Assistance with Eating and Hydration

25.11 Nursing facilities may employ resident attendants to assist residents with activities of eating and drinking. The resident attendant shall not be counted in the direct care staffing levels (see also section 24.4 herein).

25.12 A nursing facility shall not use any individual on a paid or unpaid basis in the capacity of a resident attendant, as defined herein, in the nursing home unless the individual:

a) has satisfactorily completed a training program approved by the Director, as described in section 25.14 of these regulations;

b) continues to provide competent eating and hydration assistance as determined by the facility's professional nursing staff.

25.13 The facility shall ensure:

a) the resident attendant works in congregate dining areas under the supervision of a registered nurse (RN) or licensed practical nurse (LPN);

b) the resident attendant wears a photo identification badge in accordance with section 14.14 of these regulations;

c) the resident attendant only assists residents selected by the professional nursing staff, based on the charge nurse's assessment and the resident's latest assessment and plan of care;

d) the resident attendant assists with eating and drinking for residents who have no complicated eating/feeding problems, including but not limited to:

i. Tube or parenteral/IV feedings;

ii. Recurrent lung aspirations;

iii. Difficulty swallowing;

iv. Residents at risk of choking while eating or drinking;

v. Residents with significant behavior management challenges while eating or drinking;

vi. Residents presenting other risk factors that may require emergency intervention.

e) maintenance of records regarding individuals acting as resident attendants and the training program attended.
Section 27.0 Dietetic Services

27.1 Each facility shall maintain a dietetic service under the supervision of a full-time person who, as a minimum, is a graduate of a State approved course that provided instruction in food service supervision and nutrition and has experience in the organization and management of food service.

a) When the dietary manager is absent, a responsible person shall be assigned to supervise dietetic service personnel and food service operations.

27.2 When the dietary manager is not a qualified dietitian who is registered or eligible for registration by the commission of dietetic registration and/or licensed by the State, the facility shall obtain per written contractual arrangement adequate and regularly scheduled consultation from a qualified dietitian.

27.3 The responsibilities of the qualified dietitian shall include but not be limited to:

a) advising the administration and the supervisor of dietetic services on all nutritional aspects of resident care, food service and preparation;

b) reviewing food service policies, procedures and menus to insure the nutritional needs of all residents are met in accordance with reference 12;

c) serving as liaison with medical and nursing staff on nutritional aspects of resident care;

d) advising on resident care policies pertaining to dietetic services;

e) providing dietary counseling to residents when necessary;

f) planning and conducting regularly scheduled in-service education programs which shall include training in food service sanitation;

g) preparing reports which shall include date and time of consultation and services rendered, which reports shall be signed and kept on file in the facility; and

h) recording observations and information pertinent to dietetic treatment in the resident's medical record;

i) input in care plan development.

27.4 Adequate space, equipment and supplies shall be provided for the efficient, safe and sanitary receiving, storage, refrigeration, preparation and service of food and other related aspects of the food service operation in accordance with reference 10.

27.5 Policies and procedures shall be established for the dietetic service, pertaining to but not limited to the following:

a) responsibilities and functions of personnel;
b) standards for nutritional care in accordance with reference 12;

c) alterations or modifications to diet orders or schedules;

d) food purchasing storage, preparation and service;

e) safety and sanitation relative to personnel and equipment in accordance with reference 10; and

f) ancillary dietary services, including food storage and preparation in satellite kitchens and vending operations in accordance with reference 10; and

g) a plan to include alternate methods and procedures for food preparation and service, including provisions for potable water, to be used in emergencies.

27.6 All facilities shall provide sufficient and adequately trained supportive personnel, competent to carry out the functions of the dietetic services.

a) The dietetic services shall have employees on duty over a period of 12 or more hours per day, seven days per week.

b) Those employees involved in direct preparation of food (as opposed to distribution of food, dishwashing, etc.) shall not be involved in resident care.

c) Housekeeping and nursing personnel may assist in food distribution, but not food preparation. Careful hand washing shall be done prior to assisting in food distribution.

27.7 The facility's food service operation shall comply with all appropriate standards of reference 10.

a) Diet kitchens, nourishment stations, and any other related areas shall be the responsibility of the dietetic service.

27.8 All menus including alternate choices shall be planned at least one week in advance, to meet the standards for nutritional care in accordance with reference 12 and to provide for a variety of foods, adjusted for seasonal changes, and reflecting the dietary preferences of residents.

a) Menus shall indicate nourishments offered to residents between evening meal and bedtime.

b) Menus shall be posted in a conspicuous place in the dietary department and in resident areas.

c) Records of menus actually served shall be retained for thirty (30) days.

27.9 All diets shall be ordered in writing by the attending physician.

a) All diets shall be planned, prepared and served to conform to the physician's orders and to meet the standards of reference 12 to the extent medically possible.
b) Diet orders shall be reviewed by the attending physician on same schedule as other physician orders.

27.10 There shall be a diet manual, approved by the dietitian and available to all dietetic and nursing services personnel. Diets served to residents shall comply with the principles set forth in the diet manual.

27.11 Each resident shall receive and the facility shall provide at least three (3) meals daily, at regular times comparable to normal mealtimes based upon the individual preference of a resident or group of residents in a residential area and/or at regular times comparable to normal mealtimes in the community.

a) There shall be no more than fourteen (14) hours between a substantial evening meal and breakfast the following day, except as provided in (c) below.

b) The facility shall offer snacks at bedtime daily.

c) 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, or group of residents in a residential area agrees to this meal span, and a nourishing snack is served.

27.12 Foods shall be prepared by methods that conserve nutritive value, flavor and appearance, and shall be prepared and served at proper temperatures and in a form to meet individual needs. Food substitutes of similar nutritive value shall be offered when residents refuse foods served for good reason.

a) A file of tested recipes, adjusted to appropriate yield, shall be maintained and utilized corresponding to items on the menu.

b) House diets shall be appropriately seasoned.

c) There shall be a supply of staple foods for a minimum of seven (7) days and of perishable foods for a minimum of two days in the facility.

27.13 Food shall be attractively served on dinnerware of good quality, such as ceramic, plastic or other materials that are durable and aesthetically pleasing.

27.14 A dining room shall be available for those residents or residents who wish to participate in group dining in accordance with section 46.1 herein.

27.15 Self-help feeding devices shall be available to those residents who need them to maintain maximum independence in the activities of daily living.

27.16 A facility contracting for food service shall require as part of the contract, that the contractor comply with the provisions of the regulations herein.