

2026 Edition

Policy & Procedure Manual

*Food and Nutrition Services in
Healthcare Facilities*



Becky
Dorner
& ASSOCIATES

Policy & Procedure Manual

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Policy & Procedure Manual

Table of Contents

Foreword

| | |
|--|-------|
| License Agreement and Restrictions _____ | i |
| Acknowledgements _____ | ii |
| Approval Form _____ | iv |
| Table of Contents _____ | v |
| Introduction _____ | xv |
| Purpose and Objectives of the Food and Nutrition Services Department _____ | xvii |
| Centers for Medicare and Medicaid Services Guidelines _____ | xviii |
| Definitions _____ | xix |

Chapter 1: Menus and Therapeutic Diets

| | |
|---|------|
| Menu Planning _____ | 1-1 |
| Sample Menu Checklist: Nutritional and Regulatory Requirements _____ | 1-3 |
| Sample Menu Shell for Menu Overview _____ | 1-5 |
| Sample Menu Shell for Diet Extensions _____ | 1-6 |
| Sample Production Sheet _____ | 1-7 |
| Select Menus _____ | 1-8 |
| Standardized Recipes _____ | 1-9 |
| Menu Substitutions _____ | 1-10 |
| Sample Menu Substitution Lists _____ | 1-11 |
| Sample Menu Substitution Sheet _____ | 1-13 |
| Diet and Nutrition Care Manual _____ | 1-14 |
| Transmission of Diet Orders _____ | 1-15 |
| Therapeutic Diets _____ | 1-16 |
| Right to Refuse a Diet _____ | 1-17 |
| Diets Available on the Menu _____ | 1-18 |
| Sample Diet Order Form _____ | 1-19 |
| Diet Order Form _____ | 1-20 |
| Diet Order Audit _____ | 1-21 |
| Sample Diet Order Audit Form _____ | 1-22 |
| Sample Oral Nutritional Supplement Audit Form _____ | 1-23 |
| Sample Weekly Diet Census Sheet _____ | 1-24 |
| Patient/Resident Choices That are in Conflict with the Diet Order _____ | 1-25 |
| Use of Salt Substitute _____ | 1-26 |
| Food Replacement for Individuals with Diabetes _____ | 1-27 |
| Diets for Kidney Disease _____ | 1-28 |
| Texture Modified Diets _____ | 1-29 |
| Altered Portions _____ | 1-30 |
| Diet Holidays _____ | 1-31 |
| Food and Beverages for Activities _____ | 1-32 |
| Clear Liquid and Full Liquid (IDDSI Level 3 Liquidised) Diet _____ | 1-33 |
| NPO Diet Orders _____ | 1-34 |
| Resident's Choice Meals _____ | 1-35 |

Chapter 2: Dining/Meal Service

| | |
|---|-----|
| The Dining Experience: Staff Responsibilities _____ | 2-1 |
| The Dining Experience _____ | 2-2 |
| The Person-Centered Dining Approach _____ | 2-4 |
| Resource: Traits of Great Person-Centered Service _____ | 2-5 |
| Customer Service _____ | 2-6 |

Policy & Procedure Manual

| | |
|---|------|
| Dining Room Service _____ | 2-7 |
| Dining Atmosphere _____ | 2-8 |
| Serving the Meal _____ | 2-9 |
| Service Staff _____ | 2-10 |
| Handling Customer Concerns _____ | 2-11 |
| Sample Dining Satisfaction Form _____ | 2-12 |
| Sample Dining Satisfaction/Meal Evaluation Form _____ | 2-13 |
| Table Setting _____ | 2-14 |
| Condiments, Food Baskets and Food Items at the Table _____ | 2-15 |
| Restaurant-Style Dining _____ | 2-16 |
| Family-Style Dining _____ | 2-17 |
| Buffet-Style Dining _____ | 2-18 |
| Open-Style Dining _____ | 2-20 |
| Room Service _____ | 2-21 |
| 24-Hour Dining _____ | 2-22 |
| Special Occasions – Holiday and Theme Meals _____ | 2-23 |
| Paid Feeding Assistants (Nursing Facilities) _____ | 2-24 |
| Timely Meal Service _____ | 2-26 |
| Meal Times and Frequency _____ | 2-27 |
| Early and Late Meals _____ | 2-28 |
| Select Menus _____ | 2-29 |
| Meal Identification and Preference Cards (Tickets) _____ | 2-31 |
| Offering Food Replacements at Meal Time _____ | 2-32 |
| Resource: Sample Available Food Replacements _____ | 2-33 |
| Displaying the Menu _____ | 2-34 |
| Accuracy and Quality of Tray Line Service _____ | 2-35 |
| Portion Control _____ | 2-36 |
| Adaptive (Assistive) Eating Devices _____ | 2-37 |
| Meal Observation _____ | 2-38 |
| Dining Room Procedures Following Meal Service _____ | 2-39 |
| Packed Meals Available for Transport _____ | 2-40 |
| Pets _____ | 2-41 |
| Leave of Absence _____ | 2-42 |
| Guest Meals _____ | 2-43 |
| Food Availability _____ | 2-44 |
| Nourishments and Oral Nutritional Supplements _____ | 2-45 |
| Sample Nourishments and Oral Nutritional Supplements Form _____ | 2-46 |

Chapter 3: Food Production and Food Safety

| | |
|--|------|
| Hours of Operation _____ | 3-1 |
| Director of Food and Nutrition Services Responsibilities _____ | 3-2 |
| Inventory and Cost Control _____ | 3-3 |
| Hazard Analysis Critical Control Points and Food Safety _____ | 3-4 |
| Resource: Foodborne Illness Basics _____ | 3-5 |
| Resource: Critical Control Points _____ | 3-7 |
| Resource: Foodborne Illnesses - What You Need to Know _____ | 3-8 |
| Resource: Pathogenic Microorganisms and Strategies for Their Control _____ | 3-11 |
| Resource: Critical Control Point Decision Tree Table _____ | 3-12 |
| Hazard Analysis Critical Control Points Principles _____ | 3-13 |
| Resource: Sample Hazard Analysis Critical Control Points Recipe _____ | 3-15 |
| Resource: Flow Chart _____ | 3-16 |
| General Hazard Analysis Critical Control Points Guidelines for Food Safety _____ | 3-17 |

Policy & Procedure Manual

| | |
|---|------|
| Food Procurement and Facility Gardens _____ | 3-20 |
| Accepting Food Deliveries _____ | 3-21 |
| Food Storage _____ | 3-22 |
| Sample Freezer and Refrigerator Temperatures Form _____ | 3-24 |
| General Food Preparation and Handling _____ | 3-25 |
| Meat and Vegetable Preparation _____ | 3-27 |
| Use of Raw and Pasteurized Eggs _____ | 3-28 |
| Food Temperatures _____ | 3-29 |
| Resource: Critical Temperatures for Safe Food Handling _____ | 3-30 |
| Resource: Taking Accurate Temperatures _____ | 3-31 |
| Resource: Minimum Cooking, Holding and Reheating Temperatures _____ | 3-33 |
| Summary Chart for Miminum Food Temperatures and Holding Times for Reheating | |
| Foods for Hot Holding _____ | 3-34 |
| Sample Breakfast Food Temperatures Form _____ | 3-35 |
| Sample Lunch Food Temperatures Form _____ | 3-36 |
| Sample Dinner Food Temperatures Form _____ | 3-37 |
| Sample Critical Control Point Documentation Form _____ | 3-38 |
| Labeling, Dating, and Use-By Dates _____ | 3-39 |
| Handling Cold Foods for Tray Line _____ | 3-41 |
| Taste Testing _____ | 3-42 |
| Use of Leftovers _____ | 3-43 |
| Sample Log for Cooling Cooked Foods _____ | 3-44 |
| Food Allergies _____ | 3-45 |
| Food Brought in from Outside Sources and Personal Food Storage _____ | 3-47 |
| Resource: Food Safety for Your Loved One _____ | 3-48 |
| Providing Food and Supplies for Other Departments _____ | 3-49 |
| Sample Special Events Food/M meal Form _____ | 3-50 |
| Floor Stock _____ | 3-51 |
| Sample Floor Stock Supply Form _____ | 3-52 |
| Reporting Issues/Incidents to the Director of Food and Nutrition Services _____ | 3-53 |
| Reporting a Foodborne Illness _____ | 3-54 |
| Food Safety: Preventing Burns _____ | 3-56 |
| Food Safety: Ice _____ | 3-57 |

Chapter 4: Sanitation and Infection Control

| | |
|--|------|
| Food Safety and Sanitation _____ | 4-1 |
| Food Safety – Director of Food and Nutrition Services Responsibilities _____ | 4-3 |
| Employee Hygiene for Food Safety _____ | 4-4 |
| Authorized Personnel in the Food Service Department _____ | 4-5 |
| General Sanitation of Kitchen _____ | 4-6 |
| Personal Hygiene and Health Reporting _____ | 4-7 |
| Hand Washing _____ | 4-8 |
| Hand Antiseptic _____ | 4-10 |
| Bare-Hand Contact with Food and Use of Plastic Gloves _____ | 4-11 |
| Cleaning Dishes Using a Dish Machine _____ | 4-12 |
| Resource: Sanitation of Dishes Using a Dish Machine _____ | 4-13 |
| Dish Machine Temperature Log _____ | 4-14 |
| Sample Dish Machine Temperature and Sanitizer Log Form _____ | 4-15 |
| Resource: Dish Machine Problems and Solutions _____ | 4-16 |
| Maintenance of Dish Machine _____ | 4-17 |
| Cleaning Dishes - Manual Dishwashing _____ | 4-18 |
| Resource: Sanitation of Dishes/Manual Washing _____ | 4-19 |

Policy & Procedure Manual

| | |
|---|------|
| Handling Clean Equipment and Utensils _____ | 4-20 |
| Bedside Water Containers _____ | 4-21 |
| Dry Storage Areas _____ | 4-22 |
| Production, Storage and Dispensing of Ice _____ | 4-23 |
| Isolation Meals _____ | 4-24 |
| Facility Specific Policy and Procedure: Isolation Meals _____ | 4-25 |
| Cleaning Procedures for Vomit and Fecal Matter _____ | 4-26 |
| Kitchen Cloths _____ | 4-27 |
| Waste Disposal _____ | 4-28 |
| Pest Control _____ | 4-29 |

Chapter 5: Cleaning Instructions

| | |
|--|------|
| Cleaning and Sanitation of Dining and Food Service Areas _____ | 5-1 |
| Sample Cleaning Schedule _____ | 5-2 |
| Sample Daily Cleaning Schedule Form _____ | 5-3 |
| Sample Weekly Cleaning Schedule Form _____ | 5-4 |
| Sample Monthly Cleaning Schedule Form _____ | 5-5 |
| Resource: Infection Control Cleaning Agents _____ | 5-6 |
| Safety Data Sheets _____ | 5-7 |
| Cleaning Instructions | |
| Broilers _____ | 5-8 |
| Cabinets and Drawers _____ | 5-9 |
| Can Opener _____ | 5-10 |
| Cloths, Pads, Mops and Buckets _____ | 5-11 |
| Coffee, Beverage, Juice, Frozen Yogurt or Ice Cream Machines _____ | 5-12 |
| Counters _____ | 5-14 |
| Cutting Boards _____ | 5-15 |
| Deep Fat Fryer _____ | 5-16 |
| Deep Fat Fryer Boil Out Process _____ | 5-17 |
| Floors, Tables and Chairs _____ | 5-18 |
| Food Carts _____ | 5-19 |
| Food Preparation Appliances _____ | 5-20 |
| Freezers _____ | 5-21 |
| Garbage Disposals _____ | 5-22 |
| Hoods and Filters _____ | 5-23 |
| Ice Machine and Equipment _____ | 5-24 |
| Microwave Oven _____ | 5-25 |
| Ovens _____ | 5-26 |
| Ranges and Griddles _____ | 5-27 |
| Refrigerators _____ | 5-28 |
| Slicers _____ | 5-29 |
| Steam Tables _____ | 5-30 |
| Toasters _____ | 5-31 |

Chapter 6: Safety

| | |
|---|-----|
| Safety Guidelines _____ | 6-1 |
| Safe Water Temperatures _____ | 6-2 |
| Safety in Food Preparation _____ | 6-3 |
| Equipment Safety _____ | 6-4 |
| Knife Safety _____ | 6-5 |
| Dishware and Glassware Safety _____ | 6-6 |
| Dish Clearing and Cleaning Safety _____ | 6-7 |

Policy & Procedure Manual

| | |
|--|------|
| Receiving and Storage Safety _____ | 6-8 |
| Lifting Techniques _____ | 6-9 |
| Floor Safety _____ | 6-10 |
| Fire Prevention _____ | 6-11 |
| Fire Plan for Food and Nutrition Services Department _____ | 6-12 |
| Resource: How to Contain Food and Nutrition Services Department Fires _____ | 6-13 |
| Resource: Helpful Fire Safety Information _____ | 6-14 |
| Facility Specific Policy and Procedure for Fires _____ | 6-16 |
| Resource: Emergency First Aid _____ | 6-17 |
| Emergency Eye Wash _____ | 6-18 |
| Facility Specific Policy and Procedure: Emergency Eyewash _____ | 6-19 |
| Accident/Incident Report _____ | 6-20 |
| Facility Specific Policy and Procedure: Accident/Incident Report _____ | 6-21 |
| Equipment Malfunctions and Repairs _____ | 6-22 |
| Facility Specific Policy and Procedure: Repairs from Outside Companies _____ | 6-23 |
| Facility Specific Policy and Procedure: Work Order _____ | 6-24 |

Chapter 7: Personnel/Training

| | |
|--|------|
| Personnel - General _____ | 7-1 |
| Director of Food and Nutrition Services _____ | 7-2 |
| Line of Authority _____ | 7-4 |
| Staffing the Food and Nutrition Services Department _____ | 7-5 |
| Facility Specific Policies and Procedures: Personnel Forms/Policies _____ | 7-6 |
| Sample Interview Questions _____ | 7-7 |
| Training/Orientation _____ | 7-8 |
| Facility Specific Residents' Rights Training (Nursing Homes) _____ | 7-10 |
| Facility Specific Patients' Rights Training (Hospitals) _____ | 7-11 |
| Facility Specific Patients'/Residents' Rights _____ | 7-12 |
| Facility Wide Inservice Training _____ | 7-13 |
| Health Insurance Portability and Accountability Act _____ | 7-14 |
| Facility Specific Policy and Procedure: Health Insurance Portability and Accountability Act _____ | 7-15 |
| Sample Training/Orientation Form _____ | 7-16 |
| Resource: Facilitating Adult Learning _____ | 7-17 |
| Inservice Training _____ | 7-18 |
| Resource: Inservice Training _____ | 7-19 |
| Sample Inservice Training Report Form _____ | 7-20 |
| Sample Inservice Sign In Form _____ | 7-21 |
| Evaluating Food and Nutrition Services and Clinical Nutrition Personnel _____ | 7-22 |
| Facility Specific Employee Evaluation Forms _____ | 7-23 |
| Sample Vacation Request Form _____ | 7-24 |
| Sample Employee Request for Leave Form _____ | 7-25 |
| Facility Specific Employee Vacation Request and Request for Leave Forms _____ | 7-26 |

Chapter 8: Clinical Documentation

| | |
|--|-----|
| Right to Deviate from Clinical Policies and Procedures _____ | 8-1 |
| Philosophy and Standards of Clinical Care _____ | 8-2 |
| Documenting in the Medical Record _____ | 8-3 |
| Diet History _____ | 8-4 |
| Sample Food Preferences Form _____ | 8-5 |
| Alternate Foods _____ | 8-6 |
| System for Recording Food Preferences _____ | 8-7 |

Policy & Procedure Manual

| | |
|--|------|
| Facility Specific Food Preference Form and/or Meal Identification Card _____ | 8-8 |
| Recording Percent of Meal Consumed _____ | 8-9 |
| Alternate Meal Recording System _____ | 8-10 |
| Sample Food Intake Record/Total Meal Percentage Form _____ | 8-11 |
| Facility Specific Food Intake Record _____ | 8-12 |
| Nutrient Intake Study _____ | 8-13 |
| Sample Food Intake Study Form _____ | 8-14 |
| Individuals Who Do Not Drink Milk _____ | 8-15 |
| Nutrition Screening for Referrals to the Registered Dietitian Nutritionist _____ | 8-16 |
| Referrals to the Registered Dietitian Nutritionist _____ | 8-18 |
| Sample Referrals for Registered Dietitian Nutritionist _____ | 8-19 |
| Sample Communication Form to Physician for Malnutrition Diagnosis _____ | 8-20 |
| Medical Nutrition Therapy Documentation _____ | 8-21 |
| Resource: Patient Driven Payment Model _____ | 8-24 |
| Resource: Role Delineation for Clinical Documentation _____ | 8-25 |
| Comprehensive Medical Nutrition Therapy Assessment _____ | 8-27 |
| Resource: Components of a Comprehensive Medical Nutrition Therapy Assessment _____ | 8-29 |
| Resource: Nutrition-Focused Physical Examination _____ | 8-32 |
| 48 Hour Care Plan _____ | 8-34 |
| Comprehensive Care Plan _____ | 8-35 |
| Resource: Nutrition Interventions for Unintended Weight Loss _____ | 8-37 |
| Facility Specific Medical Nutrition Therapy Documentation Forms _____ | 8-40 |
| Medical Nutrition Therapy Recommendations _____ | 8-41 |
| Sample Nutrition Recommendations Form _____ | 8-42 |
| Communication of Nutrition Concerns _____ | 8-43 |
| Order Writing Privileges for Clinically Qualified Nutrition Professional _____ | 8-44 |
| Sample Order Writing Privileges for Clinically Qualified Nutrition Professional Policy and Procedure Approval Form _____ | 8-45 |

Chapter 9: Anthropometrics

| | |
|--|------|
| Obtaining Accurate Heights _____ | 9-1 |
| Resource: How to Obtain Accurate Heights _____ | 9-1 |
| Obtaining Accurate Weights _____ | 9-2 |
| Resource: How to Obtain Accurate Weights _____ | 9-3 |
| Resource: Height/Weight Tables for Determining Body Weight Ranges _____ | 9-4 |
| Adjusting Weights for People with Amputations _____ | 9-5 |
| Measurements for Those Who Cannot be Weighed _____ | 9-6 |
| Sample Measurements for Individuals Who Cannot be Weighed Form _____ | 9-7 |
| Determining Body Mass Index _____ | 9-8 |
| Resource: Significant Weight Change _____ | 9-10 |
| Tracking Weight Changes _____ | 9-11 |
| Sample Monthly Weight Record Form _____ | 9-12 |
| Sample Individual Weight Chart Form _____ | 9-13 |
| Sample Weekly Weight Record Form _____ | 9-14 |
| Sample Significant Weight Changes Form _____ | 9-15 |
| Sample Weight Change Notification and Recommendations Form _____ | 9-16 |
| Sample Significant Weight Loss Form _____ | 9-17 |
| Immediate Temporary Interventions for Unintended Significant Weight Loss _____ | 9-18 |
| Significant Weight Loss _____ | 9-19 |
| Significant Weight Gain _____ | 9-21 |

Policy & Procedure Manual

Chapter 10: Nutrition Interventions

| | |
|--|-------|
| Nutrition at Risk Committee _____ | 10-1 |
| Interventions for Unintended Weight Loss _____ | 10-2 |
| Resource: Potential Interventions for Unintended Weight Loss in Older Adults _____ | 10-3 |
| High Calorie/High Protein Oral Nutritional Supplements _____ | 10-5 |
| Facility Specific Supplement Formulary _____ | 10-6 |
| Dehydration _____ | 10-7 |
| Fluids at the Bedside _____ | 10-8 |
| Encourage Fluids Order _____ | 10-9 |
| Fluid Restriction and Sample Distribution of Fluids _____ | 10-10 |
| Sample Fluid Restriction Form _____ | 10-11 |
| Pressure Injuries _____ | 10-12 |
| Individuals on Clear Liquids or NPO without Supplementation _____ | 10-14 |
| Dysphagia _____ | 10-15 |
| Implementation of the International Dysphagia Diet Standardisation Initiative _____ | 10-16 |
| Sample Letter to Physician and/or Clinicians Ordering Consistency Modified Diets _____ | 10-18 |
| Thickened Liquids _____ | 10-19 |
| End-of-Life Decisions _____ | 10-20 |
| Sample Decline of Life-Prolonging Procedures and Treatments Form _____ | 10-21 |
| Guidelines for Artificial Nutrition and Hydration Eligibility _____ | 10-22 |
| Enteral Nutrition Care _____ | 10-23 |
| Basic Guidelines for Enteral Feeding _____ | 10-25 |
| Documentation for Enteral Feeding _____ | 10-26 |
| Transitioning from Enteral Feedings to Oral Feedings _____ | 10-27 |
| Facility Specific Enteral Feeding Formulary _____ | 10-28 |
| Parenteral Nutrition _____ | 10-29 |
| Food-Nutrient-Medication Interactions _____ | 10-31 |
| Education for Food-Nutrient-Medication Interactions _____ | 10-32 |

Chapter 11: Quality Assurance and Performance Improvement

| | |
|--|-------|
| Quality Assurance and Performance Improvement _____ | 11-1 |
| Sample Quality Assurance and Performance Improvement Goal Form _____ | 11-2 |
| Sample Facility Goals Form _____ | 11-3 |
| Sample Monthly QAPI Reports Form _____ | 11-4 |
| Sanitation Audit _____ | 11-6 |
| Sample Sanitation Audit Form 1 _____ | 11-7 |
| Sample Sanitation Audit Form 2 _____ | 11-9 |
| Facility Specific Sanitation Audit Form _____ | 11-13 |
| Meal Preparation and Service Audit _____ | 11-14 |
| Sample Meal Preparation and Service Audit Form _____ | 11-15 |
| Tray Line Audit _____ | 11-17 |
| Sample Tray Line Audit Form _____ | 11-18 |
| Meal Round Audit _____ | 11-19 |
| Sample Meal Round Audit Form _____ | 11-20 |
| Food Satisfaction Audit _____ | 11-22 |
| Sample Food Satisfaction Questionnaire Form _____ | 11-23 |
| Test Meal/Tray Audit _____ | 11-24 |
| Sample Test Meal Audit Form _____ | 11-25 |
| Medical Record and Documentation Audit _____ | 11-26 |
| Sample Medical Record and Documentation Audit Form _____ | 11-27 |
| Sample Diet Order Audit Form _____ | 11-28 |
| Sample Supplements/Nourishments Audit Form _____ | 11-29 |

Policy & Procedure Manual

| | |
|---|-------|
| Sample In-Depth Documentation Audit Form _____ | 11-30 |
| Oral Nutritional Supplement/Snack Audit _____ | 11-31 |
| Sample Oral Nutritional Supplement/Snack Audit Form _____ | 11-32 |
| Sample Oral Nutrition Supplement/Snack Pass Audit Form _____ | 11-33 |
| Audit to Assess Quality of Nutrition Care Provided _____ | 11-34 |
| Resource: Audit to Assess Quality of Nutrition Care Provided _____ | 11-35 |
| Guide to Developing Facility's Annual Quality Assurance and Performance Improvement Plan _____ | 11-38 |
| Sample Quality Assurance and Performance Improvement Plan for Unintended Weight Loss _____ | 11-39 |

Chapter 12: Emergency/Disaster Planning

| | |
|---|-------|
| Important Notes About this Chapter _____ | |
| Overview of Emergency and Disaster Planning and Risk Analysis _____ | 12-1 |
| Resource: Identify Risks and Hazards _____ | 12-3 |
| Resource: Disaster Planning Flow Chart _____ | 12-4 |
| Emergency and Disaster Planning for Food and Nutrition Services _____ | 12-5 |
| Resource: Food and Nutrition Services Disaster Plan _____ | 12-6 |
| Role of Food and Nutrition Services Department During an Emergency _____ | 12-8 |
| Sample Disaster Responsibilities and Assignments Form _____ | 12-9 |
| Employee Training for Disaster Preparedness _____ | 12-10 |
| Back-up for Electronic Files _____ | 12-12 |
| Water Requirements _____ | 12-13 |
| Sources of Water During an Emergency _____ | 12-16 |
| Water Purification _____ | 12-17 |
| Sample Letter of Intent for Provision of Emergency Supplies _____ | 12-20 |
| Keeping Food Safe During and/or After a Disaster _____ | 12-21 |
| Refrigerated Foods _____ | 12-23 |
| Frozen Foods _____ | 12-25 |
| Develop a Plan to Use Perishable Foods _____ | 12-27 |
| Resource: Non-Perishable Foods List for Emergency Supply _____ | 12-28 |
| Emergency Contact Information and Sample Employee Contact Information Form _____ | 12-30 |
| Sample Emergency Contacts form _____ | 12-31 |
| Resource: Emergency Menu and Supplies _____ | 12-32 |
| Resource: Emergency Plan Special Diets Conversion Table _____ | 12-33 |
| Suggested Serving Sizes for Carbohydrate Food Portions for Patients with Diabetes _____ | 12-34 |
| Resource: Meals for Evacuation _____ | 12-35 |
| Sample Menu Shell _____ | 12-36 |
| Suggested Emergency Menu Pattern _____ | 12-37 |
| Day 1 Emergency Meal Plan – Assumes No Utilities _____ | 12-38 |
| Day 2 Emergency Meal Plan – Assumes No Utilities _____ | 12-39 |
| Day 3 Emergency Meal Plan – Assumes No Utilities _____ | 12-40 |
| Sample Emergency Medical Nutrition Therapy Information Form _____ | 12-41 |
| Hand Washing During a Disaster _____ | 12-42 |
| Dishwashing Without Electricity _____ | 12-43 |
| Resource: General Disaster Supplies _____ | 12-44 |
| Sample Location of Needed Items and Information During a Disaster Form _____ | 12-46 |
| Facility Specific Internal Emergency/Disaster Plan Policies _____ | 12-47 |
| Resource: Fire Prevention Plan _____ | 12-48 |
| Inability to Visit Facilities in Person _____ | 12-49 |
| Remote Documentation When Electronic Health Records are Not Available _____ | 12-50 |
| Sample Checklist for Virtual Nutrition Consult Form _____ | 12-51 |

Policy & Procedure Manual

Communal Dining Guidance During a Pandemic or Infectious Disease Outbreak _____ 12-53

For related policies, procedures, and resources see *Chapter 6: Safety* and visit the following website: <https://www.beckydorner.com/product/emergency-disaster-planning/>

References and Resources _____ 13-1

Electronic Files (Customizable)

The accompanying electronic files contain the Policy & Procedure Manual Microsoft Word files and additional resources including:

Sample Job Descriptions _____ 3

Sample Staffing Patterns and Work Schedules _____ 18

Sample Competency Checklists _____ 21

SAMPLE

Policy & Procedure Manual

Introduction

This policy and procedure manual can be used by acute and post-acute facilities (skilled nursing facilities, assisted living facilities, and other healthcare settings). Much of the language in the manual is based on the Center for Medicare & Medicaid Services *Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities*, updated in April of 2025 including the *State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities* (Rev 232; Issued: 07-23-25). However, the policies, procedures and resources can apply to a variety of health care facilities. When using the policies and procedures, also follow guidelines outlined by federal, state and local authorities, including the Joint Commission, Centers for Medicare & Medicaid Services (CMS), and Food Code.

The October 2022 rules issued by CMS included 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 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 & Medicaid Services. State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities. (Rev 232; Issued: 07-23-25). https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf. Accessed March 26, 2026.

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 an 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 a qualified dietitian.

Note: Support staff work under the supervision of the registered dietitian nutritionist (RDN). Support staff include nutrition and dietetics technicians, registered (NDTR), certified dietary managers (CDM), directors of food and nutrition services, etc. The RDN may delegate certain tasks based on the scope of practice and competency level of each member of the nutrition team.

Policy & Procedure Manual

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:

- (i) The director of food and nutrition services must meet at minimum one of the following qualifications: (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, it meets State requirements for food service managers or dietary managers; and director of food 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

Center for Medicare & Medicaid Services. State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities. (Rev 232; Issued: 07-23-25).

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

Accessed March 26, 2026.

Policy & Procedure Manual

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 (75 continuing professional education units in 5 years, including one in ethics or health equity)

*The 2025 revision of the Commission on Dietetic Registration's Terms and Definitions now specifies the requirement of a master's degree as the current minimum academic requirement.

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): 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) or Dietetic Technician, Registered (DTR)*: an individual who has met current minimum requirements by completing a minimum of an associate's 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

OR

- Completed the minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university or foreign equivalent;
- 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;

Policy & Procedure Manual

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

OR

- Completed a minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university or foreign equivalent. These professionals can choose to use the designation of BS-DTR or BS-NDTR.

In all three routes, the candidates must:

- Successfully completed the Registration Examination for Dietetic Technicians;
- Remit the annual registration maintenance fee; and
- Comply with the Professional Development Portfolio (PDP) recertification requirements (50 hours of approved CPE every 5 years)."
- Work under the supervision of the RDN.

Medical Nutrition Therapy (MNT) (3): CDR defines MNT as “an evidence-based application of the Nutrition Care Process. The provision of MNT (to a patient/client) 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 critical thinking 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 and Reassessment
- Nutrition Diagnosis
- Nutrition Intervention
- Nutrition Monitoring and Evaluation

Therapeutic Diet (3) “A Therapeutic Diet is a nutrition intervention prescribed by a physician or other authorized non-physician practitioner that provides food, fluid, or nutrients via oral, enteral and/or parenteral routes as part of treatment of disease or clinical conditions to modify, eliminate, decrease, or increase identified micro- and macronutrients 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 supplement) 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.

Policy & Procedure Manual

Mechanically Altered Diet

“Mechanically altered diet” means one in which the texture of a diet is altered. When the texture is modified, the type of texture modification must be specific and part of the physicians’ or delegated registered or licensed dietitian order (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 March 26, 2026.
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 March 26, 2026.
3. Commission on Dietetic Registration Definitions of Terms List. Revised 2025. <https://www.cdrnet.org/vault/2459/web//20241104%20Revised%202025%20DoT%20List%20Final%201-25.pdf>. Accessed March 26, 2026.
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/NursingHomeQuality/Inits/MDS30RAIManual.html>. Accessed March 26, 2026.
5. Center for Medicare & Medicaid Services. State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities. (Rev 232; Issued: 07-23-25). https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf. Accessed March 26, 2026.
6. Scope and Standards of Practice. Academy of Nutrition and Dietetics web site. <https://www.cdrnet.org/scope>. Accessed March 26, 2026.

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. Menus meet the nutritional needs of patients/residents in accordance with established national guidelines.
 - a. Menus are developed and prepared to meet resident choices including their nutritional, religious, cultural, and ethnic needs.
 - b. Menus meet basic nutritional needs by providing meals based on individual nutritional assessment, the individualized plan of care, and established national guidelines.
 - c. Menus are periodically updated to mitigate the risk of menu fatigue.
 - d. Menus are reviewed and revised as needed by a qualified dietitian or other qualified nutrition professional.
2. 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.)
3. Menus will be written using an accepted, standard meal planning guide (such as American Diabetes Association, Academy of Nutrition and Dietetics, American Medical Association, or U.S. Department of Agriculture, or other standard guide) that is appropriate for use when adjusted to meet each patient's/resident's needs.
 - 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 snacks and verbalize satisfaction with their snacks. 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.

Policy & Procedure Manual

4. 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 to 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 chooses to skip breakfast but will eat a sandwich and juice at 10 a.m.*"
5. Regular and therapeutic menus will be written by the facility's food and nutrition professional in accordance with the facility's approved diet and nutrition care manual or purchased from an approved vendor. The registered dietitian nutritionist (RDN) or designee will approve all menus.
6. Menus will be posted in areas that are accessible to patients/residents and at heights where all individuals can easily view them.
7. 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 include 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.