For many people there’s a sense of excitement that comes with the holidays as they celebrate the season with family and friends, create new memories with loved ones, reminisce about the past, and honor valued holiday traditions.

For others, particularly seniors, it may be challenging and they find it difficult to muster up their holiday cheer. The holidays can be stressful and especially trying for residents in a long-term care facility. After a lifetime of having family, culture, and tradition define their holidays, residents now find themselves living in a nursing home. The stress can vary from person to person. It may be somewhat less traumatic if there’s been enough time to build relationships within the facility, or more traumatic if the person is less social or reluctant to develop new friendships.

Holiday stress is multifactorial and it’s important to recognize that holidays can be very stressful for the families and staff as well. Loved ones who may not regularly visit come to the facility at holiday time, and their unfamiliarity with the condition of their friend or relative is often unsettling. The reaction they have can affect the resident negatively, triggering behaviors and poor interactions with staff. Trying to include the resident in traditional family activities can prove difficult if not impossible, especially if the demands are more than the...
resident is capable of at the moment.

Resident mood changes can also be difficult to navigate. Many times residents are overwhelmed with memories of past holidays and loved ones, and become sad when making a comparison with their current situation. Listening to staff speaking to each other about their holiday activities, gift buying, or holiday dinner plans can trigger feelings of loss and loneliness. It’s important to remember that the cultural significance of food plays an integral role in successful holiday meal planning. Becoming withdrawn, unusually quiet, and refusing to take part in activities, or poor appetite are signs that there may be a problem.

Being successful with all of the holiday challenges takes a team to come up with solutions that are right for residents and their families. By listening to the residents and including them in the decision-making process, the holidays can be fun and exciting for all those involved.

Food is a vital component in defining the holiday season and as Mark Twain so well stated, “I know the look of an apple that is roasting and sizzling on the hearth on a winter’s evening, and I know the comfort that comes of eating it hot, along with some sugar and a drench of cream... I know how the nuts taken in conjunction with winter apples, cider, and doughnuts, make old people’s tales and old jokes sound fresh and crisp and enchanting.”

Planning for the holidays with positive food events should include active involvement with the resident and family members to support the cultural significance of food that goes well beyond daily sustenance. Proper planning allows residents to enjoy traditional meal patterns and holiday specialties while creating new traditions.

The new Requirements of Participation effective November 28, 2017 for long-term care support “person-centered care” and support residents’ ability to lead “self-directed” lives. An example of the FTags and Interpretive Guidance to the surveyors that support resident involvement in holiday meal planning includes §803: §483.60(c) 

Menus and nutritional adequacy. Menus must (1) Meet the nutritional needs of residents in accordance with established national guidelines; (2) Be prepared in advance; (3) Be followed; (4) Reflect, based on a facility’s reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; (5) Be updated periodically; (6) Be reviewed by the facility’s dietitian or other clinically qualified nutrition professional for nutritional adequacy; and (7) Nothing in this paragraph should be construed to limit the resident’s right to make personal dietary choices.

Interpretive Guidance includes that the facility must make reasonable efforts to provide food that is appetizing to and culturally appropriate for residents. This means learning the resident’s needs and preferences and responding to them. For residents with dementia or other barriers or challenges to expressing their preferences, facility staff should document the steps taken to learn about those preferences.

Here are some recommended tips for Success with Food/Nutrition and Dining during the holidays:

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• Review the facility Policy and Procedure Manual for how you handle holiday meals and special events. Do you have a policy that addresses how modified diets are handled? Many facilities have a procedure which addresses that physician orders are acquired for a “Diet Holiday prn.” Be sure you specify the holidays and events included.

• Determine how you will address residents with diabetes, on dialysis, or have a need for an alteration in food or fluid consistencies. Look at ways you can offer alternates and options to those on modified diets to assist in overall enjoyment of the holidays and to maximize overall nutritional intake.

• Seek input from residents and families regarding their traditional foods served during the holidays and ask if they have recipes they would like to submit for the facility meal planning. This may require some modifications along with “recipe testing” and would need to have final review from a registered dietitian nutritionist prior to serving.

• Obtain information about specific events and traditional foods residents consumed during holidays. Be sure to have a cultural knowledge of the residents in your facility and become actively involved in cross-cultural encounters to obtain competencies needed. An example for Mexican-American residents might be “posadas,” which occurs December 16-24 and are evening parties. There are generally party foods such as buñuelos (fried pastries with sugar), colación (candies), tamales, ponche (hot fruit punch) and atole (hot corn- and masa-based beverage of Mesoamerican origin).

• Consider having some festive events that offer “traditional holiday foods” selected by residents. Include cheerful décor and music to create a positive experience.

• Consider inviting families or guests to join the residents in a meal either before or on the holiday itself. This requires extra space to accommodate seating residents with their families, and full staff participation to help with seating and serving the extra guests, but allows residents to have their loved ones “over” for the holidays.

• Be sure to communicate holiday plans and events through letters, newsletters, and available forms of social media.

• Capture aromas that embody holiday traditions such as breads, or beverages like a hot mulled cider. M.F.K. Fisher in The Art of Eating stated, “The smell of good bread baking, like the sound of lightly flowing water, is indescribable in its evocation of innocence and delight... Breadmaking is one of those almost hypnotic businesses, like a dance from some ancient ceremony. It leaves you filled with one of the world’s sweetest smells... there is no chiropractic treatment, no yoga exercise, no hour of meditation in a music-throbbing chapel that will leave you emptier of bad thoughts than this homely ceremony of making bread.”

• Remember food safety. With the many facility and special events, the holidays also present challenges regarding food safety; especially with foods brought to residents by family and visitors. Prior planning is essential to maintain a safe food environment.
In the Requirements of Participation, FTag 812 Food safety requirements states the facility must (1) procure food from sources approved or considered satisfactory by federal, state or local authorities and (2) Store, prepare, distribute and serve food in accordance with professionals. There is a new FTag F813 Food Safety Requirements which states that the facility must have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.

Remember that with events such as potlucks where families, volunteers or other non-facility staff organize, the nursing home is responsible for food brought into the facility prepared by others and needs to:

- Store visitor food in such a way to clearly distinguish it from food used by or prepared by the facility.
- Ensure safe food handling once the food is brought to the facility, including safe reheating and hot/cold holding, and handling of leftovers.
- Prevent contamination of nursing home food, if nursing home equipment and facilities are used to prepare or reheat visitor food.
- Clearly identify what food has been brought in by visitors for residents and guests when served.
- Ensure facility staff assists the resident in accessing and consuming the food, if the resident is not able to do so on his or her own.
- Help family and visitors understand safe food handling practices (such as safe cooling/reheating processes, hot/cold holding temperatures, preventing cross contamination, hand hygiene, etc.).

CONCLUSION

The holidays are a time to support residents with foods and dining for celebrating the season with family and friends. This is the time for residents to joyfully reminisce about memories of the past and celebrate valued traditions. Food and nutrition services promotes a positive holiday season by helping each resident overcome their holiday blues and any lingering feelings of loneliness. As providers, let's do all that we can to create new and lasting memories and to “make old people's tales and old jokes sound fresh and crisp and enchanting.”

REFERENCES

NUTRITION & FOODSERVICE
| September-October 2017

1. An example of regulatory FTags and Interpretive Guidance to the surveyors that support resident involvement in holiday meal planning includes F803: §483.60(c) Menus and nutritional adequacy include:
   A. Meet the nutritional needs of residents in accordance with established national guidelines; Reflect, based on a facility’s reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups.
   B. Be reviewed by the facility’s Resident Council for nutritional adequacy
   C. Limit the resident’s right to make personal dietary choices if the facility has more than 200 beds

2. The facility must make reasonable efforts to provide food that is appetizing and culturally appropriate for residents. This means learning the resident’s _____ and _____ and responding to them.
   A. Needs, preferences
   B. Diagnoses, medications
   C. POA, POA personal preferences

3. The facility policy and procedure manual needs to address how it handles:
   A. Holiday meals and special events
   B. Modified diets
   C. Both A and B

4. Obtaining information about specific events and traditional foods residents consumed during holidays requires:
   A. A subscription to a culinary magazine
   B. Cultural knowledge of the residents in your facility
   C. Specialty foodservice software

5. Food Safety Requirements states that the facility must have a policy regarding _____ and of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.
   A. Recipes, receipts
   B. Use, storage
   C. Colors, variety

6. The facility is responsible for helping family and visitors understand safe food handling practices such as safe:
   A. Use of kitchen appliances
   B. Knife sharpening
   C. Cooling/reheating processes, hot/cold holding temperatures, preventing cross contamination, hand hygiene, etc.

7. For residents with dementia or other barriers or challenges to expressing their preferences for holiday foods and events, facility staff should:
   A. Document the steps taken to learn what those preferences are
   B. Does not apply
   C. Document that they are unable to express their preferences and will be served according to the stated menu

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