

Assisted Living Facilities: Nutrition Consulting Guidance



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Regulations

Links to applicable Ohio Administrative Code for Residential Care Facilities: Select Regulations

- 3701-16-08 Resident Health Assessments
<http://codes.ohio.gov/oac/3701-16-08v1>
- 3701-16-09.1 Skilled Nursing Care
<http://codes.ohio.gov/oac/3701-16-09.1v1>
- 3701-16-10 Dietary services; supervision of therapeutic diets
<http://codes.ohio.gov/oac/3701-16-10v1>

*Interpretations on the following pages are provided by Diane Dew, RD, LD, CSC and are used with her permission. Diane worked closely with experts from our licensing board and the Ohio Department of Health to clarify the Interpretations.

Additional Resources:

- Pennsylvania AL Rules:
<https://www.pacode.com/secure/data/055/chapter2800/chap2800toc.html>
- Pennsylvania Food Code:
<https://www.pacode.com/secure/data/007/chapter46/chap46toc.html>
- Ohio Uniform Food Safety:
<http://codes.ohio.gov/oac/3717-1>
- Ohio Revised Code related to food service operations:
<http://codes.ohio.gov/orc/3717>
- Ohio Administrative Code related to food service:
<http://codes.ohio.gov/oac/3701-21>
- Find my local health department:
<https://odhgateway.odh.ohio.gov/lhdinformationsystem/Directory/GetMyLHD>

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Ohio Administrative Code for Residential Care Facilities: Select Regulations and Interpretations

Regulations and *Interpretations

3701-16-05

(G) Each residential care facility which elects to supervise therapeutic diets shall provide or arrange for a dietitian and comply with the applicable requirements of rule 3701-16-10 of the Administrative Code.

***Interpretation:**

All RCF's that "supervise therapeutic diets" must employ a dietitian in some manner (consultant, employee etc.).

3701-16-06

(F) Staff members whose job responsibilities will include providing therapeutic diets, other than special diets, shall be trained by a dietitian prior to performing this responsibility.

***Interpretation:**

If a facility agrees to provide a resident a diet other than a special diet, the staff member providing the diet must be trained by a dietitian.

The type of diet driving this requirement would typically involve a diet that has a specific nutrient content (i.e.: 2000 mg sodium or 800 mg of phosphorous) or number in the name of the diet or a diet that implies more involved modifications.

3701-16-07

(D) A residential care facility shall enter into a written resident agreement with each prospective resident prior to beginning residency in the residential care facility. The agreement shall be signed and dated by the operator, administrator, or acting administrator and the prospective resident or, if the prospective resident is physically or cognitively unable to sign and consents, another individual designated by the prospective resident. The facility shall provide both the prospective resident and any other individual signing on the resident's behalf with a copy of the agreement and shall explain the agreement to them.

The Resident Agreement has specifics on diet agreement, and requires signature upon admission. Many are non-specific regarding diets. It is suggested to review the facility's Resident Agreement to verify what is offered re: diet and meals.

3701-16-01 Definitions:

(E) "Complex therapeutic diets" has the same meaning as "therapeutic diet" as that term is defined in paragraph (OO) of this rule

***Interpretation: Terms "complex therapeutic diet" and "therapeutic diet are interchangeable. The term "complex" is no longer used.**

(K) "Dietitian" means an individual licensed under Chapter 4759 of the Revised Code to practice dietetics.

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(Q) "Mechanically altered food" means that the texture of food is altered by chopping, grinding, mashing, or pureeing so that it can be successfully chewed and safely swallowed.

***Interpretation: This includes liquids that have modified texture.**

(KK) "Special diets" means a therapeutic diet limited to:

- (1) Nutrient adjusted diets, including high protein, no added salt, and no concentrated sweets
- (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

***Interpretation: This diet is ordered by a health care professional, is a diet other than a regular diet and is limited to the items noted previously.**

***This diet DOES NOT include diets such as 2 gram sodium and 1500 calorie diets.**

(NN) "Supervision of therapeutic diets" means services, including, but not limited to, the following:

- (1) Monitoring a resident's access to appropriate foods as required by a therapeutic diet;
- (2) Monitoring a resident's weight and acceptance of a therapeutic diet;
- (3) Providing assistance to residents on therapeutic diets as needed or requested; and
- (4) Providing or preparing therapeutic diets.

***Interpretation: Supervising involves providing appropriate food, monitoring weight and intake and ensuring staff are providing appropriate foods on the diet.**

(OO) "Therapeutic diet" means a diet ordered by a health care practitioner:

- (1) As part of the treatment for a disease or clinical condition;
- (2) To eliminate, decrease, or increase certain substances in the diet; or
- (3) To provide mechanically altered food when indicated.

***Interpretation of Diet Definitions**

Summary of Definitions:

Diets fall under one of three categories:

- 1. Regular diet – no restrictions**
- 2. Therapeutic diets – special diets (that do not require supervision)**
- 3. Therapeutic diets – diets that require supervision**

Examples of Therapeutic diets involving special diets that DO NOT REQUIRE SUPERVISION:

- No added salt
- House diabetic
- Regular diet with small portions
- Regular diet with large portions
- Dental soft diet

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- Thickened liquids (Nectar, honey or pudding) **It may be best standard of practice to include residents receiving thickened liquids to routine monitoring and supervision**.
- No concentrated sweets
- Mechanical soft diet
- Pureed diet

Examples of Therapeutic Diets THAT DO REQUIRE SUPERVISION:

- Dysphagia diet
- Renal diet
- 1800 calorie diet
- 40 gram fat diet
- 60 gram protein diet
- 2 gram sodium diet
- 4 gram sodium diet

3701-16-10 Dietary services; supervision of therapeutic diets

A) Each residential care facility shall specify in its residential care facility policies and the resident agreements, required by rule [3701-16-07](#) of the Administrative Code, the amount and types of dietary services it provides. The facility shall elect to provide any of the following:

(1) No meals;

(2) One, two, or three daily meals;

(3) Preparation of special diets other than therapeutic diets; one, two, or three daily meals; or

(4) Preparation and supervision of therapeutic diets. Each facility that elects to supervise therapeutic diets shall provide three daily meals and meet the requirements of this chapter of the Administrative Code for the supervision of therapeutic diets;

Each residential care facility that provides meals shall include a variety of food accommodating religious restrictions and ethnic and cultural preferences of residents in accordance with the residential care facility's policy

(B) Each residential care facility that agrees to provide three daily meals for a resident shall make available at least three nourishing, palatable, attractive and appetizing meals at regular hours comparable to normal mealtimes in the community. 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. Food shall be prepared and served in a form that meets the resident's individual needs based on the assessment conducted pursuant to rule [3701-16-08](#) of the Administrative Code. There shall be no more than sixteen hours between the evening meal and breakfast. Each residential care facility that provides meals shall offer a nourishing snack, consisting of a choice of beverages and a food item from a basic food group, after the evening meal. Food substitutes of similar nutritive value shall be offered to residents who refuse the food served and serving size may be adjusted according to resident preference. The residential care facility shall accommodate a resident's preference or medical need to eat at different intervals.

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(C) All residential care facilities shall provide safe drinking water which shall be accessible to residents at all times.

(D) Each residential care facility that does not provide any meals shall ensure that each resident unit is appropriately and safely equipped with food storage and preparation appliances which the facility maintains in safe operating condition or that each resident has access to an appropriately and safely equipped food storage and preparation area. Each residential care facility that does not provide any meals shall permit residents to store and prepare food in a safe manner in their resident units or in a resident food storage and preparation area.

(E) Each residential care facility that provides one or more meals and that does not permit residents to have food in their resident units shall make snacks available twenty-four hours a day.

(F) Each residential care facility shall have a kitchen and other food service facilities that are adequate for preparing and serving the amount and types of meals the facility agrees to provide.

(G) If applicable, the residential care facility shall have a food service operation license issued under Chapter 3701-21 of the Administrative Code.

(H) Each residential care facility that provides meals:

(1) Shall procure, store, prepare, distribute, and serve all food in a manner that protects it against contamination and spoilage;

(2) Shall, at all times, maintain a one-week supply of staple foods and a two-day supply of perishable foods for residents. The amount of such supplies shall be based on the number of meals the facility provides daily;

(3) Shall plan all menus for meals at least one week in advance. Food shall vary in texture, color and include seasonal foods. Residential care facilities shall maintain records of dated menus, including therapeutic diets, as served, for at least three months. The records shall be made available to the director upon request and indicate any food substitutions from the menu;

(4) Shall observe, supervise, and assist a resident in consuming meals if the resident needs observation, supervision, or assistance. The residential care facility shall ensure that food texture is appropriate to the individual needs of each resident, except that residential care facility staff shall not perform syringe feedings;

(5) Shall assure that the kitchen and dining areas are cleaned after each meal and shall:

(a) Transport meals in a sanitary manner to prevent contamination;

(b) Provide handwashing facilities, including hot and cold water, soap and individual paper towels in the food preparation and service area;

(c) Provide and maintain clean and sanitary kitchen and dining areas and a clean, sanitary and adequate supply of eating and drinking utensils, pots, and pans for use in preparing, serving, and eating appetizing meals and snacks; and

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(d) Place food scraps and trash in garbage cans with tightfitting lids and bag liners and shall empty garbage cans daily, or more often if needed. Non-disposable containers shall be cleaned frequently enough to maintain sanitary conditions. Disposable bags of garbage may be stored outside only in a non-absorbent container with a close-fitting cover. Liquid wastes resulting from compacting shall be disposed of as sewage;

(6) May provide any format of meal service, which otherwise meet the requirements of this rule, with input from residents; and

(7) May provide a dining environment as natural and independent as possible, comparable with eating at home, with choices from a wide variety of food items tailored to the residents' wants and needs, which otherwise meet the requirements of this rule.

(I) Each residential care facility that elects to prepare special diets other than therapeutic 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.

(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 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 rule, 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.

(L) Residential care facilities shall not administer parenteral nutrition. A residential care facility may administer enteral tube feedings on a part-time intermittent basis in accordance with rule 3701-16-09.1 of the Administrative Code.

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

***Interpretation:**

Each residential care facility that elects to prepare special diets other than therapeutic 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.

Each residential care facility which elects to supervise therapeutic diets shall make available three daily meals in accordance with paragraph (B) of this rule 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.

***Interpretation:**

All RCF's that "supervise therapeutic diets" must employ a dietitian in some manner (consultant, employee etc.).

(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.

***Interpretation:**

If a facility agrees to provide a resident a diet other than a special diet the staff member providing the diet must be trained by a dietitian.

The type of diet driving this requirement would typically involve a diet that has a specific nutrient content (i.e.: 2000 mg sodium or 800 mg of phosphorous) or number in the name of the diet or a diet that implies more involved modifications.

(A) Each residential care facility shall specify in its residential care facility policies and the resident agreements, required by rule 3701-16-07 of the Administrative Code, the amount and types of dietary services it provides. The facility shall elect to provide any of the following:

- (1) No meals;
- (2) One, two, or three daily meals;
- (3) Preparation of special diets other than therapeutic diets; one, two, or three daily meals; or
- (4) Preparation and supervision of therapeutic diets. Each facility that elects to supervise therapeutic diets shall provide three daily meals and meet the requirements of this chapter of the Administrative Code for the supervision of therapeutic diets;

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Each residential care facility that provides meals shall include a variety of food accommodating religious restrictions and ethnic and cultural preferences of residents in accordance with the residential care facility's policy.

***Interpretation:**

The type of dietary service provided, as specified in each facility's policies, will drive what the dietary services responsibilities involve.

(B) Each residential care facility that agrees to provide three daily meals for a resident shall make available at least three nourishing, palatable, attractive and appetizing meals at regular hours comparable to normal mealtimes in the community. 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. Food shall be prepared and served in a form that meets the resident's individual needs based on the assessment conducted pursuant to rule 3701-16-08 of the Administrative Code. There shall be no more than sixteen hours between the evening meal and breakfast. Each residential care facility that provides meals shall offer a nourishing snack, consisting of a choice of beverages and a food item from a basic food group, after the evening meal. Food substitutes of similar nutritive value shall be offered to residents who refuse the food served and serving size may be adjusted according to resident preference. The residential care facility shall accommodate a resident's preference or medical need to eat at different intervals.

3701-16-08 Resident health assessments

(A) The residential care facility, in accordance with this rule shall require written initial and periodic health assessments of prospective and current residents. The different components of the health assessment may be performed by different licensed health professionals, consistent with the type of information required and the professional's scope of practice, as defined by applicable law.

(B) Each resident shall be initially assessed within forty-eight hours of admission, except that paragraphs (C)(11) and (C)(12) of this rule shall be performed within fourteen days after admission.

(C) The initial health assessment shall include documentation of the following:

(6) Nutrition and dietary requirements, including any food allergies and intolerances, food preferences, and need for any adaptive equipment, and needs for assistance and supervision of meals;

(7) Height, weight, and history of weight changes;

(D) Subsequent to the initial health assessment, the residential care facility assesses each resident's health at least annually unless medically indicated sooner. The annual health assessment shall be performed within thirty days of the anniversary date of the resident's last health assessment. This health assessment shall include documentation of at least the following:

(2) Updated nutritional requirements, including any food allergies and intolerances;

(3) Height, weight and history of weight changes;

***Interpretation:**

At admission and annually a facility must identify:

- **Diet**
- **Height and weight and history of changes**
- **Food allergies and food intolerances,**

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- Food preferences
- Need for adaptive equipment

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;
- (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.

***Interpretation: For Best Standard of Practice, monitor and document on residents receiving therapeutic diets on a quarterly basis.**

Suggested Guidelines for Registered Dietitian Nutritionist (RDN) Visits:

- Menus reviewed and approved by dietitian.
- Resident weights monitored and assessed accordingly for significant changes. It is recommended for residents to be weighed monthly to monitor nutrition status.
- Monitor "at risk" residents on a quarterly basis: mech altered diets, thickened liquids, other conditions warranting routinely monitoring by the dietitian.
- Dietitian to consult quarterly with the food service staff to review food service, meal service, food safety/sanitation, training as needed.
- Provide assistance for training of food service staff.

Questions to Ask:

- What do your facility policies and procedures dictate when a resident signs a facility agreement?
- What types of diets are you currently providing?
- Are you supervising diets?
- What type of documentation is completed?
- Are your staff adequately trained?

References:

1. Residential Care and Long-Term Care Rule and Regulation Updates with Application Recommendations. Diane Dew RD, LD, CSC; Ohio Consultant Dietitians in Health Care Facilities (OCD-HCF) Conference, April 20, 2018.
2. Amount and Type of Dietary Services Provided 3701-16-10. Diane Dew, RD, LD, CSC.

*Interpretations are provided by Diane Dew, RD, LD, CSC and are used with her permission. Diane worked closely with experts from our licensing board and the Ohio Department of Health to clarify the Interpretations.

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Frequently Asked Questions

Used with Permission from Ohio Assisted Living Association (OALA)

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 14, 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:

(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 no sprinklered 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 June 28, 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. 10, 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

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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; (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 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 rule, 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; (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. **(OALA Update Aug. 30, 2018)**

Policies & Procedures

- Menu Planning Requirements
- Interventions for Unintended Weight Loss

Many other Policies and procedures can be found in the Becky Dorner & Associates Policy & Procedure Manual which can be accessed on the employee area of the website at www.beckydorner.com.

Diet and Nutrition Care Manual

Menu Planning Requirements

The Dietary Guidelines are a critical tool used by professionals to help Americans make healthy choices in their daily lives with a goal of preventing chronic disease and enjoying a healthy diet. In an effort to remain current and to assure that menus meet the recommendations of the Report of the DGAC on the *2015-2020 Dietary Guidelines for Americans* and MyPlate, the diets in this manual have been adjusted to follow those Guidelines.

Considerations in Menu Planning for Post-acute and Long Care Settings

Many professionals are concerned that the volume of foods needed to meet the Guidelines would be almost impossible for most individuals living in post-acute and long term care settings to consume. Other concerns include customer satisfaction, increased food waste, increased food and labor costs. Planning menus for health care facilities can be challenging especially with person centered dining. Menus must:

- Contribute to quality of life, considering food preferences and personal choice. Residents may choose “comfort” or favorite foods over more nutritious choices.
- Meet regional, cultural and religious preferences (4).
- Provide therapeutic diets and consistency alterations with the most individualized and least restrictive diet possible, as appropriate to encourage intake (5).
- Provide eye-appealing and tasty meals to encourage food intake.
- Meet RDAs/AIs for many nutrients. Recommended Dietary Allowances (RDAs) are defined as nutrient intake level that meets the requirement for nearly all people in a specific age group and gender. Adequate intake (AI) is the level of nutrient intake of healthy people assumed to be adequate.
- Meet the needs of individuals who sometimes feel the volume of food is overwhelming.
- Provide sufficient nutrients for individuals with acute and chronic illnesses who often cannot eat enough food to provide sufficient calories and other nutrients - and therefore are at risk for unintended weight loss, malnutrition, dehydration and other complications.
- Meet all state and federal regulations.

Food Patterns for Menu Planning

Registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs) have used food patterns to create menus for many years. Food patterns for menu development are an inexpensive and easy tool for practitioners to use to help assure menu adequacy. It is ideal to use a combination of menu patterns for basic menu development, followed by computerized nutritional analysis. However, some practitioners do not have access to computer programs capable of accurately analyzing menus for nutritional adequacy. For these reasons, this *Diet and Nutrition Care Manual* uses diet guidelines based on food patterns. The food patterns in the diet guidelines were developed using the USDA Food Patterns, DASH Diets, the *2015-2020 Dietary Guidelines Report* (1,2), and MyPlate recommendations.

The use of a menu pattern does not guarantee adequacy of the menu, nor does it guarantee adequacy of the diet actually consumed. Patterns are generally based on an average nutrient content of foods within each food grouping. It is important to try to meet the shortfall nutrients such as Vitamins A, D, E, and C, folate, calcium, magnesium, fiber, and potassium and limit excess sodium, sugar, solid fat and trans fats (1-3). The Institute of Medicine (IOM) recommends a menu planning method that considers the **intake** of the group rather than just the food served (which in some populations may require a target higher than the RDA/AI levels).

Recommended Dietary Patterns for Good Health

According to the 2015 Dietary Guidelines Scientific Report, a healthful diet can be achieved by following the 3 USDA Food Patterns (<http://health.gov/dietaryguidelines/2015/guidelines/appendices/>). More information can be found in the *2015-2020 Dietary Guidelines for Americans* at <http://health.gov/dietaryguidelines/2015.asp> (1). All of these patterns can be effective for weight loss if their total calorie content of the diet is appropriate for weight loss. Sample eating patterns for several different calorie levels based on the USDA Food Pattern are in the *Appendix*. In addition, the DASH Eating Plan is another example of a healthy food pattern (6). Patterns can be found in the *Appendix* of this book. Also see *Chapter 4: Cardiovascular Health* for a full description of the *DASH Diet* and a sample menu.

Diet and Nutrition Care Manual

Menu Checklist: Nutritional and Regulatory Requirements (1,2)

- Dairy/Milk:** 2 to 3 cup equivalents (preferably low fat or fat free) (3)
- Fruit:** 2 cup-equivalents per day
- Vegetables:** 2 ½ cup-equivalents per day
 - **Red and Orange Vegetables:** 5 ½ cup-equivalents per week (ex. tomatoes, tomato juice, red pepper, carrots, sweet potatoes, winter squash, and pumpkin).
 - **Dark Green Vegetables:** 1 ½ cup-equivalents per week (ex. broccoli, spinach, romaine, kale, collard, turnip, and mustard greens)
 - **Legumes:** 1 ½ cup equivalents per week (ex. beans and peas including kidney beans, white beans, black beans, lentils, chickpeas, pinto beans, split peas, and edamame (green soybeans)
 - **Starchy Vegetables:** 5 cup-equivalents per week (ex. white potatoes, corn, green peas, green lima beans, plantains, and cassava)
 - **Other Vegetables:** 4 cup-equivalents per week (ex. iceberg lettuce, green beans, onions, cucumbers, cabbage, celery, zucchini, mushrooms, and green peppers)
 - **Vitamin C Source:** daily (including vitamin C fortified juices)
- Protein Foods:** 5 ½ ounce-equivalents per day (includes meat, fish, cheese, eggs, soy products, and nuts and seeds, if tolerated). Include 8 ounce-equivalents of seafood per week and 5 ounce-equivalents of nuts and seeds per week, if appropriate for the population).
- Grains:** Minimum of 6 ounce-equivalents per day (including evening snack). Includes breads, grains, cereals.
 - **1 Grain is a 1 ounce-equivalent:** includes 1 slice bread, 1 small dinner roll, ⅓ cup stuffing, 1 small biscuit, 1 slice cornbread, ½ small bagel, ½ c pasta, noodles or rice, ½ cup cereal, 1 slice pizza
 - **2 Grains equals 2 ounce-equivalents** - 1 regular size hamburger bun, 1 regular size hot dog bun, 1 small sub roll, 1 small bagel
- Whole Grain:** If possible and accepted by the customers you serve, make half the grains served whole grains (whole-wheat bread, whole-grain cereals and crackers, oatmeal, quinoa, popcorn, brown rice, etc.).
- Sodium, Saturated Fat, Added Sugars, Alcohol** round out the menu to provide flavor and variety (gravies, sauces, condiments, desserts, sugar, etc.). These add calories, fat, sugar, salt and other macro- and micronutrients that may not be not appropriate for all diets.

Notes: Ounce and cup-equivalents listed are based on a 2000 calorie diet. Recommended amounts of food from each food group for other calorie levels are located in the *Appendix* of this book, or on the internet at <http://health.gov/dietaryguidelines/2015/guidelines/appendix-3/>. Snacks can be used to help meet regulatory checklist. Some of these guidelines may be different depending on state regulatory guidelines. *2015-2020 Dietary Guidelines for Americans* do not specifically require a good source of vitamin C daily but some regulatory agencies do.

Additional Considerations

- Adheres to the *Diet and Nutrition Care Manual* for all diets.
 - Meets diet specific nutrients (meets calorie, protein, fat, carbohydrate averages).
 - Meets diet specific daily menu guidelines and foods allowed.
- Preferably no completely cold meals (except during hot weather or emergencies).
- Complete meal selection should include at least 4 different food items (excluding bread).
 - Casseroles or combination dishes count as 2 items (beef stew, turkey divan, etc.).
 - Sauces, gravy, condiments, garnishes do not count as a menu item.
- Assure variety of taste, texture and color.
- Similar foods should be distributed throughout the week and/or cycle. For example, be sure to spread out the meals that include beef so that your menu does not have multiple beef meals in a row or too many beef meals per week.

Policy & Procedure Manual

Interventions for Unintended Weight Loss

Policy:

Unintended weight loss or gradual weight loss will be identified and monitored so that appropriate and individualized intervention can be implemented.

Procedure:

1. Patients/residents will be weighed upon admission or readmission, weekly for the first 4 weeks after admission, and at least monthly thereafter to help identify and document weight trends. Weekly weights may be ordered due to a significant change in condition, if food intake has declined and persisted (e.g., for more than a week), or there is other evidence of altered nutritional status or fluid and electrolyte imbalance. Factors that may impact weight and the significance of apparent weight changes include:
 - a. Usual weight through adult life
 - b. Current medical condition
 - c. Therapeutic diet
 - d. Calorie restricted diet or calorie-enhanced diet
 - e. Recent changes in food or fluid intake
 - f. Edema
 - g. Dehydration

In some cases, weight monitoring is not indicated (e.g., terminal illness, under comfort care).

Staff will follow a consistent approach to weighing and use an appropriately calibrated and functioning scale (e.g., wheelchair scale or bed scale). Since weight varies throughout the day, a consistent process and technique (e.g., weighing the patient/resident wearing a similar type of clothing, at approximately the same time of the day, using the same scale, either consistently wearing or not wearing orthotics or prostheses, and verifying scale accuracy) can help make weight comparisons more reliable. (See *Chapter 9: Anthropometrics for Obtaining Accurate Weights.*)

Based on the definition of resident's rights in the CMS federal nursing home requirement, the resident has the right to decline being weighed or may request to discontinue weights. To meet the requirement of §483.10(c)(5), the resident must be provided with the necessary information i.e. risks related to the discontinuation of weights, to make an informed decision and the resident's medical record should contain appropriate documentation of this process.

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

Source:

Center for Medicare & Medicaid Services. State Operations Manual Appendix PP -Guidance to Surveyors for Long Term Care Facilities. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>. Accessed March 1, 2019.

Policy & Procedure Manual

Resource: Potential Interventions for Unintended Weight Loss in Older Adults

Individualized Diets

Research suggests that an individualized nutrition approach can enhance the quality of life and nutritional status of older adults in healthcare facilities (1). It is often beneficial to minimize restrictions (liberalize the diet), consistent with an individual's condition, prognosis, and choices, and assure food and beverage preferences are met before using oral nutrition supplements. Unless a medical condition warrants a restrictive diet, consider beginning with a regular diet and monitor for tolerance (2).

Dietary restrictions, therapeutic diets (e.g., low fat or sodium restricted), and mechanically altered diets may help in select situations. At other times, they may impair adequate nutrition and lead to further decline in nutritional status, especially in already malnourished or at-risk individuals. When a poor intake or weight loss is observed, the interdisciplinary team (IDT) may temporarily remove dietary restrictions and individualize the diet to improve food intake to try to stabilize weight.

An individual or their representative may choose to decline medically relevant dietary restrictions. In such circumstances, the individual, facility and practitioner collaborate to identify pertinent alternatives. Serving a therapeutic diet against the resident's wishes is a violation of a resident's rights.

Food Fortification and Supplementation

Examples of interventions to improve nutrient intake include:

- Fortification of foods (e.g., adding protein, fat, and/or carbohydrate to foods such as hot cereal, mashed potatoes, casseroles, and desserts).
- Offering smaller, more frequent meals.
- Providing between-meal snacks or nourishments.
- Increasing the portion sizes of favorite foods and meals.
- Providing oral nutritional supplements.

Some research suggests that caloric intake may increase if nutritional supplements are consumed between meals, and may be less effective when given with meals; therefore, the use of nutritional supplements is generally recommended between meals instead of with meals (3), if consistent with individual preferences.

Providing a nutritional supplement during medication administration may increase caloric intake without reducing appetite at mealtime.

Use of Appetite Stimulants

To date, the evidence is limited about the benefits of appetite stimulants. While their use may be appropriate in specific circumstances, they are not a substitute for appropriate investigation and management of potentially modifiable risk factors and underlying causes of anorexia and weight loss (4).

Feeding Tubes

Tube feeding as an intervention for unintended weight loss present both risks and benefits, depending on an individual's underlying medical conditions and prognosis, and causes of weight loss. The decision to place a tube should be made carefully and should include a review of a the individual's advance directives regarding tube feeding. The health care practitioner should be involved in reviewing whether all other interventions to address anorexia, weight loss, and eating or swallowing abnormalities have been attempted. Studies have shown that tube feeding does

Policy & Procedure Manual

not extend life, prevent aspiration pneumonia, improve function or limit suffering in individuals with dementia (5).

Refer to additional information in this chapter related to enteral feeding.

Details on identification and treatment of unintended weight loss, high calorie/protein diet, calorie and protein boosters, and more are available in Becky Dorner & Associate's 2019 *Diet and Nutrition Care Manual: A Comprehensive Nutrition Care Guide*, which is available at <https://www.beckydorner.com/product/diet-and-nutrition-care-manual/>.

Note: There are many other Policies and Procedures and Resources in this manual that can help to address unintended weight loss.

References:

1. Position of the Academy of Nutrition and Dietetics: Individualized Nutrition Approaches for Older Adults: Long-Term Care, Post Acute Care, and other Settings. *J.Acd.Nutr Dietetics*.2018;118(4);724-734.
2. Pioneer Network New Dining Practice Standards. Pioneer Network Food and Dining Clinical Standards Task Force. August 2011. <https://www.pioneernetwork.net/wp-content/uploads/2016/10/The-New-Dining-Practice-Standards.pdf>. Accessed March 1, 2019.
3. Wilson M-M G, Purushothaman R, & Morley J E. Effect of liquid dietary supplements on energy intake in the elderly. *The American Journal of Clinical Nutrition*. 2002; 75(5): 944-947.
4. Thomas D.R. Guidelines for the use of orexigenic drugs in long-term care. *Nutrition in Clinical Practice*. 2006; 21(1) 82-87.
5. Sampson EL, Jones CB. Enteral tube feeding for older people with advanced dementia. *Cochrane Database Syst Rev*. 2009: CD007209. doi:10.1002/14651858.CD007209.pub2.

Forms

Facility Forms

- Food Preferences Form
- Monthly Weight Record Form
- Weekly Weight Record Form
- Weight Change Notification and Recommendations Form

Consultant Forms

- Consulting Checklist
- Consultant Report Forms, 2019:
 - Consultant Report, Top Sheet
 - Quality Assurance Form
 - Priority Order Documentation Form
 - Consideration for Nutrition Intervention Form
 - Nutrition Recommendations Form
 - Consultant Documentation Records Form
 - Sanitation Audit Form 1
 - Sanitation Audit Form 2
- Medical Nutrition Therapy Forms:
 - Medical Nutrition Therapy Assessment Form
 - Medical Nutrition Therapy Reassessment/Progress Note Form
 - Medical Nutrition Therapy Notes Form
- Food Intake Study Form
- Training and Inservice Forms:
 - Training/Orientation Form
 - Inservice Training Report Form
 - Inservice Sign in Form

Assisted Living Facilities: Nutrition Consulting Guidance

Food Preferences Form

Name _____ Admission Date _____

Diet Order _____ Food Allergies/Intolerances _____

Meal Location Room: B L D Dining Room: B L D Preferred Portions: Lg Avg Sm

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

Would you like a select menu? Yes No

Beverage Preference (Circle)

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

Food Dislikes (Circle)

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

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

Assisted Living Facilities: Nutrition Consulting Guidance

Monthly Weight Record Form

Monthly Weight Record for _____ Year

Facility/Wing _____

Room	Name	Ht	UBW	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Ht = Height UBW = Usual body weight

Assisted Living Facilities: Nutrition Consulting Guidance

Weekly Weight Record Form

Room	Name	Previous Weight	Date	Wt	Date	Wt	Date	Wt	Date	Wt	Date	Wt	Date	Wt	Date	Wt	Date

Assisted Living Facilities: Nutrition Consulting Guidance

Weight Change Notification and Recommendations Form*

Patient/Resident Name _____ Date _____

Physician _____ Room ID _____

Significant Weight Change	Recommendations

Thank you,

(Signature/credentials) _____

Physician's Response	Yes	No	
New Order _____			
Physician Signature _____		Date _____	
Signature of Nurse Accepting Order _____		Date _____	
<input type="checkbox"/> IDT Notified	Yes	No	Date _____
Notes _____			
<input type="checkbox"/> Family Notified	Yes	No	Date _____
Notes _____			
<input type="checkbox"/> RDN Notified	Yes	No	Date _____
Notes _____			
Additional Comments			

*Note: This form is only used when RDN order-writing privileges have not been granted by physician.

Assisted Living Facilities: Nutrition Consulting Guidance

Assisted Living Checklist for Contracted Service

Supervising Diets

- Monitored acceptance of special or therapeutic diets
- Monitored dietary staff preparing diets
- Planned/reviewed menu
- Educated staff on diets/new therapeutic diets
- Meal Observation

Sanitation

- Sanitation inspection (see attached form)
- Food Safety inspection
- Dining area inspection

Documentation

- Addressed all referrals
- Documented resident acceptance of therapeutic diets
- Monitored monthly weights on residents on special or therapeutic diets
- Addressed unplanned weight changes
- Addressed pressure injuries

Staff Training

- In-service for dietary staff
- In-service for nursing/care staff

Administrative

- Developed policies and procedures
- Attended quality assurance meeting

Other:

Consultant Report from Registered Dietitian Nutritionist/ Nutrition and Dietetic Technician, Registered



Facility Name _____ **Date** _____
Time in _____ **Time Out** _____ **Hours** _____
Contracted Hours _____ **Add'l Approved Hours** _____ **Next Scheduled Visit** _____

Consultant's Signature/Title _____

DOCUMENTATION: <input type="checkbox"/> See attached recommendations <input type="checkbox"/> Pressure injuries/ulcers <input type="checkbox"/> Significant weight losses/gains <input type="checkbox"/> Nutritional Assessments/POCs <input type="checkbox"/> Tube feedings/Parenteral nutrition <input type="checkbox"/> Quarterly Progress Notes/POC updates <input type="checkbox"/> MDS+/CAAs <input type="checkbox"/> Weight audit <input type="checkbox"/> Follow up on previous recommendations <input type="checkbox"/> Resident visitation _____ _____ _____ _____ _____

MEETINGS OR COMMUNICATIONS: <input type="checkbox"/> Administrator/Assistant Administrator <input type="checkbox"/> DON/Assistant DON <input type="checkbox"/> Dietary Manager/Asst. Dietary Manager/NDTR <input type="checkbox"/> STNA / LPN / Nursing Staff <input type="checkbox"/> SLP / OT / PT <input type="checkbox"/> Physician <input type="checkbox"/> POC meeting <input type="checkbox"/> POC Nurse/MDS+ Coordinator _____ _____ _____
--

CONTINUING EDUCATION/OTHER SERVICES: <input type="checkbox"/> Inservice/Training <input type="checkbox"/> Menu/Recipe work <input type="checkbox"/> Recommendations (See narrative) <input type="checkbox"/> Information provided _____ _____
--

QUALITY IMPROVEMENT: <input type="checkbox"/> Recommended needs (See narrative) <input type="checkbox"/> Sanitation inspection (Attached) <input type="checkbox"/> Meal service observation (Attached) <input type="checkbox"/> Food preparation observation (Attached) <input type="checkbox"/> Test tray (Attached) <input type="checkbox"/> Chart audit/Other QAPIs (Attached) _____ _____ _____

Other Comments/Findings:

Consultant Report from Registered Dietitian/ Dietetic Technician Registered



Facility _____ Signature _____

Major Concerns:	Yes	No	Comments:
Weekly			
Meal Rounds:			
Proper Assistance			
Proper Food Temperatures			
Proper Consistency			
Substitutions Offered			
Meal Replacement Offered			
Assistive Devices as Needed			
Dining Room Well Lighted, Adequately Furnished			
Documentation:			
Up to Date			
Monthly			
Meal Preparation:			
Conserve Nutritive Value, Flavor and Appearance			
Recipes Followed			
Puree Food			
Sanitary Conditions:			
Refrigerator and Freezer Temperatures			
Food Handling			
Special Diets			
Sufficient Staff			
Tray Line Service:			
Cards Followed			
Menus Followed			
Food Attractive			
Proper Portion Size			

Priority Order Documentation

Facility: _____

ROOM	NAME	PI/ PU	Wt. ↓	N/Re- Admit	TF	Wt. ↑	POC	PN	MDS/ CAAs	Comments

Key:

PI/PU - Pressure injury/ulcer
TF - Tube feeding
PN - Progress notes

Wt. ↓ - Significant weight loss
Wt. ↑ - Significant weight gain
MDS/CAAs - Minimum Data Set/Care Area Assessment

N/Re-Admit - New or Re-admit
POC - Plan of care

Consideration for Nutrition Intervention

To: Doctor _____

From: _____

Resident Name: _____ **Room:** _____

Current Diet Order: _____

Resident is referred for the following reason.

- | | |
|--|---|
| <input type="checkbox"/> Pressure injury/ulcer | <input type="checkbox"/> Abnormal labs |
| <input type="checkbox"/> Weight loss–Significant | <input type="checkbox"/> Renal diet |
| <input type="checkbox"/> Malnutrition | <input type="checkbox"/> Fracture |
| <input type="checkbox"/> Tube feeding issues | <input type="checkbox"/> Nausea or vomiting, persistent |
| <input type="checkbox"/> Swallowing difficulty | <input type="checkbox"/> Edema, severe |
| <input type="checkbox"/> Need for vitamin/mineral supplement | <input type="checkbox"/> UTI |
| <input type="checkbox"/> Diet change/Needed | <input type="checkbox"/> Diarrhea, persistent |
| <input type="checkbox"/> Weight gain–Significant | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Poor appetite | _____ |
| _____ | _____ |
| _____ | _____ |

Please consider nutrition intervention:

Approved: Yes / No

Signature of Doctor

Date

Nutrition Recommendations Form

Facility:

Wing:

Please complete and return to RDN or designee. Thank You!

Name _____ Room _____ New ___ Re-admit ___ Update ___

Food and Nutrition Service

Nursing

Physician Please Consider

Comments:

Comments:

Manager's Signature/Date:

Nursing Signature/Date:

Name _____ Room _____ New ___ Re-admit ___ Update ___

Food and Nutrition Service

Nursing

Physician Please Consider

Comments:

Comments:

Manager's Signature/Date:

Nursing Signature/Date:

Name _____ Room _____ New ___ Re-admit ___ Update ___

Food and Nutrition Service

Nursing

Physician Please Consider

Comments:

Comments:

Manager's Signature/Date:

Nursing Signature/Date:

**Medical Nutrition Therapy
Consultant Documentation Records**

Date: _____

Rm	Name	PI/ PU	Wt ↓	New R	RA	Wt ↑	TF IV	Referral	PN	POC	MDS CAAs	Information

Key: Rm = room PI/PU = pressure injury/ulcer Wt ↓ = weight loss R = Resident RA = readmission Wt ↑ = weight gain
TF = tube feed IV = intravenous PN = progress note POC = plan of care MDS = minimum data set CAAs = care area assessment

Assisted Living Facilities: Nutrition Consulting Guidance

Sanitation Audit Form 1 (page 1 of 2)

Facility _____ Completed by _____ Date _____

	Yes	No	Comments	Mgr Initials/Comments
Sanitation:				
Appearance of kitchen is acceptable				
Waste containers covered, clean				
Cleaning Schedule:				
Posted, and current				
Schedule followed				
Refrigerators:				
Clean				
Food dated, labeled, and covered				
Temperature acceptable				
Freezers:				
Clean				
Food dated, labeled, and covered				
Temperature acceptable				
Store Room:				
Clean / organized				
Food dated, labeled, and sealed; food off floor				
Stock rotated				
Cleaning supplies separated				

Assisted Living Facilities: Nutrition Consulting Guidance

Sanitation Audit Form 1 (page 2 of 2)

	Yes	No	Comments	Mgr Initials/Comments
Equipment:				
Clean and in good repair				
Proper handling/storage of equipment				
Personnel:				
Hair acceptable/restrained				
Hands washed as needed				
Clean clothes, aprons, and appropriate shoes worn				
Dining Room:				
Appearance of dining room is acceptable				
Dish Room:				
Proper 3-sink method				
Proper clean dish handling and storage				
Food Safety:				
Leftovers promptly stored				
Gloves worn when needed				
Steps to prevent cross contamination posted and followed				

Other Comments:

Assisted Living Facilities: Nutrition Consulting Guidance

Sanitation Audit Form 2 (page 1 of 4)

Date _____

Time _____

Items Reviewed	S	NI	U	Comments
Personnel				
1. Hair/beard restraint				
2. Uniforms/apron				
3. Hand washing				
4. Non-latex gloves used when appropriate				
5. Jewelry per policy				
6. Personal hygiene appropriate				
7. Free of wounds				
8. Free of communicable disease				
9. Proper food handling				
10. Unauthorized traffic minimal				
11. Eating in designated area				
12. Proper beverage containers				
Food Production				
1. Hand washing sink				
2. Step can				
3. Prep sink				
4. Thermometer calibrated				
5. Cutting boards used properly				
6. Sanitizer buckets used properly				
7. Knife rack				
8. Utensils				
9. Spice rack				
10. Proper reheating				
11. Pasteurized eggs used				
Equipment				
1. Exhaust hood/fan				
2. Stove top				
3. Griddle				
4. Conventional oven				
5. Tilt skillet				
6. Convection oven				
7. Steamer				
8. Steam-jacketed kettle				
9. Steam table				
10. Pellet heater				
11. Tray dispenser				
12. Lid rack				

Assisted Living Facilities: Nutrition Consulting Guidance

Sanitation Audit Form 2 (page 2 of 4)

Items Reviewed	S	NI	U	Comments
Equipment (continued)				
13. Toaster				
14. Microwave				
15. Blender				
16. Food processor				
17. Slicer				
18. Mixer				
19. Can opener				
20. Food scale				
21. Ingredient bins				
22. Juice machine				
23. Coffee urn				
24. Milk dispenser				
25. Ice machine				
26. Other				
Dry Storage				
1. 18" from ceiling				
2. 6" from floor				
3. Covered/labeled/dated				
4. FIFO				
5. No dented cans				
6. No dusty cans				
7. Non-food separate				
8. Disaster water/food available				
Refrigerator and Freezer				
1. Temperatures appropriate				
2. Temperature log maintained				
3. Internal food temperatures appropriate				
4. Doors				
5. Gasket				
6. No spills				
7. 6" from floor				
8. Covered/labeled/dated/old food discarded				
9. Proper storage				
10. Proper thawing				
11. Proper cooling				
12. Leftovers used properly				
13. Fan clean				
14. Ice build up				

Assisted Living Facilities: Nutrition Consulting Guidance

Sanitation Audit Form 2 (page 3 of 4)

Items Reviewed	S	NI	U	Comments
Chemical Storage				
1. Chemicals labeled				
2. Off the floor				
3. SDS available				
4. Mop buckets clean				
5. Proper storage of mop				
Pot and Pan Sink				
1. Sanitizer-PPM appropriate				
2. Sanitizer log maintained				
3. Proper procedure				
4. Items clean, no grease				
5. Items air dried				
Dishwashing Area				
1. Temperature appropriate				
2. PPM correct				
3. Temperature log				
4. Proper dishwashing				
5. Dish machine clean				
6. No lime deposit				
7. Chemicals off floor				
8. Hood clean				
9. Fan clean				
10. Garbage disposal				
11. Hose/faucet sprayer				
12. Garbage covered and area clean				
Dishwasher/Utensils				
1. Clean				
2. Air-dried				
3. Broken glass/dish policy				
4. Chip/stain/lime free				
5. Proper storage				
6. Proper handling				
7. Adequate supply				

Code:

S = Satisfactory

NI = Needs Improvement

U = **Critical Violation** (Immediate Jeopardy)

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Assisted Living Facilities: Nutrition Consulting Guidance

Sanitation Audit Form 2 (page 4 of 4)

Items Reviewed	Food Prep			Dry Storage			Walk-ins			Dish-room			Chemical Closet			Comments
	S	NI	U	S	NI	U	S	NI	U	S	NI	U	S	NI	U	
General																
1. Floor																
2. Mats																
3. Baseboard																
4. Walls																
5. Ceiling																
6. Vents																
7. Sprinklers																
8. Lights																
9. Windows																
10. A/C																
11. Counter tops																
12. Drawers																
13. Cabinets																
14. Under shelves																
15. Table legs																
16. Carts & racks																
17. Shelves																
18. Safety																
19. Dumpsters																
20. Trash Cans																
21. Pest-free																
22. Sanitizer use																
23. Fire safety																
24. Drains clean																

Code:

S = Satisfactory (1 point)

NI = Needs Improvement (0 points)

U = **Critical Violation** (Immediate Jeopardy) (-1 point)

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Total Possible Points	124
Facility Points	_____
Percentage Score	_____

Medical Nutrition Therapy Assessment—Assisted Living

Name	Residence	Physician	Gender M / F	DOB	Age
Assessment Type: Initial / Readmission / Yearly					
NUTRITION ASSESSMENT (Problems/Etiology/Signs & Symptoms)					
Ht (inches)	BMI _____	Weight Changes			
Wt (#)/(Date)	<input type="checkbox"/> <18.5 Underweight	Wt (#)/(Date) _____ () ↑ ↓ 5% in 1 mo			
UBW (#)	<input type="checkbox"/> 19-24.9 Normal Weight	Wt (#)/(Date) _____ () ↑ ↓ 7.5% in 3 mo			
DBW (#)	<input type="checkbox"/> 25-29.9 Overweight	Wt (#)/(Date) _____ () ↑ ↓ 10% in 6 mo			
Adj. BW (#)(Amputation)	<input type="checkbox"/> ≥30 Obese	Wt (#)/(Date) _____ () ↑ ↓ 1-2% in 7 days			
		Planned Weight Change? Y / N Comments:			
Diet Order Reg / Mech Soft / Puree / Other			Oral Nutrition Supplement / Snacks		
Food allergies / Intolerances			Fluid Restriction		
Location of Meals Rm / DR Restorative Dining Y / N			Intake of Food/Fluid Adequate to meet estimated needs? Y / N		
Adaptive Eating Device					
Alternate Feeding Orders PPN/ TPN/ IV / Tube feeding (including flush orders)					
_____ mL Formula = _____ Kcals _____ g protein, _____ % RDI (_____ mL FF + _____ mL flush) = _____ Total mL					
Fluids					
Appropriate Y / N Tolerated Y / N Changes Needed Y / N Comments					
Communication Alert / Confused / Unable to communicate					
Medication Interactions				Treatments	
Antibiotics Cardiac Meds Diuretics Laxatives Psychotropics				Chemo / Radiation / Wound VAC / Other:	
New Meds / Other:					
Labs (Date _____)					Other Pertinent Data (Date _____)
H/H _____	HbA1c _____	BS _____	Na _____	K+ _____	
Ca++ _____	Alb _____	Pre-alb _____	BUN _____	Cr _____	
Alteration in Nutrition and/or Hydration Status as Evidenced by (Check/Circle all that apply)					
<input type="checkbox"/> Abnormal Labs (Refer to data above) <input type="checkbox"/> Altered Taste <input type="checkbox"/> Alternate Feeding: TF / IV / TPN <input type="checkbox"/> Anemia <input type="checkbox"/> Cancer <input type="checkbox"/> CVD / CVA / TIA / CHF / HTN <input type="checkbox"/> Chewing / Swallowing Problem <input type="checkbox"/> Communication Difficulty: <input type="checkbox"/> Cultural Food Issues <input type="checkbox"/> Dehydration / Risk <input type="checkbox"/> Dementia/Cognitive Decline /Depression <input type="checkbox"/> Diabetes		<input type="checkbox"/> Edema <input type="checkbox"/> Failure to Thrive <input type="checkbox"/> ↑ ↓ Food / Fluid Intake <input type="checkbox"/> Fracture: <input type="checkbox"/> GI Disorder/Issues: <input type="checkbox"/> Hepatic (Liver) Disease <input type="checkbox"/> Hunger (Complains of) <input type="checkbox"/> Infection / Fever / Sepsis /URI/ UTI <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Malnutrition / Undernutrition <input type="checkbox"/> Mobility Issues:		<input type="checkbox"/> Neurological / Muscular Disease <input type="checkbox"/> Obesity <input type="checkbox"/> Pain Affecting Eating <input type="checkbox"/> PU Risk Score____ <input type="checkbox"/> Pressure Injuries/Ulcers / Wounds: <input type="checkbox"/> Pulmonary Disease <input type="checkbox"/> Self Feeding Difficulty <input type="checkbox"/> Surgery (Recent): <input type="checkbox"/> Terminal Status <input type="checkbox"/> Unintended Weight Loss (Significant) <input type="checkbox"/> Other:	
Nutritional Needs Estimation (Based on CBW)					
Total Kcal Needs:		Protein Needs (g):		Fluid Needs (mL):	
Kg Wt X 25 / 30 / 35 +500 cal to gain/ -500 cal to lose		Kg Wt X 0.8 / 1.0 / 1.25 /1.5		Kg Wt X 25mL/ 30mL/ 35 mL / 1 mL/kcal	
SUMMARY				Education Needs:	
PES STATEMENT Compromised nutrition and or hydration status, risk factors and/or complications indicate need for intervention. See Nutrition Diagnosis, Prescription & Intervention					
NUTRITION DIAGNOSIS		NUTRITION PRESCRIPTION & INTERVENTION		NUTRITION MONITORING	
				Weight / Labs / Skin / Diet / TF Tolerance	
Signature:				Date:	

Medical Nutrition Therapy Re-Assessment Updates—Assisted Living

Name: _____ Physician: _____ Room: _____

Ht	UBW	BMI <input type="checkbox"/> <18.5 Underweight <input type="checkbox"/> 19-24.9 Normal Weight <input type="checkbox"/> 25-29.9 Overweight <input type="checkbox"/> ≥30 Obese <input type="checkbox"/> ≥40 Extremely Obese	DOB	Age	M / F
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Estimated Nutritional Needs (Based on CBW)

Total Kcalorie Needs Kg Wt X 25 / 30 / 35 + 500 kcal to gain / - 500 kcal to lose	Protein Needs (gms) Kg Wt X 1.0 / 1.25 / 1.5	Fluid Needs (mL) Kg Wt X 25 / 30 / 35 / 1 mL/cal consumed	Dining Needs Location changes: Rehab dining: Y / N Adaptive equipment: Independent / Tray set up / Supervise / Cue / Assist / Totally Dependent for Eating:
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Date _____ <i>Re-admit / Quarterly / Progress Note / Yearly</i>	Date _____ <i>Re-admit / Quarterly / Progress Note / Yearly</i>	Date _____ <i>Re-admit / Quarterly / Progress Note / Yearly</i>
New Medical Diagnosis	New Medical Diagnosis	New Medical Diagnosis
Diet Prescription: Reg / Mech Soft / Pureed Other:	Diet Prescription: Reg / Mech Soft / Pureed Other:	Diet Prescription: Reg / Mech Soft / Pureed Other:
Oral Nutrition Supplements Calories : Protein (gms) :	Oral Nutrition Supplements Calories : Protein (gms) :	Oral Nutrition Supplements Calories : Protein (gms) :
Food/Fluid Intake Adequate to Meet Needs Y / N	Food/Fluid Intake Adequate to Meet Needs Y / N	Food/Fluid Intake Adequate to Meet Needs Y / N
Weights: CBW: _____ # _____ # () ↓ ↑ 5% past Mo _____ # () ↓ ↑ 7.5% past Qtr _____ # () ↓ ↑ 10% past 6 Mo	Weights: CBW: _____ # _____ # () ↓ ↑ 5% past Mo _____ # () ↓ ↑ 7.5% past Qtr _____ # () ↓ ↑ 10% past 6 Mo	Weights: CBW: _____ # _____ # () ↓ ↑ 5% past Mo _____ # () ↓ ↑ 7.5% past Qtr _____ # () ↓ ↑ 10% past 6 Mo
Lab Changes Date: _____ H/H _____ HbA1c _____ BS _____ Na _____ K+ _____ Ca++ _____ Alb _____ Pre-alb _____ BUN _____ Cr _____	Lab Changes Date: _____ H/H _____ HbA1c _____ BS _____ Na _____ K+ _____ Ca++ _____ Alb _____ Pre-alb _____ BUN _____ Cr _____	Lab Changes Date: _____ H/H _____ HbA1c _____ BS _____ Na _____ K+ _____ Ca++ _____ Alb _____ Pre-alb _____ BUN _____ Cr _____
Changes in Care / Condition (Medications, ADLs, physical, diagnosis, etc):	Changes in Care / Condition (Medications, ADLs, physical, diagnosis, etc):	Changes in Care / Condition (Medications, ADLs, physical, diagnosis, etc):
PES Statement: Compromised nutrition and/or hydration status, risk factors and/or complications indicate need for intervention (See Nutrition Prescription & Intervention)	PES Statement: Compromised nutrition and or hydration status, risk factors and/or complications indicate need for intervention (See Nutrition Prescription & Intervention)	PES Statement: Compromised nutrition and or hydration status, risk factors and/or complications indicate need for intervention (See Nutrition Prescription & Intervention)
NUTRITION DIAGNOSIS <input type="checkbox"/> Continue previous <input type="checkbox"/> Change to:	NUTRITION DIAGNOSIS <input type="checkbox"/> Continue previous <input type="checkbox"/> Change to:	NUTRITION DIAGNOSIS <input type="checkbox"/> Continue previous <input type="checkbox"/> Change to:
NUTRITION PRESCRIPTION/ INTERVENTION <input type="checkbox"/> Continue previous <input type="checkbox"/> Change to:	NUTRITION PRESCRIPTION/ INTERVENTION <input type="checkbox"/> Continue previous <input type="checkbox"/> Change to:	NUTRITION PRESCRIPTION/ INTERVENTION <input type="checkbox"/> Continue previous <input type="checkbox"/> Change to:
Diet Instruction Provided Compliance Expected? Y / N	Diet Instruction Provided Compliance Expected? Y / N	Diet Instruction Provided Compliance Expected? Y / N
NUTRITION MONITORING Weight / Labs / Skin / Diet	NUTRITION MONITORING Weight / Labs / Skin / Diet	NUTRITION MONITORING Weight / Labs / Skin / Diet
Signature:	Signature:	Signature:
Signature:	Signature:	Signature:

Assisted Living Facilities: Nutrition Consulting Guidance

Food Intake Study Form

Name _____ Date _____

Food Item and Amount Served	Amount Eaten							For Dietitian		
	0	25%	50%	75%	100%	Fluids mLs	Initials	Calories	Protein	Fluids
Breakfast:										
10:00 AM Snack or Supplement:										
Lunch:										
2:00 PM Snack or Supplement:										
Dinner:										
HS Snack or Supplement:										
Totals										

Instructions:

1. Food and nutrition services: Write in the menu items served and give the form to the appropriate nursing staff.
2. Nursing: Check the appropriate column for percentage eaten. Return the completed form to food and nutrition services.
3. Food and nutrition services: Provide the completed form to registered dietitian nutritionist (RDN) or designee for estimation of calorie and protein intake.

Assisted Living Facilities: Nutrition Consulting Guidance

Training/Orientation Form

Name _____ Position _____ Date of Hire _____

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

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

Employee Signature:	Date:
Director of Food and Nutrition Services Signature:	Date:

Assisted Living Facilities: Nutrition Consulting Guidance

Inservice Training Report Form

Department: _____

Date: _____ Time: _____

Employee Group(s) Present: _____

Total Number of Employees in Group: _____

Number Present: _____ Number Not Present: _____

Method of Presentation: _____

Pre-Post Test Attached:

Subject(s) Covered:

Recommendations/Follow-Up:

Conducted by

Title

Assisted Living Facilities: Nutrition Consulting Guidance

Inservice Sign in Form

Date: _____ Time: _____ Inservice Title: _____

Name	Title/Position	Shift