6.5 Food Service

6.5.1 Meals. Therapeutic diets, mechanical alterations and changes in either must be prescribed by an attending physician within 72 hours of implementation. All meals and snacks shall be served in accordance with the therapeutic diet, if prescribed.

6.5.2 Menus

6.5.2.1 Menus shall be planned in advance and a copy of the current week's menu shall be posted in the kitchen and in a public area. Portion sizes shall be listed on a menu in the food service area.

6.5.2.2 Menus showing food actually served each day shall be kept on file for at least 3 months. When changes in the menu are necessary, substitutions of similar nutritive value shall be provided.

6.5.2.3 A 3-day supply of food shall be kept on the premises at all times.

6.5.2.4 A copy of a recent dietary manual shall be available for planning therapeutic menus and as a resource for staff.

6.5.3 Nutritional Assessment

6.5.3.1 The immediate nutritional needs of each resident shall be addressed upon admission.

6.5.3.2 A comprehensive nutritional assessment which includes an evaluation of each resident's caloric, protein, and fluid requirements shall be completed within 14 days of admission in consultation with a dietitian.

6.5.3.3 The facility shall have an ongoing evaluation and assessment program to meet the nutritional needs of all residents.

6.5.3.4 The facility shall obtain and document each resident’s weight at least monthly.

3000 Division of Long Term Care Residents Protection

3215 Training of Paid Feeding Assistants (Formerly Regulation No. 73)

1.0 Introduction
These regulations allow for the use of Paid Feeding Assistants, as single task workers, to provide feeding assistance in nursing facilities and assisted living facilities. To ensure consistency in the training of Feeding Assistants, the Division of Long Term Care Residents Protection has developed minimum requirements for Feeding Assistant training programs. Each Feeding Assistant training program shall be approved by the Division of Long Term Care Residents Protection. The intent of these regulations is to provide more residents with help in eating and drinking, or encouraging the resident so that more of the meal is consumed, making mealtime a more pleasant experience, and potentially reducing the incidence of unplanned weight loss and dehydration. The determination of which residents may receive assistance from a Feeding Assistant shall be based on the needs and potential risks to a resident as observed and documented in the resident’s plan of care and the comprehensive assessment of the resident’s functional capacity. While these regulations are not applicable to volunteers and family members, those individuals are encouraged to complete a Feeding Assistant training program.

2.0 Definitions

“Division” The Division of Long Term Care Residents Protection.

“Feeding Assistant” An unlicensed, uncertified person trained to assist residents with nutrition and hydration who has successfully completed an initial training program and has demonstrated competency.

“Feeding Assistant Program” Policies and procedures established by a facility to provide supervision of Feeding Assistants, resident selection criteria, and implementation of Section 3.0 of these regulations.

“Instructors” Registered nurses, advanced practice nurses, dietitians, speech pathologists, or a combination of such professionals, who train Feeding Assistants. Occupational therapists may be defined as instructors for purposes of training in special needs as described in Section 3.0 of these regulations

“Resident” A person admitted to a nursing facility or assisted living facility licensed pursuant to 16 Del.C. Ch. 11.

“Student” A person enrolled in an approved Feeding Assistant training program.

“Supervision” Direct oversight by a registered nurse or licensed practical nurse who is in the unit or on the floor where feeding assistance is furnished.

“Supervisory Nurse” The nurse who is responsible for a specific area of a facility such as a floor or unit.

3.0 General Requirements

3.1 Facilities implementing Feeding Assistant programs shall have written policies and procedures in place that include each item in Section 3.1.

3.2 Facilities implementing Feeding Assistant Programs shall strictly limit the responsibilities of each Feeding Assistant.
3.2.1 The facility shall ensure that each Feeding Assistant performs only those duties for which he/she has been specifically trained.

3.2.2 The facility shall ensure that each Feeding Assistant seeks assistance from other members of the resident care team for all resident needs other than nutrition/hydration.

3.3 Each Feeding Assistant employed by any facility either as facility or contract/agency staff shall be required to meet the following:

3.3.1 Each unlicensed or uncertified individual who feeds and hydrates residents in a facility, with the exception of family members and volunteers, shall successfully complete a Feeding Assistant training program approved by the Division of Long Term Care Residents Protection.

3.3.2 Feeding Assistants shall be required to successfully complete an approved Feeding Assistant training program before providing nutrition/hydration to residents.

3.3.3 A Feeding Assistant may provide nutrition/hydration to a resident only under the supervision of a registered nurse or licensed practical nurse who is present in the unit or on the floor where the task is performed and is readily available to provide assistance to the Feeding Assistant when needed.

3.3.4 A Feeding Assistant may provide nutrition/hydration only for those residents who have been assessed and approved by the supervisory nurse for such assistance. The resident assessment shall be based on the needs of, and potential risks to, the resident as observed and documented in the resident’s written plan of care and the latest comprehensive assessment of the resident’s functional capacity.

3.3.5 A Feeding Assistant shall not feed residents who are assessed to have complicated feeding problems such as recurrent lung aspirations, difficulty swallowing, feeding tubes, parenteral/IV feedings, chronic coughing or choking.

3.4 Participating facilities shall maintain records regarding the following:

3.4.1 The names of Feeding Assistants hired solely to provide nutrition and hydration.

3.4.2 The names of Feeding Assistants performing additional paid tasks in the facility.

3.4.3 The names of residents served by the Feeding Assistants.

3.5 The facility shall have policies and procedures in place to assure that Feeding Assistants report and record appropriate observations made while providing nutrition and hydration to nursing staff.

3.6 The resident’s record shall have documentation that the residents may be fed by a Feeding Assistant. Examples of such documentation include care plans, minimum data sets, uniform assessment instruments and flow charts.

3.7 The supervisory nurse shall request a physician referral to a speech pathologist for an assessment of a resident served by a Feeding Assistant when indicated, e.g., when there has been a change in the resident’s swallowing ability.
3.8 The facility shall maintain a list of facility staff qualified to train Feeding Assistants.

3.9 Feeding Assistants shall not be counted toward meeting any minimum staffing requirements.

4.0 Feeding Assistant Training Program Requirements

4.1 General Training Requirements

4.1.1 Each Feeding Assistant training program shall be approved by the Division.

4.1.2 To obtain approval, the curriculum content for the Feeding Assistant training programs shall meet each of the following requirements:

4.1.2.1 The program shall be a minimum of 12 hours to include classroom instruction and demonstrated competency.

4.1.2.2 Classroom instruction and demonstrated competency in each requirement shall be completed prior to students providing resident nutrition/hydration. Programs shall maintain documentation of completion of requirements.

4.1.2.3 At the completion of training, each student who has satisfactorily completed a Feeding Assistant training program shall be provided with documentation of completion of a Delaware Feeding Assistant Program which shall be transferable among facilities with Feeding Assistant programs.

4.1.2.4 The instructor shall directly supervise students at all times while students are demonstrating competency.

4.1.2.5 Programs shall notify the Division in writing when changes to the program or the instructors are made.

4.2 Curriculum Content

4.2.1 Feeding Assistant Role and Function

4.2.1.1 On-the-job conduct, appearance, grooming, personal hygiene and ethical behavior.

4.2.1.2 Responsibilities and limitations of a Feeding Assistant.

4.2.1.2.1 A Feeding Assistant shall perform only those duties for which he/she has been specifically trained.

4.2.1.2.2 A Feeding Assistant shall seek assistance from other members of the resident care team for all resident needs other than nutrition/hydration.

4.2.1.3 Reporting and documenting incidents.

4.2.1.4 Knowledge of the "chain of command" in the facility.

4.2.1.5 Importance of punctuality and commitment to the job.

4.2.2 Resident Rights
4.2.2.1 Providing dignity and maintaining confidentiality.

4.2.2.2 Promoting the resident’s right to make personal choices to accommodate individual needs.

4.2.2.3 Maintaining care and security of resident’s personal possessions.

4.2.2.4 Providing care which ensures that the resident is free from abuse, mistreatment, neglect or financial exploitation.

4.2.3 Psychosocial Factors

4.2.3.1 Verbal and non-verbal communication and interpersonal skills with residents, including those with dementia.

4.2.3.2 Religious, ethnic and personal food preferences.

4.2.4 Appropriate Responses to Resident Behaviors

4.2.4.1 Identifying behaviors which require assistance from professional staff.

4.2.4.2 Recognizing and reporting changes in residents that are inconsistent with their normal behavior.

4.2.4.3 Distinguishing between normal eating and drinking behaviors and those which need to be reported.

4.2.5 Safety and Emergency Procedures

4.2.5.1 Recognizing emergencies which require assistance from other members of the resident care team.

4.2.5.2 Learning appropriate use of the resident call system.

4.2.5.3 Identifying when a resident is choking.

4.2.5.4 Learning how to perform the Heimlich maneuver.

4.2.6 Nutrition/Hydration

4.2.6.1 Understanding of therapeutic diets, supplements and dietary restrictions, including consistency restrictions.

4.2.6.2 Understanding of fluid needs and restrictions.

4.2.6.3 Understanding tips to encourage intake.

4.2.6.4 Understanding of food substitution policy.

4.2.6.5 Understanding use of special feeding devices, including use of straws when deemed appropriate and beneficial to a resident.

4.2.6.6 Understanding the components of a healthy diet.
4.2.6.7 Understanding factors that cause higher risk for nutrition and hydration problems.

4.2.7 Infection Control

4.2.7.1 Knowledge of proper hand washing and hygiene.

4.2.7.2 Knowledge of disease transmission and infection prevention.

4.2.8 Monitoring and Reporting Intake

4.2.8.1 Fluids

4.2.8.1.1 Identifying amounts consumed according to facility policy and procedures.

4.2.8.1.2 Identifying items that are liquid or classified as liquid.

4.2.8.1.3 Recording liquid intake accurately.

4.2.8.2 Foods

4.2.8.2.1 Identifying percentage of food consumed according to facility policy and procedure.

4.2.8.2.2 Recording amount eaten accurately.

4.2.8.2.3 Reporting food-related resident problems.

4.3 Competencies

4.3.1 Feeding Techniques

4.3.1.1 Check resident’s identification and diet card to ensure that resident has received the correct tray.

4.3.1.2 Provide resident with napkin and clothing protector, as needed.

4.3.1.3 Describe selection and location of foods on tray.

4.3.1.4 Assist resident with food preparation, as needed.

4.3.1.5 Observe to make sure each mouthful of food is swallowed before more is ingested.

4.3.1.6 Offer liquids at intervals with solid food.

4.3.1.7 Record food and fluid intake separately and accurately.

4.3.2 Social/Environmental Factors

4.3.2.1 Encourage resident to eat independently, if appropriate.

4.3.2.2 Provide cuing and prompting during meals as needed.

4.3.2.3 Make pleasant conversation, but refrain from asking questions while the resident has food in his/her mouth or asking questions that require lengthy answers.
4.3.2.4 Never rush the resident while feeding.
4.3.2.5 Sit next to the resident to convey an unhurried feeling.
4.3.2.6 Keep the resident focused on eating. Avoid distractions.
4.3.2.7 Be aware of infection control techniques, including avoidance of blowing on hot food and sharing or sampling resident’s meal.

4.3.3 Special Needs
4.3.3.1 Use hand on hand to assist resident, as needed.
4.3.3.2 Help resident to grasp eating utensils and beverage containers.
4.3.3.3 Help resident with assistive devices such as plate guards and adaptive eating utensils.

7 DE Reg. 1186 (3/1/04)