

Becky Dorner & Associates Consulting Staff Call
September 13, 2018

1. Highlights from recent Brenda Richardson seminar “Food, Nutrition, & Dining...The New LTC Survey Process for Dietitians & Dietary Managers”.

- Confirms a member of Food & Nutrition Services does not need to attend POC meetings by regulation.
- 48 hour baseline POC: diet order needs to be included in 48 hour baseline plan of care upon admission.
- **F802** – Sufficient Dietary Support Personnel – suggests having written competencies for dietary staff.
- **F812 & F813** – *Expiration dates vs. Use by dates* – suggests helping surveyors understand the difference in effort to avoid food waste.

- ***A “Best if Used By/Before” indicates when a product will be of best flavor or quality. It is not a purchase or safety date.***
- ***A “Sell-By” date tells the store how long to display the product for sale for inventory management. It is not a safety date.***
- ***A “Use-By” date is the last date recommended for the use of the product while at peak quality. It is not a safety date except for when used on infant formula as described below.***
- ***Date Labeling and Impact on Food Waste***
Confusion over the meaning of dates applied to food products can result in consumers discarding wholesome food.

In an effort to reduce food waste, it is important that consumers understand that the dates applied to food are for quality and not for safety. Food products are safe to consume past the date on the label, and regardless of the date, consumers should evaluate the quality of the food product prior to its consumption.

- ***What Date-Labeling Phrase does FSIS Recommend?***

USDA estimates food loss and waste at 30 percent of the food supply lost or wasted at the retail and consumer levels². One source of food waste arises from consumers or retailers throwing away wholesome food because of confusion about the meaning of dates displayed on the label. To reduce consumer confusion and wasted food, FSIS recommends that food manufacturers and retailers that apply product dating use a “Best if Used By” date. Research shows that this phrase conveys to consumers that the product will be of best quality if used by the calendar date shown. Foods not exhibiting signs of spoilage should be wholesome and may be sold, purchased, donated and consumed beyond the labeled “Best if Used By” date.

<https://www.fsis.usda.gov/wps/portal/fsis/home>

- **“Food Keeper App” by USDA**
- Hand hygiene with passing trays – only need to wash hands between trays if contaminated.

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- **Personal Food Policy** – suggests including facility policy in admission packet or info at nursing station re: basic food safety to educate residents and families.
<https://www.beckydorner.com/wp-content/uploads/2018/05/PersonalFoodStorage-3271.pdf>
- Suggested to ask to see the “Facility Assessment”
<https://qioprogram.org/facility-assessment-tool>
- Per “Matrix Instructions for Providers:
Excessive Weight Loss without Prescribed Weight Loss program: Resident(s) with an unintended (not on a prescribed weight loss program) weight loss > 5% within the past 30 days or >10% within the past 180 days. **Exclude residents receiving hospice services.**
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
- **CMS Critical Element Pathways** – can be used when completing audits and reviews at facilities. <https://www.beckydorner.com/tips-resources/regulatory/>
- **Diagnosing Malnutrition: “Diminished functional status as measured by hand grip strength (strong research; cost effective)** – suggest shaking resident’s hand when you meet them for hand grip strength.
(White J, *J Acad Nutr Diet* 2012; 112:730-730)

2. F715 Physician Services

Order writing policy

<https://www.beckydorner.com/regulationssurvey-process/>

3. OALA updates:

OALA Update June 14, 2018

Can we leave composting bins with food scraps, etc., in covered, secured bins in our kitchen until they are collected by the composting agency?

ODH responded that the food scrap covered bins could not be kept in the kitchen, but would have to be taken outside and appropriately stored for pickup as other waste. OAC 3701-16-15 (B) Each residential care facility shall maintain a clean, healthy environment by at minimum: ... (2) Providing durable garbage and refuse receptacles to accommodate waste. The residential care facility shall store all garbage and other refuse in leakproof containers with tight fitting covers until time of disposal, and dispose all waste in a satisfactory manner; and ...

OALA Update June 28, 2018

Do items need to be kept 18 inches below the ceiling... or is it 18 inches from the sprinkler heads?

The Ohio Fire Code says "18 inches below sprinkler head deflectors". See OAC 1301:7-7-03 O(3)a

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(O) Section 315 General storage...(3) 315.3 Storage in buildings. Storage of materials in buildings shall be orderly and stacks shall be stable...

(a) 315.3.1 Ceiling clearance. Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457 mm) below sprinkler head deflectors in sprinklered areas of buildings.

<http://codes.ohio.gov/oac/1301:7-7-03v1>

OALA Update Aug. 10, 2018

Are dining assistants required in RCFs if someone needs help with eating?

No. Assistance with eating is defined as a personal care service in RCFs OAC 3701-16-01 (Z) under activities of daily living. Eating is defined as an activity of daily living in OAC 3701-16-01 (B). There is no definition of a dining assistant in RCF rules as in nursing home rules (dining assistant, OAC 3701-17-07.2). RCF care staff assisting residents with eating, for example, cutting items, holding utensils – or simply encouraging residents to eat – need to have training as appropriate, including recognition of distress and/or choking and what actions to take. As mentioned in an earlier update, the new RCF rules ask more in relation to eating in the resident health assessment than the previous rules, for example, “need for any adaptive equipment, and needs for assistance and supervision of meals” OAC 3701-16-08. Additionally, ODH seems to be taking a closer look based on this requirement at staff available in the dining room.

OALA Update Aug. 30, 2018

When are you required to have a dietitian in a licensed RCF?

There is not one “overall” requirement for all RCFs to have a dietitian. Instead, the requirement is based on what dietary services individual RCFs choose to provide. If you provide 3 meals then OAC 3701-16-10 (B)...The meals shall be capable of providing the dietary referenced intake of the "Food and Nutrition Board" of the "National Academy of Science", be based on a standard meal planning guide from a diet manual published by a dietitian, approved by a dietitian, or both...

If you only prepare special diets, then you can use a resident’s physician or a dietitian.

OAC 3701-16-10 (I) Each residential care facility that elects to prepare special diets shall:

- (1) Prepare and provide the special diets in accordance with the orders of a physician or other licensed health professional acting within their scope of practice, or a dietitian; and*
- (2) Adjust special diet menus as ordered by the resident's attending physician or other licensed health professional acting within their scope of practice, or a dietitian.*

Special Diets (a “carve out from therapeutic diets”) are defined as:

OAC 3701-16-01(KK)"Special diets" means a therapeutic diet limited to: (1) Nutrient adjusted diets, including high protein, no added salt, and no concentrated sweets 7 (2) Volume adjusted diets, including small, medium and large portions; (3) The use of finger foods or bite-sized pieces for a resident's physical needs; or (4) Mechanically altered food. Ordered diets outside of these special diets must be supervised.

If you supervise therapeutic diets, then you need a dietitian.

OAC 3701-16-10 (J) Each residential care facility which elects to supervise therapeutic diets shall make available three daily meals in accordance with paragraph (B) of this rule

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and provide or arrange for a dietitian to plan, direct and implement dietary services that meet the residents' nutritional needs and comply with the requirements of this rule and for residents on therapeutic diets on an ongoing basis: (1) Determine that the diet ordered is appropriate according to the resident's individual nutritional assessment; (2) Monitor the resident's nutritional intake and acceptance of the diet; (3) Evaluate the home's compliance in the provision of the diet; and (4) Adjust nutritional assessments and diets as needed. (K) If required by paragraph (J) of this rules, the dietitian shall oversee, monitor and assist in the training of food service staff in the preparation and serving of foods for therapeutic diets and consult quarterly with the food service staff. Trained unlicensed staff, including the dietary manager, may perform routine tasks that: (1) May be assigned pursuant to Chapter 4759. of the Revised Code and this rule; and (2) Do not require professional judgment or knowledge.

Additionally, if you provide enteral tube feedings you need a dietitian.

OAC 3701-16-09.1 (C) In addition to the requirements of paragraphs (A) and (B) of this rule, each residential care facility that provides enteral tube feedings on a part-time intermittent basis shall: (1) Establish in writing the types of enteral tube feedings that are routinely managed by the facility. The determination of the types of enteral tube feedings that are provided by the facility shall be based on staff education, staff competence, the amount of staff experience with the listed types of enteral tube feedings, and support services available in the facility; 3 (2) Develop and follow policies and procedures which assure that enteral tube feedings are prepared and offered as ordered and that sanitary conditions are maintained in procurement, storage, preparation, and the administration of the enteral tube feedings; (3) Document the weight of the resident and the resident's acceptance and tolerance of the enteral tube feedings in accordance with policies and procedures developed by the dietitian and the nurse responsible for the overall nursing care of the resident; and (4) Provide or arrange for a dietitian.

Or in the case of hospice residents, either the hospice program plans the diet or you need a dietitian.

OAC 3701-16-10 (M) A hospice patient's diet shall be planned by a dietitian, the hospice program, or both, as appropriate for that individual.

While the above rule references list the specific requirements for a dietitian in a licensed RCF, an individual RCF, per company policy can utilize a dietitian as they deem appropriate. You must disclose in your resident agreement what type of dietary services you provide in terms of the number of meals (none, one, two or three) and what types of ordered diets you either prepare or supervise. For example, if you only prepare special diets, the resident agreement needs to indicate that, or if you are willing to supervise other ordered diets then it needs to indicate that.