

# **Policy & Procedure Manual**

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



### **Becky Dorner & Associates, Inc.**

Becky Dorner, RDN, LD, FAND, President

[www.beckydorner.com](http://www.beckydorner.com)

[info@beckydorner.com](mailto:info@beckydorner.com)

# Policy & Procedure Manual

## License Agreement and Restrictions

**READ THE FOLLOWING TERMS AND CONDITIONS BEFORE USING THIS MANUAL/CD-ROM OR ELECTRONIC VERSIONS. USING THIS MATERIAL INDICATES YOUR ACCEPTANCE OF THESE TERMS.**

**LICENSE.** The materials that are the subject of this Agreement (hereinafter referred to as the “Licensed Materials”) shall consist of printed materials, electronic information, audio or video/DVD information or published information in any form by Becky Dorner & Associates, Inc. (hereinafter referred to as BD&A). Licensee and its Authorized Users acknowledge that the copyright and title to the Licensed Materials and any trademarks and service marks relating thereto remain with BD&A. Neither Licensee nor its Authorized Users shall have right, title or interest in the Licensed Materials except as expressly set forth in this agreement. In consideration of payment, BD&A hereby grants Licensee a non-exclusive, non-transferable, and revocable License to make permitted use of the Licensed Materials and to provide the Licensed Materials to Authorized Users in accordance with this Agreement.

**USAGE.** The Licensee shall ensure that only Authorized Users are permitted access to the Licensed Materials. Licensee may install and/or use Licensed Materials based on the agreed upon number of Authorized Users per terms of the Purchase Agreement, Letter of Agreement or Invoice. Licensee is not permitted to make unauthorized copies, alterations or modifications to the Licensed Materials unless specified in the Users’ Manual or by prior written authorization of BD&A. Other than as specifically permitted in this Agreement, Licensee may not use the Licensed Materials for commercial purposes, including but not limited to the sale of the Licensed Materials or bulk reproduction or distribution of the licensed materials in any form.

**MATERIAL CONTENT.** The Licensed Materials are provided for your own personal, educational non-commercial use as a resource aid only. If you intend to use this material for the nutritional needs of an aged, sick or injured person or a person who suffers from a chronic disorder or disease, you should first consult that person’s physician or physicians and if none, a physician who practices in the applicable field of medicine.

The Licensed Materials are in the nature of general concepts and, therefore, where its use may be appropriate for one person, its use may not be appropriate for another. The Licensed Materials are not intended to be a substitute for professional medical advice. Consequently, BD&A shall not be liable for any loss or damage directly or indirectly to the Licensee or Authorized Users of any material or information contained in the licensed materials.

**LIMITATIONS ON WARRANTIES.** BD&A shall not be liable to the Licensee for any indirect, special, incidental, punitive or consequential damages, including but not limited to loss of data, business interruption, or loss of profits arising directly or indirectly from or in connection with the license granted under this Agreement. The foregoing applies regardless of whether the claim or damages result or arise under breach of contract, tort, or any other legal theory.

BD&A makes no representation or warranty, and expressly disclaims any liability with respect to the content of any Licensed Materials, including but not limited to errors or omissions contained therein, libel, infringement of rights of publicity, privacy, trademark rights, moral rights, or the disclosure of confidential information. Except for the express warranties stated herein, the Licensed Materials are provided on an “as is” basis, and BD&A disclaims any and all other warranties, conditions, or representations (express, implied, oral or written), relating to the Licensed Materials or any part thereof, including, without limitation, any and all implied warranties of quality, performance, merchantability or fitness for a particular purpose. BD&A makes no warranties respecting any harm that may be caused by the transmission of computer virus, worm, time bomb, logic bomb or other such computer program. BD&A further expressly disclaims any warranty or representation to Authorized Users, or to any third party.

**ACKNOWLEDGEMENT.** LICENSEE AND AUTHORIZED USERS ACKNOWLEDGES THAT THEY HAVE READ THIS LICENSE, UNDERSTAND IT, AND AGREE TO BE BOUND BY ITS TERMS/CONDITIONS.

**COPYRIGHT 2021, 2019, 2017, 2013, 2010, 2008, 2005, 2000, 1999, 1995, 1990** by Becky Dorner & Associates, Inc., all rights reserved. With the exceptions indicated in this agreement, no part of the Licensed Materials may be distributed, copied, modified, or revised without the prior written consent of the Becky Dorner & Associates, Inc. for commercial use or financial gain. **If the Licensee wishes to purchase a License for additional material reproduction or distribution, contact Becky Dorner & Associates, Inc. at [info@beckydorner.com](mailto:info@beckydorner.com).**

# Policy & Procedure Manual

## 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 health care. An extensively published author and experienced speaker, Becky is Founder/President of Becky Dorner & Associates, Inc., which provides a broad library of credible continuing education (CE) programs and nutrition resources. She was also Founder/President of Nutrition Consulting Services, Inc., whose dedicated team of RDNs/NDTRs served health care facilities in Ohio from 1983-2020.

Becky has published more than 300 health care articles, manuals, and CE programs; presented and/or hosted more than 650 CPE programs for national, international, and state professional meetings in 5 countries and 50 states. Her free email magazine keeps 30,000 health care professionals up to date on the latest news in the field. An active leader, she has held more than 20 board positions on national and state professional associations including the Academy of Nutrition and Dietetics (Academy) and the National Pressure Injury Advisory Panel. Honors include: Academy Medallion Award, Fellow of the Academy of Nutrition and Dietetics, and the Academy Award of Excellence in Business and Consultation.

### Contributing Editors:



**Liz Friedrich, MPH, RD, CSG, LDN, FAND, NWCC** 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.

Liz is Board Certified as a Specialist in Gerontological Nutrition and is Nutrition Wound Care Certified. She has authored and co-authored numerous articles in journals and magazines and textbook chapters and has served as an evidence analyst for the Academy of Nutrition and Dietetics (Academy) Evidence Analysis Library. She is an accomplished speaker on topics related to both older adults and wound healing. Liz has held numerous national and state positions for the Academy, Nutrition Entrepreneurs Dietetic Practice Group, and the North Carolina Academy of Nutrition and Dietetics. She is the recipient of two NCDA awards, the Recognized Young Dietitian of the Year and the Member of the Year.



**Mary Ellen Posthauer, RDN, LD, FAND** is a registered dietitian nutritionist and a past President of the National Pressure Injury Advisory Panel (NPIAP). She is on the Editorial Advisory Board of *Advances in Skin and Wound Care*, and has published extensively and spoken both nationally and internationally on nutrition and wound care. She ran a nutrition consulting practice for more than 20 years.

Honors include Indiana Honored Dietitian, NPIAP's Kosiak award, and the Academy of Nutrition and Dietetics Medallion Award. She is a member of the Food and Nutrition Department's Hall of Fame at Purdue University.

# Policy & Procedure Manual

## **Past Contributors and Reviewers:**

Mary Abshire, RD, LD

President/Owner, Abshire Dietary Consultants, LLC, El Campo, TX

Pam Brummit, MA, RD/LD

President/Owner, Brummit & Associates, Inc., Enid, OK

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

Linda S. Eck Mills, MBA, RDN, LDN, FADA

Dynamic Communication Services, Bernville, PA

Mary Ellen Posthauer, RD, CD, LD

President, MEP Healthcare Dietary Services, Evansville, IN

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 and Proof Reading:**

Joni Kelly, Office Manager

Nutrition Consulting Services, Inc., New Franklin, OH

Caryn Heller, RDN, LD

Independent Contractor, Norton, OH



# Policy & Procedure Manual

This Manual is Approved for Use In:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Facility Name and Address)

_____ Administrator	_____ Date
_____ Registered Dietitian Nutritionist	_____ Date
_____ Director of Nursing	_____ Date
_____ Director of Food and Nutrition	_____ Date
_____ Medical Director	_____ Date

_____ Administrator	_____ Date
_____ Registered Dietitian Nutritionist	_____ Date
_____ Director of Nursing	_____ Date
_____ Director of Food and Nutrition	_____ Date
_____ Medical Director	_____ Date

_____ Administrator	_____ Date
_____ Registered Dietitian Nutritionist	_____ Date
_____ Director of Nursing	_____ Date
_____ Director of Food and Nutrition	_____ Date
_____ Medical Director	_____ Date

# Policy & Procedure Manual

## Table of Contents

License Agreement and Restrictions _____	ii
Acknowledgements _____	iii
Approval Form _____	v
Introduction _____	xiv

### Chapter 1: Menus and Therapeutic Diets

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 Oral Nutritional Supplement Audit Form _____	1-21
Sample Weekly Diet Census Sheet _____	1-22
Patient/Resident 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
Diet Holidays _____	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 _____	1-33

### Chapter 2: Dining/M meal Service

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
Sample Dining Satisfaction Form _____	2-12

# Policy & Procedure Manual

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 _____	2-34
Accuracy and Quality of Tray Line Service _____	2-35
Portion Control _____	2-36
Adaptive (Assistive) Eating Devices _____	2-37
Meal Observation _____	2-38
Following the Meal Service _____	2-39
Packed Meals Available for Transport _____	2-40
Pets _____	2-41
Leave of Absence _____	2-42
Guest Meals _____	2-43
Food Availability _____	2-44
Nourishments and Oral Nutritional Supplements _____	2-45
Sample Nourishments and Oral Nutritional Supplements Form _____	2-46

## 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
General Food Preparation and Handling _____	3-26

# Policy & Procedure Manual

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
Summary Chart for Minimum Food Temperatures and Holding Times for Reheating	
Foods for Hot Holding _____	3-34
Sample Breakfast Food Temperatures Form _____	3-35
Sample Lunch Food Temperatures Form _____	3-36
Sample Dinner Food Temperatures Form _____	3-37
Sample Critical Control Point Documentation Form _____	3-38
Handling Cold Foods for Trayline _____	3-39
Taste Tasting _____	3-40
Use of Leftovers _____	3-41
Food Allergies _____	3-42
Food Brought in from Outside Sources and Personal Food Storage _____	3-44
Resource: Food Safety for Your Loved One _____	3-45
Providing Food and Supplies for Other Departments _____	3-46
Sample Special Events Food/M meal Form _____	3-47
Floor Stock _____	3-48
Sample Floor Stock Supply Form _____	3-49
Food and Nutrition Services Problems/Referral to the Director of Food and Nutrition	
Services _____	3-50
Reporting a Foodborne Illness (FBI) _____	3-51
Food Safety: Preventing Burns _____	3-53
Food Safety: Ice _____	3-54

## Chapter 4: Sanitation and Infection Control

Food Safety and Sanitation _____	4-1
Food Safety – Director of Food and Nutrition Services' Responsibilities _____	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 _____	4-26



# Policy & Procedure Manual

Waste Disposal _____	4-27
Pest Control _____	4-28

## 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 _____	5-14
Cutting Boards _____	5-15
Floors, Tables and Chairs _____	5-16
Food Carts _____	5-17
Food Preparation Appliances _____	5-18
Freezers _____	5-19
Deep Fat Fryer _____	5-20
Deep Fat Fryer Boil Out Process _____	5-21
Garbage Disposals _____	5-22
Hoods and Filters _____	5-23
Ice Machine and Equipment _____	5-24
Microwave Oven _____	5-25
Ovens _____	5-26
Ranges/Griddles _____	5-27
Refrigerators _____	5-28
Slicers _____	5-29
Steam Tables _____	5-30
Toasters _____	5-31

## 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

# Policy & Procedure Manual

Resource: Emergency First Aid _____	6-17
Emergency Eye Wash _____	6-18
Accident/Incident Report _____	6-20
Equipment Malfunctions and Repairs _____	6-22

## 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 _____	7-11
Facility-Wide Inservice Training _____	7-13
Health Insurance Portability and Accountability Act of 1996 (HIPAA) _____	7-14
Sample Training/Orientation Form _____	7-16
Resource: Facilitating Adult Learning _____	7-17
Inservice Training _____	7-18
Resource: Inservice Training _____	7-19
Sample Inservice Training Report Form _____	7-20
Sample Inservice Sign In Form _____	7-21
Evaluating Food and Nutrition Services and Clinical Nutrition Personnel _____	7-22
Employee Evaluation Forms _____	7-23
Sample Vacation/Leave Request Form _____	7-24
Sample Employee Request for Leave Form _____	7-25
Employee Vacation Request and Request for Leave Forms _____	7-26

## Chapter 8: Clinical Documentation

Right to Deviate from Clinical Policies and Procedures _____	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/Points 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 Communication Form to Physician for Malnutrition Diagnosis _____	8-22
Medical Nutrition Therapy Documentation _____	8-23

# Policy & Procedure Manual

Resource: Patient Driven Model _____	8-26
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 _____	8-31
Resource: Nutrition-Focused Physical Examination/Assessment _____	8-34
48 Hour Care Plan _____	8-37
Comprehensive Care Plan _____	8-38
Resource: Nutrition Interventions for Unintended Weight Loss _____	8-40
Medical Nutrition Therapy Documentation Forms _____	8-43
Medical Nutrition Therapy Recommendations _____	8-44
Sample Nutrition Recommendations Form _____	8-45
Communication of Nutritional Concerns _____	8-46
Order Writing Privileges for Clinically Qualified Nutrition Professional _____	8-47
Sample Order Writing Privileges for Clinically Qualified Nutrition Professional Policy and Procedure Approval Form _____	8-49

## 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 _____	9-7
Determining Body Mass Index _____	9-8
Resource: Significant Weight Change _____	9-10
Tracking Weight Changes _____	9-11
Sample Monthly Weight Record Form _____	9-12
Sample Individual Weight Chart Form _____	9-13
Sample Weekly Weight Record Form _____	9-14
Sample Significant Weight Changes Form _____	9-15
Sample Weight Change Notification and Recommendations Form _____	9-16
Sample Significant Weight Loss Form _____	9-17
Immediate Temporary Interventions for Unintended Significant Weight Loss _____	9-18
Significant Weight Loss _____	9-19
Significant Weight Gain _____	9-22

## Chapter 10: Nutrition Interventions

Nutrition at Risk Committee (or Weight/Wound 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

# Policy & Procedure Manual

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
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
Sample Sanitation Audit 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 _____	11-27
Sample Diet Order Audit Form _____	11-28
Sample Supplements/Nourishments Audit Form _____	11-29
Sample In-Depth Documentation Audit Form _____	11-30
Oral Nutritional Supplement (ONS)/Snack Audit _____	11-31
Sample Oral Nutritional Supplement/Snack Audit Form _____	11-32
Sample Oral Nutrition Supplement/Snack Pass Audit Form _____	11-33
Audit to Assess Quality of Nutrition Care Provided _____	11-34
Resource: Audit to Assess Quality of Nutrition Care Provided _____	11-35
Guide to Developing Facility's Annual Quality Assurance and Performance Improvement Plan _____	11-38
Sample Quality Assurance and Performance Improvement Plan for Unintended Weight Loss (UWL) _____	11-39

# Policy & Procedure Manual

## Chapter 12: Emergency/Disaster Planning

Overview of Disaster Planning and Risk Analysis	12-1
Identify Risks	12-2
Disaster Planning Flow Chart	12-3
Emergency and Disaster Planning	12-4
Back-up for Electronic Files	12-7
Employee Training	12-8
Resource: Food and Nutrition Services Disaster Plan	12-10
Coordination of Emergency and Disaster Plan	12-13
Sample Disaster Responsibilities and Assignments Form	12-14
Sample Letter of Intent for Provision of Emergency Supplies	12-15
Emergency Contact Information	12-16
Emergency Contacts	12-17
Sample Emergency Medical Nutrition Therapy Information Form	12-18
Sample Location of Needed Items and Information During a Disaster Form	12-19
Water Requirements	12-20
Sources of Water During an Emergency	12-22
Water Purification	12-23
Resource: Non-Perishable Foods List for Emergency Supply	12-25
Resource: Emergency Menu and Supplies	12-27
Resource: Emergency Plan Special Diets Conversion Table	12-28
Sample Menu Shell	12-29
Suggested Emergency Menu Pattern	12-30
Suggested Serving Sizes for Starch Portions for Patients with Diabetes	12-31
Day 1 Emergency Meal Plan – Assumes No Utilities	12-32
Day 2 Emergency Meal Plan – Assumes No Utilities	12-33
Day 3 Emergency Meal Plan – Assumes No Utilities	12-34
Hand Washing During a Disaster	12-35
Dishwashing Without Electricity	12-36
Resource: General Disaster Supplies	12-37
Internal Policies	12-39
Resource: Fire Prevention Plan	12-40
Inability to Visit Facilities in Person	12-41
Remote Documentation When Electronic Health Records are Not Available	12-42
Checklist for Nutrition Consult via Telephone or other Forms of Communication	12-43
Communal Dining Guidance During a Pandemic (i.e. COVID-19)	12-45
References and Resources	13-1

### Flash Drive (Customizable)

The accompanying flash drive contains the Policy & Procedure Manual Microsoft Word files and additional resources including:

- Sample Job Descriptions
- Sample Work Schedules
- Sample Competency Checklists

# 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.

This manual 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 in this manual include the following subjects:

- |                                     |   |
|-------------------------------------|---|
| 1. Menus and Therapeutic Diets      | 8. Clinical Documentation                         |
| 2. Dining/Meal Service              | 9. Anthropometrics                                |
| 3. Food Production and Food Safety  | 10. Nutrition Interventions                       |
| 4. Sanitation and Infection Control | 11. Quality Assurance and Performance Improvement |
| 5. Cleaning Instructions            | 12. Emergency/Disaster Planning                   |
| 6. Safety                           | 13. References and Resources                      |
| 7. Personnel/Training               | 14. Job Descriptions/Competencies                 |

# 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 nutrition 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 (in 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 food and nutrition services department 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:

"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 of 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, considering the patient/resident’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).

# Policy & Procedure Manual

## **Mechanically Altered Diet**

“Mechanically altered diet” means one in which the texture of a diet is altered. When the texture is modified, the type of texture modification must be specific and part of the physicians’ or delegated registered or licensed dietitian order (1).

## **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):

“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 Appendix PP- Guidance to Surveyors for Long Term Care Facilities. Available at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>. Accessed March 2, 2021.
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 March 2, 2021.
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 March 2, 2021.
4. Academy of Nutrition and Dietetics Definitions of Terms List. Updated October 2020. <https://www.eatrightpro.org/practice/quality-management/definition-of-terms>. Accessed March 2, 2021.
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 March 2, 2021.
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 March 2, 2021.

# 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 reasonable period of time (check individual state regulations to see if there are specific guidelines). 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 mealtimes 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.
5. Menus will be posted in areas that are accessible to patients/residents, and at heights where all individuals can easily view them.

## Policy & Procedure Manual

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