Sec. 20.

(a) The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.

(b) The facility must employ a qualified dietitian either full time, part time, or on a consultant basis.

(c) If a qualified dietitian is not employed full time, the facility must designate a qualified person to serve as the director of food service who receives frequently scheduled consultation from a qualified dietitian.

(d) A qualified dietitian is one who is certified under IC 25-14.5. However, a person employed by a health facility as of July 1, 1984, must:

(1) have a bachelor's degree with major studies in food management;

(2) have one (1) year of supervisory experience in the dietetic service of a health care institution; and

(3) participate annually in continuing dietetic education.

(e) The food service director must be one (1) of the following:

(1) A qualified dietitian.

(2) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year experience in some aspect of institutional food service management.

(3) A graduate of a dietetic technician program approved by the American Dietetic Association.

(4) A graduate of an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year experience in some aspect of food service management.
(5) An individual with training and experience in food service supervision and management in a military service equivalent in content to the program in subdivisions (2), (3), and (4).

(f) The number of consultant dietitian hours shall be commensurate with number of residents, complexity of resident services, and qualifications of food service director with at least the following number of hours being provided:

(1) Four (4) hours every two (2) weeks for a facility of sixty (60) residents or less.

(2) Five (5) hours every two (2) weeks for a facility of sixty-one (61) to ninety (90) residents.  

(3) Six (6) hours every two (2) weeks for a facility of ninety-one (91) to one hundred twenty (120) residents.  

(4) Seven (7) hours every two (2) weeks for a facility of one hundred twenty-one (121) to one hundred fifty (150) residents.  

(5) Eight (8) hours every two (2) weeks for a facility of one hundred fifty-one (151) residents or more.

(g) Sufficient consultant hours shall be provided to allow the dietitian to correlate and integrate the nutritional aspects of resident care services by directing the following functions:

(1) Reviewing the resident's medical history, the comprehensive assessment, and assessing the resident's nutritional status.

(2) Interviewing and counseling the resident.

(3) Recording pertinent resident information on the record.

(4) Developing nutritional care goals.

(5) Conferring in interdisciplinary care planning.

(6) Sharing specialized knowledge with other members of the resident care team.
(7) Developing the regular diets to meet the specialized needs of residents.
(8) Developing therapeutic diets.
(9) Monitoring institutional food preparation and service.

(h) A facility must employ sufficient support personnel competent to carry out the functions of the dietary service.

(i) Menus must:

(1) meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences;
(2) be prepared in advance;
(3) be approved by a qualified dietitian; and
(4) be followed.

(j) A current diet manual shall be available.

(k) The regular menu for the facility must be posted or made available to the residents.

(l) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a) is a deficiency; and
(2) subsection (b), (c), (d), (e), (f), (g), (h), (i), (j), or (k) is a noncompliance.

Indiana State Department of Health; 410 IAC 16.2-3.1-20; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1546, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234) 410

IAC 16.2-3.1-21 Food

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 21.

(a) Each resident receives and the facility provides the following:

(1) Food prepared by methods that conserve nutritive value, flavor, and appearance.
(2) Food that is palatable, attractive, and at the proper temperature.
(3) Food prepared in a form designed to meet individual needs.
(4) Substitutes offered of similar nutritive value to residents who refuse food served.
(b) Therapeutic diets must be prescribed by the attending physician.

(c) Each resident receives and the facility provides at least three (3) meals daily, at regular times comparable to normal mealtimes in the community.

(d) There must be no more than fourteen (14) hours between a substantial evening meal and breakfast the following day, except as provided in subsection (f).

(e) The facility must offer snacks at bedtime daily.

(f) When a nourishing snack is provided at bedtime, up to sixteen (16) hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span and a nourishing snack is served. A nourishing snack is an offering of a minimum of a food item and a beverage.

(g) If a clear liquid diet is prescribed, the order shall be confirmed with the physician every forty-eight (48) hours, if it is the only source of nutrition unless a different time is specified in the physician’s order.

(h) The facility must provide special eating equipment and utensils for residents who need them.

(i) The facility must do the following:

1) Procure food from sources approved or considered satisfactory by federal, state, or local authorities.

2) Comply with 410 IAC 7-24.

3) Store, prepare, distribute, and serve food under sanitary conditions.

4) Provide available storage space in a room adjacent to or convenient to the kitchen for at least a three (3) day supply of staple food both for normal and emergency needs in keeping dietary standards.

5) Dispose of garbage and refuse properly.

(j) Any contracted food service to a facility must comply with all rules pertaining to dietary services.

(k) For purposes of IC 16-28-5-1, a breach of:

1) subsection (b), (g), (h), (i)(2), or (i)(3) is a deficiency; and

2) subsection (a), (c), (d), (e), (f), (i)(1), (i)(4), (i)(5), or (j) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-21; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1547, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; errata filed Mar 28, 2002, 4:35 p.m.: 25 IR 2522; errata filed Jan 21, 2005, 10:32 a.m.: 28 IR 1695)
Sec. 53. (a) Each dining assistant shall successfully complete a sixteen (16) hour training program for dining assistants that has been approved by the department.

(b) A dining assistant training program must obtain approval from the department prior to providing instruction to individuals.

(c) The facility shall do the following:

1. Ensure that resident selection for dining assistance is based on the charge nurse's assessment and the resident's most recent assessment and plan of care.

2. Not allow the dining assistant to assist more than two (2) residents at any one (1) time.

3. Ensure the dining assistant is oriented to the following:

   (A) The resident's diet, likes, and dislikes.

   (B) Feeding techniques appropriate to the individual resident.

4. Document the use of a dining assistant on the resident's care plan and review at each care plan conference.

5. Check the nurse aide registry prior to training an individual as a dining assistant.

6. Use only individuals as dining assistants who have successfully completed a department-approved training program for dining assistants.

(d) The scope of practice for dining assistants is as follows:

1. A dining assistant shall work under the supervision of a licensed nurse who is on the unit or floor where the dining assistance is furnished and is immediately available to provide assistance as needed.

2. In an emergency, a dining assistant shall call the supervising nurse using the resident call system or any other method available.

3. A dining assistant shall assist only residents who do not have complicated eating problems, which include, but are not limited to, the following:

   (A) Difficulty swallowing.

   (B) Recurrent lung aspirations.

   (C) Tube or parenteral/IV feedings.

(e) The dining assistant training program shall consist of, but is not limited to, the following:
State Regulation for Dietary Service — IN

(1) Eight (8) hours of classroom instruction prior to any direct contact with a resident that includes the following:

(A) Feeding techniques.

(B) Regular and special diets.

(C) Reporting food and fluid intake.

(D) Assistance with feeding and hydration.

(E) Communication and interpersonal skills.

(F) Infection control.

(G) Safety/emergency procedures including the Heimlich maneuver.

(H) Promoting residents' independence.

(I) Abuse, neglect, and misappropriation of property.

(J) Nutrition and hydration.

(K) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting these changes to the supervising nurse.

(L) Mental health and social service needs including how to respond to a resident's behavior.

(M) Residents' rights including the following:

(i) Privacy.

(ii) Confidentiality.

(iii) Promoting residents' right to make personal choices to accommodate their needs.

(iv) Maintaining care and security of residents' personal possessions.

(v) Dignity.

(2) Eight (8) hours of clinical instruction that consists of, but is not limited to, the following:

(A) Feeding techniques.

(B) Assistance with eating and hydration.

(f) The dining assistant training program and training facility, if applicable, must ensure that clinical instruction provides for the direct supervision of the dining assistant by a licensed nurse.

(g) Each training program shall have a qualified instructor responsible for program oversight who at a minimum:
(1) possesses a valid Indiana registered nurse license under IC 25-23-1-1;

(2) possesses two (2) years of licensed nursing experience, of which at least one (1) year of experience is in the provision of long term care services; and

(3) completed a department-approved training program.

(h) An approved program director of a department nurse aide training program constitutes a qualified instructor under subsection (g) and may conduct dining assistant training without additional training.

(i) Dining assistant training may only be provided by:

(1) a registered nurse;

(2) a licensed practical nurse;

(3) a qualified dietician;

(4) an occupational therapist; or

(5) a speech-language pathologist. Certified nurse aide and qualified medication aide personnel shall not participate in or provide any dining assistant training.

(j) In order to issue a certificate or letter of completion to the dining assistant, the dining assistant training program shall ensure that the dining assistant demonstrates competency in all areas of instruction using a checklist approved by the department.

(k) Each approved program shall maintain a student file that:

(1) is retained for a minimum of three (3) years; and

(2) contains:

(A) individualized documentation of the:

(i) classroom training that includes dates of attendance and areas of instruction; and

(ii) clinical instruction that includes dates of attendance and areas of instruction including procedures and activities completed during the clinical experience; and

(B) a copy of the certificate or letter confirming successful completion of the dining assistant training program, which shall be signed and dated by the instructor and bear the name and address of the training program.

(l) The department may revoke an approved dining assistant training program if evidence exists that the program has not been administered in accordance with this section.

(m) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (b), (c), (d), (e), (f), (g), or (j) is a deficiency;

(2) subsection (h) or (i) is a noncompliance; and
(3) subsection (k) is a nonconformance. (Indiana State Department of Health; 410 IAC 16.2-3.1-53; filed Aug 11, 2004, 11:00 a.m.: 28 IR 192; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)