



Nutrition and Food Service in Licensed Adult Care Homes

1068 Training

**Division of Health Service Regulation
Adult Care Licensure Section**





Disclaimer:

- The information in this training is a general guide to assist providers with understanding and following the rules and regulations for nutrition and food service in licensed adult care homes.
- This training is not all-inclusive and should be used only for the sole purpose of provider education.



Training Objectives

- Access and utilize the rules and regulations for nutrition and food service in licensed adult care homes.
- Promote provider understanding and compliance with rules and regulations.
- Enhance care and services provided to residents residing in licensed adult and family care homes.



Meal Service Considerations

Meals form a structure to the day and provide opportunities for social interaction.

Meals should encourage interest and enjoyment of food.



Resident Considerations related to Nutrition & Food Service

➤ Residents' Assessed Needs

- FL-2
- Care Plan
- Orders
- Current Symptoms/Changes in status

➤ How are residents' individualized nutrition/food service needs addressed & communicated to staff?



Resident Considerations related to Nutrition & Food Service

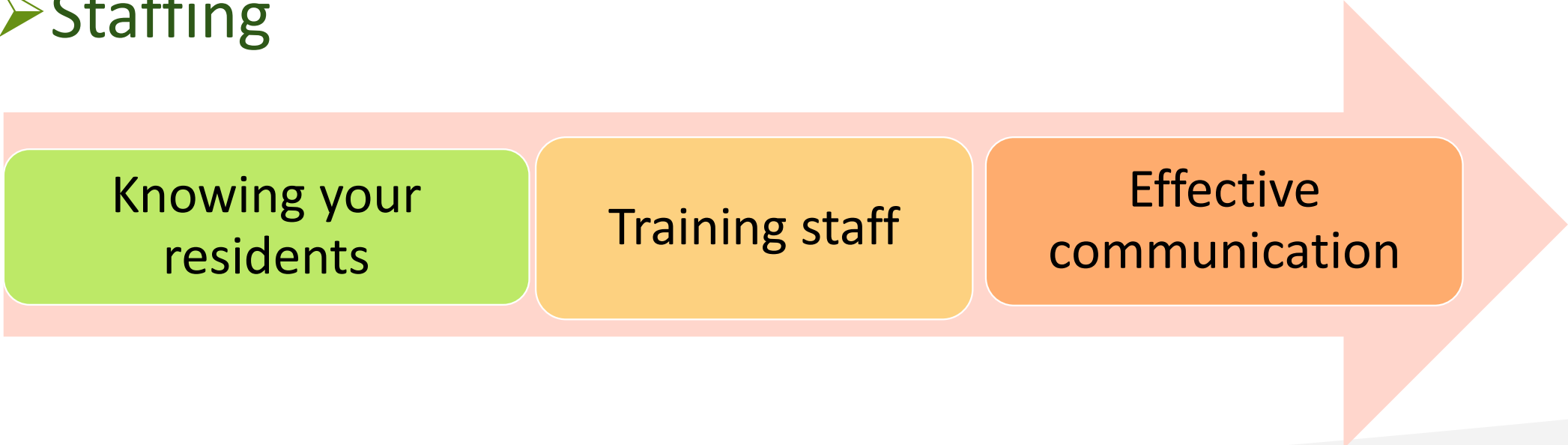
➤ Residents' Preferences & Choices

- Resident Register
- Periodic discussions with residents/family members to determine individual preferences/customs
- Resident Council Meetings/community culture
- How are residents' preferences honored & communicated to staff?



Potential Challenges:

- Resident refusal/non-compliance
- Change in resident condition/needs
- Staffing



Knowing your residents

Training staff

Effective communication



Maintaining a Resident Focus

- Does the resident assessment and plan of care accurately reflect the needs and preferences of the resident?
- Have a resident's needs and/or preferences changed?
 - ✓ **Something is different: Awareness of change.**
 - What system(s) are in place to capture changes?
 - How are changes addressed?
 - Communicated to staff and health care providers?
- What training is in place for staff and when is it to be completed?
- Is staffing in line to meet the census and the assessed needs of the residents?

Nutrition and Food Service Rules

- 10A NCAC 13F. 0904 Adult Care Homes
(7 beds or more)
- 10A NCAC 13G. 0904 Family Care Homes
(2-6 beds)

Section 1

Food Procurement and Safety

0904(a)



FOOD
SAFETY

Food Procurement and Safety in Adult Care Homes (ACH):

10A NCAC 13F. 0904(a)

- (1) Facilities with a licensed capacity of **7 to 12 residents** shall ensure food services comply with Rules Governing the Sanitation of Residential Care Facilities set forth in **15A NCAC 18A .1600** which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food and beverage under sanitary conditions.
- (2) Facilities with a licensed capacity of **13 or more residents** shall ensure food services comply with Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in **15A NCAC 18A .1300** which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food and beverage under sanitary conditions.
- (3) Only meat processed at a USDA-approved processing plant shall be served.
- (4) There shall be a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus established in Paragraph (c) of this Rule for both regular and therapeutic diets. For the purpose of this Rule "perishable food" is food that is likely to spoil or decay if not kept refrigerated at 40 degrees Fahrenheit or below, or frozen at zero degrees Fahrenheit or below and "non-perishable food" is food that can be stored at room temperature and is not likely to spoil or decay within seven days.



Food Procurement and Safety in Family Care Homes (FCH) :

10A NCAC 13G. 0904(a)

- (1) Food services shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in **15A NCAC 18A .1600** which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food under sanitary conditions.
- (2) Only meat processed at a USDA-approved processing plant shall be served.
- (3) There shall be a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus established in Paragraph (c) of this Rule, for both regular and therapeutic diets. For the purpose of this Rule "perishable food" is food that is likely to spoil or decay if not kept refrigerated at 40 degrees Fahrenheit or below, or frozen at zero degrees Fahrenheit or below and "non-perishable food" is food that can be stored at room temperature and is not likely to spoil or decay within seven days.

INSPECTIONS

- Annual inspections
- If there has not been an inspection made by the county, the facility should document all contact with county regarding inquiry/lack of inspection/request for inspection
- For your information: If conditions found at the time of the inspection are dangerous to the health of the residents, the sanitarian will notify the Adult Care Licensure Section

The image shows a complex inspection report form. At the top left is the Oregon Department of Public Health (DPH) logo. The title is 'ADULT CARE LICENSURE SECTION'. The form contains a header section with fields for 'Facility Name', 'Address', 'City', 'State', 'Zip', 'Phone', and 'Fax'. Below this is a large table with columns for 'Inspection Item', 'Compliance Status', and 'Comments'. The table is filled with rows of inspection items, each with a status (e.g., 'Compliant', 'Non-Compliant') and a corresponding comment. In the top right corner, there is a box containing the number '86' and the letter 'B'. The form also includes a section for 'Inspection Summary' and 'Inspector's Signature'.

Cleanliness/Sanitation of Kitchen, Dining Room, Food Storage, & Food Prep Areas

Rules references applicable sanitation rules enforced by state and local public health.

- CHAPTER 18 - ENVIRONMENTAL HEALTH
SUBCHAPTER 18A - SANITATION

- Contact the county Sanitarian, with questions





Additional Regulatory References

ACH

10A NCAC 13F.0306

Housekeeping and Furnishing

(a)(4) Adult Care Homes shall have a NC Division on Environment Health approved sanitation classification at all times in facilities with 12 beds or less a NC Division of Environmental Health sanitation score of 85 or above at all times in facilities with 13 beds or more

FCH

10A NCAC 13G.0315

Housekeeping and Furnishing

(a) (4)The family care home shall have a NC Division of Environmental Health approved sanitation classification at all times in facilities.

Food Procurement and Safety

- Kitchen
- Dining Room
- Walk-in refrigeration units
- Dry storage areas
- Dietary staff
 - *Hygiene and food handling practices*





Food Procurement & Safety

- Kitchen areas & equipment are clean and free of the presence of insects, rodents, and other vermin to include breeding and harborage.
- Equipment is not damaged and maintains stored/prepared foods at appropriate temperatures prior to being served.
- Food is stored safely/properly: such as not on the floor, thawed properly, no evidence of infestation, chemicals are not stored above or beside food/food preparation areas.
- Dishes, cutting boards, prep tables, and other equipment is cleaned/sanitized appropriately and there is no cross contamination.

Food Procurement and Safety



- Refrigerators/freezers should have thermometers.
- Refrigeration units should maintain temperature not to exceed 45°F.
- Freezer units should maintain temperature between -10 degrees F and 0 degrees F.
- Foods are within date, unspoiled, and safely thawed.
- Raw meat/fresh eggs are not stored over ready to eat foods.



Food Procurement and Safety

Sanitation/Inspection Reports



Cleaning logs/schedule for kitchen, dining room, & food storage areas



Temperature Logs



Equipment cleaning/repair/routine service logs

Food Supply



There shall be a **three-day** supply of **perishable food** and a **five-day** supply of **non-perishable food** on hand in the facility based on the menu(s), for both regular and therapeutic diets.

Perishable vs. Non-Perishable Foods

- **Perishable food** is food that is likely to spoil or decay if not kept refrigerated at 40 degrees Fahrenheit or below, or frozen at zero degrees Fahrenheit or below.



- **Non-perishable food** is food that can be stored at room temperature and is not likely to spoil or decay within seven days.



3 and 5 Day Food Supply

- **Menus**
 - Meet requirement for diet orders of residents residing in facility
 - What is on the menu?
- **Meal Service**
 - What is served?
 - Portion/serving size?
 - Are residents offered/provided additional portions upon request?



➤ **Is the facility prepared for an emergency?**



Section 2

Food Preparation and Service

0904(b)





Food Preparation and Service in Adult Care Homes

10A NCAC 13F. 0904(b)

- (1) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers.
- (2) Hot foods shall be served hot and cold foods shall be served cold as set forth in Rule 15A NCAC 18A .1620(a) for facilities with a licensed capacity of 7 to 12 residents and as set forth in Rule 15A NCAC 18A .1323 Food Protection in Activity Kitchens, Rehabilitation Kitchens, and Nourishment Stations for facilities with a licensed capacity of 13 or more residents, which are hereby incorporated by reference, including subsequent amendments.
- (3) If residents require feeding assistance, food shall be maintained at serving temperature until assistance is provided.



Food Preparation and Service in Family Care Homes

10A NCAC 13G. 0904(b)

- (1) Table service shall include a napkin and non-disposable place setting consisting of a knife, fork, spoon, plate, and beverage containers.
- (2) Hot foods shall be served hot and cold foods shall be served cold as set forth in Rule 15A NCAC 18A .1620(a) which is hereby incorporated by reference, including subsequent amendments.
- (3) If residents require feeding assistance, food shall be maintained at serving temperature until assistance is provided.

Table Service

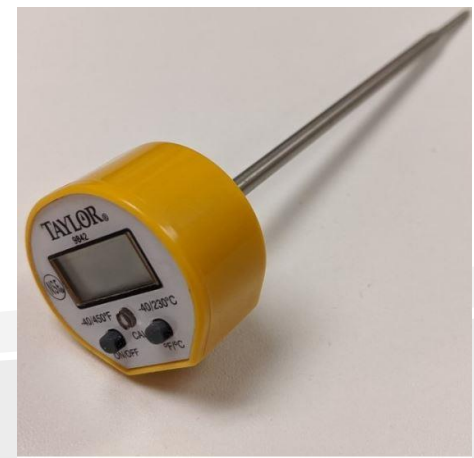
Table service shall include a napkin and non-disposable place setting consisting of a knife, fork, spoon, plate, and beverage containers.



Food Preparation and Service

Rule references applicable sanitation rules enforced by state and local public health related to hot/cold foods

- Rule [15A NCAC 18A .1620\(a\)](#) for FCH & ACH facilities with a licensed capacity of 7 to 12 residents
 - Rule [15A NCAC 18A .1323](#) Food Protection in Activity Kitchens, Rehabilitation Kitchens, and Nourishment Stations for facilities with a licensed capacity of 13 or more residents
 - References to the NC Food Code Manual 2022.
- **Cold foods should be served at 41 degrees F or lower.**
- **Hot food should be served or held at 135 degrees F or higher.**





Feeding Assistance



- If a resident requires feeding assistance, the serving temperature of their meal should be maintained until assistance is provided by staff.



Considerations for Food Preparation and Table Service

- Is there an adequate supply of the items required for table service ?
- Are residents satisfied with table service?
- How does the facility ensure meals are served at the proper temperature(s)?
 - When did meal leave the kitchen vs time served?
 - Was the food covered if transported to another unit or residents' rooms?
 - Are residents who require feeding assistance served their meals at the appropriate temperature?



Section 3

Menus

0904 (c)



Menus in Adult Care Homes

10A NCAC 13F.0903 (c)

- (1) Menus shall be prepared at least one week in advance with serving quantities specified and in accordance with the daily food requirements in Paragraph (d) of this Rule.
- (2) Menus shall be maintained in the kitchen and identified as to the current menu day for guidance of food service staff.
- (3) Any substitutions made in the menu shall be of equal nutritional value, in order to maintain the daily dietary requirements in Subparagraph (d)(3) of this Rule, appropriate for therapeutic diets, and documented in records maintained in the kitchen to indicate the foods actually served to residents.
- (4) Menus shall be planned to take into account the food preferences of the residents as documented on the Resident Register.
- (5) Menus as served, invoices, and other receipts for food or beverage purchases shall be maintained in the facility for 30 days.
- (6) Menus for all therapeutic diets shall be planned or reviewed by a licensed dietitian/nutritionist. The facility shall maintain verification of the licensed dietitian/nutritionist's approval of the therapeutic diets.
- (7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff.



Menus in Family Care Homes

10A NCAC 13G.0903 (c)

- (1) Menus shall be prepared at least one week in advance with serving quantities specified and in accordance with the daily food requirements in Paragraph (d) of this Rule.
- (2) Menus shall be maintained in the kitchen and identified as to the current menu day for guidance of food service staff.
- (3) Any substitutions made in the menu shall be of equal nutritional value, in order to maintain the daily dietary requirements in Subparagraph (d)(3) of this Rule, appropriate for therapeutic diets, and documented in records maintained in the kitchen to indicate the foods actually served to residents.
- (4) Menus shall be planned to take into account the food preferences of the residents as documented on the Resident Register.
- (5) Menus as served, invoices, and other receipts for food or beverage purchases shall be maintained in the facility for 30 days.
- (6) Menus for all therapeutic diets shall be planned or reviewed by a licensed dietitian/nutritionist. The facility shall maintain verification of the licensed dietitian/nutritionist's approval of the therapeutic diets.
- (7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff.



Menu

- Planned one week in advance
 - Menus for all diets are to be maintained in the kitchen for guidance to food service staff.
 - Menus, invoices, & receipts for food/beverage purchases maintained in the facility for 30 days.
- Menu for therapeutic diets must be approved by a licensed dietitian/nutritionist.
 - The facility shall have a matching therapeutic diet menu for any residents' physician-ordered therapeutic diet
 - Take residents' choices into consideration

Considerations for Menu



- Reference the daily dietary requirements in Subparagraph (d)(3) of the Rules for menus and substitutions.
- Does the facility have a system or procedure for menu planning?
- What happens when the food item(s) on the menu are not available to be served?
- Do substitutions to the menu accommodate residents' assessed needs and preferences?



Meal Substitutions

Be documented in records maintained in the kitchen to indicate the foods actually served to residents.

Stay in the same food group

Be of equal nutritional value to maintain the daily dietary requirements in Subparagraph (d)(3) of the Rules & appropriate for therapeutic diets.



MENU SUBSTITUTION FORM

Any substitutions made to the menu shall be of equal nutritional value and appropriate for therapeutic diets.

DATE: _____

DATE SUBSTITUTION MADE: _____

MEAL SUBSTITUTION SERVED: Breakfast Lunch DINNER
Circle one

SUBSTITUTION MADE BY: _____

_____ was served in place of _____

_____ was served in place of _____

_____ was served in place of _____

SAMPLE Menu Substitution Form

Section 4



Food Requirements

0904(d)



Food Requirements

- For your information: Regular diet menus typically include individual intake of 2,000 to 2,200 calories per day. (This does not include snacks or beverage options).
- Daily menus for regular diets shall be based on the U.S. Department of Agriculture Dietary guidelines for Americans 2020-2025, which are hereby incorporated by reference including subsequent amendments and editions. These guidelines can be found at https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf.



U.S. Department of Agriculture (USDA) Dietary Guidelines for Americans 2020-2025

- **Public health mission**

- The guidelines form the basis of federal nutrition policy and programs and helps guide local, state, and national health promotion and disease prevention initiatives.
- The guidelines have often served as a reference in the development of clinical nutritional guidance for people living with specific medical conditions.
- Health professionals can adapt the guidelines as apart of a multi-faceted treatment plan.

The USDA Dietary Guidelines for Americans 2020-2025 referenced in the 0904 rules provide recommendations for healthy dietary patterns in each of the food groups and/or subgroups based age, sex, activity level, and caloric intake needs.

There are various reference tables and examples such as:

- [Table 4-1](#) Adults 19-59
- [Table 6-1](#) Adults 60 & older
- [Table A3-2](#) Ages 2 & Older

Table A3-2

Healthy U.S.-Style Dietary Pattern for Ages 2 and Older, With Daily or Weekly Amounts From Food Groups, Subgroups, and Components

CALORIE LEVEL OF PATTERN ^a	1,000	1,200	1,400	1,600	1,800	2,000	2,200	2,400	2,600	2,800	3,000	3,200
FOOD GROUP OR SUBGROUP^b	Daily Amount^c of Food From Each Group (Vegetable and protein foods subgroup amounts are per week.)											
Vegetables (cup eq/day)	1	1 ½	1 ½	2	2 ½	2 ½	3	3	3 ½	3 ½	4	4
	Vegetable Subgroups in Weekly Amounts											
Dark-Green Vegetables (cup eq/wk)	½	1	1	1 ½	1 ½	1 ½	2	2	2 ½	2 ½	2 ½	2 ½
Red and Orange Vegetables (cup eq/wk)	2 ½	3	3	4	5 ½	5 ½	6	6	7	7	7 ½	7 ½
Beans, Peas, Lentils (cup eq/wk)	½	½	½	1	1 ½	1 ½	2	2	2 ½	2 ½	3	3
Starchy Vegetables (cup eq/wk)	2	3 ½	3 ½	4	5	5	6	6	7	7	8	8
Other Vegetables (cup eq/wk)	1 ½	2 ½	2 ½	3 ½	4	4	5	5	5 ½	5 ½	7	7
Fruits (cup eq/day)	1	1	1 ½	1 ½	1 ½	2	2	2	2	2 ½	2 ½	2 ½
Grains (ounce eq/day)	3	4	5	5	6	6	7	8	9	10	10	10
Whole Grains (ounce eq/day) ^d	1 ½	2	2 ½	3	3	3	3 ½	4	4 ½	5	5	5
Refined Grains (ounce eq/day)	1 ½	2	2 ½	2	3	3	3 ½	4	4 ½	5	5	5
Dairy (cup eq/day)	2	2 ½	2 ½	3	3	3	3	3	3	3	3	3
Protein Foods (ounce eq/day)	2	3	4	5	5	5 ½	6	6 ½	6 ½	7	7	7
	Protein Foods Subgroups in Weekly Amounts											
Meats, Poultry, Eggs (ounce eq/wk)	10	14	19	23	23	26	28	31	31	33	33	33
Seafood (ounce eq/wk) ^e	2-3 ^f	4	6	8	8	8	9	10	10	10	10	10
Nuts, Seeds, Soy Products (ounce eq/wk)	2	2	3	4	4	5	5	5	5	6	6	6
Oils (grams/day)	15	17	17	22	24	27	29	31	34	36	44	51
Limit on Calories for Other Uses (kcal/day)^g	130	80	90	100	140	240	250	320	350	370	440	580
Limit on Calories for Other Uses (%/day)	13%	7%	6%	6%	8%	12%	11%	13%	13%	13%	15%	18%

^a Patterns at 1,000, 1,200, and 1,400 kcal levels are designed to meet the nutritional needs of children ages 2 through 8 years. Patterns from 1,600 to 3,200 kcal are designed to meet the nutritional needs of children 9 years and older and adults. If a child 4 through 8 years of age needs more energy and, therefore, is following a pattern at 1,600 calories or more, his/her recommended amount from the dairy group should be 2 ½ cup eq per day. Amount of dairy for children ages 9 through 18 is 3 cup eq per day regardless of calorie level. The 1,000 and 1,200 kcal level patterns are not intended for children 9 and older or adults. The 1,400 kcal level is not intended for children ages 10 and older or adults.

Recommendations: Fruit Servings

- **1 cup raw or cooked, ½ cup dried, 1 cup of 100% fruit juice**

All fresh, frozen, canned, and dried fruits and 100% fruit juices: for example, apples, apricots, Asian pears, bananas, berries (e.g., blackberries, blueberries, cranberries, currants, kiwifruit, raspberries, and strawberries); citrus fruit (e.g., grapefruit, kumquats, lemons, limes, mandarin oranges, pomelos, tangerines, and tangelos); cherries, dates, figs, grapes, guava, mangoes, melons (e.g., cantaloupe, honeydew, and watermelon); nectarines, papaya, passion fruit, peaches, pears, persimmons, pineapple, plums, pomegranates, prunes, and raisins.



Recommendations: Vegetable Servings

- 1 cup raw or cooked , *leafy greens- 1 cup or ½ cup cooked*, 1 cup of 100% vegetable juice
- **Dark-leafy green vegetables:** All fresh, frozen, and canned dark-green leafy vegetables and broccoli, cooked or raw: for example, basil, beet greens, bok choy, broccoli, chard, cilantro, collards, kale, mustard greens, romaine lettuce, spinach, turnip greens, and watercress.
- **Red and Orange Vegetables:** All fresh, frozen, and canned red and orange vegetables or juice, cooked or raw: for example, carrots, red chili peppers, red or orange bell peppers, sweet potatoes, tomatoes, 100% tomato juice, and winter squash such as acorn, butternut, kabocha, and pumpkin.





Recommendations: Vegetable Servings

- **Beans, Peas, Lentils:** All cooked from dry or canned beans, peas, chickpeas, and lentils: for example, black beans, black-eyed peas, brown beans, chickpeas (garbanzo beans), edamame, fava beans, kidney beans, lentils, lima beans, mung beans, navy beans, pigeon peas, pink beans, pinto beans, split peas, soybeans, and white beans. Does not include green beans. or green peas.*Beans, peas, & lentils can be considered part of the protein foods group as well as the vegetable group, but cannot count as both.
- **Starchy Vegetables:** All fresh, frozen, and canned starchy vegetables: for example, corn, jicama, lima beans, immature or raw (not dried) peas (e.g. black-eyed peas, green peas, pigeon peas), plantains, white potatoes, water chestnuts, and yams.
- **Other Vegetables:** All other fresh, frozen, and canned vegetables, cooked or raw: for example, artichoke, asparagus, avocado, bamboo shoots, bean sprouts, beets, brussel sprouts, cabbage (green, red, napa, savoy), cauliflower, celery, chives, cucumber, eggplant, green beans, iceberg lettuce, fennel, kohlrabi, leeks, mushrooms, okra, onions, peppers (chili and bell types that are not red or orange in color), radicchio, radish, rutabaga, snow peas, summer squash, tomatillos, turnips.



Recommendations: Protein Servings

- 5 oz meat, poultry or seafood; 1 egg; ¼ cup cooked beans or tofu; 1 tbsp nut or seed butter; ½ oz nuts or seeds
- **Meats, Poultry, Eggs:**
 - **Meats** include beef, lamb, pork, and game meat (e.g. such as deer, bison).
 - **Poultry** includes chicken, cornish hens, dove, duck, game birds (e.g., ostrich, pheasant, and quail), goose, and turkey.

**Recommendation is meat & poultry be lean or low fat*
 - **Organ meats** include brain, chitterlings, giblets, gizzard, heart, kidney, liver, stomach, sweetbreads, tongue, and tripe.
 - **Eggs** include chicken eggs and other birds' eggs.

Recommendations: Protein Servings

- **Seafood:** Seafood examples that are lower in methylmercury include: anchovy, black sea bass, catfish, clams, cod, crab, crawfish, flounder, haddock, herring, lobster, mackerel, oysters, perch, pollock, salmon, sardine, scallop, shrimp, sole, squid, tilapia, freshwater trout, light tuna, and whiting.
- **Nuts, Seeds, Soy Products:** Nuts and seeds include all nuts (tree nuts and peanuts), nut butters, seeds (e.g., chia, flax, pumpkin, sesame, and sunflower), and seed butters (e.g., sesame or tahini and sunflower). Soy includes tofu, tempeh, and products made from soy flour, soy protein isolate, and soy concentrate. Nuts should be unsalted.
- **Beans, Peas, Lentils:** Can be considered part of the protein foods group as well as the vegetable group, but should be counted in one group only.



Recommendations: Dairy Servings

- **Milk (1 cup):** Whole, 2%, 1%, non-fat/skim, buttermilk, lactose free milk, evaporated, fortified soy milk
- **Milk based dessert (1 cup):** Frozen yogurt, pudding, sherbet, ice cream, dairy-based smoothie
- **Yogurt (1 Cup):** All milk-based yogurt, soy yogurt, kefir
- **Cheese:**
 - Hard or soft natural cheese- (1 ½ oz. cubed or 1/3 c. shredded cheese)
 - Processed American cheese: 2 ounces/2 slices
 - Cottage cheese: 2 cups
 - Ricotta cheese: ½ c.

**It is recommended that most choices should be fat-free or low fat*



**Cream, sour cream and cream cheese are not included due to their low calcium content. Plant based milks are not included in the dairy group, even though they may contain calcium, because their overall nutritional content is not similar to dairy milk and soy milk.*

Recommendations: Grain Servings

- Serving: Serving (1 oz equivalent): ½ cup cooked rice pasta or cereal; 1 oz dry pasta or rice; 1 medium (1 oz) slice of bread, tortilla or flatbread; 1 cup ready to eat cereal
- **Whole Grains:** All whole-grain products and whole grains used as ingredients: for example, barley (not pearled), brown rice, buckwheat, bulgur, millet, oats, popcorn, quinoa, dark rye, whole-grain cornmeal, whole-wheat bread, whole-wheat chapati, whole-grain cereals and crackers, and wild rice.
- **Refined Grains:** All refined-grain products and refined grains used as ingredients: for example, white breads, refined-grain cereals and crackers, corn grits, cream of rice, cream of wheat, barley (pearled), masa, pasta, and white rice.





Resident Focus & Considerations for Dietary Requirements

Is there an established policy or process for:

- Ensuring menus meet the protein, fruit, vegetables, etc. servings on the menu
- Maintaining the food supply for the upcoming menus
- Capturing residents' individual needs/orders
- Addressing residents' voiced concerns/preferences



Meal Service/Time

- Each resident shall be served a minimum of three nutritionally adequate meals based on the requirements in Subparagraph (d)(3) of this Rule.
- Meals shall be served at regular times comparable to normal mealtimes in the community.
- There shall be at least 10 hours between the breakfast and evening meals.
- Water shall be served to each resident at each meal, in addition to other beverages.

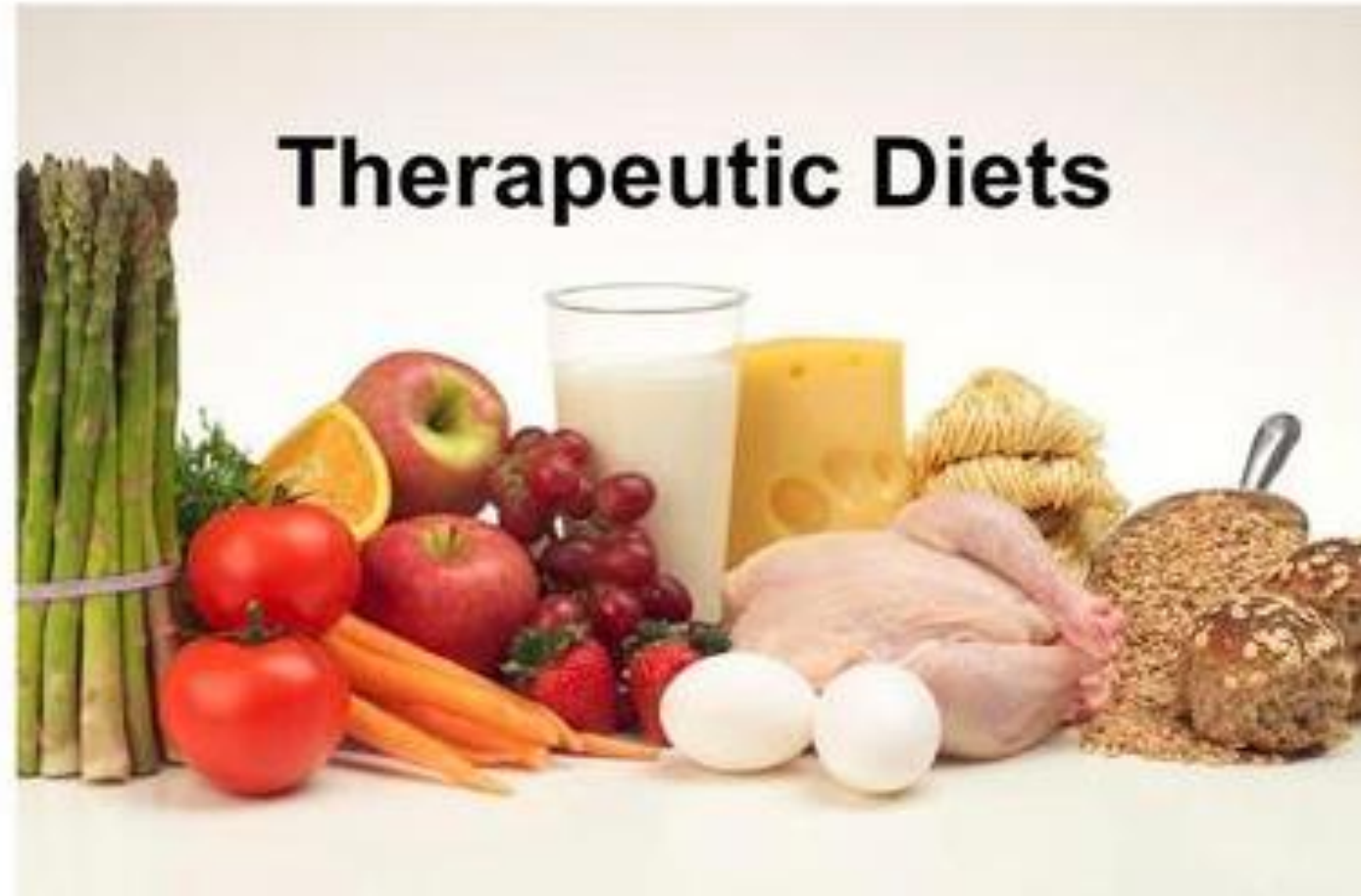
SNACKS

Foods and beverages shall be **offered** in accordance with each residents' prescribed diet or **made available** to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks.



“offered” or **“made available”**
What does this mean? Consider resident diagnoses/needs, preferences, & community culture

Section 5



0904(e)



What is a Therapeutic Diet?

- A therapeutic diet is part of the treatment for a disease or clinical condition, to eliminate, decrease, or increase certain substances in the diet (e.g., sodium or potassium), or to provide mechanically altered food when indicated.



Therapeutic Diet Orders

- **0904 (e)(4) All therapeutic diets, including thickened liquids and nutritional supplements, shall be served as ordered**
- Where applicable, the therapeutic diet order shall be specific to calorie, gram, or consistency unless there are written orders that include the definition of any therapeutic diet identified in the facility's therapeutic menu approved by a licensed dietitian/nutritionist.
 - *Examples may include total caloric intake for calorie-controlled ADA diets, consistency of thickened liquids, & amount of fluid restriction.*
- The facility shall maintain a current listing of residents with physician-ordered therapeutic diets for guidance of food service staff.



Therapeutic Diet Orders and Related Orders

- FL-2 & provider orders from (including hospital and specialists) for:
 - Diets
 - Supplements
 - Specialty referrals
 - Weight and/or blood pressure checks
 - Labs including finger stick blood sugar results
- Orders with specified parameters
- Order clarification, as needed



Types of Therapeutic Diets

**Calorie
Controlled**

**Carbohydrate
Controlled**

**No concentrated
sweets**

No added salt

Low sodium

**Low fat
Low Cholesterol**

Renal

Gluten Free

**Modified
Consistency
(foods & liquids)**



Calorie controlled ADA Diets

Residents with diagnoses including diabetes, pre-diabetes, require regulation of blood sugar and weight loss management may be ordered a calorie - controlled ADA diet.

- **Focus:** These diets count/control calories, carbohydrates, sugar, protein, and fat intake in balanced amounts to meet nutritional needs, control blood sugar levels, and control weight
- Common calorie intake levels include: 1,500, 1,800 and 2,000 calories/daily
- Requires **correct measurement** of portion sizes
- ❖ Remember: Calorie controlled diet orders must specify the calorie intake level



Carbohydrate-Controlled Diets

Residents who have diagnoses including diabetes, pre-diabetes, and/or require regulation of blood sugar, may be ordered a carbohydrate - controlled diet.

- **Counting sugar and carbohydrate intake is the focus**
 - Requires correct measurement of portion sizes
 - Emphasis on eating the same amount, at the same time each day to maintain blood sugar goals/recommendations
- ❖ Remember: Carb- controlled diet orders must specify the carb intake level



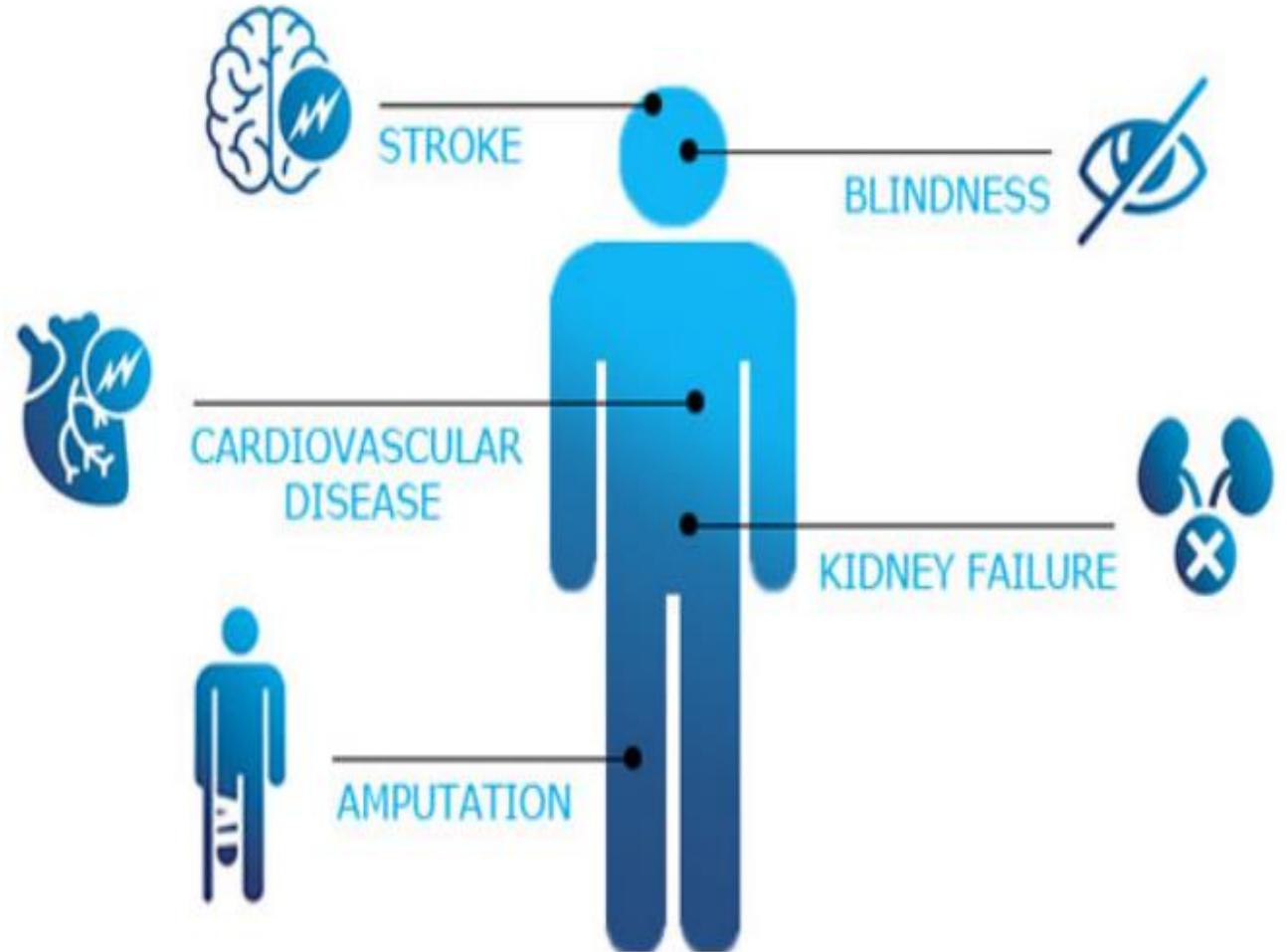
No Concentrated Sweets (NCS) Diets

Is considered a more liberalized diet for residents with diagnoses including diabetes, pre-diabetes, and/or require regulation of blood sugar.

- Generally, the focus is on offering foods in regular diets without the addition of sugar.
- Eliminates foods with sugar, high fructose corn syrup, honey, molasses, & maple syrup.

Potential OUTCOMES for residents who do not follow the diet ordered for the management/control of blood sugar

- High blood sugar
- Kidney disease/insufficiency
- Heart disease
- Nerve damage/neuropathy
- Eye disease
- Peripheral vascular disease
- Skin breakdown
- Altered wound healing
- Increased risk of stroke
- Diabetic ketoacidosis
- Diabetic coma
- Death





No Added Salt (NAS) Diets

Residents with diagnoses including, but not limited to, high blood pressure, heart disease, edema (swelling), and/or kidney disease may be ordered a NAS diet to help manage high blood pressure, fluid retention, and/or edema.

- Focus: Use of table salt is restricted, and salt may also be limited in cooking (ensure menu/recipe is followed)
- Typically provides between 3–4 grams of sodium daily (3000–4000 mg).
- The resident should not add salt once meal is served.



2 Gram Sodium (Na+) Controlled Diets

Residents with diagnoses including but not limited to high blood pressure, heart disease, edema (swelling), and/or kidney disease may be ordered 2 – gram sodium diet to help manage high blood pressure, fluid retention, and/or edema.


- Focus: Generally, no salt should be added during cooking or at the table.
- More restrictive than NAS diet.
- Allows 2000 mg. of salt/daily.
- It may be necessary to prepare foods for this diet separately.
- Ensure any substitutions meet sodium intake restrictions

Low Fat/Low Cholesterol Diets



Ordered for residents with diagnoses including, but not limited to, heart disease, high cholesterol, high blood pressure, diabetes, multiple sclerosis, weight loss management, gallstones, and many other conditions.

- **Focus is on restricting fat/cholesterol intake.**
- Requires **correct measurement** of portion sizes
- Menu may indicate “low fat” versions of specified entrees and vegetables



Renal diets: Residents with diagnoses including chronic kidney disease and end stage renal disease (ESRD) may be ordered a renal diet

➤ **Focus is to keep the levels of electrolytes, minerals, and fluid balanced in the body**

- Residents who require dialysis are often ordered a renal diet.
- Requires **correct measurement** of portion sizes.
- Efforts should be made to limit substitutions on this diet.

- Restricts intake of protein, phosphorus, & salt.
- May restrict intake of potassium and calcium.
- May also include fluid restriction.
- Requires **correct measurement** of fluid intake, if ordered.

Potential Outcomes of failure to follow Renal Diet

- Fluid overload- swelling, high blood pressure, fluid in the lungs, & heart failure.
- Abnormal fluid/electrolyte balance in the bloodstream.
Examples include:
 - Phosphorus outside of ordered/goal range
 - Potassium outside of ordered/goal range
 - Calcium outside of ordered/goal range
 - Abnormal blood sugar results
 - Secondary hypoparathyroidism (a condition in which the body produces low levels of parathyroid hormone).
- Death



Gluten Free Diet

Residents with diagnoses including celiac disease , gluten intolerance, & other conditions related to gluten may be ordered a gluten free diet.

➤ Focus is to exclude intake of gluten

- Gluten is a protein found in wheat, rye, and barley
- Intake of gluten can lead to abdominal pain, nausea, bloating, diarrhea, fatigue, gas, & anemia in those with gluten intolerance &/or celiac disease
- A gluten free diet is used to manage the signs and symptoms



Gluten free

Naturally gluten free foods include fruits and vegetables, beans, seeds, legumes and nuts in their natural, unprocessed forms, eggs, lean, un-processed meats, fish and poultry, and most low-fat dairy products.



Diets Orders with Texture Modifications

Residents with diagnoses including but not limited to progressive neurological disorders (such as Parkinson's disease or Huntington's disease), cognitive disorders (such as dementia and Alzheimer's disease), problems swallowing and/or chewing, problems controlling the amount of food in their mouth, poor dentition/no teeth, digestive issues, diverticulosis, and cancers or injuries to the head and neck may be prescribed a diet with texture modification.

- Texture modification can be ordered for both *foods & fluids*, dependent upon resident diagnoses, acute & chronic conditions, and assessed needs.



What is Dysphagia ?



- Dysphagia is a condition in which an individual has difficulty accepting, chewing, manipulating, swallowing and digesting foods and liquids.
- Can result from many conditions and diagnoses
- If left untreated, can cause choking, aspiration, aspiration pneumonia, pneumonitis, and even death.

Dysphagia

Trouble Swallowing

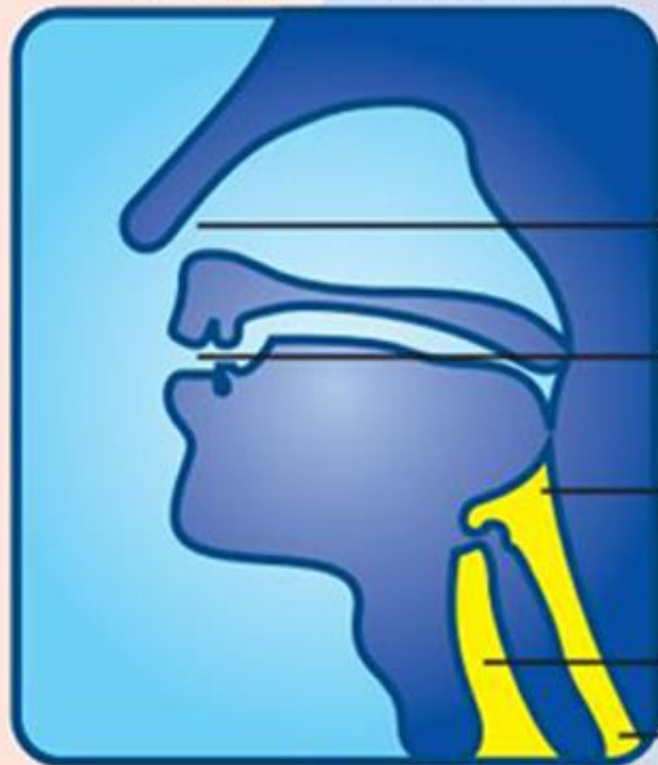
Positioning:

~Upright position

~Head up

~Elevate head of bed

NORMAL SWALLOW



SWALLOWING DIFFICULTY



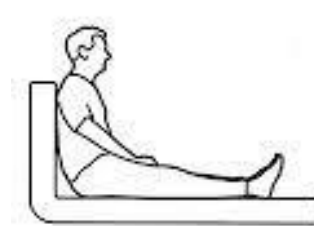
NOSE

MOUTH

FOOD/DRINK

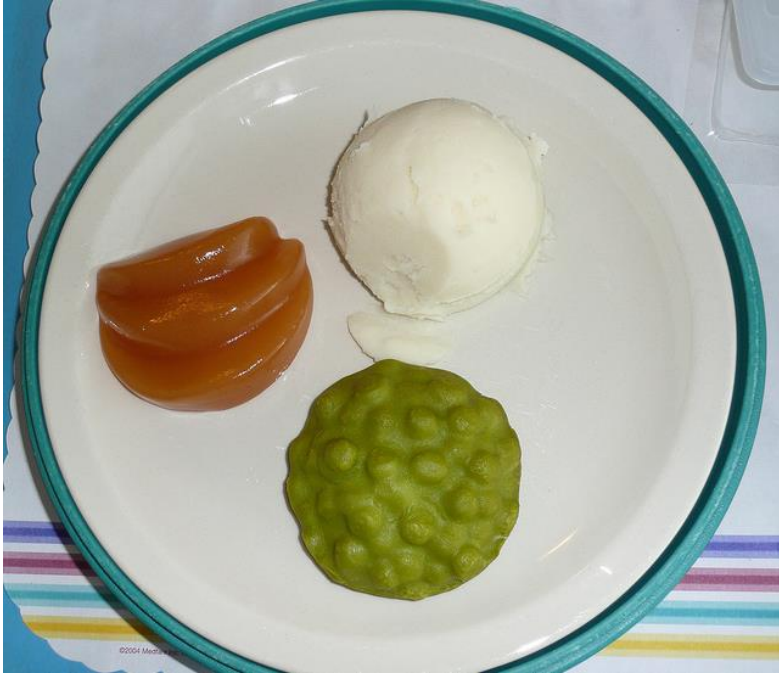
TO LUNGS

TO STOMACH



Best Practice

Pureed Diets



Residents with diagnoses including dysphagia, and/or any chewing or swallowing disorder(s) may be ordered a pureed diet.

- **Focus: Texture modification which should require no actual chewing**
- Pureed foods have a smooth, soft texture similar to mashed potato consistency.
- Should hold shape at room temperature without weeping.
- Foods should be pureed separately, not combined all together.
- All food groups should be served. (i.e., breads- the menu should provide instructions on preparation).
- Require food processor or blender for preparation.
- Thickening agents may be required to produce appropriate pureed consistency.

Mechanical Soft Diets

Residents with diagnoses including poor/no dentition, mouth pain, ill-fitting dentures, digestive disorders, dysphagia, and other chewing and/or swallowing disorders may be ordered a mechanical soft diet.



➤ **Focus: Foods are easy to chew.**
(Different from pureed diet which requires no chewing).

- Moist, soft, bite-sized foods that are not too crunchy or sticky.
- Soft foods may include moist pasta, baked flakey fish, cottage cheese, scrambled eggs, yogurt, oatmeal, soft vegetables without seeds or skin.
- Meats are typically chopped or ground and may be served moistened with gravy.

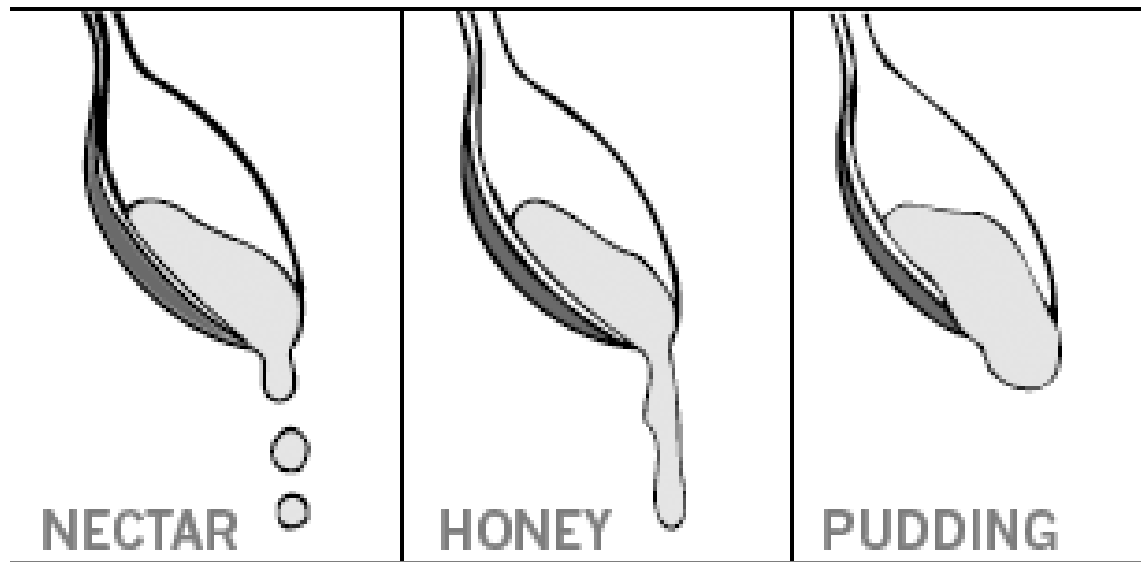




Thickened Liquids

- **Nectar** thickened – consistency is similar to buttermilk or creamed soup.
 - Able to go through a straw, glides off a spoon.
- **Honey** thickened – consistency is similar to honey or molasses
 - Pours slower than nectar & will not go through a straw.
 - Will drizzle slowly off spoon.
- **Pudding** thickened – consistency is that of pudding or yogurt.
 - Holds shape, not pourable.

Reminder: orders for thickened liquids, must state consistency



<p>Nectar like liquids</p>	<ul style="list-style-type: none"> • Easily pourable • Comparable to thick syrup • Forms a thin web over the prongs of a fork 	
<p>Honey like liquids</p>	<ul style="list-style-type: none"> • Slightly thicker, drizzles when poured • Comparable to honey • Forms a thick web over the prongs of a fork 	
<p>Spoon thick/ Pudding like liquids</p>	<ul style="list-style-type: none"> • Not pourable, holds their shape • Comparable to yoghurt • Sits on the prongs of a fork 	



Thickened Liquids

- Liquids may be purchased (as pre-made) at the ordered consistency or thickening agents may be mixed in to obtain the ordered consistency.
- Ice should not be used with thickened liquids because it changes the beverage consistency.
- Some foods should not be served to residents with orders for thickened liquids because they will melt in the mouth and get too thin. Examples include: Jello, popsicles, & ice cream
- When a resident is ordered thickened liquids, the thickened liquids should be provided during snacks and medication administration.





Liquid Diets: Liquid at room temperature

Residents who have just had a surgery, dental or jaw procedures, or are scheduled for/prepping for specific medical procedures may be prescribed a liquid diet. Liquid diets do not provide enough calories and nutrients and should not be used for an extended period.

➤ Clear Liquid Diet

- May be used as the first step to restarting oral feeding after surgery or an abdominal procedure.
- *Examples of clear liquids include juices without pulp, broth, black coffee, tea, gelatin.*

➤ Full Liquid Diet

- May be used as a second step after clear liquids are tolerated.
- *Examples: ice cream, pudding, thinned hot cereal, custard, strained cream soups, and juices with pulp*



Nutritional Supplements

- Are to be served as ordered.
- The resident/family should not be responsible for purchasing.
- **Considerations related to supplements:**
 - What system is in place to ensure supplements are served as ordered?
 - How are orders/needs for supplements communicated to staff?
 - Process/procedures for administration and documentation of nutritional supplements. Ensure staff are trained on process.



Preparation of Therapeutic Diets

➤ Meal preparation, plating, and serving

- Therapeutic diet list available to staff and kept up to date
- Staff follow menu, recipe, diet list, proper measurements/portion size
- Preparation of food and beverages to ordered the consistency
- Substitutions are of equal nutritional value & appropriate for therapeutic diet orders?

➤ Supply

- Food, beverage, & snack items are in stock based on the therapeutic diet menus and residents' orders
- Measuring devices, thickening agents, & nutritional supplements are available for therapeutic diets



Considerations for Therapeutic Diets

- What process or policy is used for: Processing diet orders? Clarifying diet orders? When a resident has or receives a new order for a therapeutic diet that is not included in the facility menus?
- Who is responsible for ensuring the facility has a menu for all therapeutic diets ordered?
- How are dietary staff trained to read and follow the menus in the preparation of therapeutic diets.
- How does the facility maintain food/snacks, and supplements on hand to accommodate menus for all therapeutic diets ordered?
- How are thickened liquids and altered texture diets prepared. How were staff trained?
- How are residents' diet orders and diet/nutritional needs communicated to dietary staff and other direct care staff?
- What happens when a resident refuses their therapeutic diet and/or is non-compliant?

Section 6

Individual Feeding Assistance

0904(f)



- The facility shall provide staff for individual feeding assistance in accordance with residents' needs.
 - Residents needing help in eating shall be assisted upon receipt of the meal and the assistance shall be unhurried and in a manner that maintains or enhances each resident's dignity and respect.
- Are there enough staff on duty to assist each resident who requires assistance?

Consideration for Feeding Assistance

- Staff/resident interactions & hygiene
- Are assessed, INDIVIDUALIZED feeding assistance needs provided?
- Is there enough space/seating available for staff to sit at eye level when aiding?
- Are residents positioned appropriately?
- Are foods and beverages alternated?
- Is assistance provided in an unhurried manner that promotes/enhances the respect and dignity of the resident?



Resident Focus Feeding Assistance

- FL-2, orders
- Care Plan
- Resident Register
- Staff schedules
- PCS Logs



- How are residents feeding assistance needs communicated to staff?
- Who is responsible for providing feeding assistance and ensuring staff are scheduled to meet residents' needs?
- How are staff trained to provide feeding assistance?

➤ **What happens if there is not enough staff available to provide feeding assistance?**

Section 7

Meal Intervals & Resident Preferences

0904(g)





Meal Intervals and Resident Preferences

- Variations from the required three meals or time intervals between meals to meet individualized needs or preferences of residents ***shall be documented in the resident's record.***
- Each resident shall receive three meals in accordance with resident preferences ***as documented in the resident's record.***
- Language in rule allows variations from the required three meals or time intervals between meals to meet individualized resident needs and/or resident preferences ***as documented in the resident's record.***

Summary:

What systems are in place to ensure what is being served matches the individualized assessed needs, diet order, and preferences/customs of each resident?





References

[10A NCAC 13F. 0904](#)

[10A NCAC 13G. 0904](#)

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National Institute of Health, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7059648/#R33>

American Speech-Language-Hearing Association, <https://www.asha.org/>

National Kidney Foundation, <https://www.kidney.org/>

Celiac Disease Foundation, <https://celiac.org/>

Academy of Nutrition and Dietetics, <https://www.eatright.org/>

Google, <https://www.google.com> (some photos, graphics, images)