Remote Set of Eyes

Abbreviated Consultant RD Audit - Please Complete 1x/wk and Submit to RD Photos can be sent to demonstrate compliance

ate: Account: Reviewer:		
FOOD SERVICE - INFECTION CONTROL	YES	NO
<b>Dishwashing</b> - High Temp Machine running >180 F Rinse; Low Temp Machine 100-200 PPM chlorine; Log Completed 2 or more times per day - completely filled out		
Sanitizing Food Contact Surfaces - frequently/after every use; Concentration per manufacturer's guideline (typically chlorine or bleach 50-100ppm, Quat 200-400ppm)		
<b>Hands Washed</b> (no sanitizer replaces this in the kitchen) for 20 sec b/n all tasks; Observe appropriate, frequent hand-washing by staff; Adequate soap & paper towels; procedure posted. Hands washed between glove change.		
Staff Practices- minimum touching of face, hair, other body parts. No bare hand contact with food.		
IN-ROOM and COMMUNAL DINING		
Residents with dysphagia or feeding assistance needed have a staff member with them?		
More than 6' between residents if communal dining is occurring?		
Hand washing/sanitizing is occurring between each resident?		
In-room residents are receiving follow up on needs (offering meal alternate, beverage refills or social engagement) to maximize oral intake. CDM is checking residents' oral intake daily with referral to RD if		
intake is lower than usual x 3 days.		
TEST TRAY ON THE HALL  Ask to have a tray put on the hall cart as the FIRST tray on. Remove the tray LAST after all others are passed Please document the food served and comment on the following: Is the temperature palatable (hot or cold)? Is How's the appearance of the tray? How's the flavor of the food? Other comments?		good?
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