

# **Policy & Procedure Manual**

## **Food and Nutrition Services in Healthcare Facilities**



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# Policy & Procedure Manual

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_____ Director of Nursing	_____ Date
_____ Director of Food and Nutrition	_____ Date
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# Policy & Procedure Manual

## Table of Contents

License Agreement and Restrictions _____	ii
Acknowledgements _____	iii
Approval Form _____	v
Introduction _____	xiv
<b>Chapter 1: Menus and Therapeutic Diets</b>	
Menu Planning _____	1-1
Sample Menu Shell for Menu Overview _____	1-3
Sample Menu Shell for Diet Extensions _____	1-4
Sample Production Sheet _____	1-5
Select Menus _____	1-6
Standardized Recipes _____	1-7
Menu Substitutions _____	1-8
Menu Substitution Lists _____	1-9
Sample Menu Substitution Sheet _____	1-11
Diet/Nutrition Care Manual _____	1-12
Transmission of Diet Orders _____	1-13
Therapeutic Diets _____	1-14
Right to Refuse a Diet _____	1-15
Diets Available on the Menu _____	1-16
Sample Diet Order Form _____	1-17
Diet Order Form _____	1-18
Diet Order Audit _____	1-19
Sample Diet Order Audit Form _____	1-20
Sample Nutrition Supplement Audit Form _____	1-21
Sample Weekly Diet Census Sheet _____	1-22
Patient/Resident Making Choices That Are In Conflict With The Diet Order _____	1-23
Use of Salt Substitute _____	1-24
Food Replacement for Individuals with Diabetes _____	1-25
Renal Diets _____	1-26
Texture and Consistency-Modified Diets _____	1-27
Altered Portions _____	1-28
Festivity Foods or Diet Holiday _____	1-29
Food and Beverages for Activities _____	1-30
Clear Liquid and Full Liquid Diet _____	1-31
NPO Diet Orders (Nothing by Mouth) _____	1-32
Resident's Choice Meals in Nursing Facilities _____	1-33
<b>Chapter 2: Dining/Meal Service</b>	
The Dining Experience: Staff Responsibilities _____	2-1
The Dining Experience _____	2-2
The Person Centered Dining Approach _____	2-4
Resource: Traits of Great Person Centered Service _____	2-5
Customer Service _____	2-6
Dining Room Service _____	2-7
Dining Atmosphere _____	2-8
Serving the Meal _____	2-9
Service Staff _____	2-10
Handling Customer Concerns _____	2-11

# Policy & Procedure Manual

Sample Dining Satisfaction Form	2-12
Sample Dining Satisfaction Meal Evaluation Form	2-13
Table Setting	2-14
Condiments, Food Baskets and Food Items at the Table	2-15
Restaurant Style Dining	2-16
Family Style Dining	2-17
Buffet Style Dining	2-18
Open Style Dining	2-20
In-Room Dining (Room Service)	2-21
24 Hour Dining	2-22
Special Occasions – Holiday and Theme Meals	2-23
Paid Feeding Assistants (Nursing Facilities)	2-24
Timely Meal Service	2-26
Meal Times and Frequency	2-27
Early and Late Meals	2-28
Select Menus	2-29
Meal Identification and Preference Cards/Tickets	2-31
Offering Food Replacements at Meal Times	2-32
Resource: Sample Available Food Replacements	2-33
Displaying the Menu	2-35
Accuracy and Quality of Tray Line Service	2-36
Portion Control	2-37
Adaptive (Assistive) Eating Devices	2-38
Meal Observation	2-39
Following the Meal Service	2-40
Packed Meals Available for Transport	2-41
Pets	2-42
Leave of Absence	2-43
Guest Meals	2-44
Food Availability	2-45
Nourishments and Supplements	2-46
Sample Nourishments and Supplements Form	2-47

## Chapter 3: Food Production and Food Safety

Hours of Operation	3-1
Director of Food and Nutrition Services Responsibilities	3-2
Inventory and Cost Control	3-3
HACCP and Food Safety	3-4
Resource: Foodborne Illness Basics	3-5
Resource: Critical Control Points	3-7
Resource: Foodborne Illnesses - What You Need to Know	3-8
Resource: Pathogenic Microorganisms and Strategies for Their Control	3-11
Resource: CCP Decision Tree Table	3-12
HACCP Principles	3-13
Resource: Sample HACCP Recipe	3-15
Resource: Flow Chart	3-16
General HACCP Guidelines for Food Safety	3-17
Food Procurement and Facility Gardens	3-20
Accepting Food Deliveries	3-21
Food Storage	3-22
Sample Freezer and Refrigerator Temperatures Form 1	3-24
Sample Freezer and Refrigerator Temperatures Form 2	3-25

# Policy & Procedure Manual

General Food Preparation and Handling _____	3-26
Meat and Vegetable Preparation _____	3-28
Food Temperatures _____	3-29
Resource: Critical Temperatures for Safe Food Handling _____	3-30
Resource: Taking Accurate Temperatures _____	3-31
Resource: Minimum Cooking, Holding and Reheating Temperatures _____	3-33
Sample Food Temperatures Form _____	3-35
Sample Critical Control Point Documentation Form _____	3-36
Handling Cold Foods for Trayline _____	3-37
Taste Tasting _____	3-38
Use of Leftovers _____	3-39
Food Allergies _____	3-40
Food Brought in from Outside Sources and Personal Food Storage _____	3-42
Resource: Food Safety for Your Loved One _____	3-43
Providing Food and Supplies for Other Departments _____	3-44
Sample Special Events Food/M meal Form _____	3-45
Floor Stock _____	3-46
Sample Floor Stock Supply Form _____	3-47
Food and Nutrition Services Problems/Referral to the Director of Food and Nutrition Services _____	3-48
Reporting a Foodborne Illness (FBI) _____	3-49
Food Safety: Preventing Burns _____	3-51
Food Safety: Ice _____	3-52

## **Chapter 4: Sanitation and Infection Control**

Food Safety and Sanitation _____	4-1
Food Safety – Director of Food and Nutrition Services’ Responsibility _____	4-3
Employee Sanitary Practices _____	4-4
Authorized Personnel in Food Service Department _____	4-5
General Sanitation of Kitchen _____	4-6
Personal Hygiene and Health Reporting _____	4-7
Hand Washing _____	4-8
Hand Antiseptic _____	4-9
Bare Hand Contact with Food and Use of Plastic Gloves _____	4-10
Cleaning Dishes/Dish Machine _____	4-11
Resource: Sanitation of Dishes/Dish Machine _____	4-12
Dish Machine Temperature Log _____	4-13
Sample Dish Machine Temperature and Sanitizer Log Form _____	4-14
Resource: Dish Machine Problems and Solutions _____	4-15
Maintenance of Dish Machine _____	4-16
Cleaning Dishes - Manual Dishwashing _____	4-17
Resource: Sanitation of Dishes/Manual Washing _____	4-18
Handling Clean Equipment and Utensils _____	4-19
Bedside Water Containers _____	4-20
Dry Storage Areas _____	4-21
Production, Storage and Dispensing of Ice _____	4-22
Isolation Meals _____	4-23
Clean-up Procedures for Vomit/Fecal Accidents _____	4-25
Kitchen Cloths _____	4-27
Waste Disposal _____	4-28
Pest Control _____	4-29

# Policy & Procedure Manual

## Chapter 5: Cleaning Instructions

Cleaning and Sanitation of Dining and Food Service Areas _____	5-1
Sample Cleaning Schedule _____	5-2
Sample Daily Cleaning Schedule Form _____	5-3
Sample Weekly Cleaning Schedule Form _____	5-4
Sample Monthly Cleaning Schedule Form _____	5-5
Resource: Infection Control Cleaning Agents _____	5-6
Safety Data Sheets _____	5-7
Cleaning Instructions	
Broilers _____	5-8
Cabinets and Drawers _____	5-9
Can Opener _____	5-10
Cloths, Pads, Mops and Buckets _____	5-11
Coffee, Beverage, Juice, Frozen Yogurt or Ice Cream Machines _____	5-12
Counter Space _____	5-13
Cutting Boards _____	5-14
Floors, Tables and Chairs _____	5-15
Food Carts _____	5-16
Food Preparation Appliances _____	5-17
Freezers _____	5-18
Fryers _____	5-19
Garbage Disposals _____	5-20
Hoods and Filters _____	5-21
Ice Machine and Equipment _____	5-22
Microwave Oven _____	5-23
Ovens _____	5-24
Ranges/Griddles _____	5-25
Refrigerators _____	5-26
Slicers _____	5-27
Steam Tables _____	5-28
Toasters _____	5-29

## Chapter 6: Safety

Safety Guidelines _____	6-1
Safe Water Temperatures _____	6-2
Safety in Food Preparation _____	6-3
Equipment Safety _____	6-4
Knife Safety _____	6-5
Dishware and Glassware Safety _____	6-6
Dish Clearing and Cleaning Safety _____	6-7
Receiving and Storage Safety _____	6-8
Lifting Techniques _____	6-9
Floor Safety _____	6-10
Fire Prevention _____	6-11
Fire Plan for Food and Nutrition Services Department _____	6-12
Resource: How to Contain Food and Nutrition Services Department Fires _____	6-13
Resource: Helpful Fire Safety Information _____	6-14
Facility Specific Policy and Procedure for Fires _____	6-16
Resource: Emergency First Aid _____	6-17
Emergency Eye Wash _____	6-18
Accident/Incident Report _____	6-20
Equipment Malfunctions and Repairs _____	6-22

# Policy & Procedure Manual

## Chapter 7: Personnel/Training

Personnel - General	7-1
Director of Food and Nutrition Services	7-2
Line of Authority	7-4
Staffing the Food and Nutrition Services Department	7-5
Facility Personnel Forms/Policies	7-6
Sample Interview Questions	7-7
Training/Orientation	7-8
Nursing Homes: Resident's Rights Training	7-10
Hospitals: Patient's Rights Training	7-10
Facility-Wide Inservice Training	7-12
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	7-13
Sample Training/Orientation Form	7-15
Resource: Facilitating Adult Learning	7-16
Inservice Training	7-17
Resource: Inservice Training	7-18
Sample Inservice Training Report Form	7-19
Sample Inservice Sign In Form	7-20
Evaluating Food and Nutrition Services and Clinical Nutrition Personnel	7-21
Employee Evaluation Forms	7-22
Sample Vacation/Leave Request Form	7-23
Sample Employee Request for Leave Form	7-24
Employee Vacation Request and Request for Leave Forms	7-25

## Chapter 8: Clinical Documentation

Right to Deviate from Clinical Policy and Procedure	8-1
Philosophy and Standards of Clinical Care	8-2
Documenting in the Medical Record	8-3
Diet History	8-4
Sample Food Preferences Form	8-5
Alternate Foods	8-6
System for Recording Food Preferences	8-7
Food Preference Form and/or Meal Identification Card	8-8
Recording Percent of Meal Consumed	8-9
Alternate Meal Recording System	8-10
Sample Food Intake Record/Total Meal Percentage Form	8-11
Sample Food Intake Record/Point System Form	8-12
Food Intake Record	8-13
Nutrient Intake Study	8-14
Sample Food Intake Study Form	8-15
Individuals Who Do Not Drink Milk	8-16
Nutrition Screening for Referrals to the Registered Dietitian Nutritionist	8-17
Referrals to the Registered Dietitian Nutritionist	8-19
Sample Referrals for Registered Dietitian Nutritionist Form (1)	8-20
Sample Referrals for Registered Dietitian Nutritionist Form (2)	8-21
Sample Letter to Physician	8-22
Sample Physician Communication Mini Nutritional Assessment® Report for Malnutrition	8-23
Medical Nutrition Therapy Documentation	8-24
Resource: Role Delineation (Division of Responsibility for Documentation)	8-27
Comprehensive Medical Nutrition Therapy Assessment	8-29
Resource: Medical Nutrition Therapy Assessment: Components of a Comprehensive Assessment	8-32

# Policy & Procedure Manual

Resource: Nutrition-Focused Physical Examination/Assessment _____	8-35
Comprehensive Care Plan _____	8-38
Resource: Weight-Related Nutrition Interventions _____	8-41
Medical Nutrition Therapy Documentation Forms _____	8-44
Medical Nutrition Therapy Recommendations _____	8-45
Sample Nutrition Recommendations Form _____	8-46
Communication of Nutritional Concerns _____	8-47
Order Writing Privileges for Clinically Qualified Nutrition Professional _____	8-48
Sample Order Writing Privileges for Clinically Qualified Nutrition Professional Policy and Procedure Approval Form _____	8-50

## Chapter 9: Anthropometrics

Obtaining Accurate Heights _____	9-1
Resource: How to Obtain Accurate Heights _____	9-1
Obtaining Accurate Weights _____	9-2
Resource: How to Obtain Accurate Weights _____	9-3
Resource: Height/Weight Tables for Determining Body Weight Ranges _____	9-4
Adjusting Weights for Amputees _____	9-5
Measurements for Those Who Cannot be Weighed _____	9-6
Sample Measurements Tracking for Individuals Who Cannot be Weighed Form _____	9-8
Determining Body Mass Index _____	9-9
Resource: Significant Weight Change _____	9-11
Tracking Weight Changes _____	9-12
Sample Monthly Weight Record Form _____	9-13
Sample Individual Weight Chart Form _____	9-14
Sample Weekly Weight Record Form _____	9-15
Sample Significant Weight Changes Form _____	9-16
Sample Weight Change Notification and Recommendations Form _____	9-17
Sample Significant Weight Loss Form _____	9-18
Immediate Temporary Interventions for Unintended Significant Weight Loss _____	9-19
Significant Weight Loss _____	9-20
Significant Weight Gain _____	9-23

## Chapter 10: Nutrition Interventions

Nutrition at Risk Committee (or Weight Intervention and Nutrition Support Committee) _____	10-1
Interventions for Unintended Weight Loss _____	10-2
Resource: Potential Interventions for Unintended Weight Loss in Older Adults _____	10-3
High Calorie/High Protein Supplements _____	10-5
Supplement Formulary _____	10-6
Dehydration _____	10-7
Fluids at the Bedside _____	10-8
Encourage Fluids Order _____	10-9
Fluid Restrictions and Sample Distribution of Fluids _____	10-10
Pressure Injuries _____	10-11
Individuals on Unsupplemented Clear Liquids or NPO _____	10-13
Dysphagia _____	10-14
EAT-10 Swallowing Screening Tool _____	10-15
Implementation of the International Dysphagia Diet Standardisation Initiative _____	10-16
Sample Letter to Physician and/or Clinicians Ordering Consistency Modified Diets _____	10-18
Thickened Liquids _____	10-19
End of Life Decisions _____	10-20
Sample Decline of Life-Prolonging Procedures and Treatments Form _____	10-21

# Policy & Procedure Manual

Guidelines for Enteral Feeding Eligibility _____	10-22
Enteral Nutrition Care _____	10-23
Basic Guidelines for Enteral Feeding _____	10-25
Documentation for Enteral Feeding _____	10-26
Transitioning from Enteral Feedings to Oral Feedings _____	10-27
Enteral Feedings _____	10-28
Parenteral Nutrition _____	10-29
Food-Medication Interactions _____	10-31
Education for Food-Medication Interactions _____	10-32

## Chapter 11: Quality Assurance and Performance Improvement

Quality Assurance and Performance Improvement (QAPI) _____	11-1
Sample Quality Assurance and Performance Improvement Goal Worksheet _____	11-2
Sample Facility Goals Form _____	11-3
Sample Monthly QAPI Reports Form _____	11-4
Sanitation Audit _____	11-6
Sample Sanitation Audit Form 1 _____	11-7
Sanitation Audit Sample Form 2 _____	11-9
Sanitation Audit Form _____	11-13
Meal Preparation and Service Audit _____	11-14
Sample Meal Preparation and Service Audit Form _____	11-15
Tray Line Audit _____	11-17
Sample Tray Line Audit Form _____	11-18
Meal Round Audit _____	11-19
Sample Meal Round Audit Form _____	11-20
Food Satisfaction Audit _____	11-22
Sample Food Satisfaction Questionnaire Form _____	11-23
Test Meal/Tray Audit _____	11-24
Sample Test Meal/Tray Audit Form _____	11-25
Medical Record and Documentation Audit _____	11-26
Sample Chart Audit Form _____	11-28
Sample Diet Order Audit Form _____	11-29
Sample Supplements/Nourishments Audit Form _____	11-30
Sample In-Depth Documentation Audit Form _____	11-31
Oral Nutritional Supplement (ONS)/Snack Audit _____	11-32
Sample Oral Nutritional Supplement/Snack Audit Form _____	11-33
Sample Oral Nutrition Supplement/Snack Pass Audit Form _____	11-34
Audit to Assess Quality of Nutrition Care Provided _____	11-35
Resource: Audit to Assess Quality of Care Provided _____	11-36
Guide to Developing Facility's Annual Quality Assurance and Performance Improvement Plan _____	11-39
Sample Quality Assurance and Performance Improvement Plan for Unintended Weight Loss (UWL) _____	11-40

## Chapter 12: Disaster Planning

Emergency and Disaster Planning _____	12-1
Back-up for Electronic Files _____	12-4
Employee Training _____	12-5
Resource: Food and Nutrition Services Disaster Plan _____	12-7
Coordination of Emergency and Disaster Plan _____	12-9
Sample Disaster Responsibilities and Assignments Form _____	12-10
Sample Letter of Intent for Provision of Emergency Supplies _____	12-11

# Policy & Procedure Manual

Emergency Contact Information _____	12-12
Emergency Contacts _____	12-13
Sample Medical Nutrition Therapy Information Form _____	12-14
Sample Location of Needed Items and Information During a Disaster Form _____	12-15
Water Requirements _____	12-16
Sources of Water During an Emergency _____	12-18
Water Purification _____	12-19
Resource: Non-Perishable Foods List for Emergency Supply _____	12-21
Resource: Emergency Menu and Supplies _____	12-23
Resource: Emergency Plan Special Diets Conversion Table _____	12-24
Sample Menu Shell _____	12-25
Suggested Emergency Menu Pattern _____	12-26
Suggested Serving Sizes for Starch Portions for Diabetic Diets _____	12-27
Day 1 Emergency Meal Plan – Assumes No Utilities _____	12-28
Day 2 Emergency Meal Plan – Assumes No Utilities _____	12-29
Day 3 Emergency Meal Plan – Assumes No Utilities _____	12-30
Hand Washing During a Disaster _____	12-31
Dishwashing Without Electricity _____	12-32
Resource: General Disaster Supplies _____	12-33
Internal Policies _____	12-35
Resource: Fire Prevention Plan _____	12-36
Disaster Resources _____	12-37
References and Resources _____	13-1

## Flash Drive

Customizable Policy and Procedure Word Files  
Sample Job Descriptions, Work Schedules and Competency Checklists for the Food and Nutrition Services Department

# Policy & Procedure Manual

## 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, and subsequent updates in November of 2017. 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 “patients/residents” 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. This manual can serve as a companion piece to the Becky Dorner & Associates *Diet and Nutrition Care Manual*, which provides resources to support many of the policies and procedures included. Visit [www.beckydorner.com](http://www.beckydorner.com) for details. 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

The accompanying flash drive contains additional resources including CS forms, sample job descriptions and work schedules and more (see the table of contents for details).

# Policy & Procedure Manual

## 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 patient/resident 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 to:

1. Provide food and drink that is nutritious, palatable, attractive, and at a safe and appetizing temperature to meet individual needs.
2. 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. Provide the highest quality food possible at a cost consistent with the facility's budget guidelines.
4. Establish standards for planning menus, preparing and serving food, and controlling food costs.
5. Periodically evaluate the work of the department for the purpose of quality assurance and performance improvement.
6. 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 patient/resident satisfaction.
- Participates in resident care planning and assists with clinical documentation in the medical record (nursing facilities).
- 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 dietetics 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.

# Policy & Procedure Manual

## 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" (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)].

# Policy & Procedure Manual

## Definitions

**Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) (2):** Registered by the Commission on Dietetic Registration (CDR) of the Academy of Nutrition and Dietetics (minimum of bachelor's 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

**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 dietetics technician, 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) (3):** 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 dietetics 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 Technician, Registered (NDTR)\* or a Dietetic Technician, 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
- Remitted the annual registration maintenance fee
- Complied with the Professional Development Portfolio (PDP) recertification  
OR
- Completed the minimum of a baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent

## Policy & Procedure Manual

- 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.”

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

**Medical Nutrition Therapy (MNT) (4):** 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”.

**Nutrition Care Process (4):** 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”.

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 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 (5):

# Policy & Procedure Manual

“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” (6).

## References:

1. Center for Medicare and Medicaid Services. State Operations Manual (SOM), Appendix PP. Revised Regulations and Tags. November 28, 2017. Available at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-07.pdf>. Accessed February 26, 2019.
2. Who is a Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) Commission on Dietetic Registration Web Site: <https://www.cdrnet.org/pub/search.cfm?keyword=Who+is+a+registered+dietitian%3F>. Accessed February 26, 2019.
3. Nutrition and Dietetics Technician Registered Fact Sheet. Accreditation Council for Education in Nutrition and Dietetics web site. <https://www.eatrightpro.org/acend/students-and-advancing-education/information-for-students/nutrition-and-dietetic-technician-registered-fact-sheet>. Accessed February 26, 2019.
4. Academy of Nutrition and Dietetics Definitions of Terms List. Updated June, 2017. <https://www.eatrightpro.org/-/media/eatrightpro-files/practice/scope-standards-of-practice/academydefinitionoftermslist.pdf>. Accessed February 26, 2019.
5. Centers for Medicare and Medicaid Services. MDS 3.0 RAI Manual, Chapter 3, Section K: Swallowing/Nutritional Status.) <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>. Accessed February 26, 2019.
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](https://www.health.ny.gov/health_care/medicaid/redesign/docs/2007-12_promising_scope_of_practice_models.pdf). Accessed February 26, 2019.

# Policy & Procedure Manual

## Menu Planning

### Policy:

Nutritional needs of individuals will be provided in accordance with the established national standards 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 population served, as well as input received from individuals and 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.
  - a. 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.
  - b. 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.
  - a. Menus will include at least three meals daily at regular times comparable to the normal mealtimes in the community or in accordance with the individual's needs and preferences.
  - b. A substantial evening meal consisting of three or more menu items will be offered, one of which includes high quality protein.
  - c. The meal will contain no less than 20% of the day's total nutritional requirements.
  - d. 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. For nursing facilities, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a patient/resident group agrees to this plan.
3. Individuals who prefer to eat at non-traditional times or outside of scheduled meal times will be offered suitable nourishing alternative meals, consistent with the individual's care plan.
  - a. Suitable and nourishing alternative meals or snacks are of similar nutritive value as the meals or snacks normally scheduled and are consistent with the individual's care plan.
  - b. 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."
4. 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.

## Policy & Procedure Manual

5. Menus will be posted in areas that are accessible to patients/residents, and at heights where all individuals can easily view them.
6. Temporary changes in the menu will be noted on the menu substitution sheets and posted so that facility staff is aware of changes. (See *Sample Menu Substitution Sheet* later in this chapter.) The RDN or designee will approve all permanent menu changes.

**Note:** Support staff work under the supervision of the registered dietitian nutritionist (RDN). Support staff includes the nutrition and dietetics technician, registered (NDTR), certified dietary manager (CDM), director 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.

Sample