

Dining Observation

Dining Observation - Each survey team member will be assigned a dining area. If there are fewer surveyors than dining areas, observe the dining areas with the most dependent residents. The team is responsible for observing the first meal upon entrance into the facility. Additional observations may be required if the team identifies concerns. Any surveyor assigned a dining location will complete the observations and answer all CEs. While it is not mandatory, the team member responsible for the Kitchen task should also consider completing the Dining task. Potential nutrition or hydration concerns should be investigated under the resident.

Meal Services

- Determine whether staff are using proper handling techniques, such as:
- Preventing the eating surfaces of plates from coming in contact with staff clothing;
 - Handling cups/glasses on the outside of the container; and
 - Handling knives, forks, and spoons by the handles.
- Observe whether staff are using proper hygienic practices such as keeping their hands away from their hair and face when handling food.

1. Does staff distribute and serve food under sanitary conditions? Yes No F812

Infection Control

- Determine whether staff have any open areas on their skin, signs of infection, or other indications of illness.
- Appropriate hand hygiene must be practiced between residents after direct contact with resident's skin or secretions.

2. Did the facility provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections? Yes No F880

Dignity: Observe whether staff (list is not all-inclusive):

- Provide meals to all residents at a table at the same time.
- Provide napkins and nondisposable cutlery and dishware (including cups and glasses).
- Consider residents' wishes when using clothing protectors.
- Wait for residents at a table to finish their meals before scraping food from plates at that table.
- Sit next to residents while assisting them to eat, rather than standing over them.
- Talk with residents for whom they are providing assistance rather than conducting social conversations with other staff.
- Allow residents adequate time to complete their meal.
- Speak with residents politely, respectfully, and communicate personal information in a way that maintains confidentiality.
- Respond to residents' requests in a timely manner?

3. Does the facility promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality?
 Yes No F550

Homelike Environment: A "homelike environment" is one that de-emphasizes the institutional character of the setting, to the extent possible. A determination of "homelike" should include, whenever possible, the resident's or representative of the resident's opinion of the living environment.

- Determine the presence of institutional practices that may interfere with the quality of the residents' dining experience, such as:
- Meals served on trays in a dining room;
 - Medication administration practices that interfere with the quality of the residents' dining experience.
Note: Medication administration during meal service is not prohibited for:
 - Medications that must be taken with a meal.
 - Medication administration requested by a resident who is accustomed to taking the medication with a meal, as long as it has been determined that this practice does not interfere with the effectiveness of the medication.
- Has the facility attempted to provide medications at times and in a manner that does not distract from the dining experience of the resident, such as:
- Pain medications being given prior to meals so that meals can be eaten in comfort;
 - Foods served are not routinely or unnecessarily used as vehicles to administer medications (mixing the medications with potatoes or other entrees)

4. Did the facility provide a homelike dining environment? Yes No F584

Resident Self-Determination or Preferences

- Determine staff response to a resident who refuses to go to the dining area, refuses the meal or meal items offered, or requests a substitute. If concerns are identified, interview the resident to determine whether:
- The resident was involved in choosing when to eat;
 - The resident was involved in choosing where to eat; and/or
 - The food offered takes into account the resident's food preferences.
- Interview staff regarding the facility protocol to identify where and when a resident eats, how staff knows whether a specific resident eats in a specific dining room or other location, and how food preferences are identified and submitted to the dietary department.

5. Does the facility honor the resident's right to make choices about aspects of his/her life in the facility that are significant to the resident? Yes No F561

Dining Assistance

- Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:
- Provision of cueing, prompting, or assisting a resident to eat in order to improve, maintain, or prevent the decline in eating abilities;
 - How meals and assistance to eat is provided to those residents who wish to eat in their rooms;
 - Staff availability and presence during the dining process; and
 - Assistance to eat for residents who are dependent on staff.

If residents are not receiving timely assistance to eat related to lack of sufficient nursing staff, review this under the Sufficient Nursing Staff task.

6. Does the facility provide assistance with meals, assisting with hydration, and nutritional provisions throughout the day? Yes No F676 and/or F677

Assistive Devices

Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:

- Whether adaptive devices are provided to residents requiring them.

7. Does the facility provide resident with assistive devices if needed? Yes No F810

Positioning

Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:

- Proper positioning to maximize eating abilities (e.g., wheelchairs fit under tables so residents can access food without difficulty and residents are positioned in correct alignment).

8. Is the resident positioned correctly to provide care and services that promote the highest practical well-being? Yes No F675

Dietary Needs

Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:

- How staff identify and meet residents' special dietary requirements (e.g., allergies, intolerances, and preferences).

9. Are residents receiving food that accommodates resident allergies, intolerances, and preferences?
 Yes No F806

Paid Feeding Assistants

If you observe a resident who is being assisted by staff, and the resident is having problems eating or drinking:

- Determine whether a paid feeding assistant is assisting the resident;
- Determine whether the paid feeding assistants are properly trained, adequately supervised, assisting only those residents without complicated feeding problems, and providing assistance in accordance with the residents' needs; and
- If the staff is not a paid feeding assistant, and if technique concerns are identified in the provision of assistance by CNAs, initiate F727 Proficiency of Nurse Aides, for further review.

10. Are residents selected based on an IDT assessment? Are paid feeding assistants supervised or used in accordance to State law? Yes No F811 NA

11. Have the paid feeding assistants completed a State-approved training program prior to working in the facility? Yes No F948 NA

Food and Drink Quality

- If concerns regarding palatability and/or appearance are identified, determine whether:
 - Mechanically altered diets, such as pureed foods, were prepared and served as separate entree items, excluding combined foods such as stews, casseroles, etc.; and
 - Food placement, colors, and textures were in keeping with the resident's needs or deficits, such as residents with vision or swallowing deficits.
- Interview residents to confirm or validate observations and to assess food and drink palatability and temperature.
- If the team has identified concerns with food quality or residents complain about the palatability/temperature of food or drink served, the survey team coordinator may request a test tray to obtain quantitative and qualitative data to assess the complaints.
- Send the meal to the unit that is the greatest distance from the kitchen or to the affected unit or dining room.
- Check food temperature and palatability of the test meal close to the time the last resident on the unit is served and begins eating.

12. Does the facility serve meals that conserve nutritive value, flavor, and appearance, and are palatable, attractive, and a safe and appetizing temperature (e.g., provide a variety of textures, colors, seasonings, pureed foods not combined)? Yes No F804

13. Do the residents maintain acceptable parameters of nutritional status unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise?
 Yes No F692

Drinks and Other Liquids

- Are drinks and other fluids provided when the resident requests and consistent with the resident's care plan?
- Are the resident's preferences honored when providing drinks and other fluids?

14. Does the facility provide drinks including water and other liquids consistent with residents' needs and preferences? Yes No F807

Food Substitutes: If concerns are identified with a resident who is not consuming his/her meal or has refused the meal served:

- Determine whether staff attempt to determine the reason(s) for the refusal and offer a substitute item of equal nutritive value or another food item of the resident's choice.
- If staff do not offer an alternative item, interview the resident to determine whether he/she is provided a substitution when he/she does not wish to have the item being served.
- Interview staff in order to determine what is available for substitutes for the meal observed.

15. Does the facility offer an appealing option of similar nutritive value to residents who refuse food being served? Yes No **F806**

Therapeutic Diets

- Observe residents to ensure they are being served a therapeutic diet, if prescribed.
- Review the residents' records to ensure the resident is prescribed a therapeutic diet.
- Review additional information the dietary staff uses to identify those residents in need of a therapeutic diet (e.g., tray cards, dietary cards).

16. Are residents receiving therapeutic diets as prescribed? Yes No **F808**

Lighting

- Determine whether the dining areas are well lighted:
 - Illumination levels are task-appropriate with little glare;
 - Lighting supports maintenance of independent functioning and task performance; and
 - Ask residents whether they feel the lighting is comfortable and adequate, and how the lighting affects their ability to eat.

17. Does the facility provide one or more rooms designated for dining that are well lighted?
 Yes No **F920**

18. Does the facility provide adequate and comfortable lighting levels in the dining areas?
 Yes No **F584**

Ventilation: Determine whether the dining areas have:

- Efficient ventilation.
- Good air circulation.
- Acceptable temperature and humidity.
- Avoidance of drafts at the floor level.
- Adequate removal of smoke exhaust and odors.

19. Does the facility provide one or more rooms designated for dining that is well ventilated?
 Yes No **F920**

Sound Levels: Determine whether sound levels in dining areas interfere with social interaction during the meal services. Consider the following:

- Residents or staff have to raise their voices to be heard.
- Residents can't be heard due to background noise.
- Residents have difficulty concentrating due to the background noise.
- Residents have no control over unwanted noise.

20. Does the facility provide comfortable sound levels in the dining areas? Yes No F584

Comfortable and Safe Temperatures: Comfortable and safe temperature levels means that the ambient temperature should be in a relatively narrow range that minimizes residents' susceptibility to loss of body heat and risk of hypothermia or susceptibility to respiratory ailments and colds.

- Observe whether residents complain of heat or cold in the dining areas.
- Observe what actions staff take in relation to complaints about the temperature levels in the dining areas.
- Interview staff to determine how the temperature levels are set and maintained.
- Ask staff what measures they take to address the issues related to temperatures out of the 71-81 degree Fahrenheit (°F) range.

21. Does the facility maintain comfortable and safe temperature levels in the dining areas?

Yes No F584

Furnishings: An *adequately furnished* dining area accommodates different residents' physical and social needs.

- Observe table height to determine whether it provides the residents with easy visibility and access to food.
- Observe whether furnishings are structurally sound and functional (e.g., chairs of varying sizes to meet varying needs of residents, wheelchairs can fit under the dining room table).

22. Are the dining areas adequately furnished to meet residents' physical and social needs?

Yes No F920

Space

- Observe whether the dining areas have sufficient space.
- Residents can enter and exit the dining room independently without staff needing to move other residents out of the way.
- Residents could be moved from the dining room swiftly in the event of an emergency.
- Staff would be able to access and assist a resident who is experiencing an emergency, such as choking.
- There is no resident crowding.

23. Do the dining areas have sufficient space to accommodate all dining activities? Yes No F920

Frequency of Meals

- Interview residents and/or staff to determine how often meals are served beyond the posted serving times.
- If a concern is identified regarding the timing of a meal service, interview staff to identify how the meal service is organized, times for meal availability, and how staff assures that a resident has received a meal.
- Interview the residents and staff to determine:
 - What happens if they miss the allocated meal service time periods;
 - Whether snacks are available, types, and when available;

- If suitable, nourishing alternative meals and snacks are provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, and they are consistent with the residents' plan of care.

24. Does the facility provide at least three meals daily at regular times comparable to mealtimes in the community or in accordance with residents' needs? Yes No F809

25. Does the facility provide sufficient staff to safely and effectively carry out the functions of the food and nutrition services, including preparing and serving meals, in the scheduled time frames?
 Yes No F802

26. Does the facility provide meals with no greater than a 14 hour lapse between the evening meal and breakfast, or 16 hours with approval of a resident group and provision of a substantial evening snack? Yes No F809

Kitchen Observation

Kitchen/Food Service Observation: Complete the initial brief kitchen tour upon arrival at the facility, with observations focused on practices that might indicate potential for foodborne illness. Make additional observations throughout the survey process in order to gather all information needed. Refer to the current FDA Food Code as needed.

Initial Brief Tour of the Kitchen: Review the first two CEs to ensure practices prevent foodborne illness.

- Potentially hazardous foods, such as beef, chicken, pork, etc., have not been left to thaw at room temperature.
- Food items in the refrigerator(s) are labeled or dated.
- Potentially hazardous foods such as uncooked meat, poultry, fish, and eggs are stored separately from other foods (e.g., meat is thawing so that juices are not dripping on other foods).
- Hand washing facilities with soap and water are separate from those used for food preparation.
- Staff are practicing appropriate hand hygiene and glove use when necessary during food preparation activities, such as between handling raw meat and other foods, to prevent cross-contamination.
- Cracked or unpasteurized eggs are not used in foods that are not fully cooked (per observation or interview).
- Food is prepared, cooked, or stored under appropriate temperatures and with safe food handling techniques.
- Staff are employing hygienic practices (e.g., not touching hair or face without hand washing) and then handling food.

1. During the initial brief tour, are foods stored and/or prepared under sanitary conditions? Yes No F812

2. During the initial brief tour, does the facility handle, prepare, and distribute food in a manner that prevents foodborne illness to the residents? Yes No F880

Follow Up Visits to the Kitchen: If staff are preparing food during the initial brief tour, proceed with observations. If not, answer the remaining items in future trips to the kitchen.

Storage Temperatures

- Refrigerator temperatures that are at or below 41 degrees Fahrenheit (°F) (check temperatures between meal service activities to allow for stable temperatures).
- Freezer temperatures maintained at a level to keep frozen food solid.
- Internal temperatures of 41°F or lower for potentially hazardous, refrigerated foods (e.g., meat, fish, milk, egg, poultry dishes) that are not within acceptable ranges:
 - What are the temperatures?
 - What foods are involved?

Kitchen/Food Service Observation

3. Is the food stored at the appropriate temperatures? Yes No F812

Food Storage

- Frozen foods are thawing at the correct temperature.
- Foods in the refrigerator/freezer are covered, dated, and shelved to allow circulation.
- Foods are stored away from soiled surfaces or rust.
- Canned goods have an uncompromised seal (e.g., punctures).
- Staff are only using clean utensils when accessing bulk foods and/or ice.
- Containers of food are stored off the floor, on surfaces that are clean or protected from contamination (e.g., 6 inches above the floor, protected from splash).
- There are no signs of water damage from sewage lines and/or pipelines.
- There are no signs of negative outcome (e.g., freezer burn, foods dried out, foods with a change in color).
- Raw meat is stored so that juices are not dripping onto other foods.
- Food products are discarded on or before the expiration date.
- Staff are following the facility's policy for food storage, including leftovers.

4. During follow-up visits to the kitchen, are foods stored under sanitary conditions? Yes No F812

Food Preparation and Service

- Hot foods are held at 135°F or higher on the steam table.
- Cold foods are held at 41°F or lower.
- Food surfaces are thoroughly cleaned and sanitized after preparation of fish, meat, or poultry.
- Cutting surfaces are sanitized between uses.
- Equipment (e.g., food grinders, choppers, slicers, and mixers) are cleaned, sanitized, dried, and reassembled after each use.
- If staff is preparing resident requests for soft cooked and undercooked eggs (i.e., sunny side up, soft scrambled, soft boiled), determine if a pasteurized egg product was used.
- Proper final internal cooking temperatures (monitoring the food's internal temperature for 15 seconds determines when microorganisms can no longer survive and food is safe for consumption). Foods should reach the following internal temperatures:
 - Poultry and stuffed foods: 165°F;
 - Ground meat (e.g., ground beef, ground pork, ground fish) and eggs held for service: at least 155°F;

Kitchen/Food Service Observation

- Fish and other meats: 145°F for 15 seconds;
 - When cooking raw animal foods in the microwave, foods should be rotated and stirred during the cooking process so that all parts of the food are heated to a temperature of at least 165°F, and allowed to stand covered for at least 2 minutes after cooking to obtain temperature equilibrium; and
 - Fresh, frozen, or canned fruits and vegetables: cooked to a hot holding temperature of 135°F to prevent the growth of pathogenic bacteria that may be present.
- Food items that are reheated to the proper temperatures:
- The potentially hazardous food (PHF) or time/temperature controlled for safety (TCS) food that is cooked and cooled must be reheated so that all parts of the food reach an internal temperature of 165°F for at least 15 seconds before holding for hot service; and
 - Ready-to-eat foods that require heating before consumption are best taken directly from a sealed container (secured against the entry of microorganisms) or an intact package from an approved food processing source and heated to at least 135°F for holding for hot service.
- Food is covered during transportation and distribution to residents.
- Food is cooked in a manner to conserve nutritive value, flavor, appearance, and texture.
- Nourishments and snacks that are held at room temperature are served within 4 hours of delivery. Potentially hazardous foods (e.g., milk, milk products, eggs) must be held at appropriate temperatures.
- Staff properly wash hands with soap and water to prevent cross-contamination (i.e., between handling raw meat and other foods).
- Staff utilize hygienic practices (e.g., not touching hair, face, nose, etc.) when handling food.
- Staff wash hands before serving food to residents after collecting soiled plates and food waste.
- Opened containers of potentially hazardous foods or leftovers are dated or used within 7 days in the refrigerator or according to facility policy.
- Proper cooling procedures were observed, such as cooling foods in shallow containers, and not deep or sealed containers, facilitating foods to cool quickly as required.
- Potentially hazardous foods are cooled from 135°F to 70°F within 2 hours; from 70°F to 41°F within 4 hours; the total time for cooling from 135°F to 41°F should not exceed six hours.
- Food procured from vendors meets federal, state, or local approval.
- Review the policies and procedures for maintaining nursing home gardens, if applicable.
- The time food is put on the steam table and when meal service starts. If unable to observe, determine per interview with the cook.
- How staff routinely monitors food temperatures on the steam table (review temperature logs).
- When staff starts cooking the food. If unable to observe, determine per interview with the cook.
- What cooking methods are available and used (e.g., steamer, batch-style cooking).
- Ensure staff do not compromise food safety when preparing modified consistency (e.g., pureed, mechanical soft) PHF/TCS foods.
- Ask staff about their knowledge of the food safety practice and facility policy around the particular concern identified.
- Does the facility have written policies (e.g., eggs) that honor resident preferences safely?

Kitchen/Food Service Observation

- Does the facility have a written policy regarding food brought in by family or visitors?
- Ask staff what the facility practice is for dealing with employees who come to work with symptoms of contagious illness (e.g., coughing, sneezing, nausea, fever, vomiting) or open wounds.
- If a foodborne illness outbreak occurred, did you report the outbreak to the local health department?
- Was the facility food service identified as the cause of the outbreak and what remediation steps were taken?

5. Does the facility provide each resident with a nourishing, palatable, well-balanced diet that meets his/her daily nutritional and dietary needs, taking into consideration the preferences of each resident? Yes No F800

6. Does the facility provide food prepared by methods that conserve nutritive value, flavor, and appearance and provide food and drink that is palatable, attractive, and at a safe and appetizing temperature? Yes No F804

7. Is food prepared in a form to meet individual needs of the residents? Yes No F805

8. Was food procured from approved or satisfactory sources and was food stored, prepared, distributed, and served in accordance with professional standards for food service safety? Yes No F812

9. Does the facility 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? Yes No F813

10. During follow-up visits to the kitchen, does the facility handle, prepare, and distribute food in a manner that prevents foodborne illness to the residents? Yes No F880

Dinnerware Sanitization and Storage

- Staff ensure dishwasher temperatures are:
 - For a stationary rack, single temperature machine, 74°C (165°F);
 - For a stationary rack, dual temperature machine, 66°C (150°F);
 - For a single tank, conveyor, dual temperature machine, 71°C (160°F);
 - For a multi-tank, conveyor, multi-temperature machine, 66°C (150°F); or
 - For the wash solution in spray-type washers that use chemicals to sanitize, less than 49°C (120°F).
 - Sanitizing solution must be at level required per manufacturer's instructions.

Kitchen/Food Service Observation

- Manual water temperature solution shall be maintained at no less than 110°F. After washing and rinsing, dishes are sanitized by immersion in either:
 - Hot water (at least 171°F) for 30 seconds; or
 - A chemical sanitizing solution. If explicit manufacturer instructions are not provided, the recommended sanitation concentrations are as follows:
 - Chlorine: 50 – 100 ppm minimum 10 second contact time
 - Iodine: 12.5 ppm minimum 30 second contact time
 - QAC space (Quaternary): 150 – 200 ppm concentration and contact time per manufacturer's instructions (Ammonium Compound)
- Dishes, food preparation equipment, and utensils are air dried. (Drying food preparation equipment and utensils with a towel or cloth may increase risks for cross-contamination.)
- Wet wiping cloths are stored in an approved sanitizing solution and laundered daily.
- Clean and soiled work areas are separated.
- Dishware is stored in a clean, dry location and not exposed to splash, dust, or other contamination, and covered or inverted.
- Ask staff how they test for proper chemical sanitization (observe them performing the test).
- Ask staff how they monitor equipment to ensure that it is functioning properly. (Review temperature/chemical logs.)

11. Were dishes and utensils cleaned and stored under sanitary conditions? Yes No **F812**

Equipment Safe/Clean

- Refrigerators, freezers, and ice machines are clean and in safe operating condition.
- Fans in food prep areas are clean.
- Utensils/equipment are cleaned and maintained to prevent foodborne illness.
- Food trays, dinnerware, and utensils are clean and in good condition (e.g., not cracked or chipped).
- Appropriate equipment and supplies to evaluate the safe operation of the dish machine and the washing of pots and pans (e.g., maximum registering thermometer, appropriate chemical test strips, and paper thermometers).
- How does the facility identify problems with time and temperature control of PHF/TCS foods and what are the processes to address those problems.
- Whether the facility has, and follows, a cleaning schedule for the kitchen and food service equipment.
- If there is a problem with equipment, how staff informs maintenance and follows up to see if the problem is corrected.

Kitchen/Food Service Observation

12. Is the food preparation equipment clean? Yes No F812

13. Is essential kitchen equipment maintained in safe operating condition? Yes No F908

Refuse/Pest Control

- Is there evidence of pests in the food storage, preparation, or service areas?
- Is the facility aware of the current problem?
- If the facility is aware of the current problem, what steps have been taken to eradicate the problem?
- Is garbage and refuse disposed of properly?
- Is there documentation of pest control services that have been provided?
- Notify team of observations and review other areas of the environment for pest concerns under the Environment task.

14. Was garbage and refuse disposed of properly? Yes No F814

15. Was food storage, preparation, and service areas free of visible signs of insects and/or rodents? Yes No F925

Unit Refrigerators

- Snack/nourishment refrigerators on the unit are maintained to prevent the potential for foodborne illness.
- Proper snacks/nourishment refrigerators' temperatures are maintained and food items are dated and labeled.

16. Are snack/nourishment refrigerators on the unit maintained with the proper temperature and food items are dated and labeled so as to prevent the potential for foodborne illness? Yes No F812

Menus

- Ensure staff are following the menus.
- Menus meet the nutritional needs of the residents.

17. Does the facility follow the menus and does the menu meet the nutritional needs of the residents? Yes No F803

Kitchen/Food Service Observation

Dietary Staff

- Interview dietary staff members to ensure the facility has a full-time qualified dietitian or other clinically qualified professional either full-time, part-time, or on a consultant basis (refer to the regulation for qualification details).
- If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, interview staff to ensure the person designated as the director of food and nutrition services is qualified (refer to the regulation for qualification details).
- Interview staff to ensure they have appropriate competencies and skill set to carry out functions of the food and nutrition services, taking into account resident assessments, care plans, number, acuity, and diagnoses of the facility's population in accordance with the facility assessment.

18. Does the facility have a qualified dietitian, other clinically qualified nutrition professional, and/or director of food and nutrition services who met the required qualifications in the timeframe allowed? Yes No **F801**

19. Does the facility have a sufficient number of competent staff to safely and effectively carry out the functions of the food and nutrition services? Yes No **F802**