Section 300.662 Resident Attendants

a) As used in this Section, "resident attendant" means an individual who assists residents in a facility with the following activities:

1) eating and drinking...

...h) A facility may not use on a full-time or other paid basis any individual as a resident attendant in the facility unless the individual:

1) has completed a Department-approved training and competency evaluation program encompassing the tasks the individual provides; and

2) is competent to provide feeding, hydration, and personal hygiene services. (Section 3-206.03(c) of the Act) The individual shall be deemed to be competent if he/she is able to perform a hands-on return demonstration of the required skills, as determined by a nurse.

i) The facility shall maintain documentation of completion of the training program and determination of competency for each person employed as a resident attendant.

j) A facility-based training and competency evaluation program shall be conducted by a nurse and/or dietician and shall include one or more of the following units:

1) A feeding unit that is at least five hours in length and that is specific to the needs of the residents, and that includes the anatomy of digestion and swallowing; feeding techniques; developing an awareness of eating limitations; potential feeding problems and complications; resident identification; necessary equipment and materials; resident privacy; handwashing; use of disposable gloves; verbal and nonverbal communication skills; behavioral issues and management techniques; signs of choking; signs and symptoms of aspiration; and Heimlich maneuver;

2) A hydration unit that is at least three hours in length and that includes the anatomy of digestion and swallowing; hydration technique; resident identification; necessary equipment and materials; potential hydration problems and complications; verbal and nonverbal communication skills; behavioral issues and management techniques; use of disposable gloves; signs of choking; signs and symptoms of aspiration; handwashing; and resident privacy;

3) A personal hygiene unit that is at least five hours in length and includes oral hygiene technique, denture care; potential oral hygiene problems and complications; resident
identification; verbal and nonverbal communication skills; behavioral issues and management techniques; resident privacy; handwashing; use of disposable gloves; hair combing and brushing; face and handwashing technique; necessary equipment and materials; shaving technique. (Section 3-206.03(d) of the Act)

k) All training shall also include a unit in safety and resident rights that is at least five hours in length and that includes resident rights; fire safety, use of a fire extinguisher, evacuation procedures; emergency and disaster preparedness; infection control; and use of the call system.

l) Each resident attendant shall be given instruction by a nurse or dietician concerning the specific feeding, hydration, and/or personal hygiene care needs of the resident whom he or she will be assigned to assist.

m) Training programs shall be reviewed and approved by the Department every two years. (Section 3-206.03(d) of the Act)

n) Training programs shall not be implemented prior to initial Department approval.

o) Application for initial approval of facility-based and non-facility-based training programs shall be in writing and shall include:

1) An outline containing the methodology, content, and objectives for the training program. The outline shall address the curriculum requirements set forth in subsection (h) of this Section for each unit included in the program;

2) A schedule for the training program;

3) Resumes describing the education, experience, and qualifications of each program instructor, including a copy of any valid Illinois licenses, as applicable; and

4) A copy or description of the tools that will be used to evaluate competency.

p) The Department will evaluate the initial application and proposed program for conformance to the program requirements contained in this Section. Based on this review, the Department will:

1) Grant approval of the proposed program for a period of two years;

2) Grant approval of the proposed program contingent on the receipt of additional materials, or revision, needed to remedy any minor deficiencies in the application or proposed program, which would not prevent the program from being implemented, such as deficiencies in the number of hours assigned to cover different areas of content, which can be corrected by submitting a revised schedule or outline; or

3) Deny approval of the proposed program based on major deficiencies in the application or proposed program that would prevent the program from being implemented, such as deficiencies in the qualifications of instructors or missing areas of content.

q) Programs shall be resubmitted to the Department for review within 60 days prior to expiration of program approval.
r) If the Department finds that an approved program does not comply with the requirements of this Section, the Department will notify the facility in writing of non-compliance of the program and the reason for the finding.

s) If the Department finds that any conditions stated in the written notice of non-compliance issued under subsection (r) of this Section have not been corrected within 30 days after the date of issuance of such notice, the Department will revoke its approval of the program.

t) Any change in program content or objectives shall be submitted to the Department at least 30 days prior to program delivery. The Department will review the proposed change based on the requirements of this Section and will either approve or disapprove the change. The Department will notify the facility in writing of the approval or disapproval.

u) A person seeking employment as a resident attendant is subject to the Health Care Worker Background Check Act (Section 3-206.03(f) of the Act) and Section 300.661 of this Part.

(Source: Added at 24 Ill. Reg. 17330, effective November 1, 2000)

Section 300.830 Consultation Services

...i) Facilities shall arrange for a dietary consultant as set forth in Section 300.2010(b).

Section 300.2010 Director of Food Services

a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week.

1) This person shall be either a dietitian or a dietetic service supervisor.

2) The person responsible for the food service may assume some cooking duties but only if these duties do not interfere with the responsibilities of management and supervision.

b) If the person responsible for food service is not a dietitian, the person shall have frequent and regularly scheduled consultation from a dietitian. Consultation, given in the facility, shall include training, as needed, in areas such as menu planning and review, food preparation, food storage, food service, safety, food sanitation, and use of food equipment. Clinical management of therapeutic diets shall also be included in consulting, covering areas such as tube feeding; nutritional status and requirements of residents, including weight, height, hematologic and biochemical assessments; physical limitations; adaptive eating equipment; and clinical observations of nutrition, nutritional intake, resident's eating habits and preferences, and dietary restrictions.

1) Intermediate care facilities: A minimum of eight hours of consulting time per month shall be provided for facilities with 50 or fewer residents. An additional four minutes of
consulting time per month shall be provided per resident over 50 residents, based on the
average daily census for the previous year.

2) Skilled nursing facilities: A minimum of eight hours of consulting time per month shall be
provided for facilities with 50 or fewer residents. An additional five minutes of consulting
time per month shall be provided per resident over 50 residents, based on the average daily
census for the previous year.

(Source: Amended at 23 Ill. Reg. 8106, effective July 15, 1999)

Section 300.2020 Dietary Staff in Addition to Director of Food Services

There shall be sufficient number of food service personnel employed and on duty to meet
the dietary needs of all persons eating meals in the facility. Their working hours shall be
scheduled to meet the total dietary needs of the residents. All dietary employees' time
schedules and work assignments shall be posted in the kitchen. Dietary duties and job
procedures shall be available in the dietary department for employees' knowledge and
use. (B)

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.2030 Hygiene of Dietary Staff

Food service personnel shall be in good health, shall practice hygienic food handling
techniques, and good personal grooming. (B)

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.2040 Diet Orders

a) Two or more copies of a current diet manual shall be available and in use. One copy shall
be located in the kitchen for use by dietary personnel. Other copies shall be located at each
nurses' station for use by physicians when prescribing diets.

b) Physicians shall write a diet order, in the medical record, for each resident indicating
whether the resident is to have a general or a therapeutic diet. The diet shall be served as
ordered.

c) A written diet order shall be sent to the food service department when each resident is
admitted and each time that the resident's diet is changed. Each change shall be ordered by
the physician. The diet order shall include, at a minimum, the following information: name
of resident, room and bed number, type of diet, consistency if other than regular
consistency, date diet order is sent to dietary, name of physician ordering the diet, and the
signature of the person transmitting the order to the food service department.
d) The resident shall be observed to determine acceptance of the diet, and these observations shall be recorded in the medical record.

e) A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).

f) All therapeutic diets shall be medically prescribed and shall be planned or approved by a dietitian.

g) The kinds and variations of prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type, in a form easily understood by staff, shall be available in a convenient location in the kitchen.

h) All oral liquid diets shall be reviewed every 48 hours. Medical soft diets, sometimes known as transitional diets, shall be reviewed every three weeks. All other therapeutic and mechanically altered diets, including commercially prepared formulas that are in liquid form and blenderized liquid diets, shall be reviewed as needed, or at least every three months.

(Source: Amended at 23 Ill. Reg. 8106, effective July 15, 1999)

Section 300.2050 Meal Planning

Each resident shall be served food to meet the resident’s needs and to meet physician’s orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

a) Milk and Milk Products Group: 16 ounces or more of Grade A whole or low fat pasteurized milk where milk is used for fluid consumption. Calcium equivalents for eight ounces of milk:

1) 1½ ounces natural cheese,

2) Two ounces processed cheese,

3) One cup yogurt, or one cup frozen yogurt,

4) One cup cottage cheese, or

5) 1½ cups ice cream or ice milk.

b) Meat Group: A total of 6 ounces (by weight) of good quality protein to provide 38 to 42 grams of protein daily. To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving. The following are examples of one serving.
1) Three ounces (excluding bone, fat and breading) of any cooked meat such as whole or
ground beef, veal, pork or lamb; poultry; organ meats such as liver, heart, kidney; prepared
luncheon meats.

2) Three ounces (excluding skin and breading) of cooked fish or shell fish or ½ cup canned
fish.

3) Three ounces of natural or processed cheese or ¾ cup cottage cheese.

4) Three eggs (minimum weight 21 ounces per dozen, considered a medium egg).

Note: If one egg is served at a meal, a protein food of good quality may be reduced from six
to five ounces for the remaining meals. If two eggs are served at a meal, a minimum of two
ounces of good quality protein shall be served at each of the remaining meals.

5) 1½ cups cooked dried peas or beans, six tablespoons of peanut butter, or one cup nuts,
not more than twice a week and provided that eggs, milk or lean meat is served at the same
meal.

6) Three ounces of soy protein containing not less than 21 grams of protein or in
combination with other sources of quality protein to equal 21 grams of protein, provided
that it is acceptable to the resident population.

7) Combinations of all above examples are acceptable, provided that the minimum standard
of six ounces of a good quality protein food is served daily and provided that the
combinations do not conflict with eye appeal or palatability.

8) The content of meat alternative products shall be listed on the menu.

c) Vegetable and Fruit Group: Five or more servings of fruits or vegetables.

1) A serving consists of:
A) ½ cup chopped raw, cooked, canned or frozen fruit or vegetables;
B) ¾ cup fruit or vegetable juice; or
C) One cup raw leafy vegetable.

2) The five or more servings shall consist of:
A) Sources of vitamin C
   i) One serving of a good source of vitamin C (containing at least 60 mg of vitamin C); or
   ii) Two servings of a fair source of vitamin C. This may be more than one food item and shall
       contain a total of at least 65 mg of vitamin C.
B) One serving of a good source of vitamin A at least three times a week supplying at least
   1000 micrograms retinol equivalent (RE) of vitamin A.
C) Other fruits and vegetables, including potatoes, that may be served in $\frac{1}{2}$ cup or larger portions.

3) To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving.

d) Bread, Cereal, Rice and Pasta Group: Six or more servings of whole grain, enriched or restored products. One serving equals:

1) One slice of bread,

2) $\frac{1}{2}$ cup of cooked cereal, rice, pasta, noodles, or grain product,

3) $\frac{3}{4}$ cup of dry, ready-to-eat cereal,

4) $\frac{1}{2}$ hamburger or hotdog bun, bagel or English muffin,

5) One 4-inch diameter pancake,

6) One tortilla,

7) Three to four plain crackers (small),

8) $\frac{1}{2}$ croissant (large), doughnut or Danish (medium),

9) $\frac{1}{16}$ cake,

10) Two cookies, or

11) $\frac{1}{12}$ pie (2-crust, 8”).

e) Butter or Margarine: To be used as a spread and in cooking.

f) Other foods shall be served to round out meals, satisfy individual appetites, improve flavor, and meet the individual’s nutritional and caloric needs.

g) Meals for the day shall be planned to provide a variety of foods, variety in texture and good color balance. The following meal patterns shall be used.

1) Three meals a day plan:

A) Breakfast: Fruit or juice, cereal, meat (optional, but three to four times per week preferable), bread, butter or margarine, milk, and choice of additional beverage.

B) Main Meal (may be served noon or evening): Soup or juice (optional), entree (quality protein), potato or potato substitute, vegetable or salad, dessert (preferably fruit unless fruit is served as a salad or will be served at another meal), bread, butter or margarine, and choice of beverage.

C) Lunch or Supper: Soup or juice (optional), entree (quality protein), potato or potato substitute (optional if served at main meal), vegetable or salad, dessert, bread, butter or margarine, milk, and choice of additional beverage.
2) Other meal patterns may be used if facilities are able to meet residents' needs using such plans.

(Source: Amended at 23 Ill. Reg. 8106, effective July 15, 1999)

Section 300.2070 Scheduling Meals

a) A minimum of three meals or their equivalent shall be served daily at regular times with no more than a 14 hour span between a substantial evening meal and breakfast. The 14 hour span shall not apply to facilities using the "four or five meal-a-day" plan, provided the evening meal is substantial and includes, but is not limited to, a good quality protein, bread or bread substitute, butter or margarine, a dessert and a nourishing beverage.

b) Bedtime snacks of nourishing quality shall be offered. Snacks of nourishing quality shall be offered between meals when there is a time span of four or more hours between the ending of one meal and the serving of the next, or as otherwise indicated in the resident's plan of care.

c) If a resident refuses food served, reasonable and nutritionally appropriate substitutes shall be served.

(Source: Amended at 16 Ill. Reg. 17089, effective November 3, 1992)

Section 300.2080 Menus and Food Records

a) Menus, including menus for "sack" lunches and between meal or bedtime snacks, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions", that is kept in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution; the meal at which the substitution was made; the menu as originally written; and the menu as actually served.

b) The menu for the current week shall be dated and available in the kitchen. Upon the request of the Department, sample menus shall be submitted for evaluation.

c) Menus shall be different for the same day of consecutive weeks and adjusted for seasonal differences.

d) All menus as actually served shall be kept on file at the facility for not less than 30 days.

e) Food label information for purchased prepared food listing food composition and, when available, nutrient content shall be kept on file in the facility for the current menu cycle.
f) Supplies of staple foods for a minimum of a one week period and of perishable foods for a minimum of a two day period shall be maintained on the premises. These supplies shall be appropriate to meet the requirements of the menu.

g) Records of all food purchased shall be kept on file for not less than 30 days.

(Source: Amended at 23 Ill. Reg. 8106, effective July 15, 1999)

Section 300.2090 Food Preparation and Service

a) Foods shall be prepared by appropriate methods that will conserve their nutritive value, enhance their flavor and appearance. They shall be prepared according to standardized recipes and a file of such recipes shall be available for the cook's use.

b) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs. (B)

c) All residents shall be served in a dining room or multi-purpose room except for an individual with a temporary illness, who is too ill, or for other valid reasons.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.2100 Food Handling Sanitation

Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.2110 Kitchen Equipment, Utensils, and Supplies

Each facility shall provide an adequate number of dishes, glassware, and silverware of a satisfactory type to serve all the residents in the facility at each meal.

(Source: Amended at 14 Ill. Reg. 14950, effective October 1, 1990)