State Regulations Pertaining Dietary - Therapeutic Menus

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ALABAMA

420-5-10-.12 Dietary Services.

(3) Menus and nutritional adequacy. Menus must -

(a) 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;

(b) Be prepared in advance; and

(c) Be followed.

...(5) Therapeutic diets. Therapeutic diets must be prescribed by the attending physician.

ALASKA

7 AAC 12.720. Dietetic service

...(d) The dietetic service must provide food of the quality and quantity to meet the patient’s needs in accordance with physician’s orders and, to the extent medically possible, to meet the Recommended Dietary Allowances, 1989 edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences and are adopted by reference in this section. If food is provided by an outside food service establishment, the requirements of this subsection must be met.

(f) A facility must maintain adequate space, equipment, and staple food supplies to provide food service to patients in emergencies.

(g) If a facility provides dietetic services, it must maintain a current profile card for each patient indicating prescribed diet, likes and dislikes, and other pertinent information concerning the patient's dietary needs.

(i) A current manual for therapeutic diets, approved by the dietitian, must be available in the dietetic
service area.

(j) A copy of the menus, with menu substitutions, must be retained for at least 60 days.

(k) Records of food purchased, showing dates of purchases, quantity, and itemized cost, must be retained on file for at least one year.

(l) Standardized recipes must be maintained and used exclusively in food preparation.

ARIZONA

B. A registered dietitian or director of food services shall ensure that:

1. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;

2. A food menu is prepared at least one week in advance, conspicuously posted, and adhered to unless an uncontrollable situation requires food substitution such as food spoilage or nondelivery of specific food ordered;

3. Meals for each day:
   a. Meet the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, "Recommended Dietary Allowances," 10th Edition, 1989, incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the National Academy Press, 2101 Constitution Avenue, N.W., P. O. Box 285, Washington, D.C. 20055; and

4. A resident is provided:
   a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and care plan;

5. A resident is provided with food substitutions of similar nutritional value if:
   a. The resident refuses to eat the food served; or
b. The resident requests a substitution;

6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning.

563 Minimum Daily Food Requirements

All patients shall be served an approved, appetizing, adequate diet that conforms to the recommended dietary allowances of the Food and Nutrition Board, National Research Council or with, “Food for Fitness- a Daily Guide” leaflet #424, United States Department of Agriculture. Facilities are permitted to serve commodity foods provided that the facility is registered as a non-profit organization and the foods were legally obtained directly from USDA sources. Commodity foods obtained from an individual may not be used. Commodity foods shall be utilized pursuant to USDA regulations. Facilities utilizing commodity foods shall maintain documentation, or be able to provide evidence, that the foods were obtained through proper channels. Failure to meet this requirement may result in a deficiency finding and a report to federal authorities. The daily food allowances for each patient shall include, unless contraindicated by the patient's physician:

563.1 Milk- two (2) or more eight (8) ounce portions

1. Milk and milk products shall be obtained from a source approved by the Arkansas Department of Health. They must be produced and handled in accordance with regulations set fourth by the Arkansas Department of Health.

2. Milk shall be served in the original individual containers or from a dispenser approved by the Arkansas Department of Health.

3. Cartoned milk or milk products shall be stored so that the tops are not covered with ice or water.

4. Milk and cream shall be kept in tightly covered containers and refrigerated until served or used.

563.2 Meat- five (5) ounces of protein, i.e., lean meat, fish, poultry, eggs, or cheese.

1. Count as a serving: two (2) to three (3) ounces of lean cooked meat, poultry, or fish all without bones; two (2) ounces of cheese; one (1) cup cooked dried beans or peas; four (4) tablespoons of peanut butter.

2. Dried beans, dried peas, or peanut butter may be served once a week in place of lean meat if one-half (1/2) pint of milk is served at the same meal. If milk is refused by the resident, one (1) ounce of meat or meat substitute such as cheese or eggs shall be served in its place.

3. Meat shall be obtained from an approved source.
4. No raw eggs shall be served.

563.3 Fruits and Vegetables- four (4) or more servings

1. Count as a serving: one-half (1/2) cup or portion as ordinarily served, such as one medium apple, banana, pear or potato.

2. Include a citrus fruit or other fruit or vegetable rich in Vitamin C every day and a dark green or deep yellow vegetable for Vitamin A at least every other day.

3. No hermetically sealed low acid or non-acid food which has been processed in a place other than a commercial food processing establishment shall be used.

563.4 Breads and Cereal- four (4) or more servings, whole grain, enriched or restored.

563.5 Other foods to round out meals and snacks and to satisfy individual appetites and provide additional calories. Supper shall include as a minimum: two (2) ounces of a substantial protein food, a starch (or substitute) or soup, vegetable or fruit, dessert and beverage, preferably milk.

564.4 Bedtime snacks of nourishing quality shall be routinely offered to all patients whose diets do not prohibit the services of this night feeding. Milk, juices, cookies, or crackers shall be offered.

566 Menus

566.1 Menus shall be planned and written two (2) weeks in advance and posted at least one (1) week in advance. Menus for each level shall be written. Arrows, etc., are not acceptable.

566.2 Weekly menus shall not be repeated more often than a three (3) week cycle. Identical meals shall not be repeated more often than once every three (3) weeks.

566.3 Changes shall be recorded on both the regular and therapeutic diet menus.

566.4 Menus which have been posted in the kitchen shall not be re-dated and reused.

566.5 Meals served shall correspond essentially with the posted menus and shall be served in sequential order as planned and approved by the dietetic services consultant.

566.6 Records of menus as served shall be on file and maintained for thirty (30) days.

566.7 When substitutions are made they should be of the same food groups and of equal nutritional value.

567 Therapeutic Diets

567.1 There shall be a system of written communications between dietetic services and nursing services, i.e., diet order forms. Nursing services should send a written patient diet list monthly and diet change slips as diets are changed by the physician.

567.2 Therapeutic diets shall be served only to those patients for whom there is a physician's or dentist's written order.

567.3 Diet orders shall be reviewed by the physician every one hundred and twenty (120) days for
intermediate and minimum care patients and very sixty (60) days for skilled care patients.

567.4 A current manual approved by an affiliate of the American Dietetic Association such as the Arkansas Diet Manual, shall be used, and a copy of the approved manual shall be available at one nurses’ station and in the dietetic services.

567.5 In the event that the calorie controlled menu patterns in use in the facility are other than those in the approved manual, the calculations and the patterns shall be in the policy and procedure manual on file in the dietary services and posted in the kitchen.

567.6 A copy of diets as ordered by the physicians shall be posted in the kitchen and shall correspond to the diet as ordered on the medical chart and shall be kept current. Patient diet lists shall include the patient’s name, room number, and diet and shall be signed by licensed personnel.

567.7 Therapeutic diets that vary in the time specified for regular meals shall be provided for the patients as ordered by the physician.

567.8 There shall be a system of patient identification for each tray served which includes the following information:

1. Resident’s Name.

2. Resident’s Diet.

3. Resident’s Room Number.

4. Resident’s Beverage Preference.

5. Any allergies the resident may have to certain foods.

6. Any major dislikes, for which there should be a substitution provided.

567.9 The hour of sleep feedings for the calorie controlled diets shall be recorded in nurses’ notes as served and should include patient acceptance.

568 Preparation and Storage of Food

568.13 Foods shall be cut, chopped, ground, or pureed to meet the individual needs of the patient.

568.14 If a patient refuses foods served, substitutes of similar nutritive value shall be offered.

569.13 Only ice of assured bacterial safety shall be permitted for use in drinks, or for the cooling of drinks by direct contact. A scoop shall be used for handling ice. Ice used to chill bottled drinks or salads, or in any food preparation, shall not be used for drinking purposes. Portable ice chests which can be sanitized shall be cleaned daily, and the ice machine shall be cleaned at least weekly.
§72335. Dietetic Service--Food Service

(a) The dietetic service shall provide food of the quality and quantity to meet each patient's needs in accordance with the physicians' orders and to meet "The Recommended Daily Dietary Allowance," the most current edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.

...3) Patient food preferences shall be adhered to as much as possible and substitutes for all food refused shall be from appropriate food groups. Condiments such as salt, pepper or sugar shall be available at each meal unless contraindicated by the diet order.

...7) Recipes for all items that are prepared for regular and therapeutic diets shall be available and used to prepare attractive and palatable meals, in which nutritive values, flavor and appearance are conserved. Food shall be served attractively, at appropriate temperatures with appropriate eating utensils and in a form to meet individual needs.

(b) A current profile card shall be maintained for each patient, indicating diet order, likes, dislikes, allergies to foods, diagnosis and instructions or guidelines to be followed in the preparation and serving of food for the patient.

(c) All regular and therapeutic diets shall be prescribed by a person lawfully authorized to give such an order. Verbal orders may be received and recorded by a qualified dietitian and shall be signed by the prescriber within five days.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.


A current therapeutic diet manual, approved by the dietitian and the patient care policy committee, shall be readily available to the attending physician, nursing and dietetic personnel. It shall be reviewed annually and revised at least every five years.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72339. Dietetic Service--Therapeutic Diets.

Therapeutic diets shall be provided for each patient as prescribed and shall be planned, prepared and served with supervision and/or consultation from the dietitian. Persons responsible for therapeutic diets shall have sufficient knowledge of food values to make appropriate substitutions when necessary.

§72341. Dietetic Service--Menus.

(a) Menus for regular and therapeutic diets shall be written at least one week in advance, dated and posted in the kitchen at least one week in advance.

(b) All menus shall be approved by the dietitian.

(c) If any meal served varies from the planned menu, the change and the reason for the change shall
be noted in writing on the posted menu in the kitchen.

(d) Menus shall provide a variety of foods and indicate standard portions at each meal. Menus shall be varied for the same day of consecutive weeks. If a cycle menu is used, the cycle shall be of no less than three weeks duration and shall be revised quarterly.

(e) Menus shall be adjusted to include seasonal commodities.

(f) Menus shall be planned with consideration of cultural background and food habits of patients.

(g) A copy of the menu as served shall be kept on file for at least 30 days.

(h) Itemized records of food purchases shall be kept for one year and available for review by the Department. Food purchases invoices are acceptable provided they list amounts and types of foods purchased.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

COLORADO

11.1 DIETARY SERVICES. The facility shall provide meals that are nutritious, attractive, well balanced, in conformity with physician orders, and served at the appropriate temperature in order to enhance residents' health and well being. It shall also offer nourishing snacks.

11.5 ORDERS. All diets and nourishments shall be provided and served as prescribed by the attending physician.

11.6 NUTRITIONAL ASSESSMENT AND PROGRESS NOTES. The dietary supervisor and/or consultant shall participate in resident assessment and care planning as prescribed by 5.2, 5.6, and 5.7.

11.6.1 The supervisor or consultant shall write progress notes on each resident at least at six month intervals.

11.6.2 The facility shall reasonably accommodate individual resident preferences in meals by offering appropriate and nutritionally adequate substitutes. (See Section 5.1.13(4).)

11.7 DIET MANUAL. The facility shall maintain a current diet manual conveniently available to the dietary and nursing staffs. For purposes of this section, current means initially published or revised within five years.

11.8 MENUS. Menus shall meet the requirements of the Dietary Guidelines for Americans, 2005, U.S. Department of Health and Human Services and U.S. Department of Agriculture, 6th Edition. Menus shall be written, approved by a dietitian and planned at least one week in advance, with consideration given to residents' personal tastes, desires, and cultural patterns. Menus shall be
posted in the kitchen area and retained by the facility for at least four weeks after the menu is used. If menus are changed, all changes shall be posted as served. A standard meal planning guide shall be used primarily for menu planning and food purchasing. It is not intended to meet the nutritional needs of all residents. This guide shall be adjusted to consider individual differences since residents may have different nutritional needs based upon age, size, gender, physical activity, and state of health. There are many meal planning guides from reputable sources; i.e., American Diabetes Association, American Dietetic Association, American Medical Association, or U.S. Department of Agriculture, that are available and appropriate for use when adjusted to meet each resident’s needs. Recipes appropriate to the menus and needs of the facility shall be available to the cooks.

CONNECTICUT

19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision

(q) Dietary services.

1. Each facility shall meet the daily nutritional needs of the patients by providing dietary services directly or through contract.

2. The facility shall:

A. Provide a diet for each patient, as ordered by the patient’s personal physician, based upon current recommended dietary allowances of the Food and Nutrition Board of the National Academy of Sciences, National Research Council, adjusted for age, sex, weight, physical activity, and therapeutic needs of the patients.

B. Adopt a diet manual, as recommended by the facility dietitian or dietary consultant and approved by the facility’s medical staff. Such manual shall be used to plan, order, and prepare regular and therapeutic diets.

3. The facility shall ensure that the dietary service:

A. Considers the patients’ cultural backgrounds, food habits, and personal food preferences in the selection of menus and preparation of foods and beverages pursuant to subdivisions (2)(A) and (2) (B) of this subsection;

B. Has written and dated menus, approved by a dietitian, planned at least seven days in advance;

C. Posts current menus and any changes thereto with the minimum portion sizes in a conspicuous place in both food preparation and patient areas;

E. Provides appropriate food substitutes of similar nutritional value to patients who refuse the food served;

5. Records of menus served and food purchased shall be maintained for at least 30 days.
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.

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

DISTRICT OF COLUMBIA

3220 GENERAL DIETARY REQUIREMENTS

3220.1 Meals shall be adjusted to include fresh fruits and vegetables in season.

3220.3 If a resident refuses food, appropriate substitutions of comparable nutritive value shall be offered at the same mealtime.

3220.4 Each therapeutic diet shall be prescribed by the attending physician and prepared under the guidance of a dietitian.

3220.5 Each therapeutic diet prescription shall be a part of the resident’s medical record.

3220.6 Each change in a therapeutic diet order shall be authorized by the attending physician and shall be forwarded in writing to the Dietary Service.

3220.7 The dietitian preparing the therapeutic diet shall have access to the resident’s medical record and shall document each observation, consultation and instruction regarding the resident’s acceptance and tolerance of his or her prescribed diet.
3220.9 An adequate supply of fresh water shall be available to residents at all times.

3222 DIETARY MANAGEMENT AND RECORDS

3222.1 Each menu, as planned and served, shall be filed and retained for one year.

...3222.4 A file of each tested recipe, adjusted to appropriate yield, shall be maintained and used by each employee who prepares food.

FLORIDA

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400.141 Administration and management of nursing home facilities.

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

...(i) If the licensee furnish food service, provide a wholesome and nourishing diet sufficient to meet generally accepted standards of proper nutrition for its residents and provide such therapeutic diets as may be prescribed by attending physicians. In making rules to implement this paragraph, the agency shall be guided by standards recommended by nationally recognized professional groups and associations with knowledge of dietetics.

GEORGIA

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290-5-8-.06 Dietary Service.

...(3) A nutritionally adequate diet shall be provided all patients and adjusted to patient’s age, sex, activity, and physical condition. Nutrient concentrates and supplements shall be given only on written order of a physician.

(4) Menus shall be planned or approved by a qualified dietitian and dated. Used menus shall be kept on file for a period of thirty days for reference by the patient’s physician and personnel of the home.

(5) Modified diets shall be provided in accordance with written orders of a physician or dentist. An approved diet manual shall be readily available to food service personnel.
§11-94-11 Dietetic services.

(a) The food and nutritional needs of patients shall be met through a nourishing, well-balanced diet in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, and adjusted for age, sex, activity, and disability. The service shall be directed by a dietetic service supervisor.

(c) All diets shall be:

(1) Prescribed by the patient's physician with a record of the diet as ordered kept on file.

(2) Planned, prepared, and served by qualified personnel using the current Hawaii Dietetic Association manual.

(3) Reviewed and adjusted as needed.

(d) Therapeutic diets shall be planned by a qualified dietitian, as prescribed by the patient's physician. There shall be prompt and appropriate replacement of foods offered to, but rejected by, patients on therapeutic diets.

(e) A nutritional assessment and plan for each patient shall be recorded in the medical record. The plan should be incorporated in the overall plan of care and reviewed regularly.

(f) Food services, planning and storage

(1) Menu planning:

(A) Menus shall be written at least one week in advance.

(B) Menus shall provide a sufficient variety of foods served in adequate amounts at each meal, and adjusted for seasonal changes along with patient's preferences as much as possible.

(C) A different menu shall be followed for each day of the week. If a cycle menu is used, the cycle menu shall cover a minimum of four weeks.

(D) All menus shall be filed and maintained with any recorded changes, for at least three months.

(2) Records of food purchased shall be filed and maintained for at least thirty days.
107. DIETARY SERVICE

03. General Diets. (7-1-93)

a. The general menu shall provide for the food and nutritional needs of the patient/resident in accordance with the Recommended Daily Allowances of the Food and Nutritional Board of the National Research Council. A daily guide for adults shall be based on the following allowances: (1-1-88)

i. Milk - one (1) pint or more, as a beverage or in cooking. Cheese and ice cream may be substituted for part of the milk. (12-31-91)

ii. Meat - four (4) to six (6) ounces (cooked, boneless weight) beef, pork, veal, lamb, fish, poultry, eggs or cheese. Dry beans, nuts or dry peas may be used occasionally as substitutes. (12-31-91)

iii. Fruits and Vegetables - four (4) servings. These shall include a vitamin C-rich fruit or vegetable daily and a vitamin A-rich fruit or vegetable at least every other day. (1-1-88)

iv. Breads and Cereals - four (4) servings of enriched restored or whole-grain breads or cereals. (1-1-88)

v. Other Food - such as fats and sugars shall be provided to round out the meal, to satisfy appetites and to provide sufficient calories. (1-1-88)

b. The evening meal shall include at least one (1) to one and one-half (1-1/2) ounces of a protein food (meat, cheese, fish, or eggs), vegetable or fruit, dessert and beverage, preferably milk. (12-31-91)

04. Modified or Therapeutic Diets. All diets, including general diets, shall be ordered by the attending physician. Diet orders shall be kept on file in the health care facility, and modified diets shall be reviewed routinely by the physician along with other treatment. (1-1-88)

a. The charge nurse shall send all diet orders to the dietary department in written form. Any additional diet information or changes in the order shall also be transmitted in writing. (1-1-88)

b. Therapeutic diets shall be planned in accordance with the physician's order. To the extent that it is medically possible, it shall be planned from the regular menu and shall meet the patient's/resident's daily need for nutrients. (1-1-88)

c. A written diet plan shall be made for each type of diet unless each patient's/resident's individual diet is written daily (1-1-88)

d. A current diet manual approved by the Department and the patient's/resident's physician shall be available in the kitchen and at each nursing station (the Idaho Diet Manual is approved by the Department). (1-1-88)
05. Menu Planning and Meal Service

...c. Menus shall be prepared at least a week in advance. Menus shall be corrected to conform with food actually served. (Items not served shall be deleted and food actually served shall be written in.) The corrected copy of the menu and diet plan shall be dated and kept on file for thirty (30) days. (1-1-88)

d. Menus shall provide a sufficient variety of foods in adequate amounts at each meal. Menus shall be different for the same days each week and adjusted for seasonal changes. (1-1-88)

ILLINOIS

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.

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, or 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) \(rac{1}{2}\) cup chopped raw, cooked, canned or frozen fruit or vegetables;
B) \(\frac{3}{4}\) 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 \(\frac{1}{3}\) 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) 1/16 cake,
10) Two cookies, or
11) 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

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.
Sec. 20.

...(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.

Sec. 21.

...(b) Therapeutic diets must be prescribed by the attending physician.

(g) If a clear liquid diet is prescribed, the order shall be confirmed with the physician every fortyeight (48) hours, if it is the only source of nutrition unless a different time is specified in the physician's order.
58.24(3) Nutrition and menu planning.

a. Menus shall be planned and followed to meet the nutritional needs of each resident in accordance with the physician’s orders and in consideration of the resident’s choices and preferences. (II, III)

b. Menus shall be planned to provide 100 percent of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. A current copy of the Simplified Diet Manual published by Blackwell Publishing, Ames, Iowa, shall be available and used in the planning and serving of all meals. (II)

d. Menus shall include a variety of foods prepared in various ways. The same menu shall not be repeated on the same day of the following week. (III)

e. Menus shall be written at least one week in advance. The current menu shall be located in an accessible place in the dietetic service department for easy use by persons purchasing, preparing and serving food. (III)

f. Records of menus as served shall be filed and maintained for 30 days and shall be available for review by department personnel. When substitutions are necessary, they shall be of similar nutritive value and recorded. (III) g. A file of tested recipes adjusted to the number of people to be served in the facility shall be maintained. (III)

h. Alternate foods shall be offered to residents who refuse the food served. (II, III)

58.24(4) Therapeutic diets.

a. Therapeutic diets shall be prescribed by the attending physician. A current therapeutic diet manual shall be readily available to attending physicians, nurses and dietetic service personnel. This manual shall be used as a guide for writing menus for therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and reviewing procedures for preparation and service of food. (III)

b. Personnel responsible for planning, preparing and serving therapeutic diets shall receive instructions on those diets. (III)
28-39-158. Dietary services

...(b) Menus and nutritional adequacy.

(1) Menus shall meet the nutritional needs of the residents in accordance with:

(A) each resident's comprehensive assessment;

(B) the attending physician's orders; and

(C) the recommended dietary allowances of the food and nutrition board of the national research council, national academy of sciences as published in Recommended Dietary Allowances, 10th ed., 1989.

(2) Menus for all diets and therapeutic modifications shall be written at least two weeks in advance of service and shall be approved by a licensed dietitian.

(3) Menus shall ensure that not less than 20 percent of the total calorie intake is served at one meal.

(4) When a substitution is necessary, the substitute shall be of similar nutritive value, recorded, and available for review.

(5) Menus shall be followed.

(6) The nursing facility shall keep on file and available for review records of the foods purchased and meals and snacks actually served for three months.

...(d) Therapeutic diets.

(1) The attending physician shall prescribe any therapeutic diets.

(2) A current diet manual approved by the licensed dietitian shall be available to attending physicians, nurses, and dietetic services personnel. The facility shall use the manual as a guide for writing menus for therapeutic diets.
KENTUCKY

Section 10 [nursing facilities].

...(3) Menus and nutritional adequacy. Menus shall:

(a) 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;

(b) Be prepared in advance;

(c) Be followed;

(d) Be posted at least one (1) week in advance, with changes recorded on the menu, and kept on file for at least thirty (30) days.

(4) Food. Each resident shall receive and the facility shall provide:

...(d) Substitutes offered of similar nutritive value to residents who refuse food served.

(5) Therapeutic diets. Therapeutic diets must be prescribed by the attending physician

LOUISIANA

§9815. General Provisions

The nursing home shall provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.

§9819. Menus and Nutritional Adequacy

A. Menus shall be planned, approved, signed and dated by a licensed dietitian prior to use in the nursing home to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council and the National Academy of Sciences, taking into account the cultural background and food habits of residents, or as modified in accordance with the orders of the practitioner(s) responsible for the care of the resident:

1. menus shall be written for each therapeutic diet ordered;

2. if cycle menus are used, the cycle shall cover a minimum of three weeks and shall be different each day of the week;

3. each day's menu shall show the actual date served and shall be retained for six months;
4. Menus for the current week shall be available to the residents and posted where food is prepared and served for dietary personnel. Portion sizes shall be reflected either on the menu or within the recipe used to prepare the meal.

B. Therapeutic diets shall be prescribed by the medical practitioner responsible for the care of the resident. Each resident's diet order shall be documented in the resident's clinical record. There shall be a procedure for the accurate transmittal of dietary orders to the dietary service and informing the dietary service when the resident does not receive the ordered diet or is unable to consume the diet, with action taken as appropriate.

1. The nursing home shall maintain a current list of residents identified by name, room number, and diet order, and such identification shall accompany each resident's meal when it is served.

2. A current therapeutic diet manual, approved by a registered dietitian, shall be readily available to attending physicians, nursing staff, and dietetic service personnel and shall be the guide used for ordering and serving diets.

...D. A list of all menu substitutions shall be kept for 30 days.

MAINE

18.C. Adequacy of Diets

The facility must provide each resident with a nourishing, well-balanced diet that meets the daily nutritional and special dietary needs of each resident and that meets the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, adjusted for age, sex, and activity.

18.C.1. The minimum daily food requirements for adults shall be based on the following: a. Milk and milk products: Two or more eight ounce cups of milk or food containing the calcium equivalent of fluid milk shall be offered daily. A portion of this amount may be served in a cooked form such as milk-based chowders.

b. Meat, fish, poultry, and alternatives: A minimum total of five ounces of good quality protein food shall be offered at two or more meals. The evening meal shall include a minimum of two ounces of good quality protein food.

c. Fruits and vegetables: Five or more servings per day including a good food(s) source of vitamin C daily and a good food source of vitamin A at least four times weekly. Fruit flavored beverages with or without vitamins added shall not be considered a fulfillment of these requirements.

d. Grain group: Six or more servings daily of breads, cereals, and other grain products made from whole grain, fortified or enriched grains.
e. Other nourishing foods and beverages to meet individual diet requirements or preferences as necessary.

18.D. Menus

18.D.1. Menus shall be planned and written in a minimum three week cycle and adjusted to include fresh foods in season.


18.D.3. Daily menus shall provide for a sufficient variety of foods, and no menu for a lunch or dinner shall be repeated within seven days.

18.D.4. Menus shall be served as planned and substitutions shall be consistent with the Recommended Dietary Allowances. Changes shall be recorded and reviewed by the dietitian at the next visit.

18.D.5. Menus shall be planned ahead and food supplies maintained so that a nutritionally adequate alternate meal can be provided at all times.

18.D.6. The current menu plan shall be posted conspicuously and be readable by personnel, residents and dietetic services staff.

18.E. Therapeutic Diets

18.E.1. Facilities with residents in need of therapeutic diets shall provide for such diets as prescribed by the attending physician.

18.E.2. Therapeutic diets and menus shall be planned, prepared, and served with consultation from a dietitian.

18.E.3. Staff responsible for serving therapeutic diets shall have guidelines and knowledge of food values to make appropriate substitutions when necessary.

18.E.4. A diet manual, not more than five years old, shall be approved by the professional policy group. Copies shall be readily available to attending physicians, nursing and dietetic services staff.

...18.K. Food Service

...18.K.5. Substitutes of similar nutritive value shall be offered if a resident refuses food served.
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.

...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.
...C) Therapeutic diets

1) All facilities that accept or retain patients or residents in need of special or therapeutic diets shall provide for such diets to be planned, prepared and served as prescribed by the attending physician, physician-physician assistant team or physician-nurse practitioner team.

2) All therapeutic diets shall be planned, prepared and served with consultation from a dietician.

3) All therapeutic diets shall be prescribed, dated and signed by the physician, physician assistant or nurse practitioner and shall be precise as to the specific dietary requirements or limitations.

4) A current diet manual shall be readily available to attending physician or physician-physician assistant team or physician-nurse practitioner team, dietary service personnel and the supervisor of the nursing services. There shall be evidence from the diets served that the manual is used and related to posted diets.

5) All persons responsible for therapeutic diets shall have sufficient knowledge of food values to make appropriate substitutions when necessary. All substitutions made on the Master Menu for therapeutic diets shall be recorded in writing (105 CMR 150.007 (F)).

6) The dietician and food service supervisor in conjunction with the nursing staff and other relevant personnel shall review therapeutic diets (with particular attention to their acceptance by the patient) and shall make appropriate recommendations to the attending physician or physician assistant team or physician-nursing practitioner team and other staff. Therapeutic diets shall be reviewed in facilities as follows:

   a) Level I and II, at least every 30 days and more frequently if indicated.
   b) Level III, at least every three months.
   c) Level IV, at least every three months.

7) All therapeutic diet menus shall be approved by the dietician and kept on file for at least 30 days.

8) Patients to whom therapeutic diets are served shall be identified in the dietary records.

D) Adequacy of diets

1) All diets shall conform to physician’s or physician assistant’s or nurse practitioner's orders and, to the extent medically possible, shall meet the dietary allowances of the Food and Nutrition Board of the National Research Council adjusted for age, sex and activity.

2) The minimum daily food allowance for adults shall be based on the following:

   a) Milk: Two or more cups as beverage or in food preparation.
b) Meat Group: Two or more servings of beef, veal, pork, lamb, poultry, fish, cheese or eggs; occasionally, cooked dry beans, dry peas or peanut butter may be served as alternates.

c) Vegetable and Fruit Group: Four or more servings a day including: a citrus fruit or other fruit for Vitamin C; a dark green or deep yellow vegetable for Vitamin A at least every other day; other vegetables and fruits including potatoes. Fruit flavored beverages with or without vitamins added shall not be considered any part of a fulfillment of 105 CMR 150.099 (D).

d) Bread and Cereals: Four or more servings of whole grain, enriched or restored.

e) Other foods to round out meals and snacks for individual appetites and to provide for growth and energy requirements.

E) Quality of food

...5) Only pasteurized fluid milk and fluid milk products shall be used or served; dry milk products may be used for cooking purposes only.

6) All milk and milk products for drinking purposes shall be served from the original container or from a sanitary milk dispenser. Milk served from a dispenser shall be homogenized.

7) Cracked or dirty eggs shall not be used. Egg nog shall be pasteurized. Eggs shall be refrigerated at all times.

F) Planning of menus and food supplies

1) Menus shall be planned and written at least one week in advance. The current week’s menus, including routine and special diets, and any substitutions or changes made shall be posted in one or more conspicuous places in the dietary department.

2) Records of menus as served shall be filed and maintained for at least 30 days.

3) Daily menus shall provide for a sufficient variety of foods, and no daily menu shall be repeated twice in one week.

4) Menus shall be adjusted for seasonal changes, and shall reflect dietary restrictions or preferences. Appropriate special menus shall be planned for holidays and birthdays.

...8) Menus shall be planned and food supplies maintained so that a nutritionally adequate alternate meal can be proved at all times. Alternate meal plans shall be varied at least every week and posted with other menus.

9) All facilities shall plan and post a Disaster Feeding Plan and staff shall be familiar with it. This plan shall include alternate methods and procedures to be used when equipment is not operable, including proper sanitation of dishes and utensils.
R 325.20803 Nutritional needs of patients.

Rule 803.

(1) Food and nutritional needs of a patient shall be met in accordance with the physician's orders in keeping with accepted standards of practice which includes most recent recommended daily dietary allowances of the food and nutrition board of the national research council adjusted for age, sex, and activity.

... (3) Therapeutic or special diets shall be provided upon written prescription or order of the physician.

(4) Supplementary fluids and special nourishments, as required, shall be provided.

R 325.20804 Menus; posting; filing.

Rule 804. The menu for regular and therapeutic or special diets for the current week shall be posted in the dietary department and either in the patient dining room or a public place as defined in R 325.20104. Changes shall be written on the planned menu to show the menu as actually served. The menu as actually served to patients for the preceding 3 months shall be kept on file in the home.

History: 1981 AACS; 1983 AACS.

R 325.20805 Meal census; food record.

Rule 805. A meal census, to include patients, personnel, and guests, and a record of the kind and amount of food used for the preceding 3 months shall be kept on file in the home.

History: 1981 AACS.

R 325.20806 Food acceptance record.

Rule 806.

(1) The food acceptance of a patient shall be recorded as follows:

(a) For a period of 14 days immediately following admission.

(b) For a period of 14 days immediately following initiation of a change in diet, unless otherwise ordered by a physician.

(c) Under any other circumstances, such as abnormal weight loss, for a period ordered by a physician.

(2) Food acceptance records shall be retained in the facility.

History: 1981 AACS; 1983 AACS.
4658.0600 DIETARY SERVICE.

Subp. 2. Nutritional status. The nursing home must ensure that a resident is offered a diet which supplies the caloric and nutrient needs as determined by the comprehensive resident assessment. Substitutes of similar nutritive value must be offered to residents who refuse food served.

Subp. 3. Availability of diet manuals. The most recent edition of diet manuals must be readily available in the dietary department.

4658.0625 MENUS.

Subpart 1. Menu planning. All menus must be planned in advance, dated, and followed. Any changes in the meals actually served must be of equal nutritional value. The general menu for a seven-day period must be posted prior to the start of that seven-day period at a location readily accessible to residents, and any changes to the general menu must be noted on that posted menu. All menus and any changes for the current and following seven-day periods must be posted in the dietary area. Records of menus and of foods purchased must be filed for six months. A variety of foods must be provided. A file of tested recipes adjusted to a yield appropriate for the size of the home must be maintained.

Subp. 2. Food habits and customs. There must be adjustment to the food habits, customs, likes, and appetites of individual residents including condiments, seasonings, and salad dressings. There must be resident involvement in menu planning.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

129 MEAL SERVICE

129.01 Meal and Nutrition. At least three (3) meals in each twenty-four (24) hours shall be provided. The daily food allowance shall meet the current recommended dietary allowance of the Food and Nutrition Board of the National Research Council of the National Academy of Science adjusted for individual needs. A standard food planning guide (e.g., food pyramid) or Nutrient Based Menu (determined by nutritional analysis) shall be used for planning and food purchasing. It is not intended to meet the nutritional needs of all residents. This guide must be adjusted to consider individual differences. Some residents will need more or less due to age, size, gender, physical activity, or state of health.

129.02 Meal Planning Guidelines.
1. Daily Food Guide. The daily food allowance for each resident shall include:

a. Protein food. A minimum of 2-3 servings of meat, poultry, fish, dried beans, eggs, or meats. (4-6 oz daily).

b. Milk, yogurt, and cheese group: A minimum of 2 servings daily.

c. Vegetables and fruits: A minimum of 5 servings daily of fruits and vegetables. This shall include a Vitamin C source daily and a Vitamin A source 3-4 times weekly.

d. Breads, cereals, and pastas: A minimum of 6 servings daily.

e. Fat, oil, and sweets: As needed for additional calories and flavor.

2. Nutrient-Based Menu may be used in lieu of using a standard food planning guide. Nutritional analysis of menus shall meet current recommended dietary allowances of the Food and Nutrition Board of the National Research Council of the national Academy of Science for age and gender.

129.03 Menu. The menu shall be planned and written at least one week in advance. The current week’s menu shall be approved by the dietitian, dated, posted in the kitchen and followed as planned. Substitutions and changes on all diets shall be documented in writing. Copies of menus and substitutions shall be kept on file for at least thirty (30) days.

129.05 Modified Diets. Modified diets which are a part of medical treatment shall be prescribed in written orders by the physician or nurse practitioner. All modified diets shall be planned in writing and posted along with regular menus. Liberalized Geriatric Diets are encouraged for elderly residents when there is a need for moderate diet therapy. A current diet manual shall be available to personnel. The dietitian shall approve all modified diet menus and the diet manual used in the nursing home.
residents shall be met and shall be based on the individual’s circumstances, medical condition and goals of treatment as determined and justified by the physician. A qualified professional, such as a dietitian or registered nurse, shall regularly assess these needs and shall keep the physician informed of the nutritional status of the resident. I/II

(6) If a resident refuses food served, appropriate substitutes of similar nutritive value shall be offered. II/III

...(12) An identification system shall be established to assure that each resident receives the diet as ordered. II/III

...(16) Menus for special prescribed diets shall be reviewed and approved in writing by either a qualified dietitian, a registered nurse or a physician. II/III

(19) A current record of purchased food shall be kept to show the kind and amount of food purchased each month. III

...(21) Menus for all diets shall be planned at least two (2) weeks in advance. If cycle menus are used, the cycle must cover a minimum of three (3) weeks and must be different each day of the week. Menus showing the foods and amounts of food to be served each day during the current week shall be posted where seen readily as food is prepared and served. Each day’s menu shall show the date it was actually used and shall be kept on file for thirty (30) days. A list of substitutions shall be kept for thirty (30) days. III

(22) A file of standardized recipes shall be used. III

(23) A diet manual approved by the Division of Aging shall be readily available to attending physicians, nursing and dietary personnel. III

(1) The nutritional needs of the residents shall be met. Balanced nutritious meals using a variety of foods shall be served. Consideration shall be given to the food habits, preferences, medical needs and physical abilities of the residents. II/III

(6) Menus shall be planned in advance and shall be readily available for personnel involved in food purchase and preparation. Food shall be served as planned although substitutes of equal nutritional value and complementary to the remainder of the meal can be made if recorded. III

(8) If a physician prescribes in writing a modified diet for a resident, the resident may be accepted or remain in the facility if—

(A) The physician monitors the resident’s condition on a regular periodic basis and at least quarterly; II

(B) The diet, food preparation and serving is reviewed at least quarterly by a consulting nutritionist, dietitian, registered nurse or physician and there is written documentation of the review; II/III

(C) The modified diet menu is posted in the kitchen and includes portions to be served; III and (D) The facility has entered into a written agreement for dietary consultation with a nutritionist, dietitian registered nurse or physician. III
37.40.304 NURSING FACILITY SERVICES

(3) Nursing facility services include, but are not limited to:

(b) dietary services including dietary supplements used for tube feeding or oral feeding such as high nitrogen diet; 37.106.311 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: FOOD SERVICE ESTABLISHMENTS

(1) A health care facility which serves food or beverage to patients or residents shall comply with the food service establishment act, Title 50, chapter 50, MCA, and food service establishments rules, ARM Title 37, chapter 110, subchapter 2.

37.110.204 FOOD SUPPLIES

(1) Food must be free from adulteration or other contamination and must be safe for human consumption. Food must be obtained from sources that comply with all laws relating to food and food labeling which include, but are not limited to, laws of the federal food and drug administration (FDA); environmental protection agency (EPA), United States department of agriculture (USDA), Montana department of livestock; Montana department of agriculture; and the Montana Food, Drug and Cosmetic Act, Title 50, chapter 31, MCA.

12-006.11 Dietary Services:

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. In the event that a facility contracts for the services of an outside food service management company, the facility remains responsible for compliance with the applicable regulations.

12-006.11A Menus and Nutritional Adequacy: The facility's menus must:

12-006.11A1 Be developed and implemented to meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, with provision for ensuring adequate intake of calories and fluids; 12-006.11A2 Be designed to be compatible with the food preferences of the majority of the residents of the facility, with the
physicians’ orders, and with the physical needs of each resident;
12-006.11A3 Offer substitutes of similar nutritive value to residents who refuse food; and
12-006.11A4 Include therapeutic diets when prescribed by the medical practitioner.

NEVADA

NAC 449.74525  Dietary services. (NRS 449.037)

...3. Menus must be planned and followed to meet the nutritional needs of the clients in accordance
with the recommended dietary allowances of the Food and Nutrition Board of the National Research
Council, National Academy of Sciences.

4. A facility shall provide to each patient in the facility:

...(c) A well-balanced diet that meets the daily nutritional and special dietary needs of the patient.
(d) Who refuses the food that is regularly served by the facility, a substitute of similar nutritional
value.

5. A therapeutic diet served to a patient by a facility must be prescribed by the attending physician
of the patient.

4. Menus must be in writing, planned in advance, dated and posted, and kept on file for 90 days. Any
substitution must be noted on the written menus so that the menu on file reflects what was actually
served.

3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90
days.

4. A resident who has been placed on a special diet by a physician or dietitian must be provided a
meal that complies with the diet. The administrator of the facility shall ensure that records of any
modifications to the menu to accommodate for special diets prescribed by a physician or dietitian are
kept on file for at least 90 days.

5. Any substitution for an item on the menu must be documented and kept on file with the menu for at
least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place
during the serving of the meal.

6. Each meal must provide a reasonable portion of the daily dietary allowances recommended by the
Food and Nutrition Board, National Academy of Sciences, National Research Council.

7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared
with regard for individual preferences and religious requirements.
He-P 803.20 Food Services.

(a) The licensee shall provide food services that:

(1) Meet the U.S. Department of Agriculture recommended dietary allowance as specified in the “2005 Dietary Guidelines for Americans”;

(2) Provide the nutritional needs of each resident;

(3) Meet the special dietary needs associated with health or medical conditions for each resident as identified by the health examination required by He-P 803.15(h);

...(d) If a resident refuses the item(s) on the menu, a substitute shall be offered.

(e) Menus, including beverages for regular and therapeutic diets, shall be planned and written for at least 2 weeks in advance of serving.

(f) Each day’s menu shall be posted in a place accessible to food service personnel and residents.

(g) A listing of the diet orders and allowed foods for each resident shall be available to personnel.

(h) A dated record of menus as served shall be maintained for at least 3 months.

(i) The licensee shall provide therapeutic diets to residents only as directed by a licensed practitioner or other professional with prescriptive authority.

(j) Residents requiring therapeutic diets shall have an assessment of nutritional status by a qualified dietitian or dietary technician at least quarterly.

(k) If a resident has a pattern of refusing to follow a prescribed diet, personnel shall document the reason for the refusal in the resident’s medical record and notify the resident’s licensed practitioner.

NEW JERSEY

8:39-17.1 Mandatory structural organization for dietary services

...(b) Menus shall be planned and scheduled by the food service director or the dietitian, and shall be approved by the dietitian at least 14 days in advance.

8:39-17.2 Mandatory policies and procedures for dietary services

(a) The facility shall make available a current dietary manual, which shall have been approved by the
dietitian and the medical director. The facility shall serve diets that are consistent with the dietary manual.

(b) The facility shall post current menus with portion sizes in the food preparation area. The facility shall keep menus for 30 days with any changes accurately recorded.

8:39-17.4 Mandatory resident dietary services

(a) Each resident shall receive a diet which:

1. Corresponds to the physician’s or advanced practice nurse’s order, the dietitian’s instructions, and resident’s food preferences;

2. Is served in the proper consistency and at the proper temperature; and

3. Provides nutrients and calories based upon current recommended dietary allowances of the National Academy of Sciences, adjusted for the resident’s age, sex, weight, physical activity, physiological function, and therapeutic needs.

(c) The facility shall offer substitute foods and beverages to all residents who refuse the food served at meal times. Such substitutes shall be of equivalent nutritional value and planned in advance in writing.

(e) The facility shall select foods and beverages, which include fresh and seasonal foods, and shall prepare menus with regard to the nutritional and therapeutic needs, cultural backgrounds, food habits, and personal preference of residents.

8:39-18.4 Advisory resident dietary services

(a) There are dietary observances for national and/or religious holidays.

(b) Fresh fruits and vegetables are served in season on a daily basis.

(c) The facility utilizes a dining room/area, other than day rooms, for residents with special needs.

...(e) Residents are offered a selective menu consisting of at least three main entrees at each meal.

(f) A menu committee composed of residents participates in meal planning.

(g) The facility sponsors a guest meal program
7.9.2.33 OTHER RECORDS: The facility shall retain:

A. DIETARY RECORDS: All menus and therapeutic diets for one year.

7.9.2.52 DIETARY SERVICE:

...C. MENUS:

(1) Menus shall be planned and written at least two (2) weeks in advance of their use, and shall be adjusted for seasonal availability of foods.

(2) Menus shall be planned, to the extent medically possible, in accordance with the "Recommended Daily Dietary Allowances", of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

(3) Food sufficient to meet the needs of each resident shall be planned, prepared and served for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value. Record of menus as served, including substitutions shall be retained for one (1) year.

(4) The facility shall make reasonable adjustments to accommodate each resident's preferences, habits, customs, appetite, and physical condition.

(5) A file of tested recipes shall be maintained.

(6) A variety of protein food, fruits, vegetables, dairy products, breads, and cereals shall be provided.

D. THERAPEUTIC DIETS:

(1) Therapeutic diets shall be served only on order of the physician, and shall be consistent with such orders.

(2) Therapeutic menus shall be planned with supervision and/or consultation from a qualified dietitian.

(3) Vitamin and mineral supplements shall be given only on order of the physician.

E. MEAL SERVICE:

All diets shall be prescribed by the attending physician.
Section 415.14 - Dietary services

...(c) Menus and nutritional adequacy.

(1) Menus shall meet the nutritional needs of residents in accordance with dietary allowances that meet generally recognized standards of care and shall take into account the cultural background and food habits of residents.

(i) The facility shall have an effective means of recording and transmitting to the food service diet orders and changes; and

(ii) The facility shall maintain a current list of residents identified by name, location and diet order and such identification shall accompany each resident’s meal when it is served.

(2) Menus shall be prepared in advance in accordance with a diet manual acceptable to the medical, nursing and dietary services and retained for one year from the date of serving; and

(3) Menus shall be followed.

(d) Food. Each resident shall receive and the facility shall provide:

... (4) substitutes offered of similar nutritive value to residents who refuse food served.

(e) Therapeutic diets. Therapeutic diets shall be prescribed by the attending physician, when indicated, based on the findings of the comprehensive resident assessment.

NORTH CAROLINA

10A NCAC 13D .2701 PROVISION OF NUTRITION AND DIETETIC SERVICES

...(f) The facility shall ensure that menus are followed which meet the nutritional needs of patients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences which are incorporated by reference, including subsequent amendments. Copies of this publication can be obtained by contacting The National Academy Press, 2101 Constitution Avenue N.W., Lockbox 285, Washington, D.C., 20055. Cost of this publication is eighteen dollars and ninety five cents ($18.95) and includes shipping and handling. Menus shall:

(1) be planned at least 14 days in advance,
(2) provide for substitutes of similar nutritive value for patients who refuse food that is served, and

(3) be provided to patients orally or written through such methods as posting, daily announcements, periodic newsletters, etc.

...(j) All diets, including enteral and parenteral nutrition therapy, shall be ordered by the physician or other legally authorized person, and served as ordered.

...(o) The facility shall have a current nutrition care manual or handbook approved by the dietitian, medical staff and the Administrator which shall be used in the planning of the regular and therapeutic diets and be accessible to all staff.

NORTH DAKOTA

33-07-03.2-16.Dietary services.

Dietary services must include:

2. Menus for all diets must be planned in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Science. Sufficient food must be prepared as planned for each meal to meet the nutritional needs of residents.

a. Menus must be written at least one week in advance. The current week’s menus must be located in the dietary services area for easy use by dietary services staff.

b. When changes in the menu are necessary, substitutions must provide equal nutritive value. The change and the reason for the change must be noted in writing on the menu.

c. Menus of food served must be filed and maintained for thirty days.

d. Menus must be adjusted to address the requests of the residents when possible.

3. Therapeutic diets when prescribed by the licensed health care practitioner.

...b. A substantial evening meal is an offering of three or more menu items at one time, one of which includes a high quality protein item such as meat, fish, egg, or cheese.

...5. A current diet manual, approved by the medical staff or medical director, must be readily available.
D) Each nursing home shall maintain at all times sufficient food supplies for residents. The home shall maintain at least two days' supply of perishable food items and at least one week's supply of staple food items. The amount of such supplies shall be based on the number of meals the nursing home provides and the nursing home's census.

...E) Each nursing home shall have planned menus, which are approved by the dietitian required by paragraph (K) of this rule, for all meals, including special diets, at least one week in advance. Menus shall be varied and be based on a standard meal planning guide published or approved by a licensed or registered dietitian in accordance with acceptable standards or practice. The nursing home shall maintain records for all meals, including special diets, as served. The meal records shall be kept on file in the nursing home for at least one year after being served and made available to the director upon request. The records shall indicate the date that each meal was served along with any food substitutions from the menu.

...(H) Special diet menus shall be adjusted as directed by the dietitian required under paragraph (K) of this rule or the resident's attending physician. The special diet shall be prepared and served as ordered.

(I) The nursing home shall monitor each resident's nutritional intake and make adjustments in accordance with the resident's needs. Notification of any significant unplanned or undesired weight change shall be made to the resident's attending physician and the dietitian required by paragraph (K) of this rule. “Significant unplanned or undesired weight change” means a five percent weight gain or loss over a one month period, a seven and one-half per cent or more weight gain or loss over a three month period, or a ten per cent or more weight gain or loss over a six month period.

OKLAHOMA

310:675-9-12.1 Dietary services

...d) Diet. The facility shall provide a nourishing, palatable, well-balanced diet that meets the resident's daily nutritional and special dietary needs.

1) Meals.

...B) Diets shall be prescribed by the resident's physician and shall be planned, in writing, reviewed, approved and dated by a qualified nutritionist or registered/licensed dietitian. A therapeutic diet shall be served with skillful attention to the diet control system. Portioning of menu servings shall be
accomplished with portioned control serving utensils.

C) Substitutes of similar nutritive value shall be offered when a resident refuses served menu items.

D) Residents at nutritional risk shall have timely and appropriate nutrition intervention.

F) There shall be an identification system established and updated, as needed, to ensure that each resident receives the prescribed diet.

G) The percentages of consumed meals, supplements and meal replacements ingested shall be observed and recorded in the clinical record at the time of observation.

(2) Menus.

A) Menus shall be posted, planned, and followed to meet the resident’s nutritional needs in accordance with the physician’s orders.

B) The menus shall, to the extent medically possible, be in accordance with the daily recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

C) Menus covering all prescribed diets shall be approved, dated, and periodically reviewed by a qualified nutritionist or registered/licensed dietician. The facility shall maintain a thirty day record of past menus.

D) The facility shall maintain a file of tested recipes that includes therapeutic alterations for quantity food preparation for menu items.

e) Tube feeding. Tube feeding orders shall be evaluated for nutritional adequacy. The requirements for caloric intake, protein, fluid and percentage of the daily recommended dietary allowances shall be calculated to determine nutritional adequacy.
advance.

B) The current week’s menu shall be posted in the dietary department and in a location accessible and conspicuous to residents.

C) A different menu shall be followed for each day for a minimum of twenty-one days (this does not apply to facilities using selective menus).

D) Menus shall include fresh fruits and vegetables in season.

E) Records of menus, as served, shall be retained for sixty days (this does not apply to facilities using selective menus).

c) Menus shall be planned and followed to meet nutritional needs of the resident in accordance with physician orders and, to the extent medically possible, in accordance with the recommended dietary allowances in the facility diet manual (see subsection (4)(b) of this rule).

5) FOOD PREPARATION AND SERVICE.

...d) An identification system shall be established to ensure that each resident receives diet as ordered.

...g) If a resident refuses a food served, substitute foods of necessary nutritional food elements shall be offered (6) DOCUMENTATION.

Resident’s response to diet shall be recorded in the clinical record when there are significant dietary problems.

**PENNSYLVANIA**

§ 211.6. Dietary services.

a) Menus shall be planned at least 2 weeks in advance. Records of menus of foods actually served shall be retained for 30 days. When changes in the menu are necessary, substitutions shall provide equal nutritive value.

(b) Sufficient food to meet the nutritional needs of residents shall be prepared as planned for each meal. There shall be at least 3 days' supply of food available in storage in the facility at all times.

(c) Overall supervisory responsibility for the dietary services shall be assigned to a full-time qualified dietary services supervisor.

(d) If consultant dietary services are used, the consultant’s visits shall be at appropriate times and of sufficient duration and frequency to provide continuing liaison with medical and nursing staff, advice to the administrator, resident counseling, guidance to the supervisor and staff of the dietary services,
approval of menus, and participation in development or revision of dietary policies and procedures and in planning and conducting inservice education and programs

e) A current therapeutic diet manual approved jointly by the dietitian and medical director shall be readily available to attending physicians and nursing and dietetic service personnel.

RHODE ISLAND

Section 27.0 Dietetic Services

...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.

...27.12.

a) A file of tested recipes, adjusted to appropriate yield, shall be maintained and utilized corresponding to items on the menu.
SECTION 1400 - MEAL SERVICE

1404. Meals and Services (II)

A. All facilities shall provide meal services to meet the daily nutritional needs of the residents in accordance with the dietary reference intakes (DRIs) of the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences.

C...Residents shall be allowed to choose between a variety of foods offered. Personal preferences as to the times residents receive their meals may be honored. This may include offering smaller, more frequent meals, or snacks, or postponing meals to honor a resident's request, e.g., to sleep or not to eat. The condition of the resident shall dictate the manner in which meal service is adjusted to suit personal preferences. Meal service systems, e.g., four-meal plans and/or buffet dining, may be offered in order to facilitate the resident receiving a variety of foods.

E. Food shall be cut, chopped, ground or blended to meet individual needs.

...G. The same menu items shall not be repetitively served during each seven-day period except to honor specific, individual resident requests. Substitutes of similar nutritive value shall be offered to residents who refuse food served.

1406. Diets (II)

A. All diets shall be prescribed, dated and signed by the physician and be prepared in conformance with physicians’ orders giving consideration to individual resident preferences.

B. The necessary equipment for preparation of resident diets shall be available and utilized.

C. A diet manual published within the previous five (5) years shall be available and shall address at a minimum:

1. Food sources and food quality;
2. Food protection storage, preparation and service;
3. Meal service staff health and cleanliness;
4. Dietary Reference Intakes (DRIs) of the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences food serving recommendations;
5. Menu planning, including plans appropriate to special needs, e.g., diabetic, low-salt, low-cholesterol, or other diets appropriate for the elderly and/or infirm.

1407. Menus

A. Menus shall be planned and written at a minimum of four (4) weeks in advance and dated as served. The current week's menu, including routine and special diets and any substitutions or changes made, shall be readily available. At least the current days menu shall be posted in one (1)
or more conspicuous places in a public area. All substitutions made on the master menu shall be recorded in writing. Cycled menus shall be rotated so that the same weekly menu is not duplicated for at least a period of two (2) weeks.

B. Each menu shall be approved in writing by a dietitian before meals are prepared and served.

C. A file of tested recipes, adjusted to appropriate yield, shall correspond to items on the posted menus.

Diets shall be prepared in conformance with physicians’ orders. A current diet manual shall be readily available to attending physicians, dietary service personnel and nursing and direct care personnel. (II)

(a) Diets shall be prescribed, dated and signed by the physician.

(b) Facilities with residents in need of special or therapeutic diets shall provide for such diets. (c) Notations shall be made in the medical record of therapeutic diet served, counseling or instructions given and resident's tolerance of the diet.

(d) Persons responsible for diets shall have sufficient knowledge of food values in order to make appropriate substitutions when necessary. All substitutions made on the master menu shall be recorded in writing.

(e) Meals and snacks shall meet the nutrient needs of the residents according to recommended dietary allowance for age and sex.

(f) Efforts shall be made to accommodate religious practices.

(g) Copies of menus served shall be kept on file for at least one month, and available for inspection.

(h) The dietetic service shall be oriented, and shall take into account the variations of eating habits, including cultural and ethnic needs of each individual resident.

(i) The food served shall be nutritionally and calorically adequate (as recommended by the National Nutritional Council) and served attractively.

6) Planning of Menus and Food Supplies

(a) Menus shall be planned and written at least two weeks in advance and dated as served. The current week's menus, including routine and special diets and any substitutions made, shall be maintained in the dietary department.

(b) Records of menus as served shall be filed and maintained for at least 30 days.
44:04:07:02. Nutritional adequacy.

The dietetic service must ensure that food prepared is nutritionally adequate in accordance with the Recommended Dietary Allowances and is chosen from each of the five basic food groups listed in the Food Guide Pyramid, 1996, Center for Nutrition Policy and Promotion, U.S. Department of Agriculture, in accordance with consideration for individual needs and reasonable preferences.

44:04:07:02.03. Food substitutions.

Reasonable substitutions of equal nutritional value shall be offered to patients or residents who refuse or are unable to eat the food served.

44:04:07:02.05. Therapeutic diets.

In licensed facilities, the dietetic service must provide for the needs of those patients or residents requiring therapeutic diets.

44:04:07:04. Written menus.

Any regular and therapeutic menu, including therapeutic diet menu extensions for all diets served in the facility, must be written, prepared, and served as prescribed by each patient's or resident's physician. Each menu must be written at least one week in advance. Each planned menu must be approved, signed, and dated by the dietitian for all facilities except assisted living centers without therapeutic diet services. Any menu changes from month to month must be reviewed by the dietitian and each menu must be reviewed and approved by the dietitian at least annually where applicable. Each menu as served must meet the nutritional needs of the patients or residents in accordance with the physician's orders and the Recommended Dietary Allowances of the National Research Council, Tenth Edition, 1989. Records of menus as served must be filed and retained for 30 days.

44:04:07:06. Additional dietetic standards for hospitals and nursing facilities.


A current therapeutic diet manual with description of all diets served in the facility must be readily available in the facility to food service personnel, nursing service personnel, and practitioners.
1200-8-6-.06 BASIC SERVICES.

...(9) Food and Dietetic Services.

...(d) Menus must meet the needs of the residents.

1. Therapeutic diets must be prescribed by the practitioner or practitioners responsible for the care of the residents and must be prepared and served as prescribed.

2. Special diets shall be prepared and served as ordered.

3. Nutritional needs must be met in accordance with recognized dietary practices and in accordance with orders of the practitioner or practitioners responsible for the care of the residents.

4. A current therapeutic diet manual approved by the dietitian and medical staff must be readily available to all medical, nursing, and food service personnel.

...(g) Menus shall be prepared at least one week in advance. A dietitian shall be consulted to help write and plan the menus. If any change in the actual food served is necessary, the change shall be made on the menu to designate the foods actually served to the residents. Menus of food served shall be kept on file for a thirty (30) day period.

(h) The dietitian or designee shall have a conference, dated on the medical chart, with each resident and/or family within two (2) weeks of admission to discuss the diet plan indicated by the physician. The resident’s dietary preferences shall be recorded and utilized in planning his/her daily menu.

RULE §19.1107 Menus and Nutritional Adequacy

a) 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 at least one week in advance;

3) be written for each type of diet ordered in the facility, in accordance with the facility's diet manual;

4) be written or completely evaluated by the facility’s dietitian or consultant dietitian;

5) vary from week to week, taking the general age-group of residents into consideration; and 6) be
followed. Any substitutions must be documented as required in subsection d) of this section.

b) A qualified dietitian may accept diet orders and changes from the physician.

c) The facility must ensure that a current diet manual, approved by the facility dietitian or the consultant dietitian, is readily available to dietary service personnel and the supervisor of nursing service. To be current, the diet manual must be no more than five years old.

d) The facility must retain records of menus served and food purchased for 30 days. A list of residents receiving special diets and a record of their diets must be kept in the dietary area for at least 30 days.

e) The facility must post the current week’s menu:

1) in the dietary department, including therapeutic diet menus, so employees responsible for purchasing, preparing, and serving foods can use it; and

2) in a convenient location so the residents may see it.

f)...Any substitution of menu items must be recorded on the day of use.

RULE §19.1108 Food

Each resident must receive and the facility must provide:

...4) substitutes of similar nutritive value to residents who refuse food served; and
v) approved and signed by a certified dietician and;

vi) cycled no less than every three weeks.

b) The facility must retain documentation for at least three months of all served substitutions to the menu.

4) The facility must make available for Department review all food sanitation inspection reports of State or local health department inspections.

5) The attending physician must prescribe in writing all therapeutic diets.

7.14 Dietary Services

...(b) Menus and nutritional adequacy. 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; and

(3) be followed.

(c) Food. Each resident shall receive and the facility shall provide:

... (4) substitutes offered of similar nutritive value to residents who refuse food served.

(d) Therapeutic diets. Therapeutic diets must be prescribed by the attending physician.
**VIRGINIA**


E. Menus shall meet the dietary allowances of the Food and Nutritional Board of the National Research Council, as adjusted for age, sex, and activity.

F. A copy of a diet manual containing acceptable practices and standards for nutrition must be kept current and on file in the dietary department.

J. Therapeutic diets shall be prepared and served as prescribed by the attending physician.

...L. Weekly menus, including therapeutic diets, substitutes, and copies of menus, as served, shall be retained on file for 12 months.

**WASHINGTON**

388-97-1100 Dietary services.

The nursing home must:

...4) Retain dated menus, dated records of foods received, a record of the number of meals served, and standardized recipes for at least three months for department review as necessary.

388-97-1120 Meal provision. The nursing home must:

...2) Make fresh fruits and vegetables, in season, available to residents on a daily basis;

3) Make reasonable efforts to:

...c) Provide food consistent with the cultural and religious needs of the residents.

4) Use input from residents and the resident council, if the nursing home has one, in meal planning, scheduling, and the meal selection process.

388-97-1140 Individual dietary needs. The nursing home must:

...(6) Offer a substitute of similar nutritive value when a resident refuses food served.

388-97-1160 Dietary personnel.

The nursing home must have sufficient support personnel capable of carrying out the functions of dietary services and must:
Employ a qualified dietitian either full-time, part-time or on a consultant basis who must:

(b) Prepare dated menus for general and modified diets at least three weeks in advance.

388-97-1200 Diet orders. The nursing home must:

(1) Ensure that residents’ diets are provided as prescribed by the physician. Diet modifications, for texture only, may be used as an interim measure when ordered by a registered nurse; and

(2) Provide supplementary fluid and nourishment in accordance with each resident’s needs as determined by the assessment process.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1200, filed 9/24/08, effective 11/1/08.]

388-97-1240 Tube feedings.

If the nursing home prepares tube feeding formula, or mixes additives to the prepared formula it must ensure that:

(1) Each resident’s tube feedings are of uniform consistency and quality; and

(2) Tube feeding formulas are prepared, stored, distributed, and served in such a manner so as to maintain uniformity and to prevent contamination. [Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-971240, filed 9/24/08, effective 11/1/08.]

388-97-1220 Modified diets.

The nursing home must review a resident’s modified diet to ensure that the food form and texture are consistent with the resident’s current needs and functional level:

(1) At the request of the resident.

(2) When the resident’s condition warrants.

(3) At the time of the plan of care review. [Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-971220, filed 9/24/08, effective 11/1/08.]

74.42.300 Nutritionist — Menus, special diets.

(1) The facility shall have a staff member trained or experienced in food management and nutrition responsible for planning menus that meet the requirements of subsection (2) of this section and supervising meal preparation and service to insure that the menu plan is followed.

(2) The menu plans shall follow the orders of the resident’s physician.

(3) The facility shall:

(a) Meet the nutritional needs of each resident;

(b) Have menus written in advance;

(c) Provide a variety of foods at each meal;
(d) Provide daily and weekly variations in the menus; and

(e) Adjust the menus for seasonal changes.

(4) If the facility has residents who require medically prescribed special diets, the menus for those residents shall be planned by a professionally qualified dietitian or reviewed and approved by the attending physician. The preparation and serving of meals shall be supervised to insure that the resident accepts the special diet.

388-97-1180 Dietary menus. The nursing home must:

1) Ensure that menus are followed;

2) Post the current dated general menu, including substitutes, in the food service area and in a place accessible and conspicuous to residents and visitors, in print the residents can read; and

3) Note any changes to the regular menu on the posted menu.

WEST VIRGINIA

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8.15. Dietary Services.

8.15.c. Menus and Nutritional Adequacy.

8.15.c.1. A nursing home shall 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.

8.15.d. Food. A nursing home shall provide each resident with:

8.15.d.4. Food substitutes of similar nutritive value for food the resident refuses.

8.15.e. Diets including regular diets. All residents shall have a physician’s order for the specific type of diet he or she is to receive as set forth in the nursing home’s diet manual.

8.15.e.1. Therapeutic and texture modified diets shall be served to residents in accordance with the physician’s orders.

8.15.e.2. Nursing personnel shall advise food service in writing of each resident’s diet order, and a copy of the order shall be kept on file for at least one (1) year.

8.15.e.3. Therapeutic Diets.

8.15.e.3.A. Therapeutic diets shall be prescribed by the attending physician. A current therapeutic diet manual that is not more than five (5) years old and is approved by the dietitian shall be available for nursing personnel and physicians.
8.15.e.4. Recognizing that the resident has the right to refuse medical treatment, all residents have the right to request substitute foods even when this violates the physician's orders.

8.15.e.4.1. A nursing home shall provide education to the resident regarding the benefits of the prescribed diet and consequences of his or her refusal to eat the prescribed diet.

8.15.e.4.2. A nursing home shall document the informed decision in the resident's clinical record.

WISCONSIN

HFS 132.63 Dietary service

...(4) MENUS.

(a) General.

1. Menus shall be planned and written at least 2 weeks in advance of their use, and shall be adjusted for seasonal availability of foods.

2. Menus shall be in accordance with physicians' orders and, to the extent medically possible, in accordance with the "recommended daily dietary allowances," of the food and nutrition board of the national research council, national academy of sciences as contained in Appendix A of this chapter.

3. Food sufficient to meet the needs of each resident shall be planned, prepared and served for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value.

4. The facility shall make reasonable adjustments to accommodate each resident's preferences, habits, customs, appetite, and physical condition.

5. A file of tested recipes shall be maintained.

6. A variety of protein foods, fruits, vegetables, dairy products, breads, and cereals shall be provided.

b) Therapeutic diets.

1. Therapeutic diets shall be served only on order of the physician, and shall be consistent with such orders.

2. Therapeutic menus shall be planned as provided in par. (a) 1., with supervision or consultation from a qualified dietitian.

3. Vitamin and mineral supplements shall be given only on order of the physician.

(g) Drinking water. When a resident is confined to bed, a covered pitcher of drinking water and a glass shall be provided on a bedside stand. The water shall be changed frequently during the day, and
pitchers and glasses shall be sanitized daily. Single-service disposable pitchers and glasses may be used. Common drinking utensils shall not be used.

WYOMING

Section 11. Dietetic Services.

The facility shall provide dietetic services that meet the nutritional needs of residents according to the science of nutrition. The dietetic service shall operate with safe food handling practices from receipt through service in accordance with the most current edition of the FOOD CODE from the U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration.

FEDERAL REGULATIONS

§ 483.35 Dietary services.

(c) Menus and nutritional adequacy. 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; and

(3) Be followed.

...(e) Therapeutic diets. Therapeutic diets must be prescribed by the attending physician.