PURPOSE: This rule establishes dietary requirements for new and existing intermediate care and skilled nursing facilities.

[Editor's Note: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.]

(1) Each resident shall be served nutritious food, properly prepared and appropriately seasoned, taking into consideration resident food preferences, to provide an adequate diet in accordance with the physician's order and as recommended by the National Research Council. Nutritional needs of residents shall be met and shall be based on the individual's circumstances, medical condition and goals of treatment as determined and justified by the physician. A qualified professional, such as a dietitian or registered nurse, shall regularly assess these needs and shall keep the physician informed of the nutritional status of the resident. I/II

(6) If a resident refuses food served, appropriate substitutes of similar nutritive value shall be offered. II/III

...(12) An identification system shall be established to assure that each resident receives the diet as ordered. II/III

...(16) Menus for special prescribed diets shall be reviewed and approved in writing by either a qualified dietitian, a registered nurse or a physician. II/III

(19) A current record of purchased food shall be kept to show the kind and amount of food purchased each month. III

...(21) Menus for all diets shall be planned at least two (2) weeks in advance. If cycle menus are used, the cycle must cover a minimum of three (3) weeks and must be different each day of the week. Menus showing the foods and amounts of food to be served each day during the current week shall be posted where seen readily as food is prepared and served. Each day's menu shall show the date it was actually used and shall be kept on file for thirty (30) days. A list of substitutions shall be kept for thirty (30) days. III

(22) A file of standardized recipes shall be used. III

(23) A diet manual approved by the Division of Aging shall be readily available to attending physicians, nursing and dietary personnel. III

(1) The nutritional needs of the residents shall be met. Balanced nutritious meals using a variety of foods shall be served. Consideration shall be given to the food habits, preferences, medical needs and physical abilities of the residents. II/III
(6) Menus shall be planned in advance and shall be readily available for personnel involved in food purchase and preparation. Food shall be served as planned although substitutes of equal nutritional value and complementary to the remainder of the meal can be made if recorded. III

(8) If a physician prescribes in writing a modified diet for a resident, the resident may be accepted or remain in the facility if—

(A) The physician monitors the resident's condition on a regular periodic basis and at least quarterly; II

(B) The diet, food preparation and serving is reviewed at least quarterly by a consulting nutritionist, dietitian, registered nurse or physician and there is written documentation of the review; II/III

(C) The modified diet menu is posted in the kitchen and includes portions to be served; III and (D) The facility has entered into a written agreement for dietary consultation with a nutritionist, dietitian registered nurse or physician. III