

# **Policy & Procedure Manual**

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



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# Policy & Procedure Manual

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## Electronic Files (Customizable)

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Sample Job Descriptions _____	3
Sample Staffing Patterns and Work Schedules _____	18
Sample Competency Checklists _____	21

# 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* (updated in October of 2022). 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 2022 rules issued by CMS: includes the following updates that were initiated in 2017:

- Designate dietary departments as “food and nutrition services” departments. This term will be used throughout this manual.
- Refer 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.
- Allow 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
2. Dining/Meal Service
3. Food Production and Food Safety
4. Sanitation and Infection Control
5. Cleaning Instructions
6. Safety
7. Personnel/Training
8. Clinical Documentation
9. Anthropometrics
10. Nutrition Interventions
11. Quality Assurance and Performance Improvement
12. Emergency/Disaster Planning
13. References and Resources
14. Job Descriptions/Competencies

# Policy & Procedure Manual

**Note:** Federal, state and local food safety regulations and regulations governing food delivery and nutrition care in health care facilities are updated periodically. The authors of this manual made every effort to assure the information included is correct based on sources used and dates referenced at the time of publication. It is incumbent upon the reader to be aware of any updates to existing regulations and to adjust policies and procedures accordingly if necessary.

**Note:** Many facilities use electronic medical records, electronic tray ticket programs, and electronic communications, and have electronic files for their policies and procedures. Policies and forms in this manual can be used as templates for additional new policies and forms if the need arises.

## Reference

1. Center for Medicare and Medicaid Services. State Operations Manual Appendix PP-Guidance to Surveyors for Long Term Care Facilities. (Rev. 211, 2-3-23). <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>. Accessed June 13, 2023.

Sample

# 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.



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## Centers for Medicare and Medicaid Services 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 (1):

The director of food and nutrition services qualifications are (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; or E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including but not limited to foodborne illness, sanitation procedures, and food purchasing/receiving; and

In states that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers; and director of foods and nutrition services must receive frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional".

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)

### Reference

1. Center for Medicare and Medicaid Services. State Operations Manual Appendix PP-Guidance to Surveyors for Long Term Care Facilities. (Rev. 211, 2-3-23). <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>. Accessed June 13, 2023.

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## Definitions

**Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) (1):** 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) (2):** 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;

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- 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) (3):** 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 (3):** 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

**Therapeutic Diet (3)** 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 (4):

- 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.

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## **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 (5).

## **Scope of Practice: (6)**

Scope of practice in nutrition and dietetics encompasses the range of roles, activities and regulations within which nutrition and dietetics practitioners perform. For credentialed practitioners, scope of practice is typically established within the practice act and interpreted and controlled by the agency or board that regulates the practice of the profession in a given state.

## **References:**

1. Who is an RD? Commission on Dietetic Registration Web Site.  
<https://www.cdrnet.org/RDN>. Accessed June 13, 2023.
2. 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-dietetics-technician-registered-fact-sheet>. Accessed June 13, 2023.
3. Academy of Nutrition and Dietetics Definitions of Terms List. Updated February 2021.  
<https://www.eatrightpro.org/-/media/files/eatrightpro/practice/academy-definition-of-terms-list-feb-2021.pdf>. Accessed June 13, 2023.
4. 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 June 13, 2023.
5. Center for Medicare and Medicaid Services. State Operations Manual Appendix PP- Guidance to Surveyors for Long Term Care Facilities. (Rev. 211, 2-3-23).  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>. Accessed June 13, 2023.
6. Scope and Standards of Practice. Academy of Nutrition and Dietetics web site.  
<https://www.eatrightpro.org/practice/dietetics-resources/scope-and-standards-of-practice>. Accessed June 13, 2023.

# 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 nontraditional 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.

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5. Menus will be posted in areas that are accessible to patients/residents and at heights where all individuals can easily view them.
6. Temporary changes in the menu will be noted on the menu substitution sheets and posted so that facility staff are 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