

Amendment 2
RFP 3120002740

RFP for Food Service Management
Procurement Questions and Answers

Question Submission Deadline: October 3, 2023 10:00 am CST

Response Issue Date: October 10, 2023

| | Procurement Section, Page Number | Date Received | Question | Response |
|----|--|----------------------|---|---|
| 1. | Section 18, page 31 | 10/3/23 | Who is responsible for purchasing the fuel and insurance for the delivery vehicle? | The Awarded Vendor will be responsible for both. |
| 2. | Section 18, page 31 | 10/3/23 | Is Vendor responsible for purchasing plastic spoons, forks, knives for patient usage? What do the patients use for meals (china, melamine, disposable, etc.)? And is the current practice preferred by the State? | Disposables will need to be available for person served outings, cookouts, emergency needs, parties, etc. but flatware, melamine plates, and plastic cups, etc. is the current practice and preferred for meal service. |
| 3. | Section 18, page 31 | 10/3/23 | Are coffee makers located in each kitchen/building provided by State or Vendor? Are there appropriate water lines for this setup? Or is coffee transferred from main kitchen? | 12-cup coffee makers are available in each of the person served buildings. The Coffee makers are provided by the Agency. |
| 4. | Section 13, page 28 | 10/3/23 | Please provide Food and Nutrition policies for Vendor to comply with. | See attachment to this Amendment 2. |
| 5. | Attachment K, page 49 | 10/3/23 | To ensure proper review and consideration, please clarify the use and meaning of the optional clauses (attachment K) | Optional Clauses are approved for use in State Contracts as they apply to the service to be provided. Some may or may not apply to this service. |
| 6. | Section 6,12, 21.C, Attachment J, Attachment L Pages 8, 33, 44, 56 | 10/3/23 | In the event of termination due to lack of appropriation of funding (See section 6, 12, (pg. 8). 21.c. (pg. 33), 3. (attachment J pg. 44), 8. (Attachment L pg 56), will there be prior written notice to Contractor? If so, is the State amenable to 30 days prior written notice? | Yes, at least a thirty (30) day notice will be given, in the event of "lack of funds". |

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|-----|--|---------|---|--|
| 7. | See section 21 (attachment B page 33), Section 14-15 (Attachment J page 47) Section 40 (Attachment K page 55) Section 19-20 (Attachment L page 59) | 10/3/23 | Termination rights are addressed in several areas within the RFP documents See section 21 (attachment B page 33), Section 14-15 (Attachment J page 47) Section 40 (Attachment K page 55) Section 19-20 (Attachment L page 59). Attachment B mentions termination by either party, but this is not included in Attachment J, K or L. What are the proposed Contractor termination rights? Is the State amenable to standard termination by either party upon (30) days prior written notice? | Termination is acceptable by either party. Thirty (30) days is standard practice. |
| 8. | Attachment B | 10/3/23 | Is Vendor required to maintain a food permit to operate dining services at this location or is this maintained by the facility? | Awarded Vendor will be responsible for the food permit. |
| 9. | Section 18, page 31 | 10/3/23 | Does Vendor have capability of completing laundry on-site (i.e. kitchen mopheads, rags, etc)? | No |
| 10. | Section 5, page 24 | 10/3/23 | Please clarify request of Vendor to establish tube feeding/enteral formulary. Vendor recommends this be established by State's purchasing group and care practitioners overseeing the care. | The Agency is responsible for purchasing all tube feedings and the enteral formulary. The Vendor will be responsible for distribution to the Cottages. |
| 11. | Attachment D, page 38 | 10/3/23 | Please clarify the intent of Attachment D: Meal Pricing Sliding Scales? Are incremental changes at census changes of 20 applicable to the scope of service? | Yes. A sliding scale must be provided in the event of change in population. |
| 12. | Section 6.8, page 7 Section 9.5, page 12 Section 3.G, page 24 | 10/3/23 | Annual increases are referenced twice. Contract terms pg. 7 reflect an increase of CPI not to exceed 3%. Re: Nourishments, annual increase is CPI or 3%, whichever is greater. Is this correct? | Yes |
| 13. | Section 3, page 23-24 | 10/3/23 | Does nourishment stock include thickened liquids or a pantry/snack stock for the kitchens in each building? | Thickened liquids are part of the diet order for all meal and snacks and should be provided by the Vendor. |
| 14. | Section 3, page 23-24 | 10/3/23 | What does the State consider nourishments as opposed to snacks? Will Vendor be responsible | Definitions: |

| | | | | |
|-----|---------------------|---------|---|--|
| | | | for the purchase of the nourishments and any form of supplements? | Nourishment – items ordered per MD/RD for specific items related to diet order. Snacks – items in between meals to be served at 10a, 2p, and after dinner-hour of sleep (HS). |
| 15. | Section 4 page 24 | 10/3/23 | What are typical snack items (mid-morning, afternoon, and evening snacks)? | Pudding, applesauce, cheese nips, graham crackers, vanilla wafers, etc. |
| 16. | Section 18, page 31 | 10/3/23 | Is the delivery truck the property of the State? Will the Vendor utilize this vehicle or need to procure their own vehicle? | The vendor will need to procure their own vehicle, as well as provide its own insurance, maintenance, repairs and fuel for said vehicle. |

Please acknowledge receipt of this amendment and all others by signing this form and returning it, along with your proposal. This acknowledgement should be enclosed in your packet following the submission instructions. Failure to submit this acknowledgement may result in rejection of your proposal.

Acknowledged by (signature): _____

Printed Name: _____

Company and Title: _____

Date: _____

Attachment to Amendment 2
RFP Food Service Management
RFP 3120002740

SOUTH MISSISSIPPI REGIONAL CENTER

MANUAL OF POLICIES AND PROCEDURES
DIETETICS AND NUTRITION SERVICES DEPARTMENT
LONG BEACH CAMPUS

Revised 8/8/17

| POLICY TITLE | POLICY NUMBER | ICF/MR REGULATION |
|--|--------------------------------|---|
| Philosophy | <u>10.1</u> | W464, W467 |
| Goals and Objectives | <u>10.2</u> | W459, W466 |
| Organization | <u>10.3</u> | W169-170, W179, W461 |
| Scheduling and Coverage | <u>10.3.1</u> | |
| Overtime | <u>10.3.2</u> | |
| Flex Time | <u>10.3.3</u> | |
| Inquiries | <u>10.4</u> | |
| Tours | <u>10.4.1</u> | |
| Central Files | <u>10.5</u> | W110-112 |
| Maintenance of Records | <u>10.5.1</u> | W112 |
| Individual's Rights | <u>10.6</u> | W122-142 |
| Meal Services | <u>10.7</u> | W459, W466, W467-471, W477-481, W482-483 |
| Meal Substitutions | <u>10.7.1</u> | W460 |
| Snacks | <u>10.7.2</u> | W460, W464-465, W468, W472, W480 |
| Food/Fluid Reinforcers | <u>10.7.3</u> | W465 |
| Residence Kitchen Procedures | <u>10.7.4</u> | |
| Family Style Dining | <u>10.7.5</u> | W459 |
| Hunt Lane Café | <u>10.8</u> | |
| Staff Dining | <u>10.8.1</u> | |
| In-kind Meals | <u>10.8.2</u> | |
| Clients Dining at HLC | <u>10.8.3</u> | W459 |
| Dining Room Meal Count | <u>10.8.4</u> | |
| Requesting Food, Beverages or Supplies | <u>10.9</u> | |
| Special Events | <u>10.9.1</u> | W468 |
| Cottage or Educational Use | <u>10.9.2</u> | |
| Cottage Inventory | <u>10.9.3</u> | |
| Enteral Nutrition | <u>10.10</u> | |
| Enteral Nutrition Supplies | <u>10.10.1</u> | |
| Oral Enteral Supplementation | <u>10.10.2</u> | |
| Formulary | <u>10.10.3</u> | |

| POLICY TITLE | POLICY NUMBER | ICF/MR REGULATION |
|--|--------------------------------|----------------------------|
| Documentation | <u>10.11</u> | |
| Feeding Fact Sheet | <u>10.11.1</u> | W116, W460, W464-465, W474 |
| Dining Plan Guide | <u>10.11.2</u> | W116, W460, W467-470 |
| Menu Substitution Form | <u>10.11.3</u> | W460, W465, W478-482 |
| Diet Order Sheet | <u>10.11.4</u> | W460 |
| Menu Planning | <u>10.12</u> | W459-460, W466-481 |
| Food from Outside Sources | <u>10.12.1</u> | |
| Staff Education | <u>10.13.1</u> | W166, W169, W189, W192 |
| Staff Education | <u>10.13.2</u> | W166, W169, W189, W192 |
| Intake Documentation | <u>10.14</u> | |
| Dietary Intake Record | <u>10.14.1</u> | |
| Calorie Counts | <u>10.14.2</u> | |
| Residence Meal Observations | <u>10.14.3</u> | W165, W167, W460, W473 |
| Test Meals | <u>10.15</u> | W463 |
| Department Log Book | <u>10.16</u> | |
| Key Control | <u>10.17</u> | |
| Secured Key Box | <u>10.17.1</u> | |
| Purchasing | <u>10.18</u> | |
| Receiving | <u>10.19</u> | |
| Storage | <u>10.20</u> | |
| Inventory | <u>10.21</u> | |
| Issuance | <u>10.22</u> | |
| Food Request, Issue, Pre-Prep, and Preparation Assignment and Usage Sheet (FRIP) | <u>10.23</u> | |
| Food Preparation | <u>10.24</u> | |
| Meal Delivery | <u>10.25</u> | |
| Food Delivery Truck | <u>10.26</u> | |
| Operation | <u>10.26.1</u> | |

| POLICY TITLE | POLICY NUMBER | ICF/MR REGULATION |
|---|--------------------------------|--------------------------|
| Service | <u>10.26.2</u> | |
| Maintenance | <u>10.26.3</u> | |
| Kitchen Equipment | <u>10.27</u> | |
| Operation | <u>10.27.1</u> | |
| Maintaining and Servicing Equipment | <u>10.27.2</u> | |
| Sanitation | <u>10.28</u> | |
| Monitoring Food Temperature | <u>10.29</u> | W473 |
| During Production | <u>10.29.1</u> | |
| Residential Setting | <u>10.29.2</u> | |
| Holding and Re-Heating of Food | <u>10.29.3</u> | W473 |
| Monitoring Refrigerator and Freezer Temperature | <u>10.30</u> | |
| Residential Setting | <u>10.30.1</u> | |
| Non-Residential Setting | <u>10.30.2</u> | |
| Extermination Services | <u>10.31</u> | |
| Infection Control and Cross-Contamination | <u>10.32</u> | W454-455 |
| Isolation Technique | <u>10.32.1</u> | W454 |
| Dietetics and Nutrition Employees | <u>10.33</u> | |
| Personal Appearance | <u>10.33.1</u> | |
| Uniform | <u>10.33.2</u> | |
| Personal Hygiene | <u>10.33.3</u> | |
| Personal Belongings | <u>10.33.4</u> | |
| Personal Tasks | <u>10.33.5</u> | |
| Employee Health | <u>10.33.6</u> | W458 |
| Handwashing | <u>10.34</u> | |
| Safety | <u>10.35</u> | |
| Medical Waste Disposal | <u>10.36</u> | |
| Food Service During Cottage Kitchen Renovations | <u>10.37</u> | |
| Fire and Disaster Plan | <u>10.38</u> | W438-439 |
| Disaster Supplies | <u>10.38.1</u> | |
| Emergency/Disaster Evacuation | <u>10.38.2</u> | |

| POLICY TITLE | POLICY NUMBER | ICF/MR REGULATION |
|---|----------------------------------|---------------------------------------|
| Emergency/Disaster Staffing | <u>10.38.3</u> | |
| Admission, Transfer, Monitoring and Discharge of Clients | <u>10.39</u> | |
| Admission, Screening, and Review Committee (ASRC) | <u>10.39.1</u> | W199 |
| Institutional Staffing Committee (ISC) | <u>10.39.2</u> | |
| Preliminary Enrollment Plan (PEP) | <u>10.39.3</u> | W200 |
| Comprehensive Functional Assessment (CFA) | <u>10.39.4</u> | W164-165, W211, W217, W459 |
| Nutrition Assessment | <u>10.39.5</u> | W164-165, W260,W459, W460, W462, W464 |
| Individual Support Plan (ISP) / Individual Education Plan (IEP) | <u>10.39.6</u> | W164-165, W206-207, W260, W459 |
| Service Objectives | <u>10.39.7</u> | W164-165, W167, W226-233 |
| Service Objectives Progress Notes | <u>10.39.7.1</u> | W164-165, W167, W255-258, W459 |
| Discharge Summary | <u>10.39.8</u> | W203, W205 |
| Late Inter-Disciplinary Program Documents | <u>10.39.9</u> | |
| Filing of Dietetics and Nutrition Services Clinical Documents in the Medical Record | <u>10.39.10</u> | |
| Thinning of Dietetics and Nutrition Services Clinical Documents in the Medical Record | <u>10.39.11</u> | |
| Diet Orders | <u>10.40</u> | W459-460, W463-464 |
| Diet Order Changes | <u>10.40.1</u> | W168, W459-460 |
| Diets for Newly Admitted Individuals | <u>10.40.2</u> | W210, W460 |
| Videofluoroscopy Studies | <u>10.41</u> | |
| Measuring Height of Clients | <u>10.42</u> | |
| Weighing of Clients | <u>10.43</u> | W459 |
| Food-Medication Interactions | <u>10.44</u> | |
| Diets for Weight Management | <u>10.45</u> | W460 |
| Monitoring of Nutrition Related Labs | <u>10.46</u> | |
| Diet Changes Based on Laboratory Findings | <u>10.46.1</u> | W459-460 |

| POLICY TITLE | POLICY NUMBER | ICF/MR REGULATION |
|--|-----------------------|-------------------|
| Diagnostic Markers for Possible Compromised Nutrition Status | 10.47 | |
| Pressure Areas / Ulcers / Sores / Wounds | 10.48 | |
| Appendix 1 – D&N Organizational Structure | | |
| Appendix 2 – Department Forms | | |

South Mississippi Regional Center

D&N Policy and Procedure

10.1 Philosophy
The philosophy of the Dietetics and Nutrition Services Department (D&N) is to provide optimal nutrition to each individual at South Mississippi Regional Center (SMRC) according to age, sex, activities and physical condition, including adjustment and considerations to present intake of medication(s). This is to promote wellness, growth and maintenance of good health during residency at the Center.

Each individual shall receive three meals daily with appropriate snacks to meet calorie needs. Meals are planned following the Food Guide Pyramid or the American Diabetes Association Exchange List For Meal Planning (for calorie restrictions or treatment of diabetes), as well as guidelines from the Mississippi Dietetic Association diet manual. Menus will provide adequate nutrients to meet the needs of clients, and be consistent with current medical nutrition therapy guidelines. Therapeutic modifications will be evaluated for adequacy by a registered dietitian. Food service workers shall prepare meals using standardized recipes and HACCP (Hazard Analysis Critical Control Point) guidelines necessary to yield safe, quality foods.

10.2 Goals and Objectives
The SMRC Dietetics and Nutrition Department (D&N) shall provide three meals daily with appropriate snacks to meet calorie needs. Meals are planned following the Food Guide Pyramid or the American Diabetes Association Exchange List For Meal Planning (for calorie restrictions or treatment of diabetes), as well as guidelines from the Mississippi Dietetic Association diet manual. Meals should be:

1. *Nutritionally balanced and adequate* according to the Recommended Dietary Allowance (as established by the National Research Council), to provide appropriate quantities of macronutrients and micronutrients to meet clients' individual nutritional needs;
2. *Palatable*, so that foods are consumed meaningfully;
3. *Attractive*, to make meal time as pleasant and as interesting as possible;
4. *Texture modified*, if necessary, to enable individuals to safely consume and enjoy foods.
5. *Served at the appropriate temperature*, to prevent foodborne illness.

10.3 Organization
The SMRC Dietetics and Nutrition Services Department (D&N) operates under the direction of a qualified Registered and Licensed Dietitian (Director of Dietetics and Nutrition Services). The Director is assisted by qualified Administrative Dietitian(s), a Production Manager and an Administrative Assistant. The Production Manager is assisted by two Food Service Supervisors (one each shift), two Alternate Food Service Supervisors (one each shift), storeroom staff, and Direct Care Workers/Food Service Workers (see Appendix 1). The minimum qualifications for an Administrative Dietitian (as set by the State Personnel Board) include a Bachelor's degree from an accredited four-year college or university, eligibility for registration by the American Dietetic Association and licensure as a Dietitian by the Mississippi State Board of Health. Since both the Director of Dietetics and Nutrition and the Administrative Dietitian must be registered and licensed dietitians, in conditions under which either may act as authority in the following policies and procedures, the responsible party will be referred to as

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RD/LD.

Potential employees shall follow the application procedure outlined in the SMRC Human Resources policy and procedure manual. The Director, Production Manager, respective Food Service Supervisor, and Administrative Dietitian (if applicable) shall interview all potential applicants with final selection made by staff recommendations to the Director. All newly appointed employees are required to attend SMRC New Employee Orientation (coordinated by the Training Resources Department), as well as a two week training period in the Dietetics and Nutrition Services department. Training in all aspects of food service shall be provided during the two week period. A training outline for new employees shall be utilized.

All D&N staff will attend SMRC inservices according to the published schedule provided by the Training Resources department.

D&N is subject to regulations set forth by the various state and federal agencies governing food service operations in an Intermediate Care Facility for the Mentally Retarded, as well as all applicable labor laws.

10.3.1

Scheduling and Coverage

The D&N production area operates 13 hours daily from 5:00 a.m. to 6:00 p.m., seven (7) days a week, including holidays. Staff scheduled to work on a holiday will be given another day off at a later time as coverage permits. Staff scheduled to work during holidays may work an altered schedule with prior approval from the Director of Dietetics and Nutrition (AM shift 5:00AM – 1:30PM; PM shift 8:30AM – 5:00PM) The option to be paid for the holiday(s) is available, but this will be at the discretion of the department director or his/her representative. Staff are strongly encouraged to use the alternate day rather than request payment. In order for staff to be paid for holidays earned, he/she must complete the holiday pay request form and have his/her supervisor and department director approve the request. The form will then be copied and the original will be submitted to Human Resources. The copy will be maintained in the requesting staff's departmental personnel file. The request can be made at any time, but the holiday can only be paid after the holiday occurs. If the employee is on the monthly payroll, he/she will be paid for the holiday(s) on the next supplemental payroll.

Usual D&N administrative office hours shall be from 8:00 a.m. to 4:30 p.m., Mondays through Fridays, excluding holidays.

The D&N electronic time clock is used for each employee to clock in/clock out and time is electronically recorded according to the shift assigned.

Employees must be at their work station, ready to start work at the time their regular shift begins.

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Beginning work prior to clocking in is prohibited. This puts any liability for injury on the employee.

Each employee shall perform their assigned duty according to the production sheets posted for that day. Employees shall be evaluated on their job performance daily using the Mississippi State Personnel Board Performance Appraisal Review System (PARS). If work performance does not meet the standards set forth by the Dietetics and Nutrition Services Department, then a conference report is completed by the immediate supervisor and counseling is utilized.

10.3.2

Overtime

Prior to working any overtime (or compensatory time), prior approval must be obtained from the Director of Dietetics and Nutrition Services or designated representative. Any overtime accrued without this approval may result in disciplinary action.

It is the goal of this department to function without the accrual of any overtime. Overtime records will be reviewed weekly by the Director of Dietetics and Nutrition.

Overtime accrued due to attendance at Dietetics and Nutrition Services sponsored staff meetings is considered pre-approved. Staff are to clock in immediately prior to the meeting(s) and are to clock out immediately following the meeting(s). Overtime accrued as a result of staffing needs is not considered pre-approved. Prior approval, preferably written is required. Every effort to reassign and/or prioritize tasks based on client-needs is to be made. When possible, use of lower-paid staff is desired. Supervisory staff are to contact their supervisor via telephone when written approval is not possible.

10.3.3

Compensatory Time

Exempt employees earn compensatory time.

- Compensatory time must first be accrued prior to being used.
- Every effort should be made to flex the accrued overtime during the same forty-hour work week it was earned. The following is an exception to this procedure:

If an exempt employee's last work day is Friday or Saturday and their overtime is accrued on either one of these days, they may (with the approval of their superior) flex this time during the following week. If the supervisor is not able to allow the employee to flex this time during the following week, then the employee may, (with the approval of the supervisor), flex this time at the earliest possible time. It should be noted that the Administrative Resources department periodically purges accrued flex time. Advance warning of this procedure will be given by the Director of Administrative Resources.

10.4

Inquiries

All inquiries regarding food service shall be referred to the RD/LD the or the Food Service Supervisor

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in-charge.

All inquiries regarding the nutritional welfare of individuals shall be referred to the RD/LD. Any inquiries that mandate a response on a weekend or before 8:00 am or after 4:30 pm and cannot wait until 8:00 am the following business day shall be directed to the switchboard who will provide a contact number at which one of the clinical staff can be reached.

10.4.1 Tours

All requests for tours shall be forwarded to Volunteer Services who will organize such requests with the Dietetics and Nutrition Services Department office.

Children will be accompanied by an adult.

10.5 Central Files

Individuals' files shall be maintained in the Central File located in the Medical Records Room and only those Dietetics and Nutrition Services Department staff authorized to use the medical records can review or sign them out. All information obtained from the file shall be kept confidential. Prior clearance of each Dietetics and Nutrition Services Department staff member is required before they can have access to the record(s). Employees shall maintain the ethics of record confidentiality or be reprimanded. Refer to the HIPAA Privacy Policy & Procedure for further information.

10.5.1 Maintenance of Records

Copies of all D&N related records and reports shall be maintained and filed in the Dietetics and Nutrition Services Department office as required by existing Center policies. All non-client specific files and records shall be under the control of the Department Administrative Assistant. All client related files shall be under the control of the respective dietitian(s).

10.6 Individuals' Rights

All individuals' rights to good nutrition are provided in accordance with the current Recommended Dietary Allowances (as established by the Food and Nutrition Board of the National Research Council). Individual's diet orders are prescribed by the Center's consulting physicians. Within these rights, the Dietetics and Nutrition Services Department shall:

- a. Provide three meals daily with appropriate nourishing snacks to meet calorie needs. A nourishing snack is defined as an offering of items, single or in combination, from the Food Guide Pyramid.
- b. Provide a nutritionally equivalent replacement if individuals refuse offered meals. Example: a fruit for fruit; a vegetable for vegetable, a meat or meat alternative for meat.
- c. Serve therapeutic or modified diets as ordered by SMRC's consulting physician. Therapeutic or modified diets should be part of the individual's total care and treatment.
- d. Display respect and consideration for an individual's food intolerances or preferences.
- e. Maintain confidentiality of all individual-related records, reports and documents as mandated in the

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Health Information Portability and Accountability Act of 1996 (HIPAA). Refer to the HIPAA Privacy Policy & Procedure for further information. All records noting a client's name posted within this department will be kept confidential and protected from incidental exposure to non-SMRC staff.

f. Participate actively in any applicable team meetings and the interdisciplinary team programming of the individuals.

10.7

Meal Services

Meals will be served on a routine schedule according to established regulations. Mealtimes are planned with respect to comparable mealtimes in the community. Each client will receive three nutritionally balanced meals daily with appropriate snacks to meet calorie needs. The regular meal hours in the residences are:

| | |
|-----------------------|-----------|
| 7:00 am to 8:00 am | Breakfast |
| 12:00 noon to 1:00 pm | Lunch |
| 5:00 pm to 6:00 pm | Supper |

A routine schedule is important to the clients at SMRC. In the absence of an emergency, intentionally altering meal times without prior approval from a Residential Services Supervisor, the Assistant Director of Residential Services, the Director of Residential Services, the Administrative Dietitian, or the Director of Dietetics and Nutrition Services can result in disciplinary action.

No more than a 14-hour span shall be allowed between a substantial evening meal and breakfast the following day, except on weekends and holidays when a nourishing snack is provided at bed time, 16 hours may lapse between a substantial evening meal and breakfast. No less than a 10 hour span shall be allowed between breakfast and the evening meal of the same day.

Foods must be served in appropriate quantities based on cottage client diet counts, at appropriate temperature(s), in a form consistent with the developmental level of the client, and consumed with the appropriate utensil according to occupational therapy recommendations.

10.7.1

Meal Substitutions

Individuals have the right to refuse to eat meals or food/beverage items they do not like. For known dislikes, D&N will send a nutritionally equivalent substitute. If alternate item(s) is/are not available in the cottage, D&N should be notified, and appropriate item(s) will be sent to the cottage. If a client refuses the substitution item(s), it shall be considered a refusal, and should be documented as such on the dietary intake record. Dislikes are to be determined through a preference/dislike evaluation (wherein a client will be offered the menu items as written and refused at least three (3) times before being added to the dislikes) and then will be monitored by the RD/LD and the interdisciplinary team as necessary.

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10.7.2

Snacks

Additional snacks may be served as a supplement to meals. A nourishing snack is defined as an offering of items, single or in combination, from the Food Guide Pyramid. Appropriate snacks are approved by the Director of Dietetics and Nutrition with regards to texture and nutritional content. Water is to be offered to all clients at all snacks, unless medically contraindicated. Milk is to be offered at each meal to all clients under the age of 22 years.

Each client will receive a minimum of the standard snack as listed on the menu rotation. Special calorie level snacks or nutritional supplements may be ordered by the physician to provide additional nourishment to improve or maintain optimal nutritional status. Nutritional supplements, such as Boost Plus or Boost Pudding, are not to be given unless a physician's order exists in their medical record. If there is an order, the information will appear on the Nourishment Sheet and the Feeding Fact Sheet.

A nourishing snack is not intended to take the place of a meal or meals. Between meal nourishing snacks are planned to complement the daily nutritional requirements of clients. Snacks will be given thirty (30) minutes before or after 10:00 am, 2:00 pm and 8:00 pm, in either the classroom or cottage setting, depending on the client's schedule. Snack orders are listed on the Nourishment Sheet (for classroom use) and on the Feeding Fact Sheet (for cottage use).

If any snack is refused, document this and offer a nutritionally equivalent alternative item. If an alternative item is not available, call Dietetics and Nutrition Services to arrange for a substitute. If this happens consistently, contact the RD/LD to discuss alternative items to be offered to that particular client.

10.7.3

Food/Fluid Reinforcers

Any food used in the reinforcement/reward program must be consistent with the client's diet, and previously approved by the RD/LD responsible for the particular client. It is the responsibility of the programmer authoring the program to contact the dietitian prior to initiation of the program. The use of food/fluid as a behavior reinforcing device should not be abused and should be consistent with other ISP objectives (such as the need to learn to eat finger foods).

10.7.4

Residence Kitchen Procedures

The Residence Kitchen shall be maintained and used according to policies of the Center, the Department of Mental Health, and the Mississippi Health Department. Residential Services shall be responsible for maintaining kitchen sanitation and equipment in the residences and dining rooms. Staff authority over all residential/food service issues is provided by the Director of Dietetics and Nutrition Services department. Line authority is provided by the Director of Residential Services.

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10.7.5 Family Style Dining

Family-style dining shall be provided to selected individuals in the residences according to each cottage's schedule. Family style dining provides an opportunity for informal training related to table setting, meal management and table manners. Staff supervising family-style dining should monitor clients to ensure appropriate food portioning and appropriate mealtime behavior.

Each individual who participates in family-style dining is evaluated by the RD/LD during his/her annual functional assessment. Any questions regarding clinical nutrition or portion control procedures are to be directed to the RD/LD in charge of the particular residence in question.

In the event that the participation in family style dining activities is proven to be affecting a client's health in negative manner, the ID Team has the authority to **discontinue** participation.

10.8 Hunt Lane Café

10.8.1 Staff Dining

Serving hours at the Hunt Lane Café (HLC) are 10:50 am to 1:00 pm for lunch, Mondays through Fridays, except holidays.

The dining facility is open to staff, official guests (with advance approval from the Director of Dietetics and Nutrition Services), and clients (if notification is received within established guidelines). Regrettably, D&N cannot provide meals to family members or friends of staff. This includes take-out meals for later use.

In the event that staff cannot arrive on time at the dining room for their meal, the staff member must contact this department prior to 1:00 pm so necessary arrangements can be made.

The following is a list that is provided to all SMRC staff during the orientation process:

- Meals cost \$2.00. This cost is significantly lower than what it costs to produce the meal. This cost is considered a "benefit".
- HLC does not accept cash or IOU's. Diners must have a valid meal ticket. Five punch meal tickets can be purchased at the Business Services office between 10:00 am and 12:00 noon Monday through Friday. Meal tickets are \$10.00 each.
- If you would like a second helping of any or all food items, you must use an additional punch. Refills of beverages (excluding milk) are FREE. Additional cartons of milk are NOT free; each additional carton is one meal ticket punch.
- On the salad bar, up to 1 pound 8 ounces (including salad dressing) is allowed for the first punch. One pound 8 1/4 ounces up to 3 pounds equals two punches. On the salad bar, one

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serving of meat (tuna salad, chicken salad, ham, chicken, etc.) is allowed per punch. For a second scoop of any meat item, you must use another punch.

- HLC does not provide substitute items for staff.
- HLC does provide substitute items for clients.
- When you are through with your meal, please clean up after yourself. If you accidentally spill something, let us know and we can clean it before it becomes a stain.
- Before placing your tray in the dirty dish window, remove all paper and plastic items and place them in the garbage can.
- Our menu is posted on the Network and on the D & N Bulletin. Ask your supervisor how to “pull it up”. The menu is subject to change without notice.
- HLC is closed on weekends and on all holidays as approved by the Center Director.
- HLC is usually closed the entire week between Christmas and New Year’s Day.
- Since the D&N Department’s main objective is to provide meals to clients, HLC may need to close with very short notice should staffing patterns not meet minimal standards on a given day.

10.8.2

In-Kind Meals

Courtesy meals shall be available to employees of other state agencies according to state policy. The host department will allow at least forty-eight (48) hours advance arrangements with the office of Dietetics and Nutrition Services Department, specifying the total number of guests.

SMRC employees on duty attending a workshop are not entitled to a free meal. Non-SMRC employees on duty attending a workshop are entitled to a free meal as noted in the state policy regarding this issue.

New hire employees attending the orientation classes fall under the classification of “SMRC employees on duty attending a workshop” and are not to receive a free meal. Training Resources staff will notify the Dietetics and Nutrition Services Department office of the total number of orienteers who shall be dining at HLC.

Individuals and guardian/parent accompanying individuals shall be entitled to courtesy meals. The secretary of the Diagnostic Services team shall notify the Dietetics and Nutrition Services Department office of the total number of persons with the individual.

All HLC staff are entitled to a free meal while on duty.

Construction or other temporary contractors working on this campus are not entitled to dine at HLC, with or without a meal ticket.

Long-term contract staff, such as physical therapists, are entitled to dine at HLC with a meal ticket.

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Any inquiries regarding the HLC dining experience shall be directed to the Director of Dietetics and Nutrition Services Department.

10.8.3 **Clients Dining at HLC**

Any staff desiring to bring a client to dine at HLC, must notify D & N by 8:30 am on the day of the scheduled lunch. Special diets (other than diabetic or renal) are not in effect while dining at HLC. Special food textures will be honored.

Whenever possible, clients needing texture-altered food items will be offered items from the HLC serving line. If needed, D & N supervisory staff may reserve the right to serve texture appropriate food items from the cottage menu.

“Therapeutic” diets will not be followed when clients eat at HLC (with the exception of diabetic and renal diets) and if requested, clients will be allowed to obtain second portions of all food items (excluding dessert). This allows clients to experience normal dining out in a facility setting.

The staff member escorting a particular client is responsible for bringing any adaptive plates and equipment needed during meal times. HLC will insure that thickening agents are available upon request.

10.8.4 **Dining Room Meal Count**

The Dining Room Meal Count shall serve as a guide for planning the total amount of food to purchase and serve and as a guide in forecasting future production of menu items. This count shall serve as a record for determining cost per meal, average sales per person, and as a means for setting operation standards.

10.9 **Requesting Food, Beverage and Supplies**

All requests for food, beverage and supplies from Dietetics and Nutrition Services for use during special events or for cottage or educational use should be requested via the Food Requisition form. The Food Requisition Form is to be completed by the respective department sponsoring the event and forwarded via e-mail to a departmental supervisor, then forwarded via e-mail to the Director of Dietetics and Nutrition Services Department and the Administrative Assistant for review and final approval. A paper copy will only be accepted in the event that the computer system is down. We will require that a follow-up computer-generated version of the requisition is submitted as soon as the system is running.

As a system of checks and balances, it is required that only directors or their chosen back-up staff submit requisitions to the Dietetics and Nutrition Services department for approval. Any staff may submit a requisition to their supervisor, who is responsible for providing departmental approval and forwarding the requisition to this department. Deviations from this chain of responsibility may occur,

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but only with prior written approval from the Director of Dietetics and Nutrition Services.

10.9.1

Special Events

All requests for food/beverages for special events shall be requested at least fourteen (14) days in advance of the event. Requests for large group meals and special functions require four (4) weeks notice.

Foods and beverages that are easily prepared and packed without losing their wholesomeness and nutritional value shall be used for picnics, bagged lunches and other special events that necessitate holding a lengthy time before consumption. Proper food safety techniques are taken into consideration when determining appropriate food for events.

In the event that a special function is scheduled and food and/or beverage needs to be requisitioned from Dietetics and Nutrition Services Department, the Food Requisition form shall be completed by the respective department sponsoring the event and forwarded via e-mail to a departmental supervisor, then forwarded via e-mail to the Director of Dietetics and Nutrition Services Department and the Administrative Assistant for review and final approval. The Food Requisition form should contain the event, event purpose, event date, requestor's name and total number of participants. Desired items should be listed on the forms. D&N may be contacted for item availability. In addition, suggestions are listed on page two of the Requisition Form. D&N will determine the appropriate quantity of items needed. If applicable, D&N should be contacted with the names of individuals participating in the event to determine if texture modified items will be needed.

When canceling events and/or requesting additional foods and/or beverages, the following procedure shall be in effect:

- Allow at least two working day's notice when canceling any special event.
- Allow at least three hours notice when canceling classes.
- Any request for additional food and/or beverage must be made at least seventy-two hours, or three working days, ahead of the scheduled special event.

The Director of Dietetics and Nutrition Services reserves the right to deny any request for food for a special event if the applicable time line is not followed or if the request does not adhere to the Department of Mental Health policy ("Food for Business Meetings, A-0033 09/01/1996" provided on the template for the Food Requisition form) regarding food for meetings. In general, any requisition that does not include clients and/or guests will be denied.

For all events scheduled during the Christmas holidays, D&N will post a list of ordering guidelines, deadlines and available food packages in sufficient time for ordering. These guidelines will allow D&N to more readily forecast amounts to purchase, as well as streamline production duties. D&N should be

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contacted for availability of specific items (i.e., types of sandwiches, cookie flavors, etc.).

10.9.2 **Cottage or Educational Use**

This policy applies to requests for reinforcers, therapeutic foods, equipment, etc. for cottage or educational use. All requests for supplies, such as flatware or needed equipment, will be requested via the Food Requisition by the appropriate Residential Services staff. All requests for reinforcers or therapeutic foods (for cottage use or Education Center Stores) from Dietetics and Nutrition Services are to be requested via the Food Requisition form by the designated department representative.

Requests for supplies or reinforcers will be filled on a first come basis. Items may not be available "ASAP." If any items on the requisition are not available, the needed items will be ordered, and the entire requisition will be held for delivery when all items are available. Exception may be made by the Director of Dietetics and Nutrition Services.

10.9.3 **Cottage Inventory**

Dietetics and Nutrition Services maintains an inventory of frequently used items in each residential cottage. These items are inventoried and delivered weekly by Dietetics and Nutrition staff. Appropriate items may be added or unnecessary items removed from the inventory list by contacting the Director of Dietetics and Nutrition.

10.10 **Enteral Nutrition**

Alternate means of nutrition, such as enteral feedings, may be indicated when an individual is unable to take nutrition by mouth. Indications for enteral feedings may include, but are not limited to, the inability to obtain adequate nutrition orally or dysphagia (difficulty swallowing). Enteral nutrition orders are written by SMRC's consulting physician. Orders should indicate the name of the product to be used, volume per a 24 hour period, method of feeding, additional water flushes needed and special instructions necessary to provide nutrition safely. The RD/LD will review enteral feeding orders for appropriateness with regard to the client's nutritional needs, and make recommendations, if necessary, to the consulting physician. The RD/LD will monitor the client's tolerance for the tube feeding regimen and evaluate for any necessary modifications. Refer to the Health Services policy and procedure manual for details regarding the administration of enteral feedings.

A thorough nutritional assessment of individual's tube feeding shall be completed by the RD/LD within seventy-two hours of enteral feeding initiation. Upon return to SMRC from another facility (i.e., hospitalization), enteral feeding orders will be reviewed for appropriateness. The RD/LD shall identify the condition(s) indicating the need for tube feeding and shall make the selection of the formula according to its composition. The selection of the appropriate formula shall be consistent with the nutritional assessment that identifies the individual's nutritional demands and needs. Should the individual be admitted on a formula that is not presently carried by D & N, an order to offer a nutritionally comparable substitute from current stock will be requested pending final nutrition assessment and

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recommendations. Should no nutritionally comparable product(s) be readily available, an emergency purchase will be processed either through the D & N Department or through the Medical/Nursing Department, whichever is less time consuming. If the nutritionally comparable product is available at a local supermarket, an emergency purchase of enough product to meet individual needs until a regular supplier can be arranged will be completed by D & N staff.

Individuals that cannot tolerate tube feeding volume, flow rate, etc. shall be evaluated for: manipulation of flow rate or volume, change of frequency of feeding, change of formula, addition of a modular component, alteration of the amount of water used for flushing, alternate mode of delivery, feeding supplementation via oral route, or any combination of these.

10.10.1

Tube Feeding Supplies

The Dietetics and Nutrition Services department is responsible for supplying the following supplies for tube fed clients: tube feeding formula, tube feeding pumps, tube feeding spike sets, and gravity tube feeding bags. It is the responsibility of the Medical / Nursing department to inform the Dietetics and Nutrition Services department when the following supplies are getting low or need replacement: tube feeding pumps, tube feeding spike sets, and gravity tube feeding bags.

Each week, a Medical / Nursing representative is responsible for submitting an accurate inventory of all tube feeding formula remaining in the cottage(s) and/or Nursing storage area. Only whole cases need be counted. Each week, prior to Thursday morning, this inventory is to be emailed to the Director of Dietetics and Nutrition Services, the Administrative Assistant, and the Administrative Dietitian. At this time, one of the aforementioned staff will compare the inventory to the current tube feeding orders (located on the Feeding Fact Sheets) and determine how many cases to supply to each site for the following week's use. A requisition will be completed by Dietetics and Nutrition Services staff and the product will be delivered to each site by Dietetics and Nutrition Services storeroom personnel by the date specified on the requisition.

In the event that a client receives 100% of their nutrition via a feeding tube and is Medicare eligible, a third party reimbursement company can be solicited to supply these items. Depending on the situation, the option to not obtain these items from a third party reimbursement company is available as approved by the Director of SMRC. In this event, the Dietetics and Nutrition Services department would order the necessary supplies and absorb the associated costs.

10.10.2

Oral Enteral Supplementation

Oral enteral supplements will be recommended by the RD/LD based on nutrition assessment. Oral enteral supplementation is not intended to replace a meal or snack, but is to be offered in addition to the designated meal and/or snack as noted in the individual's diet order.

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10.10.3

Formulary

The Dietetics and Nutrition Services department uses Nestle Nutrition as its primary enteral nutrition and oral supplement product supplier. This is mandated by a state approved contract with Nestle Nutrition through, a third-party contract administrator. Within this contract, SMRC is mandated to purchase a minimum of 85% of its total enteral supplies through Nestle Nutrition to receive financial benefit. This contract states that if a comparable product is not available or its Amerinet pricing structure is not beneficial to SMRC, it is within SMRC's rights to purchase from another supplier according to the State of Mississippi's purchasing laws. Medicare eligible clients receiving formula/supplies via a third party reimbursement company are not inclusive of this contract.

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The following products, available from Nestle Nutrition, are routinely used at SMRC; (other products are available from Nestle Nutrition and may be used as needed):

| <u>PRODUCT</u> | <u>INTENDED USE</u> | <u>AVAILABLE FORMS</u> |
|---|--|---|
| <u>Boost, Boost Plus</u> | <u>oral supplement</u> | <u>8oz bottle</u> |
| <u>Resource Breeze</u> | <u>oral supplement; clear liquid</u> | <u>8oz bottle</u> |
| <u>Boost Pudding</u> | <u>oral supplement</u> | <u>5oz cup</u> |
| <u>Resource 2.0</u> | <u>oral supplement</u> | <u>8oz brik</u> |
| <u>Nutren 1.0; Nutren 1.5;</u> <u>Nutren 2.0</u> | <u>oral supplement or tube feeding</u> | <u>250ml can or 1000ml Ready-to-Hang</u> |
| <u>Nutren 1.0 Fiber</u> | <u>high fiber; oral supplement or tube feeding</u> | <u>250ml can</u> |
| <u>Fibersource HN</u> | <u>high fiber; tube feeding</u> | <u>250ml can or 1000ml & 1500ml Ready-to-Hang</u> |
| <u>Boost Glucose Control</u> | <u>diabetic; oral supplement</u> | <u>8oz brik</u> |
| <u>Nutren Glytrol</u> | <u>diabetic; tube feeding</u> | <u>250ml can or 1000ml Ready-to-Hang</u> |
| <u>Diabetisource AC</u> | <u>diabetic; tube feeding</u> | <u>250ml can or 1000ml & 1500ml Ready-to-Hang</u> |
| <u>Isosource HN</u> | <u>high protein; tube feeding</u> | <u>250ml can or 1000ml & 1500ml Ready-to-Hang</u> |
| <u>Isosource 1.5 cal</u> | <u>high protein, high calorie; tube feeding</u> | <u>250ml can or 1000ml & 1500ml Ready-to-Hang</u> |
| <u>Peptamen</u> | <u>impaired gi function; oral supplement or tube feeding</u> | <u>250ml can</u> |
| <u>Peptamen 1.5</u> | <u>impaired gi function; oral supplement or tube feeding</u> | <u>250ml can or 1000ml Ready-to-Hang</u> |

The following Ross Laboratories products are routinely used at SMRC as there are no comparable products with Nestle Nutrition:

| | | |
|---|--|---------------------------------|
| <u>Glucerna Meal Bar & Glucerna Snack Bar</u> | <u>diabetic; oral supplement</u> | <u>2oz bar</u> |
| <u>Pedialyte</u> | <u>clear liquid; pediatric; oral supplement</u> | <u>6.8oz bottle or 1LBottle</u> |
| <u>Suplena</u> | <u>chronic (pre-dialysis) renal disease; oral supplement</u> | <u>8oz can</u> |

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In the event that a Nestle Nutrition product is temporarily unavailable, the following products shall be automatically substituted. This will not require a revision to the diet order, but the physician shall be notified in writing.

| PRODUCT | EQUIVALENT SUBSTITUTE (Abbott Laboratories) |
|---|--|
| Boost, Boost Plus | Ensure, Ensure Plus |
| Boost with Benefiber (NV), Nutren 1.0 Fiber (NS) | Ensure Fiber with FOS |
| Boost Pudding | Ensure Pudding |
| Boost Glucose Control | Glucerna Shake |
| Diabetisource AC, Nutren Glytrol | Glucerna 1.0, 1.2 or 1.5 |
| Resource Breeze | Enlive |
| Fibersource HN, Nutren 1.0 Fiber | Jevity 1 cal |
| Fibersource HN | Jevity 1.2 cal |
| Resource 2.0 | Hi-Cal, Med Pass 2.0, Two-Cal HN |
| Isosource 1.5 | Jevity 1.5 cal |
| Isosouce HN, Nutren 1.0 | Osmolite 1 cal |
| Isosource HN | Osmolite 1.2 cal |
| Nutren 1.5 | Osmolite 1.5 cal |
| Resource for Kids (NV), Nutren Junior (NS) | PediaSure |
| Impact Glutamine, Crucial | Perative |
| Nutren Replete | Promote |
| Nutren Replete Fiber | Promote with Fiber |
| Nutren Pulmonary | Pulmocare |
| Nutren 2.0 | Two Cal HN |
| Peptamen with Prebio, Peptamen | Vital 1.0, Vital HN |
| Peptamen 1.5; Peptamen AF | Vital 1.5 |

In the event that a Nestle Nutrition product is permanently unavailable, a revision will be made on the formulary (replacing the discontinued item with the Abbott Laboratories provided replacement product or an equivalent substitute from another manufacturer). This shall require a revision by the physician to the diet order.

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10.11 Documentation

10.11.1 Feeding Fact Sheet

The Feeding Fact Sheet shall be used for documenting and keeping record of diet order(s), dislikes, allergies, special orders, meat textures, etc. of individuals. This list is posted in the Dietetics and Nutrition Services production area, in each cottage kitchen, and is to be available in each of the cottage dining rooms.

Any adjustments shall be noted on the Feeding Fact Sheet as needed by the RD/LD. This task will take place **when** the need for a change **is** identified. The Feeding Fact Sheet is a “living document.” Dietetics and Nutrition Services staff will provide the residential setting with updated copies as needed. Generally, they will be delivered with the following meal delivery.

10.11.2 Dining Plan Guide

The Dining Plan will serve as a guide when feeding the client. Each orally fed client will have their own Dining Plan that will be kept in their specific dining room and classroom. The Dining Plan will be completed by the RD/LD, occupational therapist (OT) and speech-language pathologist (SLP) and should contain the client's identifying information, a visual aid (picture), the diet order (including textures, liquid levels, allergies and special orders), adaptive equipment, as well as dining position instructions necessary to safely feed the client. Snack instructions will be provided to serve as a guide in the Education and Residential settings to ensure that each individual shall be served the correct nourishment/ snack.

The diet order is completed by the RD/LD, the adaptive equipment by the OT, and the dining position and staff instruction section by the SLP. The RD/LD will print a new Dining Plan when dining instructions, diet changes, or equipment changes are made. When an updated Dining Plan is implemented, the cottage and classroom staff will receive a revised copy.

Each new Dining Plan will be identified with a yellow signature form attached to the top indicating the Dining Plan has been changed and is to be posted on the bulletin board in the dining room or classroom. All staff who assist the individual are to review and sign the attached yellow signature form to acknowledge their understanding of the Dining Plan change(s).

The yellow signature form will be posted for a minimum of 30 days to ensure adequate time for all staff to become familiar with the change(s). Following the initial 30 day period of the change, the signature forms will be removed from the dining room and maintained by the Unit or classroom.

10.11.3 Menu Substitution Form

In the event that an item needs to be substituted on the cottage menu, a Menu Substitution Form shall be completed by the Food Service Supervisor or RD/LD when any food substitution is made. Copies

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will be routed to the Administrative Assistant and the respective cottage(s). The substitution information, **as** well as appropriate serving size should be documented on the form. Any substitution made should be of equivalent nutritional value to the scheduled menu item, and should complement other foods on the menu.

The person completing the form is responsible for writing the changes on the menu spread sheet, food production and distribution sheet, work responsibility sheet, and the department log book.

10.11.4

Diet Order Sheet

The Diet Order Sheet forms may be used for informing the Dietetics and Nutrition Services Department of any admission diet orders, diet order changes, test meals, discharges, need to withhold meals (home visits, etc.), and transfers between living units.

10.12

Menu Planning

Meals are planned following the Food Guide Pyramid or the American Diabetes Association Exchange List For Meal Planning (for calorie restrictions or treatment of diabetes), as well as guidelines from the Mississippi Dietetic Association diet manual. Meals should be:

1. *Nutritionally balanced and adequate* according to the Recommended Dietary Allowance (as established by the National Research Council), to provide appropriate quantities of macronutrients and micronutrients to meet clients' individual nutritional needs;
2. *Palatable*, so that foods are consumed meaningfully;
3. *Attractive*, to make meal time as pleasant and as interesting as possible;
4. *Texture modified*, if necessary, to enable individuals to safely consume and enjoy foods.
5. *Served at the appropriate temperature*, to prevent foodborne illness.

The menu cycle is as follows:

| | |
|--------------|--------------|
| Breakfast | 28 day cycle |
| Lunch/Supper | 28 day cycle |

The Menu Spread Sheet lists each menu item for a specific meal, the corresponding recipe number and the portion to be served. Texture and calorie modifications are listed as well.

Menus shall be reviewed by the Department Director, the Administrative Dietitian, Production Manager, Food Service Supervisors, and Alternate Food Service Supervisors.

Menus shall be posted in the D&N Department and in the respective residence kitchens and should be available within the cottage dining room. As menus change, Dietetics and Nutrition Services staff are responsible for providing the residential setting with updated versions and removing the previous versions.

The D & N Department Director shall review and sign the master menu copy before the menu is copied

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and posted.

Menus shall be kept on file for two (2) years for reference.

Menus shall be planned according to regional preferences, seasonableness of food and availability of food resources. Menus shall be altered with respect to texture modifications and modifications necessary for documented medical conditions (according to guidelines from the Mississippi Dietetic Association diet manual).

10.12.1

Foods From Outside Sources

Individuals shall consume foods and beverages prepared from acceptable and reliable sources.

Foods and beverages brought from outside sources for individuals shall be cleared first with either the RD/LD or Charge Nurse on duty. No food shall be consumed by individuals without prior clearance. After clearance has been obtained, food or beverage shall be consumed immediately either during the nourishment period or at meal time in the dining room of the respective residence or home where the individual resides to prevent food and/or beverage from spoiling. Leftover food or beverage shall be disposed of and shall not be stored in the individual's room at any time to control and prevent infestation.

Inquiries from individual's family members regarding type of food or beverage allowed to be brought to the facility shall be referred to Social Services, who will contact the Director of Dietetics and Nutrition to decide whether the food/beverage is acceptable.

10.13.1

Staff Education

During new employee orientation, all SMRC employees assigned to work in the cottage kitchen with meal preparation are to receive additional training by D&N staff for a minimum of 3 days. Education is provided on the following topics:

1. Special diets and diet orders
2. Reading D&N forms (Feeding Fact Sheet, Intake Records, Menu Sheets)
3. Using appropriate serving utensils
4. Taking food temperatures and thermometer calibration.
5. Proper sanitation during food service.

On the third day, all new orientation employees will receive certification in the five key principles based on the guidelines of safe food handling.

10.13.2

All SMRC employees who are assigned to the preparation of cottage meal service will receive a formal training program consistent with the policies of the Center, the Department of Mental Health, the Mississippi Health Department and under Serve Safe recommended guidelines. Initial certification is to be required for all current SMRC employees involved in cottage meal preparation and thereafter

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re-certification is required on an annual basis. The stated formal training will focus on five key principles based on the guidelines of safe food handling. Education is provided on the following topics:

1. Basic Food Safety
2. Personal Hygiene
3. Cross-Contamination and Allergens
4. Time and Temperature controls
5. Cleaning and Sanitizing

10.14 Intake Documentation

10.14.1 Dietary Intake Record (DIR)

The DIR is a one sheet form used to record food intake for a month of meals and snacks. The form contains three meal sections, (breakfast, lunch and supper) and three snack sections, (10:00 a.m., 2 p.m., and 8:00 p.m.). A code section on the form contains the codes with definitions for the recording of food intake. The codes are as follows:

- 0 = Food/Beverage refused; no intake
- 1 = 25% of Food/Beverage consumed
- 2 = 50% intake
- 3 = 75% intake
- 4 = 100% intake
- 5N or 5P = Not present for meal (i.e. 5P = out on pass, 5N = NPO)

Cottage DIR recording

At the beginning of each month, Dietetics and Nutrition will provide each cottage with a DIR sheet for the individuals residing in the cottage. It is the responsibility of the staff feeding or assisting each individual with their meal to document intake. Intakes should be documented after each meal and snack. If the individual is participating in an SMRC sponsored function or outing with SMRC staff off campus, or with family or friends during a meal, the supervisor for the cottage will be responsible for recording 5P for the missed meal.

Education Classroom DIR recording

At the beginning of each month, Dietetics and Nutrition will provide each classroom with a dietary intake record sheet for each individual assigned to the classroom. It is the responsibility of the staff feeding or assisting each individual with their snack to document the intake of the snack. Snacks will ONLY be recorded in the classroom for the snacks consumed while the individual is in the classroom.

The Dietetics and Nutrition staff will deliver the new month's DIR forms and pick-up the prior month's DIR forms on the first day of each month. The cottage and education staff are responsible for collecting

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the prior month's forms after the last meal or snack is recorded and having the prior month's forms together in the cottage kitchen or in each education classroom for dietary to retrieve when the new month's DIR forms are delivered. DIR forms are reviewed by the RD/LD responsible for the respective cottage.

10.14.2 Calorie Counts

If more detailed intake documentation is necessary, a calorie count may be initiated by the physician or RD/LD. The calorie count documents specific food items and amounts consumed by a client. A calorie count may be used in the residential cottage for meals and snacks or the educational setting for snacks. Upon initiation of a calorie count, the RD/LD responsible for the respective cottage will generate calorie count forms for a specified period of time, attach instructions and notify cottage staff and the interdisciplinary team. The calorie count forms will be placed in the cottage dining room with the Dietary Intake Records. It is the responsibility of the staff feeding the particular client to document intake according to the instructions attached to the form. The RD/LD will pick up the forms and calculate the client's calorie, protein and fluid intake. The physician and interdisciplinary team will be notified of recommendations based on the results of the calorie count.

10.14.3 Residence Meal Observations

Cottage meal periods shall be observed to ensure that all food and beverage served to the individuals is consumed, that appropriate table manners are practiced and that individuals perform adequate feeding skills. Discrepancies in appetite, ability to eat, ability to feed self, and ability to practice appropriate table manners shall be noted and documented in the client's file in the Dietetics and Nutrition Services department.

Meal Observations are to be completed as needed by the RD/LD assigned to the respective cottage.

10.15 Test Meals

Correct foods and beverages shall be provided and consumed by individuals scheduled for specific tests as requested by the physician. Test Meals shall be requested at least 24 hours prior to scheduled administration of a specific Test Diet. Menu items for test diets will correspond with test diet instructions provided by the medical testing facility and approved by the physician or with current recommendations of the American Dietetic Association and the Mississippi Dietetic Association.

10.16 Department Log Book

The Department Log Book is the main source of communication to all D & N staff. Events, reports, requests, diet changes, etc. are written down on the Log Book to keep all D&N staff informed.

10.17 Key Control

Key Control is necessary to control unnecessary traffic within the department and to help maintain inventory control. Keys to the front door shall be issued to the Production Manager, Food Service

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Supervisor, Administrative Assistant, Alternate Food Service Supervisor, Administrative Dietitian and Department Director. The key control slip originates in the Maintenance Department wherein each employee signs upon issuance of the keys. The keys shall be returned upon termination of employment.

10.17.1

Secured Key Box

In the event of a disaster of emergency nature during shut down hours (after operating hours or during week-ends and holidays) the supervisor-in-charge has the authority to break the window glass of the Secured Key Box to gain entrance to either the mechanical room or the storeroom. The supervisor-in-charge is held accountable for tampering with the Secured Key Box. A detailed written report shall be entered on the D & N Department Log Book by the supervisor on duty.

On the first work day after the incident, the D & N Department Administrative Assistant shall call the Maintenance Department to replace the broken window glass of the Secured Key Box.

10.18

Purchasing

The SMRC Business Office shall supervise the procurement of all commodities and equipment requested by departments. All purchases will be made according to the Policies and Procedures as outlined in the State of Mississippi Procurement Manual. Refer to the Business Services policy and procedure for details. Daily, the Administrative Assistant submits invoices and purchase receipts to the Business Office to be processed for payment. Meal counts (monthly totals for cottage meals and snacks; daily counts for Hunt Lane Café) are compiled into an annual report. Purchases are made through state approved contracts and vendors.

10.19

Receiving

All food and supply items shall be received by storeroom staff or assigned representative to ensure that appropriate receiving, proper inspection, and follow up are performed.

The procedure for receiving will be as follows:

Food/supplies received shall be checked against purchase orders and delivery slips or invoices. Brand, quantity, quality, package integrity, pack size, temperature (if applicable), and weight (if applicable) shall be checked before accepting delivery. Any deviations from the product specification are to be noted on the purchase order or invoice. Any items not matching the product specification shall be returned. Any product delivered in unacceptable condition shall be returned. The Administrative Assistant is to be notified immediately, so that a remedy to replace the returned item or the issuance of a credit memo can be arranged.

The delivery slip/invoice from the supplier/vendor shall be signed after insuring that all foods/supplies ordered were received. The signed copy shall be returned to the delivery person and the original invoice and two copies will be retained and forwarded to the Administrative Assistant.

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All supplies received shall be dated. Supplies shall be stored in appropriate areas.

10.20

Storage

Foods and supplies shall be dated to ensure that stocks are rotated "first-in, first-out" and to insure applicable expiration dates are not exceeded.

All food and supplies are to be stored a minimum of six (6) inches from the floor. Items are to be stacked in a safe, balanced manner. All product instructions for maximum stacking height are to be observed. A minimum of eighteen (18) inches of clearance from the ceiling is to be maintained.

Care should be taken to store items in a manner that all product is visible. This will insure that quality checks can easily be made and that proper inventory control is possible.

The temperature and humidity of the canned/dry storage area is to be maintained within an acceptable range as specified in the Food Code.

All canned goods are to be thoroughly checked for dents when removed from their case. Any can that has a dent that is either on a seam or has created an obvious crease should be placed in the designated area and documented. Dented cans are returned to the vendor for credit. Dented cans should not be used in food production due to the risk of product contamination.

10.21

Inventory

In order to monitor inventory, a complete list of stocked items is maintained by the Director of Dietetics and Nutrition. The inventory list details items needed for each week of the menu cycle. This list is updated as needed and when menus change. Prior to submitting weekly orders, the Production Manager should review the menu, FRIPS for the week, requisitions and special events and do a physical count throughout the department to compile an accurate food order and avoid ordering unnecessary items. The compiled food order should be reviewed by the Director of Dietetics and Nutrition prior to submission.

During the week, as food is issued, storeroom staff should maintain a list of foods removed from storage by filling out the Running Inventory Sheet. Daily and as completed, these forms are forwarded to the Administrative Assistant.

10.22

Issuance

Supplies are issued as requested on the Food Requisition, Issue, and Preparation (FRIP) sheet daily. Storeroom staff pull food in the quantities listed on the FRIP, label with the date to be used and issue to production staff by placing in the appropriate cooler or freezer. The location of the pulled food is noted on the FRIP. In the event a substitution needs to be made, a nutritionally equivalent substitute should be used. Substitutions are noted on the FRIP also. After the FRIP is completed, place in the

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supervisor's box for production staff's use.

As food is issued, storeroom staff should maintain a list of foods removed from storage by filling out the Running Inventory Sheet.

Allow 3-5 days to thaw out frozen meat and frozen eggs. No items are to be issued to production staff earlier than 48 hours in advance of the meal time for which it is to be consumed.

Use walk-in cooler for thawing. Place foods to be thawed on a sheet pan so that liquid drippings shall be contained. These items are to be stored on the bottom shelf of the cooler and shall not be stacked on or above any other item.

NOTE: All prepared food that can be cooked or are used from the frozen state must be kept stored in the freezer until ready to use. EXAMPLE: Cheesecake, take out from walk-in freezer, place in the kitchen reach-in freezer a day before it is needed.

NO ONE is allowed in the storeroom without the presence of the Storeroom Clerk, Production Manager, Director of Dietetics and Nutrition Department or Administrative Assistant.

10.23

Food Request, Issue, Pre-Prep, and Preparation Assignment and Usage Sheet (FRIP):

The Food Request, Issue, Pre-Prep and Preparation Assignment and Usage Sheet (FRIP) is printed daily and issued by the Production Manager to the AM shift supervisor, who is responsible for assigning production duties for the breakfast and lunch meals to the AM staff. The PM shift supervisor is responsible for assigning production duties for the supper meal to the PM staff. Each shift is responsible for pre-prep work for the next day's menu. After production duties have been assigned, the FRIP is forwarded to the storeroom, whose staff is responsible for pulling the appropriate quantity of food and supplies for each day's menu (following the guidelines in the "Issuance" policy). After the day's production duties are complete, the form should be forwarded to the Administrative Assistant.

10.24

Food Preparation

D&N staff are assigned tasks on the Work Responsibility Sheet (Form). Tasks may include food preparation, pre-preparation for the next day's meals, sanitation duties, filling requisitions, etc. Staff should check assignments upon reporting to work.

- Work is to be completed within acceptable time limits. Tasks should be completed simultaneously when possible, with assignments requiring more time started first.
- Safety guidelines should be followed at all times. If an injury should occur, staff should notify the on duty supervisor immediately.
- Proper sanitation guidelines should be followed at all times. Hairnets should be worn, proper handwashing guidelines should be followed, and no eating or drinking should take place in the production area.
- Supplies and equipment should be gathered before starting food preparation.

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- Proper equipment for the task should be used.
- Upon completing food preparation, food temperatures should be taken and documented, food covered and labeled, and food should be stored appropriately (warmer for holding hot foods, cooler for holding cold foods, or food should be cooled appropriately by placing in the cooler or on ice).
- Leftover foods (fully prepared, appropriately cooked and cooled), shall be stored in the refrigerator, completely covered, then labeled and dated. Leftover foods shall be utilized within 48 hours.

10.25 Meal Delivery

Food is delivered to the cottages in bulk. Two D&N staff are assigned to deliver food at each meal. Delivery staff are responsible for checking the menu and special items list to ensure all food is delivered in a timely manner. Food is delivered in insulated food containers. No loose food items should be put on the delivery truck. Upon delivery to each cottage, D&N staff store hot food on the steam table or tabletop steam unit. It is the responsibility of the Residential Direct Care staff assigned to serving the food to turn on the unit prior to food delivery. Cold food is stored in the cottage refrigerator. Frozen food is stored in the cottage freezer. No food should be unwrapped upon delivery. Food should remain covered until the point of service by Residential Direct Care staff.

After each meal service, all service ware (pans, lids, insulated plates, etc.) should be washed and sanitized in the cottage by Residential Direct Care staff. D&N staff will pick up the items at the next meal delivery. D&N staff are responsible for cleaning and sanitizing the insulated food containers.

10.26 Food Delivery Truck

All food service workers shall be trained in the operation, service and maintenance of the food delivery truck. A valid driver's license is required for to operate state owned vehicles.

10.26.1 Operation

The keys to the food delivery truck shall be kept on the key hook located outside the Food Service Supervisor's office door. After each use, the keys shall be returned to the key hook.

Only food service workers with a valid driver's license shall operate the food delivery truck during the scheduled operating hours of the kitchen.

Food service Workers driving the food delivery truck shall follow the posted speed limit within the campus. When the food delivery truck is used off-campus, the driver shall abide with Department of Transportation and state and local laws and regulations.

10.26.2 Service

Each Friday, before 3:00 pm, the food delivery truck shall be taken to the Maintenance complex to be filled with gasoline. After returning from this task, staff are to check the appropriate fluid levels and report any discrepancies to maintenance staff. Each shift should alternate completion of these tasks.

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Maintenance administrative staff will inform Dietetics and Nutrition Services staff when preventative maintenance is required.

Any malfunction noted during the course of operation shall be reported to the Supervisor on duty. The Supervisor shall document the reported problem in the Department Log Book and inform the Administrative Assistant who shall notify the Maintenance Office.

10.26.3

Maintenance

A quarterly maintenance schedule shall be established for maintenance service on the food delivery truck.

A thorough sanitation program on the food delivery truck shall be performed each week by a food service worker assigned to the task. This task should alternate between shifts, as well.

10.27

Kitchen Equipment

Equipment usage shall be maximized by providing in-service on its use as needed, providing monthly check-ups, and utilizing a preventive maintenance program.

10.27.1

Operation

Each employee shall be trained on the proper use of equipment during orientation and trained via on-the-job sessions during the first two weeks of employment in the department.

A follow-up in-service shall be provided by the Food Service Supervisor on an annual basis, or as needed.

10.27.2

Maintaining and Servicing Equipment

The SMRC Maintenance Department performs scheduled service and maintenance on all D&N equipment (i.e., replacing filters, testing fire alarms, etc.). Outside service or contractors shall be called as needed.

10.28

Sanitation

All staff participates in a rotating sanitation schedule. The Food Service Supervisor-in-charge of sanitation shall assign and schedule the specific sanitation task. Each completed sanitation task shall be checked by the Food Service Supervisor-in-charge.

While completing the weekly food order, the Production Manager should inspect all areas of the kitchen and storeroom. Any needed repairs should be reported to the Administrative Assistant (who will notify the Maintenance department). All supervisors should monitor food preparation and storage to ensure food is being protected from contamination, as mandated by the USDA Food Code.

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Pursuant to Chapter 2 ("Management and Personnel") of the USDA Food Code, as well as section 103.01 of the Mississippi Food Regulations document, the permit holder (in this case, the Mississippi State Department of Mental Health) shall be the person in charge or shall designate a person in charge (in this case, the Director of Dietetics and Nutrition and D&N department supervisors) and shall ensure that a person in charge is present at the food establishment during all hours of operation. The permit holder, or his/her designee must have successfully completed a manager certification course approved by the Regulatory Authority (in this case, the Mississippi State Department of Health).

Daily food related sanitation in all other areas of SMRC are the responsibility of the department that is responsible for the respective area.

10.29

Monitoring Food Temperature

Food temperature shall be monitored to ensure that hot and cold foods are served at required temperatures and all food and beverages served are safe and of the highest quality. Holding time and temperature are important factors in food safety. To retard the growth of bacteria, all hot foods are held at temperatures of 140 degrees F or above and cold foods at temperatures 41 degrees F or below. A Hi-Visibility Bi-Therm Pocket Dial Test Thermometer of shock proof construction, 1" head diameter, Range 0-220 degrees F. with stainless steel point system will be used.

10.29.1

During Production

Food temperature shall be obtained on every food prepared at each meal and is noted on the Food/Fluid Temperature Log. Each D&N staff is responsible for testing and documenting temperatures of the foods to which he/she is assigned to prepare. Temperature Controlled for Safety Foods (TCS) should be cooked to the following internal temperatures, based on USDA guidelines (temperature read for a minimum of 15 seconds unless otherwise specified below):

| Type of Food | Minimum Internal Temperature | Rest Time |
|---|------------------------------|-----------|
| beef, pork, veal, lamb | 160 degrees F | None |
| turkey, chicken | 165 degrees F | None |
| Fresh beef, veal, lamb – steaks, chops, roasts | 145 degrees F | 3 minutes |
| Poultry – chicken, turkey (whole cuts) | 165 degrees F | None |
| poultry breast, roasts | 165 degrees F | None |
| poultry thighs, wings, legs | 165 degrees F | None |
| duck, goose | 165 degrees F | None |
| stuffing (cooked alone or in bird) | 165 degrees F | None |
| Fresh pork | 145 degrees F | 3 minutes |
| Ham – fresh pork/ham(raw) | 145 degrees F | 3 minutes |
| pre cooked (to reheat) | 140 degrees F | None |

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| | | |
|--------------------------|--|------|
| Eggs and egg dishes – | | |
| Eggs | cook until yolk and white are firm | None |
| egg dishes | 160 degrees F | None |
| Leftovers and casseroles | 165 degrees F | None |
| Seafood | | |
| Fin fish | 145 degrees F or cook until flesh is opaque and separates easily with a fork are firm | None |
| Shrimp, lobster, crabs | cook until flesh is opaque and pearly | None |

10.29.2

Residential Setting

- 25) All foods/fluids to be served to the clients will be monitored to insure the proper temperature is maintained prior to meal service. Each cottage shall maintain a standard bi-stem thermometer within the kitchen area. Replacement thermometers will be requested via the Food / Supply Requisition.
- 26) The internal temperature of each item will be measured immediately prior to meal service.
- 27) Documentation of this reading will be placed on the Cottage Food/Fluid Temperature Log. This form is maintained by the Dietetics and Nutrition Services department and is available electronically on the Dietetics and Nutrition Services bulletin board on the Q drive. A blank form shall be placed on each steam table unit prior to breakfast service each day. Dietetics and Nutrition Services department staff shall provide each cottage with a month supply of blank forms at the beginning of each month.
- 28) It is the responsibility of the staff serving the meal to take the temperature of each item(s) to be served, to document same, and complete/document any necessary corrective action taken. The meal service staff shall note the time of measurement and initial the corresponding area on the form. The completed form is to be left with the corresponding day's menus which will be picked up by Dietetics and Nutrition Services staff during breakfast delivery the following day.
- * Any temperature that is within the danger zone, above 41°F (cold items) or above 32°F (frozen items) and below 135°F (hot items), shall be reported immediately to the Dietetics and Nutrition Services department via telephone. The item(s) in question shall not be served until remedial action has been taken or the item(s) has been replaced, whichever is applicable. Dietetics and Nutrition Services staff shall give instructions to meal service staff with regard to the correct remedial action that needs to take place.
- * In most cases, when applicable, the item(s) will be returned to the Dietetics and Nutrition Services department and will be re-thermalized to an appropriate internal temperature.
- 29) Should the steam table unit require inspection by maintenance personnel, it will be the responsibility of Residential Services staff to process the request.
- * The completed Cottage Food/Fluid Temperature Logs shall be maintained by the Dietetics and

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Nutrition Services department for a period of 1 year, after which they will be shredded.

10.29.3 Holding and Re-Heating of Food Items

1. Hot and cold food item are to be served promptly, i.e., within 15 minutes of removal from temperature control devices and kept at the proper temperature range of 140 degrees F for hot foods and 41 degrees F for cold foods. In the event that a hot plate needs to be held exceeding 15 minutes and it is held at a minimum temperature of 140 degrees F it must be covered and labeled with the name, date and time to be placed immediately in the refrigerator. Properly stored food items in the refrigerator must be reheated in the microwave to an internal temperature of 165 degrees F. Once food is reheated, food may be allowed to cool to an internal temperature of 140-145 degrees F prior to service to the client.
2. When hot food items are to be removed from the temperature controlled device and held for prompt serving, i.e., within 15 minutes food items must be covered with the time noted when it was removed from the temperature controlled device.
3. Microwaves are not considered a temperature control device in which food can be held in. The sole purpose of microwave usage is to appropriately reheat food to the proper temperature of 165 degrees F.
4. Refrigeration is an appropriate measure in which food can be held at temperatures of 41 degrees F or below in order to retard the growth of bacteria.
5. Held food items in the refrigerator may not exceed a hold time of either 5 hours or exceed the duration of the next scheduled meal service.

10.30 Monitoring Refrigerator and Freezer Temperature

The purpose of this policy is to standardize the procedures taken to insure appropriate refrigerator and freezer temperatures; therefore, enhancing the food safety, quality, and shelf-life.

All residence and refrigeration devices will contain a stand-alone refrigerator/freezer thermometer that reads temperatures ranging from -20°F to 80°F (-30°C to 30°C). Replacement thermometers will be requested via the Food/Supply Requisition.

The ambient temperature will be measured early in the morning, prior to excessive opening of the unit. This allows the most accurate temperature reading. Refrigerators should be maintained at less than 41 degrees F and freezers should be maintained at less than 0 degrees F. Regardless of location, any food or fluid that remains outside of the appropriate temperature for greater than four (4) cumulative hours, will be discarded.

In the D&N department, daily temperature checks on walk-in coolers, walk-in freezers, reach-in coolers and reach-in freezers shall be performed by the storeroom staff, or designee, to ensure that acceptable temperatures are appropriately maintained for the specific stored foods. If temperatures are out of the

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acceptable range, the supervisor on duty should be notified.

Documentation of this reading will be placed on the Daily Refrigerator/Freezer Temperature Check form. This form is maintained by the Dietetics and Nutrition Services Department and is available electronically on the Dietetics and Nutrition Services bulletin board on the **Q:** drive. A blank form shall be placed on each residence unit at the beginning of each month by Dietetics and Nutrition Services Department staff.

10.30.1

Residential Setting

In the residential setting, residential staff will have the responsibility to read the temperature, document as such, and complete/document any necessary corrective action taken. This will be completed at minimum once a day following breakfast delivery however random temperature checks are encouraged. The staff completing the form will initial the form. Residential staff is to inform the Residential Services Cottage Supervisor in the applicable building that corrective action has been taken. Residential staff is to document the name of the Residential Services Cottage Supervisor that was informed on the Daily Refrigerator/Freezer Temperature Check form.

Should the unit require inspection by maintenance personnel, it will be the responsibility of Residential Services staff to process the request and inform Dietary so that alternate refrigeration accommodation can be made.

10.30.2

Non-residential Settings

In the Educational setting or any other areas where client food/fluid is maintained within a refrigerator or freezer, it will be the responsibility of that department manage the form and the process with which temperatures are documented. Any deviations from the acceptable temperature range should be corrected by that department's staff. If the unit requires maintenance inspection, that department is responsible for processing this request.

10.31

Extermination Services

A contractual pest control program is responsible for the control of all common household insects and rodents. A routine visit is performed twice a month. The contractor may be contacted on an as needed basis for problems that occur between visits. A campus log is maintained by the outside contractor. This log contains a scope of service agreement, site visit schedule, pest monitoring log, inspection reports, service reports, MSDS for chemicals used, certificate of liability, insurance and contact information.

Staff should constantly be aware of the signs of infestation and methods to prevent infestation.

10.32

Infection Control and Cross-Contamination

Acceptable standards of sanitation to control infection and cross-contamination shall be maintained according to the regulations specified by the Food Code, enforced by the Mississippi State Department of Health and the USDA.

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All pieces of equipment in the food production, service and storage areas shall be maintained in excellent condition to ensure sanitary service and to help avoid development of off-flavor in foods.

All containers, utensils and mechanically operated tools will be cleaned after each use, particularly the slicer, cutting boards and knives to prevent contamination.

Cutting boards are color coded to control cross-contamination:

| | |
|----------|-----------------------|
| White - | Desserts/bread |
| Yellow - | Chicken or poultry |
| Green - | Fruits and Vegetables |
| Tan - | Fish |
| Blue - | Sandwich meats |
| Red - | Meat |

All pots, pans and baking sheets shall be washed through the pot and pan washing machine and air-dried before storing upside down on racks.

Dishwashing shall be accomplished using the Multiple Tank Convey or Type Dishwasher wherein water-scraping is used before racking, spraying dishes after placement in racks. Thermometers shall be installed or built-in with equipment used for sanitation. An adequate supply of hot water of the proper temperature and pressure shall be used for sanitation.

Automatic detergent dispensers are installed in both mechanical washers to maintain optimum detergent concentration in wash water.

Booster heaters with temperature controls are installed in both mechanical dishwasher and washer to provide the sanitizing rinse temperature of 180 degrees F. as required by the USDA, Food Code and the Mississippi State Board of Health Food Regulations document.

A suitable detergent for the special washing machine, designed for its purpose, shall be used to ensure that utensils shall be cleaned and properly sanitized. A drying agent with high wetting property shall be used to facilitate air drying with no water spotting in the final rinse.

Storage of cleaned and sanitized utensils and tableware in the washer rack shall be provided to eliminate the possibility of hand contamination.

All work counters shall be thoroughly cleaned and sanitized after each use.

The Maintenance Department shall be assigned to repair and perform preventive maintenance. When necessary outside commercial food service equipment repair contractors will be utilized.

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Proper care in preparation and serving of food shall be supervised and maintained by a qualified and trained Production Manager, Food Service Supervisors and food service workers at all times.

Adequate cooking areas, proper refrigeration, appropriate dishwashing and adequate storage facilities are assets to a clean physical plant ensuring that the building and equipment are free from pests, have good ventilation, have proper and adequate lighting and are maintained in good order.

High standards of food service operations shall be maintained within the Dietetics and Nutrition Services Department to ensure good work and good personal habits.

An inspection of the Dietetics and Nutrition Services Department is conducted by the local county health department inspector in the presence of the Director of Dietetics and Nutrition, Production Manager or Food Service Supervisor-in-charge. Inspections shall occur on a quarterly basis. The inspection report, as well as the Food Service Permit (issued by the Mississippi State Department of Health), is posted in the Hunt Lane Café dining room. A copy of the inspection report is sent to SMRC Administration.

Please refer to the SMRC Infection Control Policy and Procedure Manual for further information.

10.32.1

Isolation Technique

An appropriate plan for serving food and beverage to individuals in isolation shall be established to prevent cross contamination or infection.

Disposable tableware shall be used instead of china, glass and flatware, and shall be discarded in a double plastic bag that has been marked and sealed. This shall be disposed of in a proper container with a tight fitting lid. Nothing from isolation shall be returned to the Dietetics and Nutrition Services Department building until it has been terminally sterilized.

Disposable condiment packets and accompaniments shall be provided and extras shall be kept in the individual's room.

10.33

Dietetics and Nutrition Employees

10.33.1

Personal Appearance

A standard, uniform personal appearance shall be established for all food service workers.

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10.33.2

Uniform

The uniform consists of provided scrub pants and top. A clean apron may be worn over the uniform.

Hairnets shall be worn by all employees **in** the production area. Hairnets should be designed and worn to effectively keep hair from contacting exposed food, clean equipment, utensils and linens. No beard or moustache shall be allowed at any time unless they are totally protected with a beard cap/net.

No loop or dangling earrings, costume rings, brooch or loose handing jewelry pinned on clothing is permitted while on duty. Long dangling key chains are not permissible.

Each employee must present an overall appearance of being neat, clean and well-groomed at all times.

10.33.3

Personal Hygiene

All rules of personal cleanliness and hygiene shall be observed with the highest standards intended to ensure that D&N continues the reputation for rendering quality sanitation and services.

Staff shall bathe regularly, change uniforms regularly, have unpolished, clean and trimmed nails and hair washed regularly. For detailed specifications on fingernail requirements, please refer to the Client and Environmental Safety Workforce Artificial and Natural Fingernails Policy
Light perfume or lotion is permissible. False eye-lashes shall not be allowed.

Offensive body odor shall not be tolerated at any time. The use of deodorant shall be encouraged.

10.33.4

Personal Belongings

All personal belongings shall be kept at the respective employee's locker. Personal belongings shall not be allowed in the kitchen at any time.

10.33.5

Personal Tasks

Hair and facial beautification shall not be allowed in the kitchen at any time. Sewing, ironing and laundering shall not be allowed in the kitchen at any time.

10.33.6

Employee Health

In general, any employee who is ill must stay home after notifying his/her immediate supervisor. A detailed description of applicable communicable diseases is available in the FDA Food Code and the Mississippi State Board of Health Food Regulations document. Physician approval must be obtained in writing before an employee with a communicable condition may return to work.

10.34

Handwashing

Handwashing is the single most important means of preventing the spread of infection and contributes

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to the prevention of foodborne illness. In the foodservice setting, hands should be washed before handling food or utensils and before putting on gloves. Hands should be washed after going to the bathroom, coughing, sneezing, touching the face, body or hair, handling dirty dishes or utensils, touching food preparation surfaces, taking out garbage, preparing food (during tasks to remove soil or prevent cross contamination and between tasks), when switching between working with raw food and ready to eat food, taking off gloves, eating, drinking or engaging in other activities that contaminate the hands. Hands should be washed in a designated handwashing sink. The proper handwashing procedure as recommended by the Centers for Disease Control:

1. Wet your hands with running water as hot as you can comfortably stand (at least 100 degrees F).
2. Apply soap.
3. Vigorously scrub hands and arms for at least 20 seconds.
4. Clean under fingernails and between fingers.
5. Rinse thoroughly under running water.
6. Dry hands and arms with a single use paper towel or warm air hand dryer.
7. Use paper towel to turn off water.

Approved hand sanitizers may be used after handwashing. If hand sanitizers are used, food service workers should not touch food or food preparation equipment until the sanitizer is dry.

10.35

Safety

Awareness of safety and accident prevention shall be imparted to all staff through in service, actual practice on the job, and the use of common sense.

Staff shall be encouraged to practice these general food service safety rules:

Every injury shall be reported at once to the Supervisor-in-charge regardless of severity. Delay shall be avoided in all cases. An Employee Accident/Injury Report Form must be completed no matter how minor the injury.

All unsafe conditions shall be reported.

Over-lifting shall be strictly discouraged. Proper body mechanics, as taught by Training Resources staff, are to be used when lifting any object or objects. If an object cannot be managed safely, obtain assistance from another staff or use a cart to carry the load.

Aisles, passageways, and doors shall be kept clean and free from obstructions. No brooms, pails, mops, cans or boxes shall be placed in areas of traffic. Grease or wet spots shall be cleaned away immediately. Take caution when passing through swinging doors. Running, in absence of a threat to life, is prohibited.

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Comfortable, closed-toed shoes with non-slip soles shall be worn at all times.

A ladder or step-stool shall be used to reach high objects. Heavy items shall be stored on lower shelves.

Floors shall be kept clean and dry. Loose objects shall be cleared from the floor immediately to prevent falling. It is the responsibility of each food service worker to clean up after themselves. Any spilled food must be wiped immediately, any dropped food, paper, or the like must be picked up immediately.

Trays shall be loaded evenly to give good balance. All broken or chipped glass and china shall be disposed of immediately.

Provide sufficient time for service in the Main Dining Room and in Residence food delivery.

Inspect daily for faulty or damaged equipment and utensils prior to use. Inform Dietetics and Nutrition Services administrative staff of equipment in need of repair as soon as the need arises. If repair cannot be made immediately, place an "out of order" sign on the piece of equipment and do not continue its use. If the presence of the damaged or non-working piece of equipment presents a safety hazard, immediately remove the item from the production area.

All electrical equipment is grounded either through a built-in three wire system or by attachment of a separate ground wire.

Keep dishes, pots and pans, racks properly stored.

Check dish machine and pot and pan machine thermometers daily to determine that water temperatures are safe. (Automatic soap dispenser is built-in both machines).

Use correct amount of detergents and other cleaning agents when performing sanitation tasks.

Use "Wet Floor" sign to identify wet spots on the floor.

Use cutting implements only for the tasks for which they are intended. Knives shall be washed and stored separately from other utensils. When using a knife, employees must cut away from themselves. Never attempt to catch a falling knife. Knives must not be left under water or concealed by towels or utensils. Knives left on a work table shall be left flat on their sides, tips pointing in and not concealed by a dish towel, paper towel or other object. Knives shall be carried pointed down. Knives shall be sharpened as needed.

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10.36 **Medical Waste Disposal**

Refer to the SMRC Infection Control manual for instructions on medical waste and infectious medical waste. In general, items used in D&N (i.e., gloves, feminine hygiene products, paper towels, etc.) may be disposed of in a trash receptacle. If the item is contaminated with blood (menses not included), it may be double bagged in disposable plastic bags which are impervious to moisture and have a strength sufficient to prevent ripping, tearing or bursting under conditions of normal use.

10.37 **Food Service During Cottage Kitchen Renovations**

When a cottage's kitchen will be renovated advanced planning is necessary to insure a seamless transition from normal food service to emergency food service and back again. The following are some issues that need to be addressed:

As the cottage kitchen is renovated, staff will not be able to use it until the project is completed. To this end, meals will be served from the steam tables from within the dining room. Placement of the steam table in the dining room presents as a safety risk. Diligence, on staff's part is necessary to insure that there are no related incidents.

The steam tables must be unplugged immediately after the meal is complete. Otherwise there is a good chance a client will get burned. The water must be drained after each meal unless the unit is stored within a locked enclosure during non-meal times. Otherwise there is a good chance a client will get burned. The steam tables must be turned on 1 hour prior to meal service. This will allow 30 minutes for a warm-up period before DN places the pans in them. The steam tables must be monitored once they are turned on.

Disposable dinnerware (obtained from Maintenance) is to be used, as the access to a dishwasher will be blocked. For clients who use special utensils, cups, plates or other feeding equipment, these must be used. They are to be taken to the nearest cottage to be washed and sanitized after each use.

At breakfast and lunch the dirty steam table pans are to be returned to Hunt Lane Café. It is understood that they will return dirty. Make every attempt to scrape as much food out of them as possible. Dietetics and Nutrition Services staff will pick them up at approximately 1 ½ hour after meal service begins.

At supper, Residential staff are to take the dirty pans to an adjacent cottage and wash/sanitize them. Once cleaned they will be returned to the cottage of origin. Dietetics and Nutrition Services staff will pick up the clean pans with breakfast delivery.

During renovation, cottage staff and clients will not have access to potable water in the dining area. HLC will provide gallons of water for consumption and steam table filling.

10.38 **Fire and Disaster Plan**

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All staff shall be trained to take appropriate actions in case of fire and disaster. Please refer to the appropriate Risk Management department policy and procedure manual for further information.

10.38.1

Disaster Supplies

In the event of an emergency situation (natural disasters (routinely, hurricanes), catastrophic accidents, Homeland Security readiness, etc), adequate and acceptable foods, beverages and supplies, shall be provided to meet the needs of the individuals and those staff on campus in the event of disaster and/or evacuation.

Dietetics and Nutrition Services staff will be responsible for distributing these supplies to the respective locations as the need arises. Residential Services staff are responsible for designating secure locations to store these items in the residences when the need arises. Assistance in moving these supplies will be provided by Dietetics and Nutrition staff, as well as additional SMRC staff. Refer to the SMRC Disaster Plan for a list of appropriate supplies which will be distributed in the event of an emergency situation.

Staff are not to breach these stocks unless directed by the appropriate administrative staff member. Failure to adhere to this policy will result in supply shortages and may result in disciplinary action.

Individuals and staff shall be provided with the same menu each day. Proper discretion is to be practiced when issuing supplies. In the event that any supply is getting low, notify the Disaster Command Post Officer on duty, who shall notify the Dietetics and Nutrition Services department.

When activities are back to normal, Dietetics and Nutrition staff shall inventory the stock and re-supply the designated areas. Every effort will be made to re-initiate normal meal service as soon as safely possible.

Any items that have expired are to be disposed of following department protocol. Any items nearing their expiration date are to be put into production as applicable.

The supplies provided are provided in amounts appropriate to supply enough food to cycle through the menu 3 times. Failure to follow the menu verbatim will result in shortages.

10.38.2

Emergency/Disaster Evacuation

In the event that a full evacuation is ordered, enough snack foods/beverages to provide 1 snack will be quickly loaded and taken to the designated location. Upon arrival, the host facility shall be responsible for providing appropriate meals to the evacuated individuals unless otherwise specified by Administration.

10.38.3

Emergency/Disaster Staffing

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All Dietetics and Nutrition Services staff are considered essential in the event of an emergency/disaster. Once a decision to put the Emergency/Disaster Plan into effect, the following steps shall be taken:

All staff on duty will be required to stay until all preparation tasks are complete and administrative clearance to leave is received.

All staff off duty will be contacted and are required to report to work as soon as safely possible. They will be required to stay until all preparation tasks are complete and administrative clearance to leave is received.

Only the Director of Dietetics and Nutrition Services is required to stay at SMRC during the emergency. Any other staff that choose to, do so voluntarily.

All staff are to report back to work as soon as possible after the danger has passed. Normal meals will be initiated as soon as reasonably possible.

Refusal to report to work under these circumstances may result in disciplinary action.

10.39

Admission, Transfer, Monitoring and Discharge of Clients

10.39.1

Admissions, Screening & Review Committee (ASRC)

In accordance with DMH policy, the SMRC ASRC will make decisions regarding admission of clients to residential placements operated under the auspices of this facility. The ASRC serves as the mechanism by which staff make residential program placement decisions based on individual needs and supports, individual eligibility and appropriateness, and other available community-based service options in lieu of institutional placement/services

Prior to this committee meeting, the RD/LD will review ASRC files (located in Central Files) for information about the candidates for admission. The RD/LD will attend the committee meeting and provide diet-related input as needed. During this process, an admission screening may be scheduled to allow support staff to meet the potential individual and family, as well as to obtain additional preliminary information necessary to care for the individual. The RD/LD shall perform a brief interview of the family and individual and shall report findings via the Preliminary Enrollment Plan, if the individual is chosen for admission. Information regarding the individual's medical history, weight history, diet texture, food allergies, food intolerances, food preferences, etc. may be obtained from the potential client or the individual's family members or representatives.

10.39.2

Institutional Staffing Committee

This committee reviews all referrals for residence transfers by the interdisciplinary team and reviews all ASRC decisions. This committee consists of primarily department directors and other administrative staff. The final decision to admit or deny admission is made by this committee. The Director of

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Dietetics and Nutrition Services represents this department at these meetings.

10.39.3 Preliminary Enrollment Plan

The Preliminary Enrollment Plan or PEP shall be completed to summarize the individual's present level of functioning upon admission including goal(s) to be established and active treatment to be carried out during the initial 30 days of residency at SMRC.

The PEP should provide basic information for the individual regarding nutritional status and relevant history, as well as any necessary information regarding food preferences, dislikes, intolerances or allergies. A preliminary diet order, pending further evaluation, should be recommended. The PEP is to be submitted via email to the appropriate IDP staff according to the Inter-Disciplinary Programs (IDP) established time lines.

10.39.4 Comprehensive Functional Assessment

The Comprehensive Functional Assessment or CFA provides an in-depth picture of the individual's present level of functioning with regard to nutrition knowledge and basic food service applications. It is to be submitted via email to the appropriate IDP staff according to the Inter-Disciplinary Programs established time lines.

10.39.5 Nutrition Assessment

The Nutrition Assessment provides the basis for all clinical nutrition decisions regarding the individual's care while residing at SMRC. The primary factors used in the assessment of nutritional status include the following: age; gender; height; weight; frame size; body mass index (BMI); current diet; supplemental nourishment; physical measurement; physical appearance; dental status; self-feeding/chewing/swallowing ability; bowel function; energy expended; calorie, protein, and fluid needs; diagnoses; laboratory values; and present routine medications. A myriad of other factors including behavior will also be taken into consideration.

As part of this document, the RD/LD may attach additional information, if justified. For example, any client on a routine medication will have a food-medication interaction report included as part of the nutrition assessment. Similarly, growth charts information will be included as part of the nutrition assessment for any client whose age is 18 years of age or less.

The nutrition assessment is not an official IDP document and therefore is not turned in to that department independent of either an Individual Support Plan (ISP) evaluation or a memo to the individual's physician.

10.39.6 Individual Support Plan (ISP)/Individual Education Plan (IEP)

The Individual Support Plan (ISP) or Individual Education Plan (IEP) functions as a compilation of all of the previously gathered information. It should present a clear, precise picture of the individual's nutritional status. The IEP is the Educational Plan for students who are ruled eligible for State

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Department of Education Services which is included in the comprehensive ISP document. Each ISP/IEP evaluation must minimally include the following topics:

- Current diet
- Chronological listing of all diet changes (with dates) since the last evaluation
- Current method of consuming meal and liquids with reason for its use (ie- why is client on a modified diet)
- Food intake and any reported intake problems
- History as related to diet therapy
- Food allergies or food/fluid intolerance(s) or dislikes
- Amount of calories, protein, fluid, and any other nutrients provided by the current diet order
- Calculated needs for calories, protein, fluid, and any other nutrients that are applicable to the specific client's diet therapy
- Statement regarding if current diet meets, exceeds, or does not meet previously stated calculated needs
- Any regression between CFA strengths listed last year and those demonstrated this year (any regression requires an explanation)
- Most recent height, weight, current reasonable body weight, percent of reasonable body weight, and body mass index
- Any lab that is considered relevant to Dietetics and Nutrition Services
- Statement of possible food-medication interactions or possible nutrition-related side effects - if none are applicable, include a statement to that effect
- Statement of abnormal physical appearance indicators - if no abnormal findings, include a statement to that effect
- Statement regarding client's ability to exercise - if initiation of an exercise regimen or an increase to current exercise regimen is warranted, include a statement to that affect
- Statement of whether or not a recommendation will be made to the client's physician for a diet change
- If a diet change is recommended, must include statement regarding if proposed diet meets, exceeds, or does not meet previously stated calculated needs
- If recommended diet does not meet calculated needs, must provide justification for not meeting calculated needs
- Services to be provided

The RD/LD may use the Dietetics and Nutrition Services ISP/IEP Checklist to ensure that all components of the ISP/IEP are included in the assessment. The information contained in the nutritional assessment is based on the guidelines of the Mississippi Dietetic Association diet manual. Recommendations for diet changes, medication changes, lab draws, therapy programs, etc. should be based on the results of the nutritional assessment, and follow the guidelines contained in the Mississippi Dietetic Association diet manual.

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The ISP/IEP document is to be submitted via email to the appropriate IDP staff member according to the Inter-Disciplinary Programs (IDP) established time lines. IDP personnel will insure that this information is placed in PPS.

10.39.7

Service Objectives

Upon initial ISP/IEP evaluation, a service objective goal is established for the client based on their current weight status. The primary goal of the D&N service objective is to monitor reasonable body weight percentage (%RBW) as an indication of weight status. Each year when a new ISP/IEP is created, the service objective will be reviewed and adjusted according to the clinical situation of the client. Please refer to the PPS instruction section of the SMRC Intranet for specific categories to be used for creation/modification of Dietetics and Nutrition service objectives.

These goals shall be written in a manner that allows the individual to realistically attain the proposed reasonable body weight percentage (% RBW). If the individual meets the goal, a modification is warranted to increase or decrease the target % RBW as needed. If an individual does not meet the goal by their next ISP/IEP, consideration for diet order and/or exercise program changes should be evaluated. **If** a service objective goal requires modification, it is the responsibility of the dietitian to complete a Modification Form and e-mail this to the appropriate QMRP. The QMRP will then review this document in the next IDP Team meeting. If the Team is in agreement with the modification, IDP staff will revise the goal in PPS. A copy of the completed Modification form will be returned to the dietitian for documentation.

10.39.7.1

Service Objectives Progress Notes

All individuals nutritional status will be monitored on a quarterly basis using a Service Objective (SO) goal. The Service Objective Progress Notes are a brief, yet complete follow-up note after the ISP has been reviewed and finalized. Dietetics and Nutrition version contains the following: listing of most recent height with month noted, listing of all weights applicable to the review period), current diet order, diet changes (with dates), comment regarding any nutritionally relevant lab reports, comment regarding any nutritionally relevant medication changes, any other nutritionally relevant information, current reasonable body weight percentage with notation of current reasonable body weight, comment on weight changes or weight stability, comment on ability to exercise, notation regarding progress toward goal, and notation of plan of care.

Service Objective Progress Notes are to be submitted via inclusion in the Personal Planning System (PPS) according to the Inter-Disciplinary Programs (IDP) established time lines.

10.39.8

Discharge Summary

A Discharge Summary documents the general nutritional status during residency at SMRC. Contents of the report shall depend on the type of services the individual has applied for – either long term or short term. It will include recommendations for continuation of care outside SMRC.

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It is to be submitted via email to the appropriate IDP staff according to the Inter-Disciplinary Programs (IDP) established time lines.

10.39.9 Late Inter-Disciplinary Programs Documents

Any IDP document that is considered late is to be submitted with a Modification Form via email to the appropriate IDP staff according to the Inter-Disciplinary Programs (IDP) established time lines.

10.39.10 Filing of Dietetics and Nutrition Services Clinical Documents in the Medical Record

A signed hard copy of any Dietetics and Nutrition Services clinical document (with the exception of CFAs and Diet Modification Forms) is to be supplied to the Medical / Nursing department for filing in the respective client's medical record. These documents are to be placed in the "To Be Filed" box located in the ~~Bay View~~ Nursing office. If the document requires physician review (ISP/IEP evaluations and memos to the physician), it will be the responsibility of the Medical / Nursing department to insure that the document is filed correctly following review. The documents are to be filed in the appropriate section of the medical record according to the "order of the chart" document that is located in the front of each chart.

10.39.11 Thinning of Dietetics and Nutrition Services Clinical Documents in the Medical Record

The following guidelines are to be adhered to with regard to thinning the medical record of Dietetics and Nutrition Services clinical documents:

ISP/IEP Evaluations - The most recent version must remain in the record.

Memos to Physicians - One year's worth of documents (if any) must remain in the record.

Service Objective Progress Notes - One year's worth of documents (if any) must remain in the record.

10.40 Diet Orders

All diets served to all individuals require a physician's prescription, and will be served based on the physician's prescription. Adequate, balanced and nutritious meals shall be provided to all individuals whether they are on therapeutic diet or on texture diet modifications. All therapeutic diets and any special diet modifications are individualized. These are calculated and planned according to each individual's daily nutritional needs and requirements for health maintenance.

The RD/LD monitors all clients by meal observation, individual interview (when applicable) and interdisciplinary team feedback. Diets should be monitored for appropriateness based on medical condition, client compliance and client tolerance.

10.40.1 Diet Order Changes

If a diet order change is necessary, the RD/LD will recommend a diet order change by transcribing an interdisciplinary memo to the cottage team. This memo may be presented to the team at a scheduled team meeting, or by electronic or telephone communication. If the team does not agree with the recommendation, the team must document the reason in the team minutes. If the change is agreed

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upon by at least three members of the interdisciplinary team, the recommendation will be forwarded to the physician by placing the memo in the physician communication box located in the Nursing office. If the physician agrees with the change, a medical order will be transcribed in the medical record. If the physician does not agree with the change, a note indicating the reason should be provided either on the memo or via a progress note. Once a diet order is written, the RD/LD will electronically submit a modification form to the IDP department to document the new order for team review. The RD/LD is responsible for updating Dietetics and Nutrition paperwork (feeding fact sheet, dining plan, production sheets, etc.) and notifying staff of the change via the department log book and verbal communication with the staff and supervisors. The RD/LD is also responsible for updating the client's profile in PPS. Copies of the updated feeding fact sheet and dining plan will be forwarded to the cottage, and copies of the updated dining plan will be forwarded to the client's teacher. Any information that is deemed to be an emergency in nature or needs action prior to the next meal (clear liquids, full liquids, etc.), should be called in by a licensed nurse to the Dietetics and Nutrition Services Department. The change shall be initiated for the next meal and is to be documented in the department log book.

10.40.2

Diets for Newly Admitted Individuals

Upon admission, clients will be offered a diet based on information gathered during the enrollment process (with respect to medical history, usual diet texture, allergies, intolerances, etc.). Every effort to offer a regular diet will be made. Following the initial assessment by the occupational therapist and/or speech pathologist, diet texture may need to be adjusted. Individuals on a permanent tube feeding regimen upon admission will be admitted with their pre-admission diet order and a nutrition assessment will be completed within 72 hours.

Individuals who were on very restricted caloric intake prior to admission or were on one of the following very low caloric levels at any given time shall automatically be re-adjusted accordingly upon admission:

| <u>From</u> | <u>To</u> |
|---------------|--------------------------|
| 800 calories | 1200 calories or greater |
| 1000 calories | 1200 calories or greater |

Based on the Mississippi Dietetic Association diet manual, calorie levels less than 1200 calories per day are not recommended to support general health. In general, a male on a calorie level of 1500 calories or less requires multi-vitamin supplementation to meet established standards for vitamins and minerals. Similarly, a female on a calorie level of 1200 calories or less requires multi-vitamin supplementation to meet established standards for vitamins and minerals.

Following admission, each individual shall be assessed by the dietitian based on their individual needs and nutritional requirements for health maintenance. Diet recommendation(s) shall be individualized according to: calculated nutritional needs (calories, protein, fluid needs) with respect to current health status (medical status and diagnoses), exercise needs and capabilities, behavioral conditions in relation to food, medical history (family and client), weight history, diet preferences, general physical

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appearance, current medication use and available laboratory data, as well as other pertinent information. Guidelines for nutritional assessment are included in the Mississippi Dietetic Association **diet manual**.

From this point on, the IDP paperwork time lines and guidelines are in effect. A copy of the initial nutritional assessment should be forwarded to the D&E department. Additional nutrition assessments and other documents, based on need, may be completed throughout the year and submitted for Team review.

10.41

Videofluoroscopy Studies

A videofluoroscopy is a non-invasive xray captured on videotape of the chewing and swallowing process from the mouth to the upper esophagus. It is completed to detail a person's chewing and/or swallowing ability and to rule out problems with aspiration of food or fluid into the trachea and lungs.

A videofluoroscopy is recommended by the occupational therapist and/or speech pathologist with IDP Team approval if direct consumption observation warrants safety concerns with regard to oral intake. The occupational therapist and/or speech pathologist will request that a physician's order be written to authorize this test.

Once the results of this test are received, it is the occupational therapist and/or speech pathologist's responsibility to contact the dietitian and inform them of any necessary alteration to the client's diet order. If the change is non-emergent, the dietitian will request the change via a memo to the physician using the standard process. If the alteration is emergent, the dietitian and therapist will authorize the adjustment and make the necessary changes to insure that the threat to the client's health is eliminated. In these cases, the dietitian or therapist will draft a memo detailing precisely what action was taken and the need to formalize the alteration within the diet order.

10.42

Measuring Height of Clients

All clients will be measured for height at least annually by Medical / Nursing staff. Any client that is **18** years of age or younger, will be measured quarterly. Any value that deviates from a previous value mandates a re-measurement. If both values still seem to be askew, the dietitian should be contacted to evaluate the issue.

10.43

Weighing of Clients

Clients will be weighed on a monthly basis unless the RD/LD or physician authorize weighing more frequently. Medical / Nursing **or** OT/PT staff will perform the actual weighing of the clients. Any value that is noted to deviate from the prior weight by a difference of five pounds or greater, mandates a re-weighing. Once a consensus weight is reached, the weight is to be documented in the weight book and the client's personal medical record (both are stored in the nursing office).

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Monthly weights are to be completed by the 15th day of each month. This allows time to schedule re-weights (if needed) and will allow the RD/LD to use a current weight for their required documents. If a weight is not recorded by the final day of the month, it will be considered missed. Every effort should be made to obtain the weights at the same time each month, on the same scale, and at the same time of day. This increases the likelihood of consistently precise values.

10.44

Food-Medication Interactions

If while reviewing a client's clinical situation, it is noted that there is a possible interaction between a medication and food or fluids, the dietitian will consult with the pharmacist regarding the issue. Any adjustments to the diet will be processed in the same manner as other diet change recommendations. Any adjustments to the medication or medication administration specifics are the responsibility of the pharmacist.

10.45

Diets for Weight Management

Prior to placing a client on a caloric restricted diet, an attempt to promote weight control through exercise is warranted. Whenever applicable, an evaluation of the individual's present exercise programs, whether formal or informal, shall be requested through a referral to the IDP Team. In an effort to improve overall health, individuals with a reasonable body weight above 120% for three consecutive months will be referred by the dietitian to the IDP team. Unless otherwise recommended by the Team, the programmer will then develop a fitness objective designed to facilitate weight loss.

Following and/or during attempts to control weight status with the use of exercise, calorie controlled diets may be implemented using the following general progression:

Regular - No Concentrated Sweets - Regular, no seconds - 2000 calorie - 1800 calorie - 1600 calorie - 1500 calorie - 1400 calorie - 1200 calorie.

This progression shall be modified according to each individual's individual diet therapy needs at the discretion of the clinical dietitian responsible for that individual's care.

At any time, should a diet for less than 1200 calories per day be ordered, the dietitian shall re-evaluate the individual's nutritional needs and requirements and make recommendations to the individual's attending physician as needed.

Should an individual on a calorie controlled diet require caloric liberalization, the following general progression for increasing calorie intake shall be:

1200 calorie - 1400 calorie - 1500 calorie - 1600 calorie - 1800 calorie - 2000 calorie - Regular, No Seconds - No Concentrated Sweets - Regular.

This progression shall be modified according to each individual's individual diet therapy needs at the

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discretion of the clinical dietitian responsible for that individual's care.

Due to poor food and/or fluid intake and many other factors, adjustments to individual's diets are needed to promote weight gain. The following general progression for increasing calorie intake shall be:

Regular - Addition of High Calorie Nourishments - Regular with Seconds or Multiple Portions - Addition of Nutritional Supplements.

Once the goal weight is reached and is considered stable, the reverse progression should be attempted to promote weight maintenance diet normalcy.

For each of these progressions noted above, texture modifications will be recommended under the recommendation of the Occupational Therapist and/or Speech Pathologist.

10.46

Monitoring of Nutrition-Related Labs

Labs that may have nutritional implications, that are of urgent nature, the physician will be notified and the RD/LD via telephone. Nursing will be responsible for documenting the conversation and any action taken in the Nurses Notes. (Electrolyte imbalances, abnormally low or high blood sugars, in the absence of a diagnosis of diabetes, elevated BUN with other abnormal clinical evidence to suggest altered hydration status and as warranted by nursing judgement).

A copy of all labs will be placed in the RD/LD's box. Labs of nutritional significance will be reviewed by the **RD/LD**. Appropriate clinical nutritional intervention will be initiated as warranted.

Recommendations based on lab results are processed in the same manner as diet order changes.

10.46.1

Diet Changes Based on Laboratory Findings

For individuals whose laboratory values are reported to be outside normal limits, therapeutic diets may be warranted (i.e., including, but not limited to, electrolyte imbalances, elevated cholesterol level, elevated blood glucose level, low albumin level, etc.). Diet change recommendations will be based on the current guidelines as outlined in the most recent edition of the Mississippi Dietetic Association diet manual.

10.47

Diagnostic Markers for Possible Compromised Nutrition Status:

Certain clinical situations or conditions warrant a thorough nutrition assessment in order to increase the likelihood of success of therapy. These are called "diagnostic markers". Early referral regarding these conditions can result in a decrease in the amount of time to heal or to maintain or return to a previous state of health.

A nutritional evaluation shall be initiated by the clinical dietitian within 72 hours (excluding weekend days) upon receipt of notification from the Medical/Nursing Department via the Dietary Consult Form

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on individuals with the following situations/conditions:

- long bone and multiple fractures
- confirmed pregnancy
- confirmed diagnosis of HIV or AIDS
- confirmed diagnosis of cancer
- confirmed diagnosis of diabetes
- confirmed diagnosis of hyperglycemia
- confirmed diagnosis of hypoglycemia
- confirmed diagnosis of acute hepatitis
- confirmed diagnosis of cirrhosis
- confirmed diagnosis of acute renal failure
- confirmed diagnosis of chronic renal insufficiency
- confirmed diagnosis of chronic renal failure
- confirmed diagnosis of a malabsorption syndrome
- confirmed diagnosis of hypertension
- confirmed diagnosis of coronary heart disease
- confirmed diagnosis of gastrointestinal obstruction
- confirmed diagnosis of diverticulitis
- confirmed diagnosis of gastrointestinal ileus
- confirmed diagnosis of hiatal hernia
- pressure areas / ulcers / sores wounds
- pending placement of feeding tube
- post-operative states
- significant changes in bowel elimination patterns
- results of significant labs, noting significant changes in nutritional status
- significant weight loss:
 - 5% or more in 1 month
 - 7.5% or more in 3 months
 - 10% or more in 6 months
- significantly decreased oral intake over a given period of time:
 - poor intake (approximately 25% or less) for 3 consecutive days
 - fair intake (approximately 25%-50%) for 7 consecutive days.

10.48

Pressure Areas / Ulcers / Sores / Wounds:

It is well documented that improved nutritional status with regard to increased caloric intake, increased protein intake, increased vitamin C intake, and increased zinc intake can have a profound impact on the length of time necessary to heal.

A nutritional assessment shall be initiated by the clinical dietitian within 72 hours (not including weekend days) upon receipt of notification from the Medical/Nursing Department on individuals exhibiting a "wound(s)". Notification shall be made using the Dietary Consult Form. Wound assessment(s) shall be performed by the Medical/Nursing Department staff. Some factors that have to be taken into consideration when ordering a therapeutic diet for these conditions are as follows:

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- serum albumin level
- state of hydration
- condition/stage of wound
- general physical condition including weight gain/loss and diet history in the last three months
- present mode of food delivery, either oral or tube fed
- ability to chew
- ability to swallow

Upon completion of the nutritional assessment, the dietitian will make recommendation(s) to the individual's attending physician for needed alterations to the individual's present diet to promote wound healing. Additional vitamin and/or mineral supplementation may be warranted to aid healing.

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Appendix 1 – Dietetics and Nutrition Organizational Structure