R9-10-912. Food Services

A. An administrator shall ensure that:

1. Food services are provided in compliance with 9 A.A.C. 8, Article 1;

2. A copy of the nursing care institution’s food establishment license required in subsection (A)(1) is provided to the Department for review upon the Department's request;

3. If a nursing care institution contracts with a food establishment as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution, a copy of the contracted food establishment's license is:
   a. Maintained on the nursing care institution's premises, and
   b. Provided to the Department for review upon the Department's request;

4. A registered dietitian is employed full-time, part-time, or as a consultant; and

5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.

B. A registered dietitian or director of food services shall ensure that:

1. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;

2. A food menu is prepared at least one week in advance, conspicuously posted, and adhered to unless an uncontrollable situation requires food substitution such as food spoilage or nondelivery of specific food ordered;

3. Meals for each day:
   a. Meet the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, "Recommended Dietary Allowances," 10th Edition, 1989, incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the National Academy Press, 2101 Constitution Avenue, N.W., P. O. Box 285, Washington, D.C. 20055; and

4. A resident is provided:

a. A diet that meets the resident’s nutritional needs as specified in the resident’s comprehensive assessment and care plan;

b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);

c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and

d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:

i. A resident group agrees; and

ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

5. A resident is provided with food substitutions of similar nutritional value if:

a. The resident refuses to eat the food served; or

b. The resident requests a substitution;

6. Recommendations and preferences are requested from a resident or the resident’s representative for meal planning;

7. A resident requiring assistance to eat is provided with assistance that recognizes the resident’s nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and

8. A resident eats meals in a dining area unless the resident chooses to eat in the resident’s room or is confined to the resident’s room for medical reasons documented in the medical records.

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).