



***One Vision: Moving Forward***  
**Food Portions and Choices**



**Joint Provider Surveyor Training**  
**September 23, 2014**

**Presented by:**  
**Hollis Turnham, PHI Midwest Director**

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# *One Vision: Moving Forward*

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**“They all wanted to move  
the field forward  
but no one wanted to take  
the risks of doing it.”**

University of Pennsylvania Alzheimer’s researcher

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# ***One Vision: Moving Forward***

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**To seek to resolve questions and obstacles to the implementation of person centered practices and other culture change initiatives in Michigan's nursing home and address aspects of the wide array of culture change initiatives that pose challenges to the Departments' regulatory roles and responsibilities.**

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# *Person-Centered Planning Defined*

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**"Person-Centered Planning" means a process for planning and supporting the consumer receiving services that builds on the individual's capacity to engage in activities that promote community life and that honors the consumer's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the consumer desires or requires.**

**MCLA 330.1700(g)**

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# *Elements of Person-Centered Planning*

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**Person Directed**

**Facilitation**

**Capacity-Building**

**Information**

**Person-Centered**

**Participation of Allies**

**Outcome-Based**

**Health and Welfare**

**Presumed Competence**

**Documentation**

# ***Stakeholder Group Development***

- ❖ Key Stakeholder Organizations (resident advocates, provider organizations, worker organizations, governmental agencies, culture change champions) identified
- ❖ Key Stakeholders invited to participate
- ❖ Working Agreements defined
- ❖ Consensus Decision Process outlined

***Special attention was paid to create a collaborative and safe working environment for these organizations and individuals.***

# *Barrier Identification*

- ❖ **Barrier identification process**
  - Focus groups held across the state
  - 150 people involved
  - All stakeholder organizations represented
- ❖ **8 pages of topics/barriers identified**
- ❖ **Regulatory barriers prioritized for consensus work**

# *Clarification Process*

- ❖ Group agrees upon a topic to address
- ❖ Initial draft of first clarifications developed by PHI and then development moved to a stakeholder volunteer
- ❖ Draft circulated to stakeholder group for comments
- ❖ Feedback collected, incorporated, and reviewed
- ❖ Final review by Survey Agency to ensure alignment with regulations
- ❖ Consensus vote taken—support, stand aside, block
- ❖ Final clarification published when consensus reached

[www.PHInational.org/OneVision](http://www.PHInational.org/OneVision)

# *Food Portions and Choices*

- ❖ Residents complain about the amount of food served; too much is served
- ❖ It becomes overwhelming, viewed as wasteful
- ❖ Residents want to eat what they want to eat, not a rigid therapeutic diet(s)
- ❖ Dietary restrictions disempower adults/residents
- ❖ Resident have no controls
- ❖ Conflicts are created and are not resolved

# *More One Vision Resources...*

[www.PHInational.org/onevision](http://www.PHInational.org/onevision)

- ❖ All clarifications
- ❖ Best Practices Guide for Person-Centered Admissions
- ❖ Revised resident, family and staff satisfaction survey tools for MyInnerview
- ❖ Recommendations for Medicaid financial incentives for person-centered services

# ***Will Residents Get More PCC?***

- ❖ Will resident's preferences or voices be heard
- ❖ Whatever your role, when you see an opportunity to personalize, individualize a resident's experience, will you act?
- ❖ Using 1V tools, can you collaborate with the all the 1V stakeholders to actualize resident preference?
- ❖ Will the groups hold each other accountable?

***It depends on you....***

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# *One Vision: Moving Forward*

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## **Case study #1**

### **Individualized Real Food First**

#### **Individualized diet approaches and diet liberalization**

Sandy is a resident at ABC nursing home. She has lived at the home for over 2 years. She became a resident that most staff and other residents at the home were afraid of. She was very short with others and had a bad temper. Over those four years she was difficult to please when it came to Dining Services as well as most everything else. She was often the biggest critic of the food in the entire building. With her extreme dislike of the food she often stayed in her room for meals and would not come down to the dining room and enjoy her meals with others. Now that she was in her room she did not want to be bothered to have her order taken for meals because, "it doesn't matter they will just screw up the food anyways." Sandy was often given supplements to maintain a healthy weight. The food services director (Tom) tried many approaches to improve the dining experience for Sandy unsuccessfully. Sandy was often given supplements to maintain a healthy weight. Because Tom was so persistent with Sandy they started building a relationship. Over the years Tom found out that Sandy was very sensitive to sodium and did not like foods higher in sodium. She did not have high blood pressure she just did not like salty foods. Tom found out that Sandy was a farmer and gardener. She lived on a farm and grew almost everything her family ate for over 40 years. She was a true believer in using raw, fresh ingredients. Some of the reasons Sandy was so unhappy were so clear to Tom now. She lived out in the country and was not used to being around so many people and the food that she grew up with and loved had been taken away from her. The menu that was being served had many canned and ready to eat foods on it. Tom believed that he could impact Sandy and the entire population of the facility by making the change to go to fresher products. The transition was long and difficult for the kitchen but now a local produce vendor supplies all of the vegetables used, meats are all free of sodium pumps and almost all ready to eat foods are made from scratch. Sandy is now eating better and is much happier. A gardening club has been started and Sandy shares her expertise with others. She has really come out of her bubble and is a much happier active resident. She has even begun to visit the dining room 3 times a week.

## **Case study #2**

### **Individualized Real Food First**

#### **Individualized diet approaches and diet liberalization**

Easy going George. That is the name that was given to a resident at XYZ nursing home. He is a fun loving very warm and friendly man. Most of the staff and other residents at the facility really enjoy talking with and being around him. He was also very easy going when it came to the food he ate. The problem with George was that he was slowly losing weight and his health was starting to decline. George was always out in the dining rooms for his meals and appeared to others to be a good eater. Supplements were often used to try and maintain Georges weight. Over time the team took a closer look at George's behaviors and found that George was in pain and this was causing him not to eat well. George would go so far as to give away his food. He did not want to stand out or appear that he did not appreciate the food or what everyone was doing for him. It was discovered that George was in World War 2 and was injured many years ago on a battle field. Upon further conversation with George's family we found that George had a mortar land extremely close to him on the battle field and was nearly killed. After many surgeries and rehabilitation George was back on his feet but not after spending many years physically and mentally overcoming this tragic event in his life. Well George did not want to have anyone feel sorry for him so he did not share this story with anyone at the home. The staff learned that George had a difficult time eating certain foods due to the internal scarring that had grown worse over the years. The menu that was being provided had many foods that George could not tolerate. With the help of his family, FSD, Dietician and the cooks, a special menu was created for George that allowed him choices each meal to pick from that he could tolerate. Everyone really got involved and wanted to help George regain his weight and health. The menu was placed in the same menu folder as everyone else so George was not viewed as special. This was very important to him and his family as he really did not want to put anyone out. The changes made a big impact on Georges weight and health. George was still the same likeable guy but much healthier now that these changes had been implemented.

## **Enhancing your Dining Services (Quality, Service and Choice).**

Three points of interest. Quality, Service and Choice.

### **Quality**

Buy food that is fresh, not enhanced or altered. Examples would be buying fresh produce over those that are frozen, canned or dehydrated. Try buying whole cuts of meats rather than buying formed or portioned products. Make bases for soups and sauces as opposed to buying salty bases. It sounds very simple and easy but can be very challenging. It must start with the residents picking a menu that they prefer. Find the appropriate products needed to accomplish this menu and fit those costs into the budget. Sometimes it is more expensive to go fresh. Most times it is not. Fresh ingredients are often cheaper. Most of the expense comes when cooks inadvertently ruin the product due to lack of training or being unorganized. Therefore training staff is important at the start and throughout the entire menu transition process. Standardized recipes and constant monitoring/support from someone with experience will help ensure that the menu stays consistent.

Quality also plays a role in the dining room. You don't need the finest china to make a quality experience. Having consistent table settings and patterns of china, silver and glassware will go a long way. Ditch the disposables at all costs.

### **Service**

Create a calm comfortable environment free of distractions. Start with the volume of the room. Make sure TV, music or staff conversations do not dominate the sound in the room. Have menus available as soon as the resident arrives with an ingredient list and how the item is prepared. Train staff on proper serving techniques and serving etiquette. Follow uniform dress codes for all servers. Take orders as close to meal start time as possible. Provide the meal in courses. Example-(drinks, soup or salad with rolls and butter, main course and finally dessert). Clear dishes between meals and place in an area that is away from the main serving area.

### **Choice**

Rotate an always offered menu per season. Have your customers pick seasonal items that they like to be served. Keep the menu fresh and interesting. Pick items that can be produced ahead of time and batch cooked to order. (Example, variety of soups, sandwiches, salads, pasta dishes, meatloaf or meatballs, Salisbury steak or stir fry's). Staff your meal times accordingly. Have all hands available at serving times to accomplish this. The more choices you can provide the more individualized you can make that menu for your customer.

# **Barbara E. Phillips, MS, RD**

Registered Dietitian  
Survey Monitor  
UpNorth Team  
Gaylord



# **Adequate Nutrition, Food Portions & Food Choices**

What do the Regs  
Say?

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# Overview

- 1. Introduction
- CMS Memos
  - Ref: S&C-09-39 dated May 29, 2009
  - Ref: S&C:13-13-HN dated March 1, 2013
  - Ref: S&C:14-34-NH dated May 20, 2014
- 2. Federal Regulations
  - F280, F281, F242, F325, F326, F363
  - F364 F365 F367 F368 F371 (eggs)

# Long Term Care Facilities

- Federal Regulations-Certification
- 2009 FDA Food Code & CDC
- State Regulations-Licensure



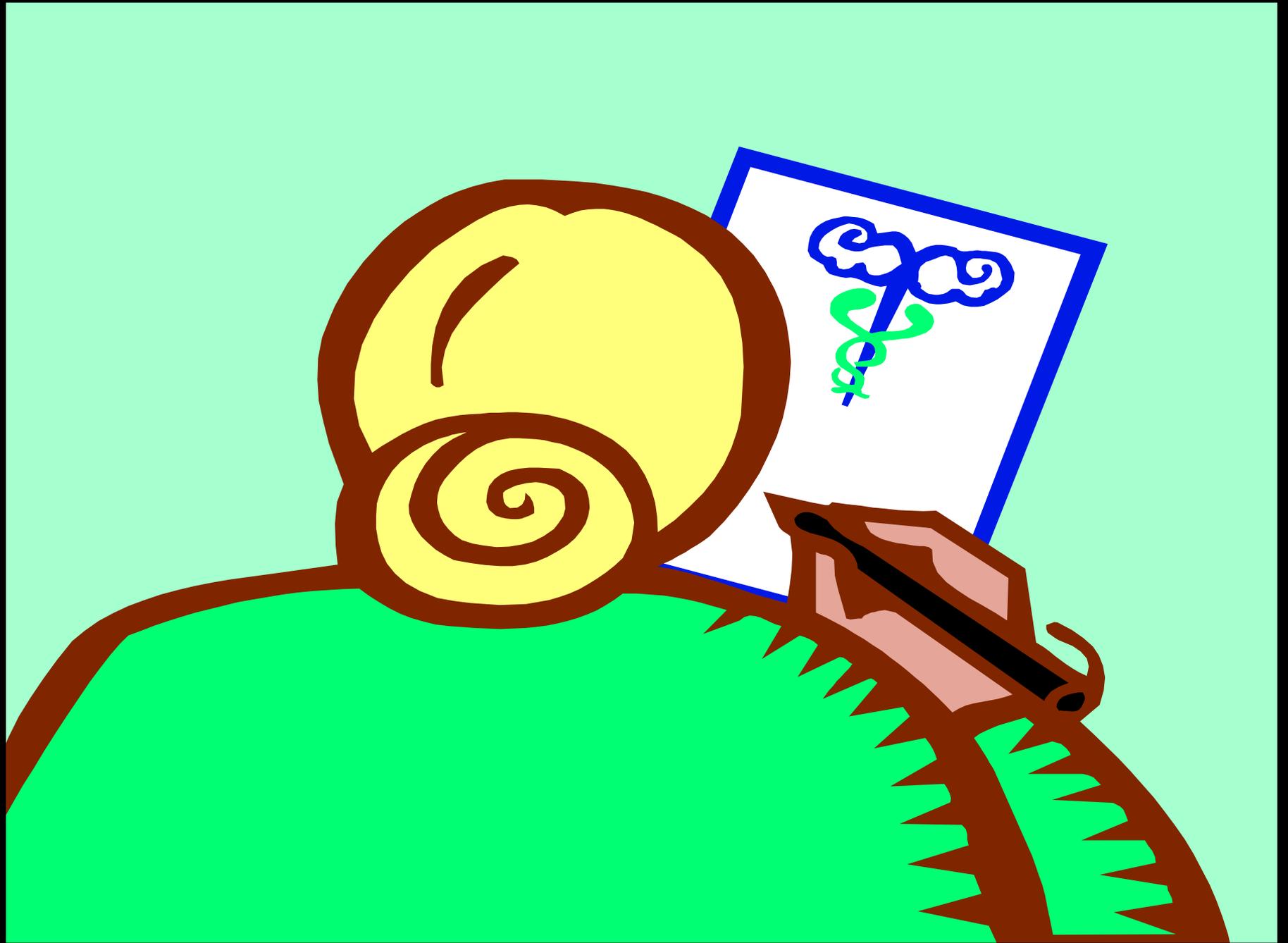
# Highly Susceptible Populations- LTC

## 3-801 Additional Safeguards

- No unpasteurized juices
- No raw or partially cooked animal foods
- No raw seed sprouts
- Substitute pasteurized in-shell or liquid eggs except when eggs are hard cooked.

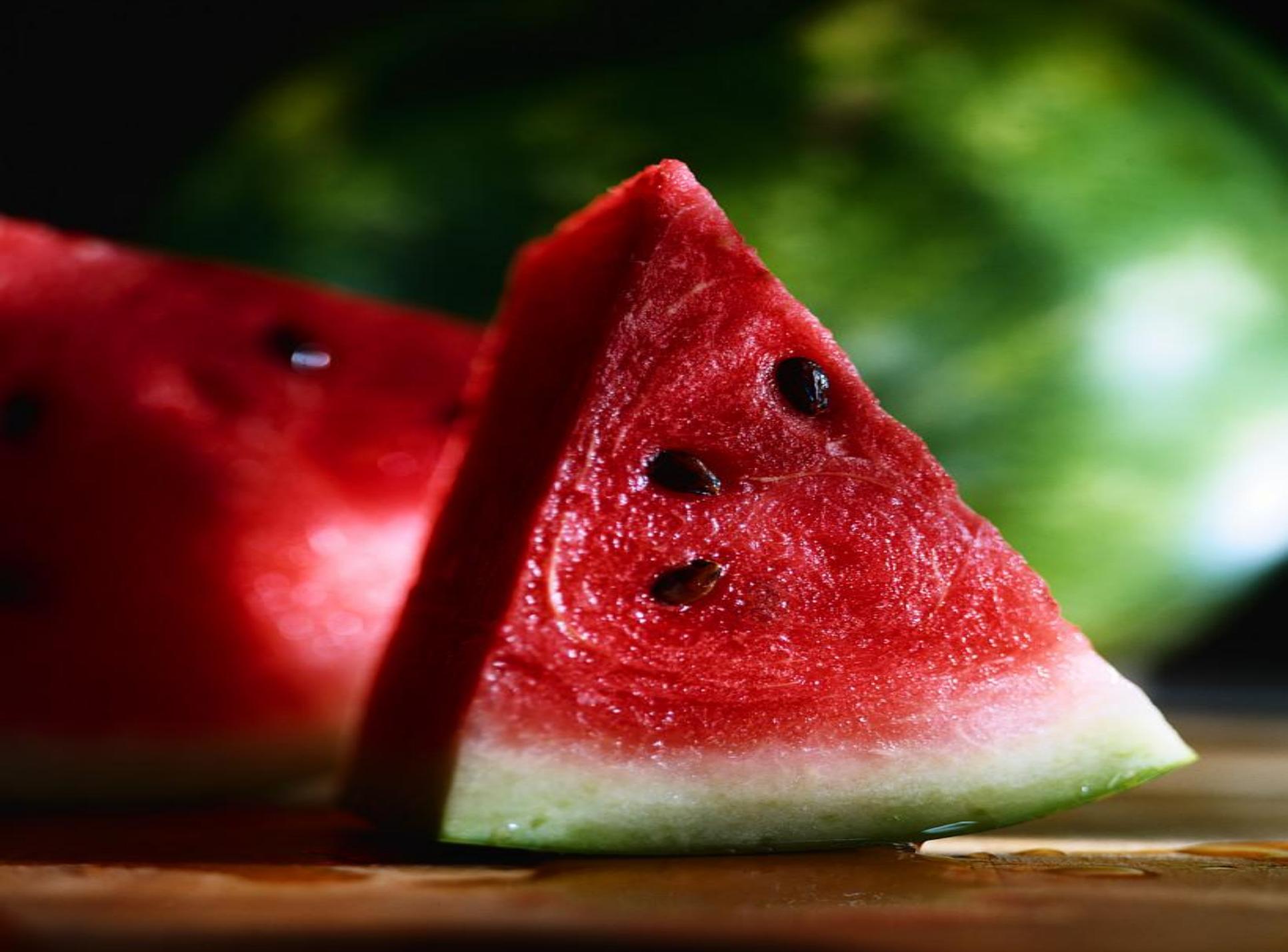
# F280 Care Plan Participation

- The resident has the right to...participate in planning care & treatment or changes in care & treatment.
  - Resident or Resident's family or legal representative
  - Interdisciplinary Team
    - Professional disciplines
    - Resident's physician
      - Includes the right to : 1. refuse treatment.  
2. Select among treatment options



# F281 Professional Standards

- Services provided or arranged by the facility must- (i) meet professional standards of quality...
  - “Professional standards of quality “ means services that are provided according to accepted standards of clinical practice.
    - Up to date
    - Referenced in clinical literature



# CMS-S&C: 13-13-NH-March 1, 2013

- “Information Only: New Dining Standards of Practice Resources are Available Now.”
  - Interdisciplinary task force
    - Pioneer Network & Rothschild Foundation
  - Expanding Diet Options for Older Individuals

# CMS- S&C:09-39 -May 29, 2009

- Food Procurement
  - at 42 CFR 483.35(i),(2), Tag F 371
- Self Determination & Participation
  - 42 CFR 483.15, Tag F242

# F242 Self-Determination & Participation

- All decisions default to the person
- Diet is to be determined with the person & in accordance with his/her informed choices, goals & preferences rather than exclusively by diagnosis.
- Unable to make medical decisions does not mean they cannot make choices in dining



# F325 Nutrition

- 483.25(i)(1)
  - Maintains acceptable parameters of nutritional status.
    - Body weight & Protein levels
- 483.25 (i) (2)
  - Receives a therapeutic diet when there is a nutritional problem
    - Clinical condition & Resident preferences
    - Does not decrease quality of life



# F363 Menus & Nutritional Adequacy

- Menus Must:
  - Meet the nutritional needs of residents
  - Must be prepared in advance
  - Be followed



# F364 Food

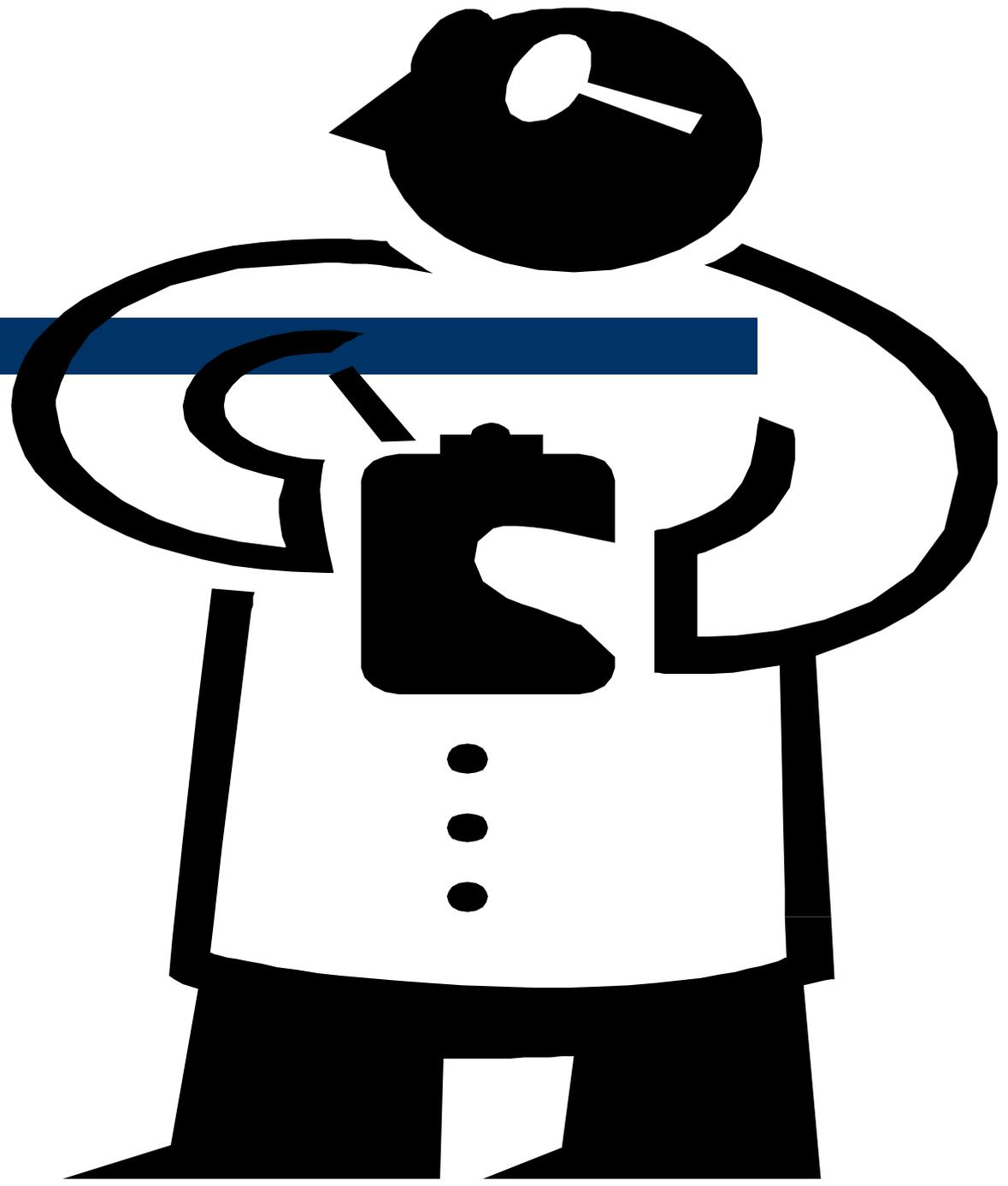
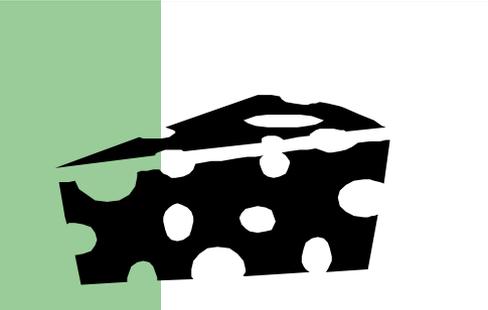
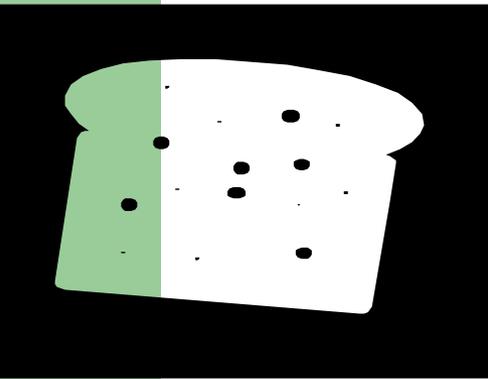
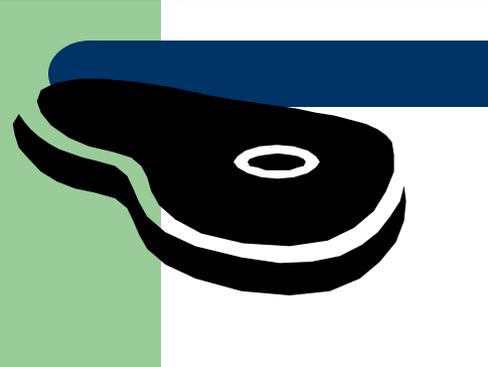
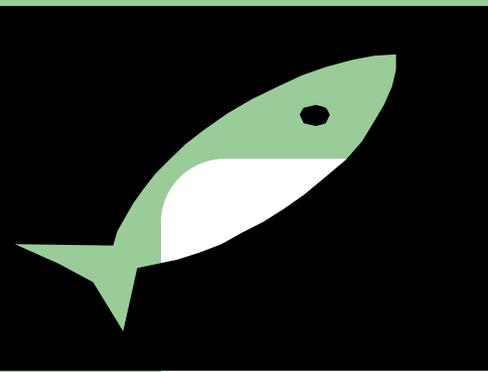
- Each resident receives & the facility provides:
  - Food prepared by methods that conserve nutritive value, flavor and appearance.
  - Food that is palatable, attractive, and at the proper temperature.



# **F365 Food meets individual needs & Substitutes are offered.**

- Food prepared in a form designed to meet individual needs; and
- Substitutes offered of similar nutritive value to residents who refuse food served.





# F367 Therapeutic Diets

- Therapeutic diets must be prescribed by the attending physician.
  - Defined as a diet ordered by a physician as part of treatment for a disease or clinical condition, or to eliminate/decrease or increase specific nutrients in the diet .
  - Mechanically altered diet-texture is altered, type must be specific & part of the physician's order.



## F368 Frequency of Meals

- At least 3 meals/day, at regular times.
- No more than 14 hours between evening & morning meal the following day.
- The facility must offer snacks at bedtime daily.
- ...Up to 16 hours may lapse if a resident group agrees to this meal span and a nourishing snack is served.





# F371 Sanitary Conditions

- The Facility must-  
483.359 (i) (1) (2)
  - Procure food from sources approved or considered satisfactory by Federal, State or local authorities &
  - Store, prepare, distribute and serve food under sanitary conditions.
  - (3) Revision to F371- Ref: S&C: 14-34-NH
    - Interpretive guidance and Procedures for Sanitary Conditions, Preparation of Eggs in Nursing Homes.
    - Nursing facilities should not prepare nor serve soft-cooked or sunny-side up eggs from unpasteurized eggs.



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# References

- State Operations Manual  
Appendix P-Survey Protocol for Long Term Care Facilities-Part 1 (Rev. 42, 04-24-09) Web site:  
<http://www.cms.gov/manuals/downloads/som107ap>
- The New Dining Practice Standards . Pioneer Network. August 2011. Web site:  
<http://pioneernetwork.net/Providers/DiningPracticeStandards/>
- Survey and Certification Letter 13-13-NH March 1, 2013. Information only: New Dining Practice Standards of Practice resources are available now. Centers for Medicare & Medicaid Services  
Web site:<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-13.pdf>
- Survey and Certification Letter 09-39-NH May 29, 2009. Food Procurement, Tag F 371, and Self Determination and participation F 242. Centers for Medicare & Medicaid Services Web site: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-09-39.pdf>

# References

- Survey and Certification Letter 14-34-NH Advance Copy of Revised F371; Interpretive guidance and procedures for Sanitary Conditions., Preparation of Eggs in Nursing Homes. Centers for Medicare & Medicaid Services Web site: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-34.pdf>
- Survey and Certification Letter 11-38-NH Compliance with Food Procurement Requirements for Nursing Homes with Gardens Producing Foods for Residents.. Centers for Medicare & Medicaid Services Web site: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-11-38.pdf>