

# QA Tool for Self-Survey of Nutrition and Food Service

- This *optional* self-survey QA tool was developed as a general guide to promote understanding and compliance with the rules and regulations related to nutrition and food service in licensed adult care homes.
- ***This QA tool is not all inclusive.***

## ***Instructions:***

1. *Review/utilize the recommendations referenced in each section of the QA tool to evaluate facility compliance status in each area of the nutrition and food service rules.\**
  - \* (Including all applicable references in nutrition and food service rules).
2. *Conduct at least one observation of meal preparation and meal service. Conduct additional observations of meal preparation and service when necessary.*

## **Section 1: Food Procurement & Safety - 10A NCAC 13F/G .0904(a)**

*Note: Rules reference applicable sanitation rules enforced by state and local public health:*

### CHAPTER 18 - ENVIRONMENTAL HEALTH SUBCHAPTER 18A - SANITATION

- *Section 13: Adult Care Homes (ACH) [13 or more beds]*
- *Section 16: Residential Care facilities are:*
  - *Family Care Homes (FCH) [2-6 beds]*
  - *ACH with 7-12 beds*
- *Dietary Kitchen-is the term used to refer to the primary kitchen in ACH with 13 beds or more. This is the same as an “institution” kitchen. Reference 15A NCAC 18A .1301(7)*

## **Observations:**

Includes: Kitchen, dining room, food storage areas including walk-in refrigeration units, & dietary staff

- Food is stored safely/properly: such as not on the floor, thawed properly, chemicals are not stored above or beside food/food preparation areas.
- Kitchen areas & equipment is clean and free of the presence of infestation of insects, rodents, and other vermin to include breeding and harborage.
- Equipment is in safe operating condition and maintains food at appropriate temperatures.
- Dishes, cutting boards, prep tables, and other equipment are cleaned/sanitized appropriately and there is no cross contamination.
- Refrigerators/freezers 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.
- Food is within date, unspoiled, and raw meats/fresh eggs are not stored over ready to eat foods.
- Only meat processed at USDA-approved processing plants is served.
- Dietary/kitchen staff maintain safe food handling & hygiene practices.
- There is 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.

## **Record Reviews:**

- Sanitation/inspection reports reflect grade in compliance with applicable rule(s).
  - ACH with 13 beds or more: Score of 85 or above - Reference 10A NCAC 13F.0306 Housekeeping and Furnishing
  - ACH with 12 beds or less & FCH: Approved sanitation classification - Reference 10A NCAC 13G.0315 Housekeeping and Furnishing
- Cleaning logs/schedule for kitchen, dining room, & food storage areas.
- Temperature Log(s)
- Equipment cleaning/repair/routine service logs
- Food supply: food invoices/orders, residents' diet orders, menus, substitution list

## **Systems:**

- What systems are in place to ensure all food is safely stored, prepared, and served?
- What process is used to ensure the equipment is clean, working properly, and is routinely serviced? How often is this done?
- Is there a cleaning schedule for kitchen and dining areas? When?/How often done?
- What was done to address the demerits of previous sanitation inspection(s) and ensure continuing compliance? When? How often?
- What process is used to request inspections/reinspection of facility kitchen areas? Who is responsible?
- What process is used to ensure there is a three-day supply of perishable food and a five-day supply of non-perishable food, enough of a food item on hand to meet the menus, and honor residents' diet orders and choices?
- What training and communication systems are in place for staff? Who? When?
- Who is responsible for all of above?

## **Section 2: Meal Preparation & Service - 10A NCAC 13F/G .0904(b)**

*Note: Rules reference 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 ACH facilities with a licensed capacity of 13 or more residents.

## **Observations:**

- Table service includes a napkin and non-disposable place setting consisting of a knife, fork, spoon, plate, and beverage containers.
- Hot & cold foods are maintained at appropriate temperatures
  - Cold foods are served at 41 degrees Fahrenheit (F) or lower.
  - Hot foods are served or held at 135 degrees F or higher.
- The serving temperature of meals is maintained until assistance is provided to residents who require feeding assistance from staff.
  - When did the meal leave the kitchen vs time served?
  - Was the food covered if transported to another unit or residents' rooms?
  - When did residents begin to eat or receive staff assistance with the meal?
- How many/what staff are on duty and available to provide feeding assistance to residents?

### **Record Reviews:**

- Residents' FL-2, care plan, and provider orders
- Staff schedules
- Sanitation/Inspection reports
- Temperature logs
- Invoices/receipts for napkins and non-disposable place settings consisting of knife, fork, spoon, plate, and beverage containers.

### **Systems:**

- How does the facility ensure meals are served/maintained at the proper temperatures and determine if residents are satisfied with meal temperature and table service?
- What procedures are in place to ensure residents receive timely feeding assistance and meals are served at proper temperature?
- What training and communication systems are in place for staff? Who? When?
- Who is responsible for all of above?

## **Section 3: Menus - 10A NCAC 13F/G .0904(c)**

*Note: Rules reference daily dietary requirements as indicated in Subparagraph (d)(3) of rule.*

### **Observations:**

#### ***Kitchen/meal preparation:***

- Menus are maintained in the kitchen for guidance to food/dietary service staff.
- Staff follow menu, recipe, and proper measurements/portion size.
- Preparation methods:
  - Frying, baking, pureeing foods, etc.
  - How are staff preparing foods: seasoning, salt, sugar, artificial sweeteners, etc.
- Preparation of food and beverages is done according to the consistency ordered.
- Equipment such as blenders and measuring devices is available & used by staff when required.

### **Record Reviews:**

- Residents' diet orders and care plan
- Menus & Substitution list
  - Planned one week in advance, identified as to the current menu day & specify serving quantities
  - Take residents' choices into consideration
  - There is a matching therapeutic diet menu for all residents' physician-ordered therapeutic diets.
  - Therapeutic diet menus are approved by a licensed dietitian/nutritionist.
- Invoices and other receipts for food or beverage purchases are maintained in the facility for 30 days.

### **Systems:**

- What is the procedure for menu planning & menu substitution(s)?
  - How does the facility ensure food and beverages are on hand to match the menu?
  - What happens when food item(s) are not available to serve as listed on the menu?
- How are residents' assessed needs and preferences incorporated into the menus and when making substitutions to the menu?
- What training and communication systems are in place for staff? Who? When?
  - How are dietary staff trained to read the menus & prepare meals per the menu instructions?
- Who is responsible for all of above?

## **Section 4: Food Requirements - 10A NCAC 13F/G .0904(d)**

*Note: For regular diets, rule references the*

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

### **Observations:**

- Meals are served at regular times comparable to normal mealtimes in the community.
- There are at least 10 hours between the breakfast and evening meal services.
- Water is served to each resident at each meal, in addition to other beverages.
- Snack service: foods and beverages are offered or made available to all residents as snacks in accordance with each residents' prescribed diet and assessed needs between each meal for a total of three snacks daily.
  - Snacks are shown on the menu
- The facility serves three nutritionally adequate meals daily to each resident based on the requirements in Subparagraph (d)(3) of this rule and referenced in the U.S. Department of Agriculture (USDA) Dietary Guidelines for Americans 2020-2025.
- The regular diet menus incorporate the recommended servings and portion sizes per day and/or week of fruits, vegetables, grains, proteins, and dairy as indicated in the USDA Dietary Guidelines for Americans 2020-2025.
- The food supply on hand is sufficient to provide meal service in accordance with the menus and recommendations in USDA Dietary Guidelines for Americans 2020-2025.
- The meals and snacks served match the assessed needs, diet orders, and preferences/ customs of the residents.
- Daily meal service (breakfast, lunch, & dinner) & snack service has options for flexibility based on resident preferences, accommodation of resident needs, and culture of the community.

### **Record Reviews:**

- Residents' diet orders, care plan, resident register
- Menus & Substitution list
- Invoices and receipts for food and beverage purchases

### **Systems:**

- What procedures are in place to ensure the facility maintains the food supply and the menus meet the regulatory requirements referenced in the USDA Dietary Guidelines for Americans 2020-2025?
- What systems are in place to make accommodations to meal and snack service which incorporate residents' needs and choices?
- How are residents' individual preferences and needs determined? Communicated to staff? Where is it documented?
- How are change(s) in residents' needs/preferences captured & addressed? Communicated to staff and health care providers?
- What training and communication systems are in place for staff? Who? When?
- Who is responsible for all of the above?

## **Section 5: Therapeutic Diets - 10A NCAC 13F/G .0904(e)**

*Note: Observe how staff prepare thickened liquids, modified texture diets, & therapeutic diets. Each resident's therapeutic diet order should match the therapeutic diet list and the diet served to the resident. (All three should match).*

### **Observations:**

- Therapeutic diets, thickened liquids, and nutritional supplements are served as ordered by the health care provider to each resident with an order for a therapeutic diet.
- Therapeutic diet orders are complete and 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.  
-Diet orders have been clarified when needed.
- A current listing of residents with orders for therapeutic diets is maintained for guidance of food service staff.
- Availability/stock of foods/snacks, measuring devices, thickening agents (as ordered), & nutritional supplements.
- Staff follow menu, recipe directions, orders, and diet list when preparing therapeutic diets (food and beverages)
- Nectar thickened liquids have a similar consistency to buttermilk or creamed soup and can go through a straw & glide off a spoon.
- Honey thickened liquids have similar consistency to honey or molasses, will not go through a straw, & drizzle slowly off spoon.
- Pudding thickened liquids are consistency of pudding, hold shape, & are not pourable.
- Pureed foods have a smooth, soft texture similar to mashed potato consistency, hold shape at room temperature, and do not weep.
- Mechanical soft diets include foods that are easy to chew, soft, moist, bite-sized, & are not crunchy or sticky.
- Substitutions for meals/snacks are of equal nutritional value & appropriate for therapeutic diets.
- Equipment such as blenders and measuring devices is available & used by staff.
- Staff follow directions for use and measurement when thickening food and beverages to the ordered consistency.
- Nutritional supplements are available, served as ordered, and there is documentation completed at the time served to residents.

### **Record Reviews:**

- Residents' FL-2, diet orders, care plan, resident register, LHPS recommendations
- Medication & treatment administration records (MARs & TARs) for supplements
- Documentation of provider notification – changes in resident condition/status, refusals and/or non-compliance, diet order clarification
- Therapeutic diet List
- Therapeutic diet menus & recipes
- Substitution list(s)
- Invoices and receipts for food or beverage purchases
- Invoices/receipts for thickeners, dietary supplements, and specialty equipment and measuring devices required for preparation and service of therapeutic diets.
- Pharmacy records for dispensing of thickening agents

### **Systems:**

- 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?
- How does the facility ensure menus are available for all therapeutic diets ordered?
- What procedure is in place to maintain a current therapeutic diet list?
- How does the facility maintain food/snacks, and supplements on hand to accommodate menus for all therapeutic diets ordered? Accommodate residents' choices?
- How are residents' therapeutic diet orders and dietary/nutritional needs and/or changes communicated to dietary staff and other direct care staff?
- What happens when a resident refuses their therapeutic diet and/or is non-compliant?
- What process is used for administration of and documentation of nutritional supplements?
- What training & communication systems are in place for staff? Health care providers? Who? When?
- Who is responsible for all of above?

## **Section 6: Individual Feeding Assistance - 10A NCAC 13F/G .0904(f)**

### **Observations:**

- Number of staff on duty and availability to provide individual feeding assistance to residents in accordance with each resident's assessed needs.
- Residents needing help with eating are assisted upon receipt of their meal.
- Residents are being fed in an unhurried manner that maintains/enhances dignity & respect.
- Residents receiving feeding assistance are being fed at eye level and food and beverages are alternated.
  - There is enough space/seating available for staff to sit at eye level when assisting residents.
- Staff/resident interactions & hygiene.

### **Record Reviews:**

- Residents' orders, care plan, resident register, LHPS recommendations
- Staff schedules
- Documentation of provider notification – changes in resident condition/ needs
- Personal care service logs

### **Systems:**

- How are residents feeding assistance needs communicated to staff?
- What staff are responsible for providing feeding assistance?
- What systems are in place to ensure staff are scheduled to meet residents' needs?
  - What procedure is in place when there are not enough staff available to provide feeding assistance?
- What training & communication systems are in place for staff?
- Who is responsible for all of above?

## **Section 7: Meal Intervals & Resident Preferences - 10A NCAC 13F/G .0904(g)**

### **Observations:**

- The facility accommodates variations from the required three meals or time intervals between meals to meet individualized needs or preferences of the residents as documented in the resident's record.
- Each resident receives three meals in accordance with the resident's preferences as documented in their record.

### **Record Reviews:**

- Residents' orders, care plan, resident register, LHPS recommendations
- Staff schedules
- Personal care service logs

### **Systems:**

- What procedures are in place to determine and accommodate residents' choices/preferences?  
Changes in preference?
- How are residents' individualized preferences communicated to staff?
- What training & communication systems are in place for staff?
- Who is responsible for all of the above?

Notes: