

Policy & Procedure Manual For Food and Nutrition Services in Healthcare Facilities



Your Premier Senior Nutrition Resource

Becky Dorner & Associates, Inc.

Becky Dorner, RDN, LD, FAND, President

www.beckydorner.com

info@beckydorner.com

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Acknowledgements

Thank you to the following professionals for their tireless effort in revising this and past editions:



Author/Editor: Becky Dorner, RDN, LD, FAND is widely-known as one of the nation's leading experts on nutrition, aging, and long-term care. An experienced speaker and extensively published author, Becky is Founder/President of Nutrition Consulting Services, Inc., whose dedicated team of RDNs and NDTRs have served health care facilities in Ohio since 1983 and currently provide food and nutrition services to approximately 100 health care facilities in two states; and Becky Dorner & Associates, Inc., which provides a broad library of credible continuing education (CE) programs and nutrition resources.

Becky's mission to improve nutrition care for older adults has inspired her to present more than 500 programs for national, international and state professional meetings in 5 countries and 50 states; host more than 140 national professional CE webinars and teleseminars since 2004; and to publish more than 300 nationally/internationally recognized health care articles, manuals and CE programs including menus/recipes, clinical manuals, self-study CE programs, inservices, and publications primarily for health professionals working with older adults. Her free email magazine keeps 35,000 health care professionals up to date on the latest news in the field.

Becky has been an active leader holding more than 20 board positions on national and state professional associations since 1984. Past positions for the Academy of Nutrition and Dietetics include the Board of Directors as Speaker-elect/Speaker/Past Speaker of the House of Delegates, Chair of the Council on Future Practice and Chair of the Dietetics in Health Care Communities DPG. She also served on the National Pressure Ulcer Advisory Panel for 10 years (6 years as a director). Honors include: Academy of Nutrition and Dietetics Medallion Award, Fellow of the Academy of Nutrition and Dietetics, and the Academy Award of Excellence in Business and Consultation.

Devoted to sharing information and teaching the next generation, Becky and her staff have been active clinical preceptors since 1982 hosting students from 6 colleges and universities in Ohio.



Contributing Editor: Liz Friedrich, MPH, RD, CSG, LDN, FAND is a Registered Dietitian and president of Friedrich Nutrition Consulting in Salisbury, NC. The company provides a variety of nutrition consulting services with a focus on gerontological nutrition.

She has co-authored numerous articles in journals and magazines, including the Academy of Nutrition and Dietetics Position Paper titled Individualized Nutrition Approaches for Older Adults in Health Care Communities (2010) and Enteral Nutrition for Older Adults in Nursing Facilities (2011).

Liz was also the Associate Director of Nutrition411.com, a respected website for dietitians, and is an evidence analyst for the Academy of Nutrition and Dietetics' Evidence Analysis Library. In 2009 Liz became Board Certified as a Specialist in Gerontological Nutrition.

Liz has served as the Delegate for the Nutrition Entrepreneurs dietetic practice group to the Academy of Nutrition and Dietetics House of Delegates, and as a volunteer for the North Carolina Dietetic Association (NCDA) and the Nutrition Entrepreneurs Dietetic Practice Group (NE DPG) in many different board positions. She is the recipient of two North Carolina Dietetic Association awards, the Recognized Young Dietitian of the Year (1991) and the Member of the Year (2000).

Acknowledgements

Reviewers:

Pam Brummit, MA, RD/LD
President/Owner, Brummit & Associates, Inc., Enid, OK

Mary Ellen Posthauer, RD, CD, LD
President, MEP Healthcare Dietary Services, Evansville, IN

Past Contributors and Reviewers:

Mary Abshire, RD, LD
President/Owner, Abshire Dietary Consultants, LLC, El Campo, TX

Anna de Jesus, MBA, RD
President, Nutrition Alliance, LLC, Tempe, AZ

Lesli Doshier, RD
Dietary Directions, Fresno, CA

Sandy Gary, MS, RD, LD
Consulting Dietitian, Nutrition Consulting Services, Inc., Akron, OH

Vicki Redovian, MA, RD, LD
Director of Operations, Nutrition Consulting Services, Inc., Akron, OH

Terri Raymond, MA, RD, LD
President, Dietitian Consulting Services, LLC, Mercer Island, WA

Brenda Richardson, MA, RD, LD, CD
Chief Operations Officer, Dietary Consultants, Inc., Salem, IN

Gretchen Robinson, MS, RD, LD, FADA
Consultant Dietitian, Ada, OH

Marolyn Steffen, RD, CD
Past Owner Steffen & Associates, Inc., Valparaiso, IN

Mary Vester-Toews, RD
President, Dietary Directions, Fresno, CA

Data Processing:

Joni Kelly, Office Manager
Nutrition Consulting Services, Inc., Dunedin, FL

Proof Reader:

Caryn Heller, RDN, LD
Nutrition Consulting Services, Inc., Dunedin, FL



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Policy & Procedure Manual

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Policy & Procedure Manual for Food and Nutrition Services in Healthcare Facilities

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Sample

Introduction

This policy and procedure manual can be used by hospitals, skilled nursing facilities, and other post-acute care facilities. Much of the language in the manual is based on *Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities: A Rule by the Centers for Medicare & Medicaid Services (CMS)* released on 10/04/2016. However, the policies, procedures, and resources can apply to a variety of acute and post-acute care facilities. When using the policies and procedures, also follow guidelines outlined by federal, state, and local authorities, including the Joint Commission and/or CMS.

The October 2016 rules issued by CMS add new language including language that:

- Designates dietary departments as “food and nutrition services” departments. This term will be used throughout this manual.
- Refers to nutrition care professionals as “qualified dietitians” (as defined below). For the purposes of this manual, the term Registered Dietitian Nutritionist (RDN) will be used most often with qualified dietitian used where appropriate.
- Allows a resident’s attending physician to delegate the task of writing dietary orders, to a qualified dietitian or other clinically qualified nutrition professional who is acting within the scope of practice as defined by State law; and is under the supervision of a physician (1). It is incumbent on each qualified dietitian that is employed in or consults in a CMS-certified facility to check with state licensure or certification laws and work within facility policies and procedures before implementing order-writing as designated by a physician. While many of the policies and procedures in this manual mention orders written by a physician or designee, it is recognized that each facility may have adopted order-writing by the qualified dietitian, as delegated by the physician and in accordance with state law.
- Refers to “residents/patients” to describe the patient population unless the information is specific to nursing homes, and then the term “resident” will be used. For purposes of this manual, the terms “individual”, “resident” and “patient” may be used interchangeably.

This manual will address policies and procedures for most aspects of the food and nutrition services department operation. Other policies and procedures (such as abuse and neglect policies, personnel policies, emergency policies, and others), are available in each facility’s general policy and procedure manual and may be inserted into this food and nutrition services policy and procedure manual as appropriate. Policies and procedures included in this manual include the following subject areas:

1. Menus and Therapeutic Diets
2. Dining/Meal Service
3. Food Production and Food Safety
4. Sanitation and Infection Control
5. Cleaning Instructions
6. Safety
7. Personnel/Training
8. Clinical Documentation
9. Anthropometrics
10. Nutrition Interventions
11. Quality Assurance and Performance Improvement
12. Disaster Planning

Purpose and Objectives of the Food and Nutrition Services Department

The purpose of the food and nutrition services department is to provide high quality, nutritious, palatable and attractive meals in a safe, sanitary manner. Food will be prepared in a form to accommodate resident/patient allergies, intolerances, and personal, religious, and cultural preferences, based on reasonable efforts. Therapeutic diets will be served as prescribed by the attending physicians or their designee.

The department will follow policies and procedures developed in accordance with local, state and federal regulations and will plan, organize, and evaluate all aspects of food and nutrition services.

Objectives of the food and nutrition services department are:

1. To provide food and drink that is nutritious, palatable, attractive, and at a safe and appetizing temperature to meet individual needs.
2. To promote optimal nutritional status of each individual through medical nutrition therapy (MNT), in accordance with written orders for nutrition care and consistent with each individual's physical, cultural, and religious needs and personal preferences.
3. To provide the highest quality food possible at a cost consistent with the facility's budget guidelines.
4. To establish standards for planning menus, preparing and serving food, and controlling food costs.
5. To periodically evaluate the work of the department for the purpose of quality assurance and performance improvement.
6. To provide the services of a RDN or designee to participate in the interdisciplinary care planning team and assure that the nutritional needs of individuals living in the facility are met.

The Director of Food and Nutrition Services:

- Directs the food and nutrition services department.
- Is ultimately responsible for assuring safe, wholesome, high quality food and resident/patient satisfaction.
- Participates in resident care planning and assists with clinical documentation in the medical record.
- Works under the supervision of the qualified dietitian.

Note: Support staff work under the supervision of the registered dietitian nutritionist (RDN). Support staff include nutrition and dietetic technicians registered (NDTR), certified dietary managers (CDM), directors of food and nutrition services, etc. The RDN may delegate certain tasks based on the scope of practice and competency level of each member of the nutrition team.

CMS Guidelines

The Centers for Medicare and Medicaid Services (CMS) Requires the Following Guidelines for Staffing in the Department of Food and Nutrition Services in Skilled Nursing Facilities (1):

Qualified Dietitian: The CMS State Operations Manual requires that the facility must employ a qualified dietitian either full time, part time, or on a consultant basis. This includes: 1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who:

- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.
- (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.
- (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.
- (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.

If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who receives frequently scheduled consultation from a qualified dietitian.

The CMS State Operations Manual states:

The Food and Nutrition Services Director must meet educational requirements as follows: For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is: (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or (D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. Source: Advanced Copy Revisions to State Operations Manual (1).

The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e) [As linked to Facility Assessment, §483.70(e), will be implemented beginning November 28, 2017 (Phase 2)].

Source: Advance Copy - Revisions to State Operations Manual (SOM), Appendix PP. Revised Regulations and Tags. November 9, 2016. Center for Medicare and Medicaid Services. Center for Clinical Standards and Quality/Survey & Certification Group. Ref: S&C 17-07-NH. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-07.pdf>. (1).

Definitions

Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN): Registered by the Commission on Dietetic Registration (CDR) of the Academy of Nutrition and Dietetics (minimum of bachelor degree in dietetics and/or nutrition with approved internship, and has passed registration exam). CDR defines registered dietitian nutritionist (RDN) as “individuals who have:

- completed the minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent;
- met current minimum academic requirements (Didactic Program in Dietetics) as approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics;
- completed a supervised practice program accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics;
- successfully completed the Registration Examination for Dietitians;
- remitted the annual registration fee;
- complied with the CDR Professional Development Portfolio (PDP) recertification requirements”

Source: Who is a Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) Commission on Dietetic Registration Web Site: <https://www.cdrnet.org/about/who-is-a-registered-dietitian-rd>. (2)

Note: The term Registered Dietitian (RD) may be used interchangeably with the term Registered Dietitian Nutritionist (RDN).

Licensed Dietitian (LD) or Licensed Dietitian Nutritionist (LDN): Licensed by the state if the state has dietetic licensure. Each state has different requirements for licensure however, most include minimum qualifications of the RDN as noted above.

Certified Dietitian (CD): Four-year degree in nutrition/dietetics or food and nutrition. Certified by the state. Each state has different requirements for certification however, most include minimum qualifications of the RDN as noted above.

Nutrition Support Staff: May include nutrition and dietetic technicians, registered (NDTR), nutrition associates (four year degree in nutrition/dietetics), certified dietary managers (CDM), directors of food and nutrition services, or other support staff.

Nutrition and Dietetics Technician, Registered (NDTR): Minimum completion of an associate degree in nutrition/dietetics. May be registered by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics (nutrition and dietetic technician, registered or NDTR – has completed a qualified internship and passed the CDR registration exam). Works under the supervision of the RDN and/or LD.

“Nutrition and Dietetics Technicians, Registered (NDTR)* or a Dietetic Technicians, Registered (DTR)* are individuals who have: completed a minimum of an Associate degree granted by a U.S. regionally accredited college or university, or foreign equivalent:

- completed a minimum of 450 supervised practice hours through a Dietetic Technician Program as accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics;
 - successfully completed the Registration Examination for Dietetic Technicians; and
 - remitted the annual registration maintenance fee; and
 - complied with the Professional Development Portfolio (PDP) recertification
- OR

Definitions

- completed the minimum of a baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent;
- met current academic requirements (Didactic Program in Dietetics) as accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics;
- successfully completed the Registration Examination for Dietetic Technicians;
- remitted the annual registration maintenance fee; and complied with the Professional Development Portfolio (PDP) recertification requirements.”

Source: Who is a Nutrition and Dietetics Technician, Registered (NDTR), or a Dietetics Technician, Registered (DTR)? Commission on Dietetics Registration Website. <https://www.cdrnet.org/about/who-is-a-dietetic-technician-registered-dtr>. (3)

Note: The term Dietetic Technician, Registered (DTR) may be used interchangeable with the term Nutrition and Dietetic Technician, Registered (NDTR).

Medical Nutrition Therapy (MNT): The Academy defines MNT as “an evidence-based application of the Nutrition Care Process that may include one or more of the following: nutrition assessment/reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation that typically results in the prevention, delay or management of diseases and/or conditions”.

Source: Academy of Nutrition and Dietetics Definitions of Terms List. Updated January, 2017. <http://www.eatrightpro.org/~media/eatrightpro%20files/practice/scope%20standards%20of%20practice/academy-definition-of-terms-list.ashx>. (4)

Nutrition Care Process: A systematic approach to providing high quality nutrition care. Use of a care process provides a framework for the RDN to individualize care, taking into account the patient/client’s needs and values and using the best evidence available to make decisions.

There are four steps in the process:

- Nutrition Assessment
- Nutrition Diagnosis
- Nutrition Intervention
- Nutrition Monitoring and Evaluation (4)

Therapeutic Diet: “A therapeutic diet is a diet intervention prescribed by a physician or other authorized non-physician practitioner that provides food or nutrients via oral, enteral and parenteral routes as part of treatment of disease or clinical conditions to modify, eliminate, decrease, or increase identified micro- and macro-nutrients in the diet”.

Source: Academy of Nutrition and Dietetics Definitions of Terms List. Updated January, 2017. <http://www.eatrightpro.org/~media/eatrightpro%20files/practice/scope%20standards%20of%20practice/academy-definition-of-terms-list.ashx>. (4)

The term therapeutic diet is used by CMS in its Resident Assessment Instrument Minimum Data Set (MDS) 3.0 for Long Term Care/Nursing Homes. CMS includes interpretive recommendations for clarifying a “supplement” and mechanically altered diets for coding purposes on the MDS:

- Therapeutic diets are not defined by the content of what is provided or when it is served, but **why** the diet is required. Therapeutic diets provide the corresponding treatment that addresses a particular disease or clinical condition, which is manifesting an altered nutritional status by providing the specific nutritional requirements to remedy the

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alteration.

- A nutritional supplement (house supplement or packaged) given as part of the treatment for a disease or clinical condition manifesting an altered nutrition status, does not constitute a therapeutic diet, but may be part of a therapeutic diet. Therefore, supplements (whether given with, in-between, or instead of meals) are only coded in K0500D, Therapeutic Diet when they are being administered as part of a therapeutic diet to manage problematic health conditions (e.g. supplement for protein-calorie malnutrition).
- A mechanically altered diet should not automatically be considered a therapeutic diet (5).

Scope of Practice:

The Academy of Nutrition and Dietetics (Academy) has adopted the statutory scope of practice definition from The Center for the Health Professions, University of California, San Francisco as follows:

“Legal scopes of practice for the health care professions establish which professionals may provide which health care services, in which settings, and under which guidelines or parameters. With few exceptions, determining scopes of practice is a state based activity. State legislatures consider and pass the practice acts, which become state statute or code. State regulatory agencies, such as medical and other health professions’ boards, implement the laws by writing and enforcing rules and regulations detailing the acts.”

Source: Dower C, Christian S, O’Neil E. Promising Scopes of Practice Models for the Health Professions. The Center for the Health Professions, University of California, San Francisco, 2007. https://www.health.ny.gov/health_care/medicaid/redesign/docs/2007-12_promising_scope_of_practice_models.pdf. (6).

References:

1. Advance Copy - Revisions to State Operations Manual (SOM), Appendix PP. Revised Regulations and Tags. November 9, 2016. Center for Medicare and Medicaid Services. Center for Clinical Standards and Quality/Survey & Certification Group. Ref: S&C 17-07-NH. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-07.pdf>. Accessed June 13, 2017.
2. Who is a Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) Commission on Dietetic Registration Web Site: <https://www.cdrnet.org/about/who-is-a-registered-dietitian-rd>. Accessed June 13, 2017.
3. Who is a Nutrition and Dietetics Technician, Registered (NDTR), or a Dietetics Technician, Registered (DTR)? Commission on Dietetics Registration Website. <https://www.cdrnet.org/about/who-is-a-dietetic-technician-registered-dtr>. Accessed June 13, 2017.
4. Academy of Nutrition and Dietetics Definitions of Terms List. Updated January, 2017. <http://www.eatrightpro.org/~media/eatrightpro%20files/practice/scope%20standards%20of%20practice/academydefinitionoftermslist.ashx>. Accessed June 13, 2017.
5. Centers for Medicare and Medicaid Services. MDS 3.0 RAI Manual, Chapter 3, Section K: Swallowing/Nutritional Status.) <https://downloads.cms.gov/files/MDS-30-RAI-Manual-V114-October-2016.pdf>. Accessed June 13, 2017.
6. Dower C, Christian S, O’Neil E. Promising Scopes of Practice Models for the Health Professions. The Center for the Health Professions, University of California, San Francisco, 2007. https://www.health.ny.gov/health_care/medicaid/redesign/docs/2007-12_promising_scope_of_practice_models.pdf. Accessed June 13, 2017.

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. Based on a facility's reasonable efforts, menus should reflect the religious, cultural, and ethnic needs of the patient/resident population, as well as input received from residents and resident groups.

Procedure:

1. Menu planning will be completed by the facility at least 2 weeks in advance of service and menus 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 will be 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 for patients/residents. (See *Sample Menu Shells* later in this chapter.)
2. Menus will be written using an accepted, standard meal planning guide, such as the USDA Choose MyPlate. Menus will 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 will be offered, one of which includes high quality protein. The meal will contain no less than 20% of the day's total nutritional requirements. If there are more than 14 hours between the evening meal and breakfast the following day, a nourishing snack will be 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 of the snack, and verbalize satisfaction with the snack.
3. Regular and therapeutic menus will be written by the facility's food and nutrition professional in accordance with the facility's approved diet manual, or purchased from an approved vendor. The registered dietitian nutritionist (RDN) or designee will approve all menus.
4. Menus will be posted in areas, and at heights where all individuals can easily view them.
5. Temporary changes in the menu will be noted on the menu substitution sheets and posted for the staff's benefit. (See *Sample Menu Substitution Sheet* later in this chapter.) The RDN or designee will approve all permanent menu changes.
6. Significant information and/or response to each individual's diet will be recorded in the medical record and/or care plan. For example: "Mr. Jones refuses breakfast but will eat a sandwich and juice at 10 a.m."

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