 6½" Diameter for bread slice
- 5½" Diameter for dessert or other

Cup
- 5 to 6 fl oz serving capacity
- Handle must have at least a 1" opening where handle meets cup
- Appearance must be okay with or without saucer
- Weight of cup cannot exceed 9 oz
- Shape: No to minimal flare.

Fruit
- ½ cup brim full capacity
- Stackable
- With rim

Grapefruit
- 8 fl oz serving capacity
- Stackable
- Rim preferred

Glassware
- With lids available to fit
- Required lip on glass

Serving Size Maximum Height
- 4 oz 4½"
- 6 oz 4½"
- 8 oz 4½"

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Questions and Answers

Q: I would like to learn more about enhancing dining for individuals with advanced dementia.

A: Family style dining works particularly well with this population. However if the dementia is advanced, residents may need additional assistance to eat. They can still eat in a family style setting with the assistance of staff to serve them food and assist them to eat.

Q: How do you handle family style and issues with F441 Infection Control? Many residents are unable to remember to use utensils or grab the food itself. Any issue with multiple people using the same utensils?

A: That is why staff supervision is so important. For example, if you have a resident with a contagious infection, you would not want them to eat at the table with other healthier residents until they are no longer contagious. For those residents who need finger foods, those alterations should still be provided. Staff could intervene by assisting the resident to make a sandwich from the meat and bread that is served. Or the kitchen may intervene if more alteration is needed and simply serve them a plate of finger foods for the meal. By multiple people using the same utensils, I'm assuming you are referring to the serving utensils. Good hygiene should be provided prior to meals (assisting residents to wash hands, and staff would have to wash their hands too). Again, staff supervision would be important to assure that the serving utensils are used properly (i.e. the residents don't eat off of them) etc.

Q: When using table cloths in open dining rooms, do they need to be changed every time a table is turned?

A: While this is preferable, there are ways you might get around changing the table cloths at every table turnover. Just watch what restaurants do. They may use disposable or washable place mats, or they might use paper to cover the table cloth. These are changed at each table turnover, and the table cloths could be changed at each meal or as needed.

Q: When residents help with food - do they wear hairnets and gloves, if other residents are eating the food?

A: Residents often help with food preparation at an activity event. Hair should be reasonably restrained and residents should be supervised for proper handwashing, etc.

Q: What about hairnets in cooking in the kitchen?

A: My personal opinion is that hairnets should always be used for staff cooking in the kitchen. There is nothing worse than being served food with hair in it! Better safe than sorry! However, check your state food code regulations as some states are not as

stringent as others. Some states allow hair restraint defined as a hat or even hair spray.

Q: Can you suggest cooking magazines that have picture and recipes that are appropriate for long term care and assisted?

A: Any cooking magazine will do just to get staff thinking out of the box. Cooking Light, Epicurious, Food Network Magazine, Rachel Ray's magazine, etc. All of these will provide photos that will stimulate thought. The recipes may not all be appropriate, and may need to be furnished by the food service director or RD.

Q: Do you have select menus on CD that can be altered to reflect our resident's preferences?

A: Any of our menus may be purchased with a CD Rom for customization. Our Select/AL menus would be the best menus to start with. Information can be found on our website at: http://www.beckydorner.com/menusrecipes. Choose our Select/AL menus for information and to view sample pages.

Q: I am thinking about switching from a cycle menu to a selective menu for our hospice patients. What issues do the state surveyors have with patients not being served a balanced meal? For example, if they are requesting just a Danish for breakfast or just a grilled cheese for lunch.

A: It is our job as health care professionals to counsel a person on wise food choices. If a person is constantly choosing a poor diet, we need to do everything we can to encourage them to take a well-rounded diet. We also need to document in the medical record the steps we took to try to improve the diet choices. Staff supervision and intervention at meal time is important for many residents to achieve a well balanced diet. However, it is the resident's right (and choice) to eat what he/she wants and they may refuse to follow our suggestions.

Q: How do you track intake for a selective menu? For example, One person orders the chef special which is a balanced meal but only eats 25% of it (so he is listed as 25%) and another person only orders a grilled cheese and eats all of it so is listed as 100% even though he actually ate less.

A: This is where it gets challenging. You may need to alter your forms to note what the person chose for the meal along with the percentage eaten. Or you may choose an alternate form of monitoring that reviews food groups at each meal. The other alternative is to make sure the RD, DTR and/or CDM are doing meal rounds to monitor for healthy selections and if a problem is identified, then conduct a 3 day food intake study to determine if there is a problem. Knowing that the new MDS 3.0 no longer includes total food intake percentages may alter how we track for healthy diets.

Q: Food code book states "Food prepared in a private home may not be used or offered for human consumption in a food establishment." Doesn't this contradict

some of the things that are encouraged with person centered care, like growing food in gardens and having families bring food in?

A: Thanks for your question. I assume you are referring to this statement from CMS:

I'll refer to CMS for the answer to your question:

From CMS Survey and Certification memo S&C -07-07 December 21, 2006:

(370) Approved Food Sources: You ask if the regulatory language at this Tag that the facility must procure food from approved food sources prohibits residents from any of the following: 1) growing their own garden produce and eating it; 2) eating fish they have caught on a fishing trip; or 3) eating food brought to them by their own family or friends.

Response: The regulatory language at this Tag is in place to prohibit a facility from procuring their food supply from questionable food sources, in order to keep residents safe. It would be problematic if the facility is serving food to all residents from the sources you list, since the facility would not be able to verify that the food they are providing is safe. The regulation is not intended to diminish the rights of specific residents to eat food in any of the circumstances you mention. In those cases, the facility is not procuring food. The residents are making their own choices to eat what they desire to eat. This would also be the case if a resident ordered a pizza, attended a ball game and bought a hot dog, or any similar circumstance. The right to make these choices is also part of the regulatory language at F242, that the resident has the right to, "make choices about aspects of his or her life that are important to the resident." This is a key right that we believe is also an important contributing factor to a resident's quality of life.

Q: What about food brought in by families? How can we allow them to bring food in when it is in direct conflict with the F371 surveyor guidance on food procurement?

A: From CMS:

"Since the release of guidance for F371 Sanitary Conditions, we received many questions regarding a Note in the Guidance about compliance with the food procurement requirements at this Tag when residents accept food brought in by visitors. We have made a change to this Note to clarify that the food procurement regulations for providers are not intended to diminish the right of residents to accept food from visitors. Since F371 is a long Tag and the change is only to one sentence, for the Advance Copy, we have reprinted only a portion of F371 where this sentence resides. A notice has been placed in the Advance Copy that specifies that all other language at F371 remains the same." More information can be found here:
http://www.cms.gov/surveycertificationgeninfo/downloads/SCletter09_31.pdf

Q: How do you handle the extra inventory of items needed to transition to a restaurant style or select menu?

A: Basically, you would have a base menu of foods residents could choose from daily, and then rotate a few "chef's special" items each day. You'd have to plan carefully so that inventory doesn't get out of control. It takes some trial and error at first to see what residents choose, so in the beginning you may have some issues with over/under production on some items, but you will gradually learn what is popular and get better controls in place for inventory. Using a production sheet and carefully tracking overages and underages will be extremely important in the beginning so you can adjust your production numbers as you learn what residents like the most. You can also make adjustments on your menu offerings based on this data.

Q: I would appreciate any thoughts you have on the production/inventory side of transitioning to choice menus – tips on how to transition from the dietary manager's point of view, etc. I think this is an area that might be a stumbling block for people who are used to the old non-select menu system.

A: The person in charge must be willing to "think outside the box" or they will have difficulty making the transition. The issue of motivation/organization is huge - it is easy to come up with ideas, but making it happen is altogether different. Food costs may increase initially, so managers need to be aware of this. The goal is for costs to return to normal after the initial trial and error of implantation, but this may take a number of weeks. Improving customer satisfaction is key, and happy residents are often healthier as a result of some of these changes. So looking at the big picture is also important. Again, it will take some "trial and error" in the beginning, but good recording keeping to evaluate which foods are most widely accepted, and adjusting the menus and choices accordingly is key to success. Refer to the Production Sheet Sample Form in the policy and procedure section which will help with this record keeping.

Q: Is it a dignity issue to use a horseshoe table when feeding residents? Also, is it okay to feed more than one resident at a time?

A: With person centered care and dining, feeding tables are out. Yes, they would be considered a dignity concern. Feeding more than one resident at a time may also be frowned upon – unless one person simply needs verbal cues and the other one needs more assistance. Protecting the individual resident's dignity would be of the utmost concern with feeding more than one person at a time. A better approach is to stagger trays to time them to come out as needed, so that the nursing assistants or feeding assistants can concentrate on each individual. This might mean staggering the times people receive their meals to when you have trained staff available to help with feeding. Using an "all hands on deck" approach allows other staff to pass tray, open packages, cut food, etc. while trained staff are freed up to provide assistance (including total feeding) to those who need it.

Q: I was wondering if it was a regulation to have nursing or nursing assistant present in the dining room when my dietary staff starts passing trays to our residents? I have heard different things and was wondering if you could help.

A: Not knowing anything about your residents and their acuity levels, it is hard to provide you with advice, so I'm answering this prudently. Unless your staff are trained in Heimlich maneuver at a minimum, it is wise to have at least one trained staff person available in the dining area when trays are passed. Nursing staff should be a call away for any emergencies with residents' health. If you have people who need assistance to eat, then you would need to follow the federal nursing home regulations. If you have paid feeding assistants, there are very detailed guidelines on what they are allowed to do when it comes to assisting residents (no high risk residents including those with dysphagia, etc.). I'm happy to provide more information if you have more details you would like to provide.

Resources

General Information on Culture Change and Person-Centered Care

- The Eden Alternative: http://www.edenalt.org/. Accessed January 17, 2013.
- Planetree: http://planetree.org/?page_id=510. Accessed January 17, 2013.
- The Wellspring Model: http://www.thecommonwealthfund.com/~/media/Files/Publications/Fund%20Report/2001/Jan/Promoting%20Quality%20in%20Nursing%20Homes%20%20The%20Wellspring%20Model/reinhard_wellspring_432%20pdf.pdf. Accessed January 17, 2013.
- The Pioneer Network: www.pioneernetwork.net. Accessed January 17, 2013.
- Long term Care Improvement Guide. Practical Approaches for Building a Resident-Centered Culture. Available at http://www.residentcenteredcare.org/Pages/partthree.html. Accessed January 17, 2013.
- Handy L. *Culture Change in Dining and Regulatory Compliance*. Handy Dietary Consulting, 2011.
- The National Consumer Voice for Quality Long term Care. *Culture Change in Nursing Homes*. Available at http://www.theconsumervoice.org/sites/default/files/family-member/Culture-Change-in-Nursing-Homes.pdf. Accessed January 17, 2013.
- Baker B. Old Age in a New Age. Vanderbilt University Press, 2007.
- Frampton S, Gilpin L, Charmel P, Putting Patients First: Designing and Practicing Patient-Centered Care.
- Gerteis M, Delbanco TL, Daley J, Edgman-Levitan S, Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care.
- Jurkowski ET. Implementing Culture Change in Long term Care: Benchmarks and Strategies for Management and Practice, 2013.
  Becky Dorner & Associates, Inc. webinar: Making Mealtime Magic! With Person Centered Dining, 2013. Available at http://www.beckydorner.com/audioprograms. Accessed January 17, 2013.

Regulations

- CMS State Operations Manual for Surveyors. This document provides guidance to both facilities and surveyors as to how to interpret regulations and remain in compliance during the process of changing the culture of dining programs. The complete document can be downloaded at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf. Accessed January 17, 2013.

Care Planning

- Becky Dorner & Associates, Inc. webinar: Person Centered Care Planning, 2012. Available at http://www.beckydorner.com/audioprograms. Accessed January 17, 2013.
- Litchford M. MDS 3.0 and Nutrition Care Plans. Chicago IL: Association of Nutrition and Food Service Professionals, 2010.

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Nutrition

- The Dietary Guidelines for Americans. Available at http://health.gov/dietaryguidelines/. Accessed January 17, 2013.
- Dorner, B, *Diet Manual: A Comprehensive Nutrition Care Guide*. Akron, OH: Becky Dorner & Associates, Inc. 2011. Available at http://www.beckydorner.com/clinicalcare. Accessed January 17, 2013.
- Dorner B, *Dysphagia Diet Solutions: Person centered care for food, nutrition and dining*. Becky Dorner & Associates, Inc. Akron, OH, 2013. Available at http://www.beckydorner.com/menusrecipes. Accessed January 17, 2013.
- Dorner, B, *Enteral Nutrition for Older Adults: Comprehensive Nutrition Assessment and Intervention.* Becky Dorner & Associates, Inc. Akron, OH, 2013. Available at http://www.beckydorner.com/clinicalcare. Accessed January 17, 2013.
- Dorner, B, *The Obesity Challenge: Weight management for older adults.* Becky Dorner & Associates, Inc. Akron, OH, 2013. Available at http://www.beckydorner.com/products/47. Accessed January 17, 2013.
- Enhancing Nutritional Value with Fortified Foods: A Resource for Professionals, http://www.beckydorner.com/uploads/EnhancingNutritionalValue-764.pdf (You must log in as a member to access this document. Membership is free – you can sign up on the homepage at www.beckydorner.com). Accessed February 12, 2013.

Dining

- Culture Change and the Food and Dining Requirements. Available at http://www.pioneernetwork.net/Data/Documents/dining%20symposium%20background%20paper%201-28-10.pdf. Accessed January 17, 2013.
- Pioneer Network*. Creating Home in the Nursing Home II: A National Symposium on the Food and Dining Requirements.* Available online at http://www.pioneernetwork.net/Events/CreatingHomeOnline. Accessed January 17, 2013.
- Experiences in Dining http://www.safeeggs.com/foodservice/dining/. Accessed January 17, 2013.
- Dining with Friends, video from Alzheimer's Resource Center. Available at https://www.arc-ct.org/dining_with_friends_overview.php. Accessed February 27, 2013.
- Senior Dining Comes of Age. Food Management, November 2009. Available at http://food-management.com/healthcare/senior-dining-comes-age. Accessed March 4, 2013.

Staff Training

- **Pioneer Network**
  - Getting Started Manual http://www.pioneernetwork.net/Providers/GettingStartedManual/. Accessed January 17, 2013.
  - A Tale of Transformation DVD and workbook. T, Esmond S. http://www.pioneernetwork.net/Store/TaleOfTransformation/. Accessed January 17, 2013.

- Bowers B, Nolet K, Roberts S. Implementing Change in Long term Care: A practical guide to transformation. http://www.pioneernetwork.net/Data/Documents/Implementation_Manual_ChangeInLongTermCare%5B1%5D.pdf. Accessed January 17, 2013.
- Becky Dorner and Associates, Inc. Webinars: schedule and recordings available at http://www.beckydorner.com/webinars. Accessed January 17, 2013.
- What Do You See? A short film (10 minutes) by Amanda Waring for sensitivity training. www.amandawaring.com. Accessed January 22, 2013.

Menus

- Select Menus, Becky Dorner & Associates, Inc. Available at http://www.beckydorner.com/products/11. Accessed January 17, 2013.
- Microsoft Word Menu Templates http://www.layoutready.com/Microsoft-Word-Templates/Menus/Menu-Templates-Library.aspx. Accessed January 17, 2013.

Food Service Cost Control

- Dorner B and Hofmann K. Cut Your Food Service Costs Now! Save Thousands without Sacrificing Quality. Becky Dorner & Associates, Inc. Akron, OH, 2013. Available at http://www.beckydorner.com/foodservicemanagement. Accessed January 17, 2013.

Seasonal Fresh Produce

- For information on Farmer's Markets in your area, visit Nutrition.gov at http://www.nutrition.gov/shopping-cooking-meal-planning/food-shopping-and-meal-planning/farmers-markets. Accessed January 29, 2013.
- For information on local seasonal produce, visit Field to Plate's website which provides links to information in each state http://www.fieldtoplate.com/guide.php. Accessed January 29, 2013.

Gardening Resources

- For information on gardening, visit the USDA website at http://snap.nal.usda.gov/resource-library/spring-refreshers/gardening-resources or the USDA Gardening website which as helpful links to additional information http://www.usda.gov/wps/portal/usda/usdahome?navid=GARDENING&navtype=RT&parentnav=CONSUMER_CITIZEN. Accessed January 29, 2013.
- Here is an example of one of the links from the USDA Gardening website. These tip sheets from the Texas A & M AgriLife Extension on growing vegetables are extremely helpful for beginning gardeners http://aggie-horticulture.tamu.edu/vegetable/. Accessed January 29, 2013.
- These tips on vegetable and herb gardening from University of Maryland Extension are unique to the state's climate, however you may be able to find similar tips through your state's resources http://www.hgic.umd.edu/content/vegetable.cfm. Accessed January 29, 2013.

Making Mealtime Magic
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Continuing Professional Education

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Certificate for Continuing Education (CPE) Hours

Making Mealtime Magic
With Person Centered Dining

Continuing Professional Education

Instructions

This continuing professional education program has been approved for 10 continuing professional education hours for registered dietitians and dietetic technicians by the Commission on Dietetic Registration (CDR).

Carefully read the contents of this program. Keep in mind the practical applications it has for you in your individual setting. The focus is to increase your knowledge and application of the subject matter.

Read the self-assessment questionnaire thoroughly. For multiple choice questions select the *one best answer* from the choices given.

Compare your answers to the answer key provided at the end of this program. If you have answered 80% or more of the questions correctly and completed the case study, you have successfully completed this course and are eligible to sign and date the certificate included at this end of the program. If you scored less than 80%, re-read the program and re-take the self-assessment questionnaire.

The case study and essay section should be completed and kept as part of your portfolio or Professional records. (You do *not* need to send it to us). Compare your answers to the answer Key provided at the end of this program. Your answers do not have to match exactly. The answer key is meant to provide you with ideas

For Registered Dietitians and Dietetic Technicians Registered:
A certificate of completion is provided for your portfolio; please sign, date and place in your for your records after successfully completing the self-testing portion of this continuing professional education program. You do not need to submit this form to Becky Dorner & Associates, Inc. or to the Commission on Dietetic Registration (CDR).

For Certified Dietary Managers:
For continuing education credits please apply for subsequent approval directly to the Certifying Board of Dietary Managers. The subsequent approval form can be found on the Association of Nutrition and Foodservice Professionals Website (ANFP) at http://www.anfponline.org/CE/CE_forms_subsequent.shtml to request your continuing professional education credits (as required). A certificate of completion is provided at the end of this program. You do **not** need to submit this form to Becky Dorner & Associates, Inc.

Making Mealtime Magic
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Learning Objectives
After completion of this CPE program, participants will be able to:

1. Understand the reasons behind the push for culture change in health care communities
2. State 5 ways Dining Services can be improved to promote a more home-like environment
3. List three recommendations from the New Dining Practice Standards
4. Understand ways to adhere to federal regulations while at the same time providing resident choice

CDR Learning Needs Codes:
(1000) Professional Skills
(1040) Cultural Sensitivity
(1070) Leadership, Critical, and Strategic Thinking
(3040) Food Consumption, Fluid Balance
(4190) Elderly Nutrition
(5040) Longterm, Intermediate, and Assisted Living
(5050) Rehabilitation
(5100) Elderly
(5280) Nutrition Deficiencies, Failure to Thrive
(5390) Care Planning, documentation, and evaluation
(7050) Customer Focus
(7100) Institution/Regulatory Policies and Procedures
(7200) Team Building
(8000) Food Service Systems and Culinary Arts
(8050) Food Distribution and Service
(8060) Culinary Skills and Techniques

CDR Level: 2

Continuing Professional Education Reviewers:
Anna de Jesus, MBA, RD
President, Nutrition Alliance, LLC
Tempe, AZ

Kim Hofmann, RD, LD
President, Get to the Point
Akron, Ohio

Gretchen Robinson, MS, RD, LD
Dietitian Consultant, Ada, OH

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Self-Assessment Questions

1. In 2030, the population over age 65 is expected to be:
   a. 35 million
   b. 50 million
   c. 72 million
   d. 97 million

2. In the traditional nursing home model, patients were told:
   a. When to get up in the morning
   b. What time to eat their meals
   c. When to take their medication
   d. All of the above

3. According to CMS's interpretive guidelines for T-tag 325, alternative dining approaches that include more choice in meals are not acceptable for patients at nutrition risk.
   a. True
   b. False

4. How can culture change in long-term care be described?
   a. A focus on person-directed care
   b. A focus on medical systems that help treat medical conditions
   c. Encouraging patients to make informed choice
   d. Both a and c

5. A texture-modified diet has been proven to prevent aspiration in elders with dysphagia.
   a. True
   b. False

6. A basic premise of person-centered care is to:
   a. Implement systems to support resident choice
   b. Provide medications at specified times
   c. Have the Interdisciplinary Team determine the Plan of Care for each resident
   d. Have a patient adjust to the facility's mealtime routines

7. Changing the culture in long-term care facilities can bring the following benefits:
   a. Higher occupancy rate
   b. Improved quality of life
   c. Decreased staff turnover
   d. All of the above

8. F-tags that are important to consider when planning dining program include:
   a. F-325 (Nutrition)
   b. F-360 (Dietary Services)
   c. F-151 (Residents Rights)
   d. All of the above

9. What role can nursing staff play in planning dining programs?
   a. Provide input as to how changes might affect CNA staffing
   b. Make decisions about the menu
   c. Select new dishware
   d. None of the above

10. The Pioneer Network provides a variety of resources on culture change to facilities, patients, and families.
    a. True
    b. False

11. According to the New Dining Practice Standards, all decisions on therapeutic diets, texture-modified diets, and tube feedings default to the patient.
    a. True
    b. False

12. According to the New Dining Practice Standards, patients should be admitted to facilities on a therapeutic diet with adjustments made as needed.
    a. True
    b. False

13. Who should **not** be involved in the planning for culture change in your dining services?
    a. Residents
    b. CNAs
    c. Director of Nursing
    d. All of the above should be involved

14. When a patient makes risky decisions regarding their diet, how should the facility respond?
    a. Suggest they find another facility that can accommodate their needs
    b. Adjust the plan of care to honor informed choice
    c. Notify dietary staff so they can counsel the resident on dietary compliance
    d. None of the above

15. How should a facility get input about their food quality?
    a. Survey residents and families
    b. Ask staff what food they would like on the menu
    c. Spend time in the dining room talking to residents at mealtime
    d. Both a and c

16. Feeding tubes have not been shown to reduce the risk for aspiration in elders with dysphagia.
    a. True
    b. False

17. Residents have the right to refuse medical treatments.
    a. True
    b. False

18. Which of the following is not an example of a dining program that increases choice for residents:
    a. Restaurant-style menus
    b. Buffet Dining
    c. Standard menu with one item and one alternate
    d. Select menu

19. Implementing culture change in dining might result in increased food costs.
    a. True
    b. False

20. Which of the following organizations regulates care in nursing homes?
    a. The Pioneer Network
    b. Centers for Medicare and Medicaid Services
    c. Corporate owners
    d. None of the above

21. A NCS diet has a proven benefit for elders who have unstable blood sugars.
    a. True
    b. False

22. Which of the following describes family-style dining?
    a. Plate service is provided by wait staff
    b. Residents make choices off a buffet line
    c. Food is placed in serving bowls and passed around a table
    d. None of the above

23. How can a facility make sure they are in compliance with F-tag 151 (resident's rights) when a patient makes risky decisions?
    a. Educate patient on the risks of their decisions
    b. Document patient education in the medical record
    c. Change the care plan to reflect the resident's decision
    d. All of the above

24. According to one study, facilities that practice culture change have less staff turnover.
    a. True
    b. False

25. Which of the following can help assure that staff buy into changes in your dining program?
    a. Announcing a new program the day before it is unveiled
    b. Have the administrator mandate that changes will be made and staff will have to get used to them
    c. Soliciting input from all disciplines during the planning of a new program
    d. Telling the staffing coordinator to schedule more CNAs for the dining room

26. One of the goals of culture change is to provide a more homelike, less institutional environment.
    a. True
    b. False

27. When planning for culture change in dining programs, which of the following is not a consideration?
    a. Compliance to federal regulations
    b. Resident's menu choices
    c. Staff's menu choices
    d. All 3 are considerations

28. A person with cognitive problems can't make choices about food.
    a. True
    b. False

29. Which of the following is important to providing good quality food?
    a. Food that is seasoned correctly
    b. Food that is plated attractively
    c. Following recipes correctly
    d. All of the above

30. According to the Nursing Home Reform Act of 1987:
    a. Each facility should take care of a resident's physical, mental, and psychosocial well-being
    b. Each facility should provide the highest practical level of physical, mental, and psychosocial well-being for each resident
    c. A Resident has a right to self-determination
    d. All of the above

31. Improvements in the dining environment in a facility may result in weight gain in older adults.
    a. True
    b. False

32. Which of the following is true about staff in a program that emphasizes culture change?
    a. There is more staff turnover
    b. Staff is cross-trained to do whatever is necessary
    c. Staff assignments are not consistent
    d. Staff do not share ideas with management

33. The Pioneer Network believes that in order to change the culture of long-term care, changes are needed in which of the following areas:
    a. Government policy and regulation
    b. Society's attitudes toward aging and older adults
    c. Elders' attitudes toward themselves and aging
    d. All of the above

34. Which of the following is not a recommendation of the New Dining Practice Standards?
    a. When a person makes risky decisions, the plan of care should be adjusted
    b. Diet (both consistency modifications and use of a therapeutic diet) is to be determined with the person, in accordance with his/her informed goals and preferences
    c. All decisions should default to the physician
    d. There is often no clear right or wrong answer when dealing with frail older adults.

35. Which of the following are models of culture change?
    a. Eden Alternative
    b. Green House Project
    c. Wellspring Project
    d. All of the above

36. The goal of the PACE project is to keep elders in nursing homes rather than in their own homes.
    a. True
    b. False

37. When elders dine with others they have improved intake and improved nutritional status.
    a. True
    b. False

38. In 2010, how many million Americans were over the age of 65?
    a. 25 million
    b. 35 million
    c. 40 million
    d. 45 million

39. Which of the following are ways to incorporate culture change into an existing facility without having new construction?
    a. Incorporate more choice in dining
    b. Encourage residents to wake on their own schedule each morning
    c. Schedule medication passes early enough to allow for the nursing shift change
    d. A and b only.

40. What are some aspects of dietary department operations that might change with culture change:
    a. Staffing schedules may need to be adjusted
    b. Food budget may need to be increased
    c. You may need to purchase equipment
    d. All of the above

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Continuing Professional Education Question Answer Key

1. c
2. d
3. b
4. d
5. b
6. a
7. d
8. d
9. a
10. a
11. a
12. b
13. d
14. b
15. d
16. a
17. a
18. c
19. a
20. b
21. b
22. c
23. d
24. a
25. c
26. a
27. c
28. b
29. d
30. d
31. a
32. b
33. d
34. c
35. d
36. b
37. a
38. c
39. d
40. d

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These questions are for your own portfolio and records. Please do not submit essay answers to Becky Dorner and Associates for review.

What have I learned from this program?

How will I apply it to my practice?

Becky Dorner & Associates, Inc.
Continuing Professional Education
Certificate of Completion

Program Title: **Making Mealtime Magic With Person Centered Dining**

Participant Name: _____

Date Completed: _____

☐ I have read all materials and completed self-study questions as required.

Program Number: **107796**

CPEs Awarded: **10** Level: **2**

CDR Learning Codes: **1000, 1040, 1070, 3040, 4190, 5040, 5050, 5100, 5280, 5390, 7050, 7100, 7200, 8000, 8050, 8060**

CDR Accredited Provider:
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CPE Accredited Provider

Commission on Dietetic Registration
the credentialing agency for the
Academy of Nutrition and Dietetics