

OBRA F TAGS/TITLE 22 THINKING POINTS

OBRA F Tags	California Code Title 22	Thinking Points
<p>*F 242 Self Determination and Participation (Resident right to choose activities, schedules, and health care, make choices about aspects of life)</p> <p>*F 325 (Revised 9/1/2008) Maintains Nutritional Status and Receives a Therapeutic diet when there is a nutritional problem</p> <p>F 365 Food prepared in a form designed to meet individual needs</p> <p>F 366 Substitutes offered of similar value (Probe: Observe trays to assure that food is appropriate to resident according to assessment and care plan. Ask the resident how well the food meets their taste needs, is offered substitutes)</p> <p>F 367 Therapeutic diets must be prescribed by the attending physician (Resident receives and consumes foods in appropriate form and/or the appropriate nutritive content as prescribed by a physician & assessed by IDT team)</p>	<p>72527 Patient Rights</p> <p>To be fully informed, to be afforded the opportunity to participate in plan of care, to be encouraged & assisted to exercise rights, right to refusal</p> <p>72315 (h) Each patient shall be provided with good nutrition, hydration</p> <p>72335 (a) (3) Patient food preferences shall be adhered to as much as possible and substitutes for all food refused shall be from appropriate food groups</p> <p>72335 (a) (c) All regular and therapeutic diets shall be prescribed by a person lawfully authorized to give such an order</p> <p>72339 Dietetic Service-Therapeutic Diets – Therapeutic diets shall be provided for each patient as prescribed, served with supervision and/or consultation from dietitian.</p> <p>72335 (7) Food shall be served with appropriate eating utensils and in a form to meet individual needs</p>	<p>---Person centered dining programs are about ensuring there are choices, based on resident interests and preferences</p> <p>---Resident has a right of choice even if it means not following a restrictive diet order (F 242 Self determination)</p> <p>---Preventing or denying residents on restrictive diets from participate in dining programs and snacks may be a dignity/rights issue</p> <p>---Facility staff should make efforts to (and document):</p> <ul style="list-style-type: none"> • liberalize restrictive diets, • ask residents regarding their preferences, • offer appealing foods that comply with the ordered dietary restrictions/diet manual (such as no concentrated sweets, no added salt), • educate/guide residents (not control) for choices, • clearly explain risk if dietary restrictions are not followed • monitor for nutritional status decline when they are non-compliant, and • inform/counsel resident <p>---Ensuring food choices have safe modified textures and thicken liquids as assessed for needs in all food activities</p> <p>---Ensuring assistance with adaptive equipment, set up help, and assistance is provided as assessed for need in all food activities (and accommodation of needs F 246)</p>

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<p>*F 246-7 Reasonable accommodation of individual needs & preferences</p> <p>F 310 Activities of Daily Living : Maintaining eating ability</p> <p>F 369 Assistive Devices</p>	<p>72315 (g) Nursing Service-Patient Care</p> <p>Each patient requiring help in eating shall be provided with assistance when served, adaptive equipment in accordance with identified needs, to encourage independence in eating</p> <p>72329 Nursing Service-staff-Nursing service personnel with the qualifications determined by the Department to provide the necessary nursing services</p> <p>72341 Menus written, if any meal served varies from the planned menu, the change and reason for change shall be noted in writing</p>	<p>---CA state-specific restrictions against unlicensed staff who are not CNAs, or under certain conditions Nursing Assistants providing ADL assistance to SNF residents</p> <p>---Plan dining experiences and menus that serve to meet the recommended dietary allowances for the age group served</p> <p>---Ensure that residents who chose alternative dining patterns to the planned menu (such as sleeping in and not eating breakfast or skipping one of the 5 meals per day meal pattern) are offered substitutions and are monitored for nutritional status</p> <p>---Challenges with extended dining hours, buffets, chaffing dishes: Staff should take frequent temperatures to maintaining palatability/safety (hot at 135 degrees F or above, cold at 41degrees F or below)</p> <p>---Note: The revised F 371 with new surveyor investigative protocol for kitchen observation stated 135 degrees F for top of danger zone per the change in the Food Code 2005</p> <p>---Residents should be encouraged to report unpalatable foods; frequent replenishing of hot foods to conserve nutritional value/color, reheating of hot food to 165 degrees F if held over 2 hours (per current Food Code)</p> <p>--The intent is met when dining “opportunities” (such as snacks or open dining hours) are planned to meet the requirement for no more than 14 hours and yet allow resident choices (F 242 Self determination)</p>
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<p>*F 363 Menus and Nutritional Adequacy (Assure that the meals served meet the nutritional needs of a resident in accordance with the recommended dietary allowances)</p> <p>*F 364 Food that is palatable, attractive, and at the proper temperature</p> <p>*F 368 Frequency of Meals: No more than 14 hours between a substantial evening meal and breakfast</p> <p>*F 371 (Revised 9/1/2008) Sanitary Conditions (based on current Food Code which is the standard in the industry) and Food from approved sources</p> <p>F 441 Infection Control (Measures for preventing infection, orientation of all new facility personnel to the infection control programs and periodic updates for all staff)</p>	<p>72335 (7) Prepared & Served: Attractive & palatable meals, in which nutritive values, flavor and appearance are conserved</p> <p>72335 Dietetic Service-Food Service-Not less than 3 meals daily, not more than a 14 hours span between the last meal and the first meal of the following day</p> <p>72349 9c) (2) All food shall be of good quality and procured from sources approved</p> <p>72345 Dietetic-Sanitation</p> <p>72351 Personnel trained in basic food sanitation techniques</p>	<p>---Resident has the right to have foods from outside or brought in by the family. But staff should ensure that these are safely handled, labeled and dated if leftover or stored in refrigerators</p> <p>-The intent for ensuring safe food handling and infection control and following facility's policies & standards in the industry-applicable in all dining areas</p> <p>---Refrigerators: In pantry & resident rooms need temperature monitoring, food labeling & dating, and throw away oversight</p> <p>---Food Safety:</p> <ul style="list-style-type: none"> ● Monitoring the time when cold and hot ● Potentially Hazardous Foods (PHF – e.g. dairy, meats) are out of temperature control (4 hours or see Food Code for specifics); ● leftovers must be reheated to 165 degrees F <p>---Buffet Style Dining: Consideration for safe food handling, maintaining temperatures, sneeze guards and covered individual food items, defining safe food handling when staff serving residents who display infectious behaviors</p> <p>---No bare hand contact with ready to eat for highly susceptible population (Food Code): Have assistants & activity aides wear gloves if handling food or reduce bare hand contact Note: Requiring gloves seems to be a conflict between the intent to protect highly susceptible residents and “home-like” dining; and the case probably could be made that gloves should not be required for staff who dine with residents</p>
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