

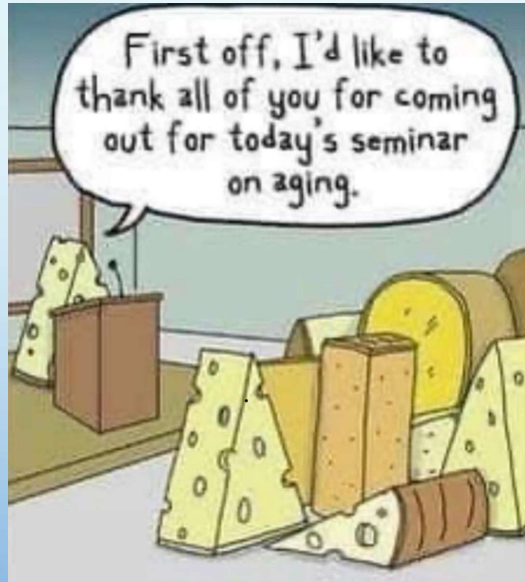
Sink or Swim?

How to DIAL in the Regulatory waves 2024!!!

*What's to know about the new DIAL -Iowa Regulations for Long Term Care and Hospitals Barbara Thomsen
CDM CFPP RAC QCP Aging Rules Healthcare Consulting*



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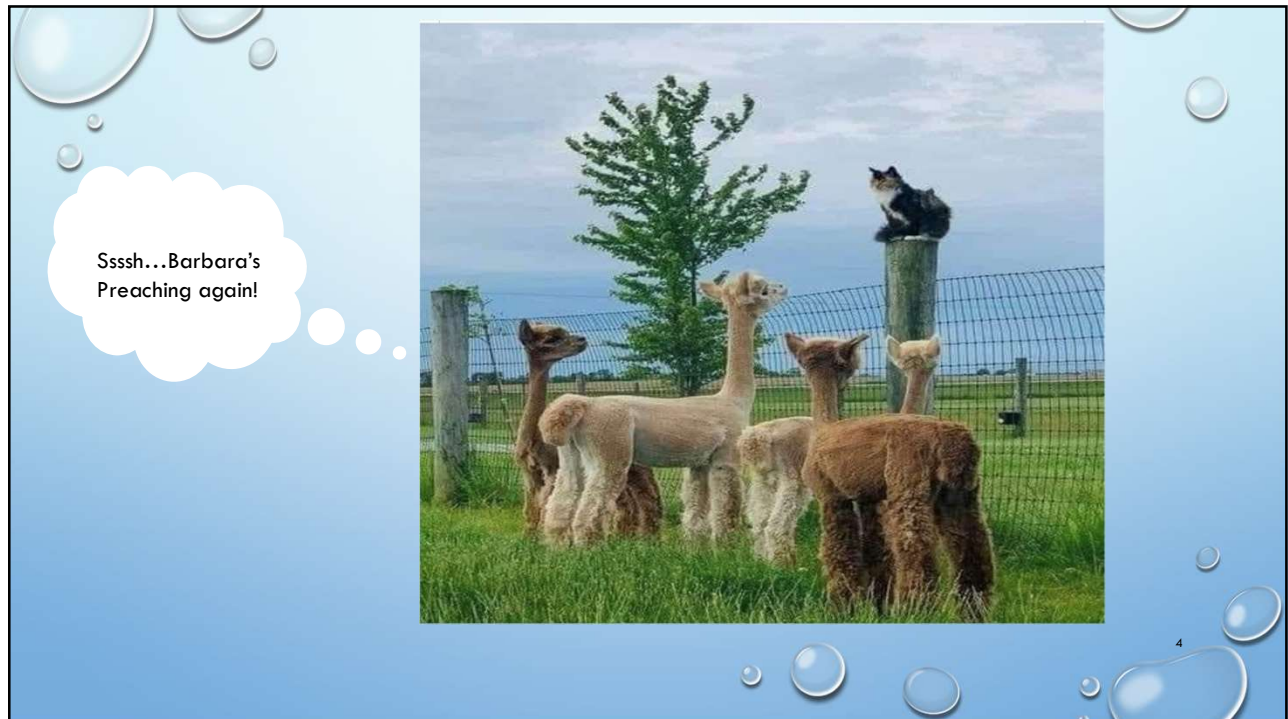


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LEARNING OBJECTIVES:

- REVIEW IOWA LTC CHAP 58
AND HOSPITAL CHAP 51 DIETARY REGULATIONS
- UNDERSTAND THE NEW STATE AGENCY "DIAL"
AND IT'S RESPONSIBILITIES
- DISCUSS THE CDM'S /NUTRITION TEAMS DUTIES REQUIRED TO
MEET REGULATORY COMPLIANCE/CONTINUOUS QUALITY
IMPROVEMENT

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DIAL....NO IT'S NOT SOAP!

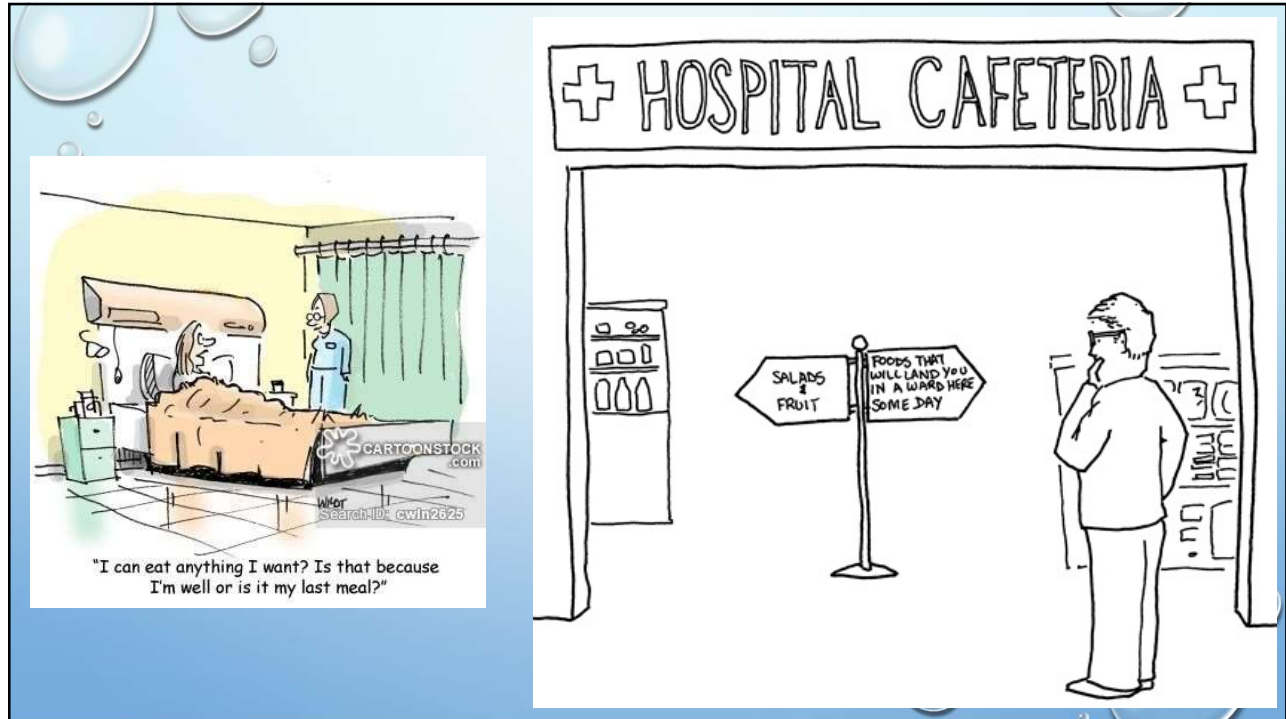
- ON JULY 1, 2023, PROGRAMS FROM FIVE AGENCIES MERGED TO BECOME DIAL DUE TO A STATEWIDE GOVERNMENT RESTRUCTURING.
- N JULY 1, 2023, MULTIPLE PROGRAMS ACROSS FOUR AGENCIES BECAME PART OF THE IOWA DEPARTMENT OF INSPECTIONS AND APPEALS (DIA) AS A NEW ORGANIZATIONAL STRUCTURE FOR STATE GOVERNMENT WENT INTO EFFECT. DIA BECAME THE DEPARTMENT OF INSPECTIONS, APPEALS, AND LICENSING (DIAL).
- PROGRAM AREAS FROM THE IOWA DEPARTMENTS OF COMMERCE, HEALTH AND HUMAN SERVICES, PUBLIC SAFETY, AND WORKFORCE DEVELOPMENT HAVE BECOME PART OF THE IOWA DEPARTMENT OF INSPECTIONS, APPEALS, AND LICENSING (DIAL)

5

The following programs and boards are now under the purview of the Iowa Department of Inspections, Appeals, and Licensing.

Iowa Department of Commerce	+
Iowa Department of Health and Human Services (HHS)	+
Iowa Department of Public Safety (DPS)	+
Iowa Workforce Development (IWD)	+
Iowa Civil Rights Commission	+

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CHAPTER 51

IAC 2/7/24 Inspections and Appeals[481] CHAPTER 51 HOSPITALS
 [Prior to 12/14/88, see Health Department[470] Ch 51] [Prior to 8/8/90, see Public Health[641] Ch 51]

481—51.15(135B) Food and nutrition service.

51.15(1) Food and nutrition service definition. "Food service" means providing safe, satisfying, and nutritionally adequate food for patients through the provision of appropriate staff, space, equipment, and supplies. "Nutrition service" means providing assessment and education to ensure that the nutritional needs of the patients are met.

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IAC 2/7/24 Inspections and Appeals[481] CHAPTER 51 HOSPITALS
 [Prior to 12/14/88, see Health Department[470] Ch 51] [Prior to 8/8/90, see Public Health[641] Ch 51]

51.15(2) General requirements.

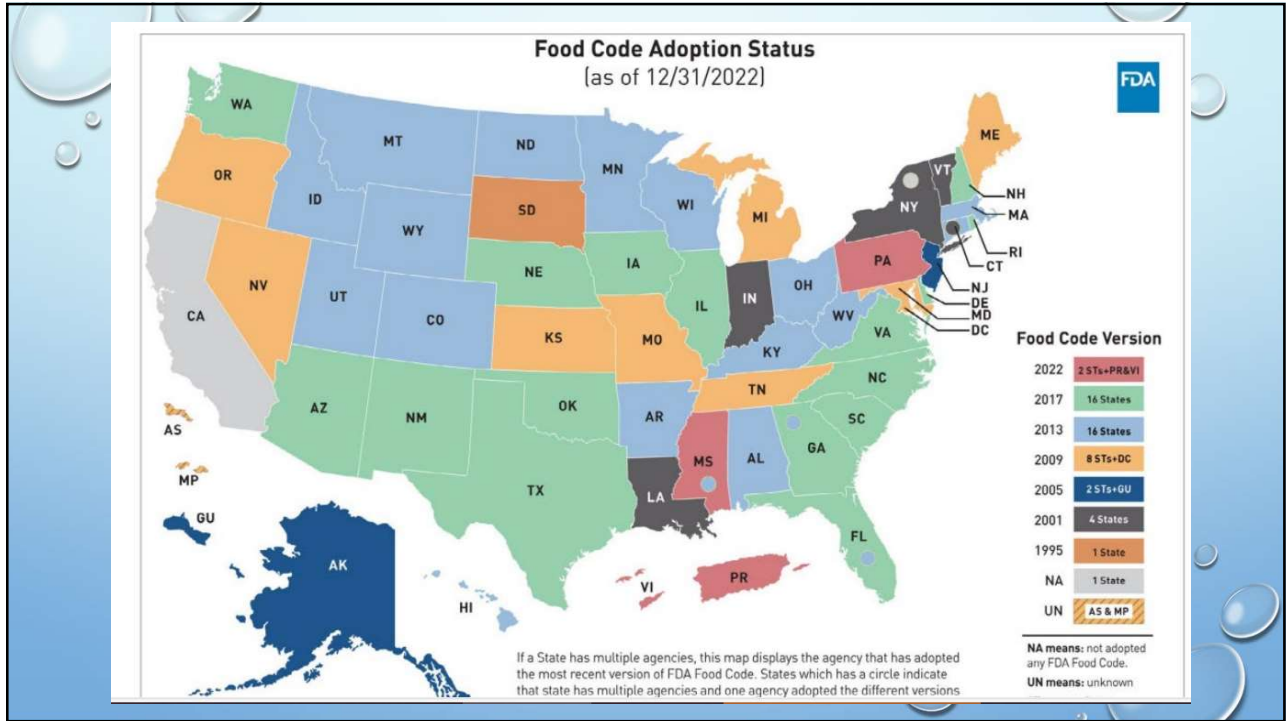
- a.** All food will be handled, prepared, served, and stored in accordance with the Food Code adopted under provisions of **Iowa Code section 137F.2.**
- b.** The food and dietetic services shall be of a quality and quantity to meet the patient's needs in accordance with any qualified health practitioner's orders and meet the standards set forth in 42 CFR 482.28 as amended to November 7, 2023. Patient food preferences should be respected as much as possible, and substitutes offered through use of appropriate food groups.
- c.** Policies and procedures shall be developed and maintained.

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Adoption of food code by the director

Iowa Code 137F.2 is about the adoption of food code by the director ¹ ². The director shall adopt the food code with the following exceptions: 1. Places used by a nonprofit organization which engages in the serving of food not more than one day per calendar week and not on two or more consecutive days are exempt from this chapter. 2. The department shall, in accordance with chapter 17A, adopt rules setting minimum standards for entities covered under this chapter to protect consumers from foodborne illness ².

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IAC 2/7/24 Inspections and Appeals[481] CHAPTER 51 HOSPITALS
 [Prior to 12/14/88, see Health Department[470] Ch 51] [Prior to 8/8/90, see Public Health[641] Ch 51]

d. Not less than three meals will be served daily unless contraindicated, and not more than 14 hours will elapse between the evening meal and breakfast of the following day. Nourishment between meals will be available to all patients unless contraindicated by the qualified health care practitioner.

e. The hospital will maintain adequate space, equipment, and staple food supplies to provide patient food service in emergencies.

f. Menus for regular and therapeutic diets will be available and standardized recipes with nutritional analysis adjusted to number of portions will be maintained and used in food preparation.

g. Food shall be prepared by methods that conserve nutritive value, flavor, and appearance. Food shall be served attractively at appropriate and safe temperatures and in a form to meet individual needs.

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IAC 2/7/24 Inspections and Appeals[481] CHAPTER 51 HOSPITALS
 [Prior to 12/14/88, see Health Department[470] Ch 51] [Prior to 8/8/90, see Public Health[641] Ch 51]

h. Nutrition screening will be conducted by qualified hospital staff to determine the patient's need for a comprehensive nutrition assessment by the licensed dietitian. Nutritional care will be integrated in the patient care plan, as appropriate, based upon the patient's diagnosis and length of stay. The licensed dietitian will record in the patient's medical record any observations and information pertinent to medical nutrition therapy, and any pertinent dietary records will be included in the patient's transfer discharge record to ensure continuity of nutritional care. Upon discharge, nutrition counseling and education will be provided to the patient and family as ordered by the qualified health care practitioner, requested by the patient or deemed appropriate by the licensed dietitian.

i. In-service training, in accordance with hospital policies, will be provided for all food and nutrition service personnel.

j. On the nursing units, a separate patient food storage area will be maintained that ensures proper temperature control.

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IAC 2/7/24 Inspections and Appeals[481] CHAPTER 51 HOSPITALS
 [Prior to 12/14/88, see Health Department[470] Ch 51] [Prior to 8/8/90, see Public Health[641] Ch 51]

51.15(3) Food and nutrition service staff.

a. A licensed dietitian will be employed on a full-time, part-time or consulting basis, with any part-time or consultant services provided on the premises at appropriate times on a regularly scheduled basis. These services shall be of sufficient duration and frequency to provide continuing liaison with medical and nursing staff, advice to the administrator, patient counseling, guidance to the supervisor and staff of the food and nutrition service, approval of all menus, and participation in the development or revision of departmental policies and procedures and in planning and conducting in-service education programs.

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The image shows the cover of the 2022 Food Code and two pages from its table of contents. The cover features a gold ribbon and a '30th Anniversary' seal. The table of contents for Chapter 2, 'Management and Personnel', lists five parts: 2.1 Supervision, 2.2 Employee Health, 2.3 Personal Cleanliness, 2.4 Hygienic Practices, and 2.5 Responding To Contamination Events. The table of contents for Chapter 3, 'Food', lists eight parts: 3.1 Characteristics, 3.2 Sources, Specifications, and Original Containers and Records, 3.3 Protection From Contamination After Receiving, 3.4 Destruction of Organisms of Public Health Concern, 3.5 Limitation of Growth of Organisms of Public Health Concern, 3.6 Food Identity, Presentation, and On-Premises Labeling, 3.7 Contaminated Food, and 3.8 Special Requirements for Highly Susceptible Populations.

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9TH MAJOR FOOD ALLERGEN


Chapter 1

Amended §1-201.10 (B) to revise the definition of the term “Major food allergen” in subparagraph (1)(a) to add Sesame as the 9th major food allergen, effective January 1, 2023

Chapter 3

Amended ¶1 2-103.11(N) (now ¶12-103.11(O) in the 2022 Food Code) to indicate what food allergy awareness includes.

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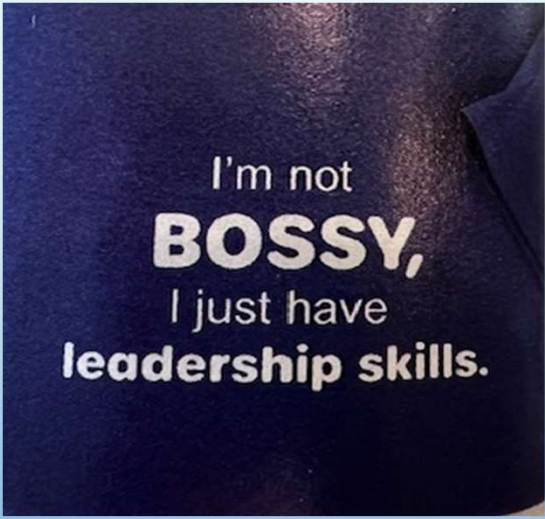
EDUCATION FOR COMPLIANCE

Paragraph (O) “EMPLOYEES are properly trained in FOOD safety, including food allergy awareness, as it relates to their assigned duties...” allows industry to develop and implement operational-specific training programs for food employees. It is not intended to require that all food employees pass a test that is part of an accredited program.

Conducting training for employees on major food allergens and the symptoms they can cause in a sensitive individual is an essential step in preventing unintended food allergen exposure to the consumer. Food allergic consumers often ask employees to share information on ingredients and allergens. Having employees trained on the elements associated with food allergies is integral in addressing the needs of having informed employees. A food establishment developing operational specific allergen training programs for employees may consider incorporating topics including, but not limited to:

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I'm not
BOSSY,
I just have
leadership skills.

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FDA Food Code 2022 Chapter 2. Management and Personnel

2-102.20 Food Protection Manager Certification.

(A) A PERSON IN CHARGE who demonstrates knowledge by being a FOOD protection manager that is certified by a FOOD protection manager certification program that is evaluated and listed by a Conference for Food Protection-recognized accrediting agency as conforming to the Conference for Food Protection Standard for Accreditation of FOOD Protection Manager Certification Programs is deemed to comply with ¶2-102.11(B).

(B) A FOOD ESTABLISHMENT that has a PERSON IN CHARGE that is certified by a FOOD protection manager certification program that is evaluated and listed by a Conference for FOOD Protection-recognized accrediting agency as conforming to the Conference for FOOD Protection Standard for Accreditation of FOOD Protection Manager Certification Programs is deemed to comply with §2-102.12.

2-103 Duties

2-103.11 Person in Charge.

The PERSON IN CHARGE shall ensure that:

(A) FOOD ESTABLISHMENT operations are not conducted in a private home or in a room used as living or sleeping quarters as specified under § 6-202.111; ^{PF}

(B) PERSONS unnecessary to the FOOD ESTABLISHMENT operation are not allowed in the FOOD preparation, FOOD storage, or WAREWASHING areas, except that brief visits and tours may be authorized by the PERSON IN CHARGE if steps are taken to ensure that exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES are protected from contamination; ^{PF}

(C) EMPLOYEES and other PERSONS such as delivery and maintenance PERSONS and pesticide applicators entering the FOOD preparation, FOOD storage, and WAREWASHING areas comply with this Code; ^{PF}

(D) EMPLOYEES are effectively cleaning their hands, by routinely monitoring the EMPLOYEES' handwashing; ^{PF}

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mn MINNESOTA

Person in Charge

DESIGNATED PIC IS REQUIRED DURING ALL HOURS OF OPERATION

Demonstration of knowledge

During the inspection, the person in charge (PIC) must be able to demonstrate their knowledge of foodborne disease prevention. The PIC must know:

- How the following helps prevent foodborne illness:
 - Personal hygiene and handwashing
 - Preventing bare hand contact with ready-to-eat food
 - Time/temperature control for safety food (TCS) maintenance
 - Managing and controlling cross-contamination
 - Establishment maintenance
- How to prevent the transmission of foodborne disease by an employee who has a disease or infectious medical condition.
- The symptoms associated with foodborne diseases.
- The hazards involved in consuming raw or undercooked meat, poultry, eggs and fish.
- The required temperatures and times for TCS food during cold holding, hot holding, cooking, cooling, and reheating.
- The water source for the food establishment and how it is protected from backflow and cross connections.

- The major food allergens and the symptoms of an allergic reaction.
- How the establishment's approved equipment is sufficient to ensure food safety.
- Procedures for cleaning and sanitizing food-contact surfaces.
- How to identify toxic materials and ensure their safe storage, handling and disposal.
- How to identify critical control points from purchasing through sale or service, and steps to ensure the points are controlled.
- How the PIC and employees comply with the hazard analysis and critical control point (HACCP) plan, if a HACCP plan is required.

The PIC must be able to explain:

- The responsibilities of the PIC, employees and the regulatory authority.
- How the establishment complies with employee illness requirements, such as reporting, and exclusion or restriction.

Duties of the PIC

The PIC is responsible for ensuring safe food handling practices at all times. The PIC must ensure that:

- All employees understand employee illness reporting requirements.
- Ill employees are restricted or excluded as required.

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CHAPTER 58

**IAC 6/28/23 Inspections and Appeals[481] CHAPTER 58 NURSING FACILITIES
[Prior to 7/15/87, Health Department[470] Ch 58]**

58.24(1) Organization of dietetic services.

The facility shall meet the needs of the residents and provide the services listed in this standard. If a service is contracted out, the contractor shall meet the same standard. A written agreement shall be formulated between the facility and the contractor and shall convey to the department the right to inspect the food service facilities of the contractor. (III)

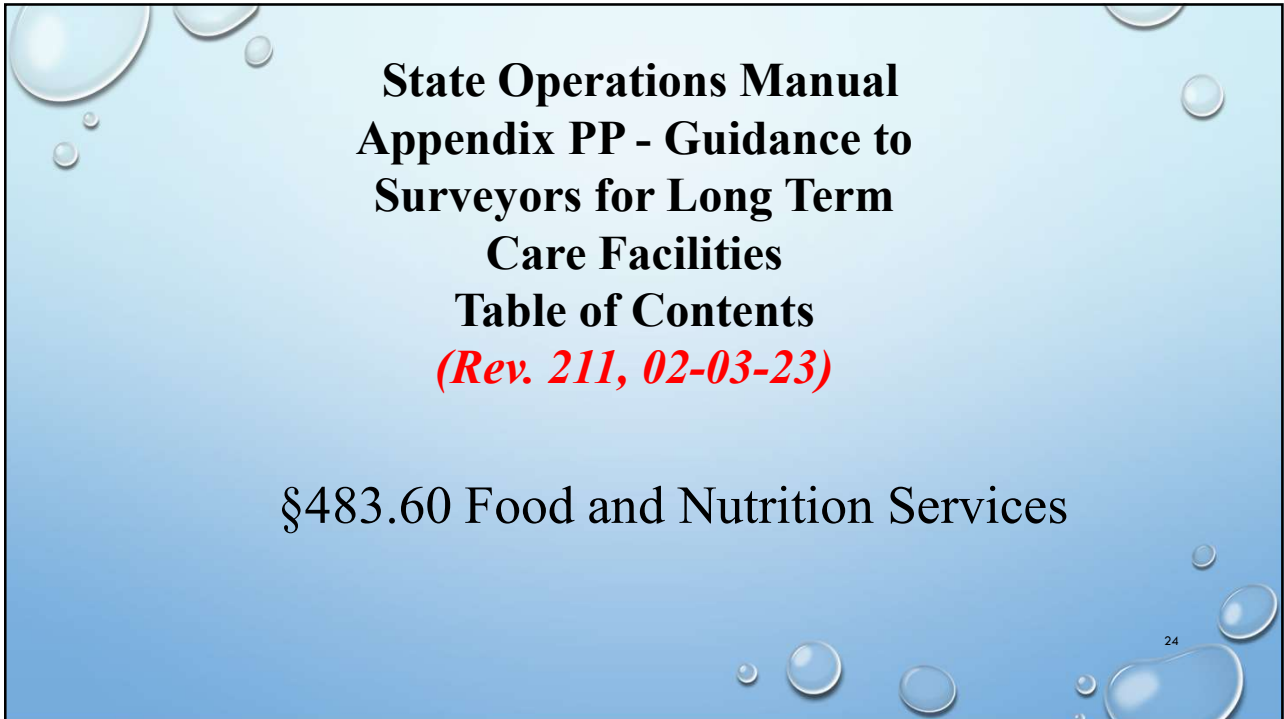
a. There shall be written policies and procedures for dietetic services that include staffing, nutrition, menu planning, therapeutic diets, preparation, food service, ordering, receiving, storage, sanitation, and staff hygiene. The policies and procedures shall be made available for use by dietetic services. (III)

b. There shall be written job descriptions for each position in dietetic services. The job descriptions shall be made available for use by dietetic services. (III)

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CDM, CFPP Credential Meets New CMS LTC Requirement

What are the CMS LTC Regulations?

The Centers for Medicare & Medicaid Services (CMS) is the federal agency responsible for administering requirements governing long-term care facilities. In October 2016, CMS released a comprehensive update of regulations to reflect advances in theory and practice of service, delivery and safety for LTC residents, including a section on Food and Nutrition Services.

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§483.60(a)(2)

If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services. (i) The director of food and nutrition services must at a minimum meet one of the following qualifications—

(A) A certified dietary manager; or

(B) A certified food service manager; or

(C) Has similar national certification for food service management and safety from a national certifying body; or

D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or

(E) Expired October 1, 2023,

and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers,

and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional

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Conversion Chart for IDDSI Levels and Current Diet Orders
Both Simplified Diet Manuals shall be on the premise at all times.

<i>If a Diet Order Reads:</i>	<i>Change Diet to Read:</i>
Level 7 Regular	→ Regular Diet
Soft Ground Mechanical Soft Level 7 Easy to Chew Level 6 Soft and Bite Size	→ Mechanical Soft Diet
Dysphagia Advanced Dysphagia Mechanically Altered Dysphagia 2 Dysphagia 1 Level 6 Minced and Moist Level 4 Pureed	→ Pureed
Level 4 Extremely Thick	→ Pudding Thick Liquids
Level 3 Moderately Thick	→ Honey Thick Liquids
Level 2 Mildly Thick Level 1 Slightly Thick	→ Nectar Thick Liquids
Level 0 Thin	→ Thin Liquids

Physician _____ Licensed Registered Dietitian _____
 Administrator _____ Director of Nursing _____
 Dietary Services Manager _____ Speech Therapist _____
 Insert Date Implemented _____

Simplified Diet Manual
Thirteenth Edition

Coeditors: Tina Bauermeister, MS, RDN, LD & Christine Jacobson, RDN, LD,
Paula Watkins, RD, LD, CDECS



iowa academy
OF NUTRITION & DIETETICS

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HAIRNETS MUST BE WORN:

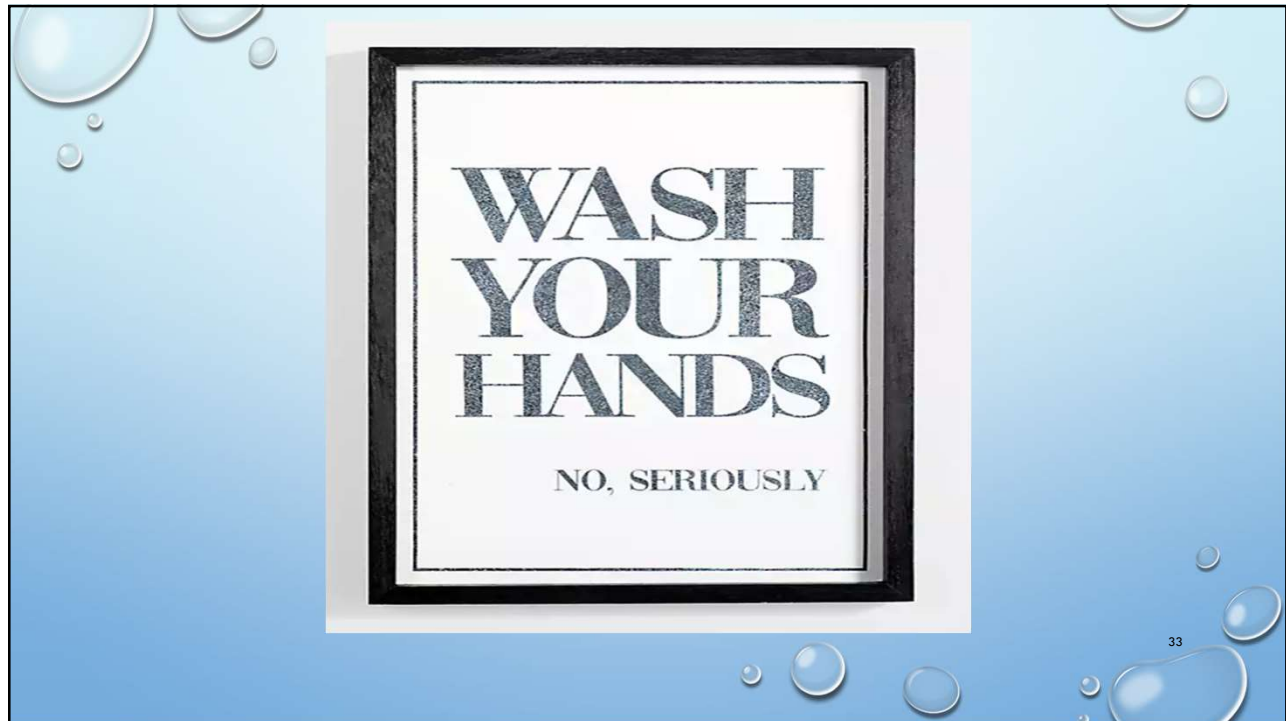
- ☑ *COOKING.*
- ☑ *PREPARING.*
- ☑ *ASSEMBLING.*
- ☑ *STIRRING POTS.*
- ☑ *ASSEMBLING INGREDIENTS OF A SALAD*

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GLOVES MUST BE WORN:

- ☑ *DIRECTLY TOUCHING READY TO EAT FOOD*
- ☑ *SERVING RESIDENTS ON TRANSMISSION-BASED PRECAUTIONS.*

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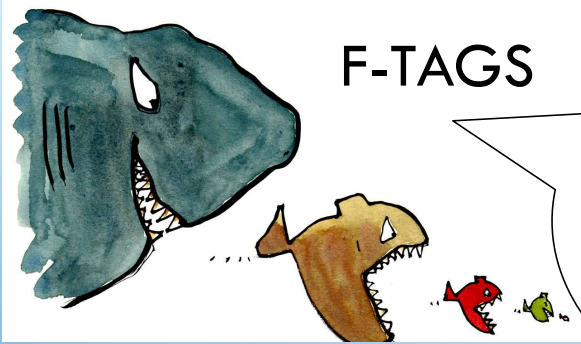
**CMS LISTED FOOD RELATED FOCUS AREAS
FOR SURVEYORS TO INCLUDE:**

- FOOD PREPARATION WITHOUT STAFF PROPERLY WASHING THEIR HANDS.*
- MEAL DISTRIBUTION WITHOUT STAFF PROPERLY WASHING THEIR HANDS.*
- SERVING FOOD TO RESIDENTS AFTER COLLECTING SOILED PLATES WITHOUT STAFF PROPERLY WASHING THEIR HANDS.*
- SERVING FOOD TO RESIDENTS AFTER COLLECTING FOOD WASTE WITHOUT STAFF PROPERLY WASHING THEIR HANDS*

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LET'S GET "SCHOOLED"



Used by each state department of health and Centers for Medicare and Medicaid Services to survey quality of care provided to residents in long term care facilities.

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Federal Survey TAGS for LTC



- » Regulations include F800-814
- » Nutrition and Hydration – F692

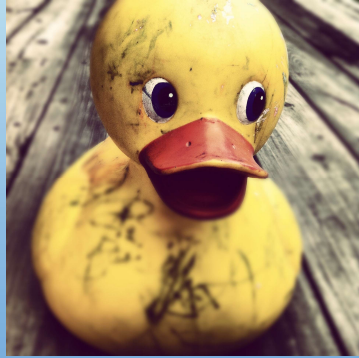
Other potential citations related to foodservice and dining may occur under

- » Dignity F557
- » Self-Determination and F561
- » F921 Safe/functional/sanitary/comfortable environment

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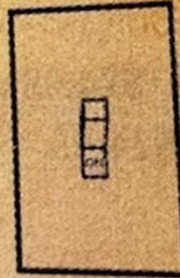
36

F812 - FOOD PROCUREMENT, STORAGE,
PREPARATION, SERVE-SANITARY



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BUCKLE UP,
BUTTERCUP!
YOU JUST
FLIPPED
MY BITCHSWITCH!



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4 Immediate Jeopardy Template

Survey teams must use the Immediate Jeopardy (IJ) Template to document evidence of each component of IJ; and if IJ is confirmed, the IJ Template will be used to convey information to the entity. Any information presented on this template is subject to change and does not reflect an official finding against a Medicare provider or supplier. **Form CMS-2567 is the only form that contains official survey findings.**

Instructions: The survey team must use evidence gathered from observations, interviews, and record reviews to carefully consider each component of IJ outlined in the left-hand column of this template. In order for IJ to exist, the survey team must answer “Yes” to all three components and provide a preliminary fact analysis in the right hand column to support their determination. If IJ is confirmed by the survey team and SA Supervisor, provide this IJ Template to the entity and note the date and time that it was provided at the top of page 2. Use one IJ template for each tag being considered at IJ level.

For the purpose of completing this template, the following definitions apply:

Likely/Likelihood means the nature and/or extent of the identified noncompliance creates a reasonable expectation that an adverse outcome resulting in serious injury, harm, impairment, or death will occur if not corrected.

Noncompliance means failure to meet one or more federal health, safety, and/or quality regulations.

Recipient at Risk is a recipient who, as a result of noncompliance, and in consideration of the recipient’s physical, mental, psychosocial or health needs, and/or vulnerabilities, is likely to experience a serious adverse outcome.

Serious injury, serious harm, serious impairment or death are adverse outcomes which result in, or are likely to result in:

- death; or
- a significant decline in physical, mental, or psychosocial functioning, (that is not solely due to the normal progression of a disease or aging process); or
- loss of limb, or disfigurement; or
- avoidable pain that is excruciating, and more than transient; or
- other serious harm that creates life-threatening complications/conditions.


***NOTE: IJ does not require serious injury, harm, impairment or death to occur. It is sufficient that non-compliance makes serious injury, harm, impairment or death likely to occur to one or more recipients.**

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IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level.</p>	Yes/No	
AND		
<p>Serious injury, serious harm, serious impairment or death: Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	Yes/No	
AND		
<p>Need for Immediate Action: Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death?</p> <p>If yes, in the blank space, briefly explain why.</p>	Yes/No	

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→	Regular Diet
→	Mechanical Soft Diet
→	Pureed
→	pudding Thick Liquids
→	Honey Thick Liquids
→	Nectar Thick Liquids
→	Thin Liquids



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COMPETENCIES FOR FOOD AND NUTRITION SERVICES EMPLOYEES

ANFP Association of Nutrition & Foodservice Professionals

The following checklists are intended to verify that individual employees have met the competencies and skill sets listed to carry out the functions of the facility's Food and Nutrition Services department. Tasks and competencies should be reviewed to ensure that the facility's specific protocols and operational procedures are addressed.

Each line item should be verified by a staff member knowledgeable and/or responsible for the competency. Information must be reflective of the facility's resident population as appropriate.


GENERAL/ALL STAFF FOODSERVICE PRACTICES
 Department: Food and Nutrition Services

Employee's signature: _____ Date: _____

The employee referenced above has completed the critical skills successfully.

<https://www.anfponline.org/docs/default-source/cbdlm/anfp-template-competencies-for-dietary-employees.pdf>

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WHAT WE DO...

CDM®|CFPP® Certified Dietary Manager
Certified Food Protection Professional

Scope of Practice March 2022

NUTRITION / FOODSERVICE MANAGEMENT / FOOD SAFETY / PERSONNEL MANAGEMENT / BUSINESS OPERATIONS

A Certified Dietary Manager, Certified Food Protection Professional (CDM, CFPP) has met eligibility requirements for, and passed, a nationally recognized credentialing examination offered by the Certifying Board for Dietary Managers. Continuing education is required to maintain this credential. CDM, CFPPs have the education and experience to competently perform the responsibilities of a foodservice manager in a non-commercial setting. The CDM, CFPP is qualified to perform the tasks within the following domains:


Nutrition	
Competency	Task

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The Heir and the Spare
CHAPTER ONE


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CBDM created pathways to make it possible to meet the eligibility requirements to sit for the CDM/CFPP exam!

Reach out to them with any questions and the required paperwork needed to get you down the path.....also be sure and check with ANFP/or your State ANFP chapter for scholarship opportunities!

Let this resource be your guide...
www.CBDMonline.org



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Do you need CE courses to maintain your CDM, CFPP credential?

Explore our NEW online CE courses. The University of North Dakota offers a variety of affordable CE (continuing education) courses that will assist you to maintain your CDM, CFPP credential. You can enroll anytime and work at your own pace. Hours range from 2 to 45 CE hours. Ethics, Safety & Sanitation, or General CE - UND has you covered!

45-hour courses:


- Practitioner Certificate in Nutrition Care
- Practitioner Certificate in Sanitation

10-hour courses:

- Budgeting 101
- Medical Terminology - *NEW!*
- Nutrition Screening - *NEW!*

Additional 4-hour courses and 2-hour courses available with 50+ courses available!

Register Today!
 UND.edu/dietarymanagers 701.777.0488





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THOUGHTS TO SHARE....
 BARBARALEETHOMSEN@MCHSI.COM

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Check out my Vlogs!
**CMS F-tags for
 Food & Nutrition Services**
<https://agingrulesblog.com/>

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HEALTHCARE CONSULTING SERVICES
 Personalized Dietary Policy
 Manuals /Editing of Existing
 Inservice Trainings/Mock Surveys

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