10.07.02.13 Dietetic Services.

A. Services Provided. Services may be provided directly by the facility or the facility may contract with a food management company, a caterer, or another facility. The facility and the food management company (or caterer or facility providing service) shall comply with these regulations. Food service personnel shall comply with COMAR 10.15.03 Food Service Facilities.

B. Supervision.

(1) In facilities exceeding 50 beds, overall supervisory responsibilities for the dietetic service shall be assigned to a full-time qualified dietetic service supervisor. It shall be the responsibility of the supervisor to delegate relief duties to a person qualified to serve as relief. (See Supportive Personnel, Regulation .07J, above.)

(2) In facilities with 26-50 beds, exceptions may be made by the Department to allow the supervisor to share cooking responsibilities with the full-time cook.

(3) In facilities with 25 beds or fewer, responsibility may be assigned to the full-time cook.

(4) If a facility can demonstrate that because of the experience and training of its personnel and the physical layout and equipment, less supervisory personnel is required, the Department may modify the above requirements for supervision.

C. Consultation.

(1) If the supervisor is not a dietitian, the individual shall receive regularly scheduled consultation from a registered dietitian or other qualified person. In all instances sufficient consultation shall be provided to fulfill all required responsibilities.

(2) There shall be a signed agreement between the facility and the consultant dietitian specifying hours and frequency of service responsibilities, and registration number if applicable.

(3) Consultation services shall be documented by written reports.

D. Staffing.

(1) A sufficient number of food service personnel shall be employed to carry out efficiently the functions of the dietetic service and meet the dietary needs of the patient.

(2) Working hours shall be scheduled to insure that the dietetic needs of the patients are met.
Nursing, housekeeping, laundry, or other personnel may not be utilized as dietetic staff. Exceptions may be made only upon the written approval of the Department. The kitchen may not be used for any purpose other than the preparation of food.

E. Adequacy of Diet. The food and nutritional needs of patients shall be met in accordance with physicians’ orders. To the extent medically possible, the current "Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences", adjusted for age, sex, and activity shall be observed.

[Agency Note: The "Diet Manual for Long-Term Care Patients" as published by the Department, which contains food allowances and guides for regular and therapeutic diets may be used.]

F. Therapeutic Diets. Therapeutic diets shall be planned, prepared, and served as prescribed by the attending physician:

(1) Therapeutic diets shall be planned by a registered dietitian or other qualified person;
(2) Preparation and serving shall be supervised by a qualified dietetic supervisor;
(3) A current diet manual shall be available to medical, nursing, and dietetic staff.

G. Frequency and Quality of Meals. At least three meals or their equivalent shall be served daily, at regular times with not more than 14-hour intervals between the substantial evening meal and breakfast. A substantial evening meal is an offering of three or more menu items at one time, one of which includes a high quality protein such as meat, fish, eggs, or cheese. This meal represents no less than 20 percent of the day’s total nutritional requirements. To the extent medical orders permit, bedtime nourishments shall be offered routinely to all patients. If the four-or five-meal-a-day plan is used, the meal pattern to provide this plan shall be approved by the Department.

H. Advance Planning and Posting of Menus. Menus shall be written at least 1 week in advance. The current week’s basic menu shall be posted in one or more easily accessible places in the dietetic service department and in the patient area.

I. Menus Served as Planned. Food sufficient to meet the nutritional needs of patients shall be prepared as planned for each meal. When menu changes are necessary, substitutions shall provide equal nutritional value.

J. Retention of Records. Menus as served and records of food purchased for consumption by patients shall be filed on the premises for a period of 30 days.

K. Preparation of Food. Foods shall be prepared by methods that conserve nutritive value, flavor, and appearance, and shall be served at proper temperatures, in a form to meet individual needs. Standardized recipes adjusted to appropriate yield shall be followed. Standardized recipes are those recipes which have been tested by the facility or another source which assure consistency in quality and quantity.

10.07.02.32 Dietetic Service Area.

A. Food Service Department. The location of the food service area shall be
approved by the 

Department. A facility which holds full licensure as of the adoption of these regulations shall be considered as having an appropriately located food service area. A catered or satellite system shall be covered by a contract approved by the Department.

B. Outside Service Entrance. A convenient outside service entrance shall be planned to facilitate receiving food supplies and the disposal of waste.

C. Restriction—Entry to Kitchen or Serving Pantry. A toilet room or sleeping room may not open directly into any kitchen or serving pantry.

D. Limitations on Use of Kitchen. The kitchen may not be used as a passageway. It shall be used for no other purpose than activities connected with food service.

(1) New Construction. A janitor's closet or service alcove for exclusive use of food service areas shall be provided in, or adjacent to, the dietetic service department. It shall be equipped with a utility sink, storage shelves, and a rack for hanging brooms and mops.

(2) Existing Facility. A utility sink shall be provided within reasonable distance from the food service department for its use, but it may be shared with other activities. Space near the utility sink shall be provided for the storage of brooms, mops, and cleaning materials.

F. Space. There shall be sufficient floor space in the food service department to permit all activities to function efficiently without overcrowding:

(1) New Construction. New construction providing a conventional type food service program shall have the following minimal space requirements (excluding bulk food-storage areas, dining areas, and separate floor pantries). Modification of the following minimum space will be made in the event that the facility can demonstrate that the use of convenience food, disposables, or equipment, require less space for operation. However, once a facility elects to use these procedures or systems and a modification is granted, the systems may not be changed without prior approval of the Department. The Department in these cases may require additional space to
be provided.

Homes’ Licensed Capacity for Patients Minimum Space

(a) 2 to 10
(b) 11 to 35
(c) 36 to 100
(d) over 100

120 square feet.

132 square feet plus 12 square feet per licensed bed in excess of 11.
430 square feet plus 10 square feet per licensed bed in excess of 36.
1,070 square feet plus 8 square feet per licensed bed in excess of 100. (2) Renovations of existing kitchens shall be approved by the Department which will consider modification of the minimum space requirement based on space available, costs, and type of service.

(3) Aisle space between working areas shall be at least 3 feet; main traffic shall be at least 5 feet.

(4) Ceiling height shall be at least 9 feet.

[Agency Note: 10 foot ceiling height is recommended.]

(5) Existing Facility. A facility which holds full licensure as of the adoption of these regulations shall be considered as having an adequate size dietetic service department.

(6) If the licensed capacity of a facility is increased, or meals are provided to anyone outside of the facility from the food service area of the facility, the facility shall provide additional food service area in accordance with §F(1), (3), and (4) of this regulation. The additional food service area required when meals are provided to anyone outside of the facility is to be calculated by using the total number of individuals to whom meals are provided.

(7) The kitchen space requirement in §F(6) of this regulation does not apply to occasional special functions such as picnics or dinners for residents, volunteers, families, or community groups provided the facility certifies to the Department that the provision of meals for the particular special function will not adversely affect or detract from the timely provision of meals to the residents of the facility.

...E. Janitor’s Closet or Service Area.
(1) New Construction. A janitor's closet or service alcove for exclusive use of food service areas shall be provided in, or adjacent to, the dietetic service department. It shall be equipped with a utility sink, storage shelves, and a rack for hanging brooms and mops.

G. Floor Pantries—New Construction.

(1) In a decentralized food service, the area or areas for floor pantries shall be approved by the Department.

(2) This area shall be of sufficient size to accommodate the equipment required for food preparation and service.

[Agency Note: The following equipment is recommended:

(a) Equipment to maintain food at correct temperature;
(b) Toaster;
(c) Hot plate;
(d) Refrigerator;
(e) Ice-making machine or ice-storage container;
(f) Work space for tray preparation;
(g) Equipment for delivery of completed trays;
(h) Three-compartment sink or dishwasher;
(i) Cabinet for dry storage and supplies;
(j) Storage for trays, tableware, flatware, and utensils;
(k) Handwashing sink with soap and towel dispenser or approved drying device.]

(3) At least one nourishment pantry convenient to the nursing station shall be provided on each floor in facilities using a centralized food service system. Minimum equipment shall include the following:

(a) Refrigerators;
(b) Cabinets for dry storage and supplies;
(c) Work space;
(d) Sink for purposes other than handwashing;
(e) Handwashing sink with soap and towel dispenser or approved drying device.

H. Equipment for Food Preparation and Distribution. The following requirements shall be met:

(1) Adequate equipment for preparation, serving, and distribution of food shall be provided;
(2) A dumbwaiter, elevator, or ramp shall be provided in a facility of more than one story where more than eight patients, above or below the kitchen level, receive bedside tray service;

(3) Equipment to protect food from dust or contamination and to maintain food at proper temperature shall be provided for transportation of food to the patients.

I. Dry Food Storage. The following requirements shall be met:

(1) Adequate space shall be provided for the storage of food supplies;

Agency Note: The amount of storage space needed is dependent upon frequency of deliveries. It is recommended that 2 square feet per patient be provided and that the area be located within easy access to the receiving area and the kitchen.

(2) The storeroom shall be cool and well ventilated;

(3) All food supplies shall be stored off the floor and away from the wall to allow for cleaning.

[Agency Note: Care should be exercised in the rotation of stored food so that old stock is used first.]

J. Refrigerated Storage. Adequate refrigerated storage, refrigerators and frozen food storage cabinets, shall be provided which are regulated to maintain temperatures prescribed in COMAR 10.15.03 Food Service Facilities

10.07.02.41 Paid Feeding Assistants.

A. A facility may use a paid feeding assistant who has successfully completed a State approved training course as described in §E of this regulation.

B. Supervision.

(1) A paid feeding assistant shall work under the supervision of a licensed nurse.

(2) In an emergency, when the resident is fed in the resident’s room, a paid feeding assistant shall use the resident call system to call a supervisory nurse for help.

C. A facility that uses a paid feeding assistant shall ensure that the paid feeding assistant feeds only residents who do not have complicated feeding conditions including, but not limited to:

(1) Difficulty swallowing;

(2) Choking;

(3) Recurrent lung aspirations; or
D. Protocol. The facility shall develop a protocol for selecting residents who are appropriate for feeding by a paid feeding assistant. The facility shall select a resident based on the:

(1) Charge nurse’s current assessment of the resident;
(2) The resident's latest Minimum Data Set (MDS) assessment; and
(3) The resident's plan of care.

E. State-Approved Training. A State-approved training course for paid feeding assistants shall consist of at least 8 hours of training that includes:

(1) Feeding techniques;
(2) Assistance with feeding and hydration;
(3) Communication and interpersonal skills;
(4) Appropriate responses to resident behavior;
(5) Safety and emergency procedures, including the Heimlich maneuver;
(6) Infection control;
(7) Resident rights;
(8) Recognizing changes in a resident's behavior that are inconsistent with the resident's normal behavior and the importance of reporting these changes to a supervisory nurse; and
(9) Successful completion of a two-part test that includes a:
   (a) Written test with a passing score of 80 percent; and
   (b) Demonstration of proper feeding skills performed on a resident under observation.

F. The feeding assistant training may be taught by a:

(1) Registered nurse and supplementary professional instructors;
(2) Licensed dietitian-nutritionist;
(3) Licensed physical therapist;
(4) Licensed speech therapist; or
(5) Licensed occupational therapist.

G. The facility shall maintain a record of all paid feeding assistants who have successfully completed a feeding assistance course.