

Dining Observation

Facility Name: _____ Facility ID: _____ Date: _____

Surveyor Name: _____

The purpose of the observation of the meal service is to determine whether this service takes into account:

- Resident choice/preferences for food items and times to eat and sleep;
- Services to improve, maintain, or prevent the decline in eating abilities, including assistive devices and proper positioning to maximize eating abilities;
- Services to provide assistance to eat for residents dependent on staff;
- Food palatability and substitutes;
- Requirement to provide meal service with dignity and respect;
- Timely provision of meals in a safe and sanitary manner;
- Environmental (structural) requirements for dining area space, lighting, ventilation, and furnishings; and
- Quality of life accommodations in the dining areas for resident needs for adequate lighting, safe temperatures, comfortable noise levels.

Meal times and dining room locations should be identified while the team coordinator is conducting the entrance conference. Some nursing homes have “households” or “neighborhoods” that contain a kitchen and dining room and provide expanded meal service hours, such as 7-10 a.m. for breakfast, or food services on a 24-hour basis, seven days a week. Meals may be prepared in the household/neighborhood or catered in, such as occasionally ordering pizza or take-out food. The purpose of meal services in these settings is to provide the residents choices for times to eat and sleep, to offer food choices/preferences, and to provide a more home-like setting.

The team should determine the number of surveyors necessary to adequately evaluate the facility’s dining practices in all dining rooms or other locations used for meals and for room trays. If the facility has only one dining room with one seating per meal, it is not necessary that every surveyor conduct the Dining Observation task. If the facility has more than one dining area or residents are eating in their rooms, observations should occur in all of these areas. When there are more dining rooms and room trays than team members, surveyors should watch the start of the meal in the dining areas for residents who require the most assistance. The surveyors may have an opportunity to observe at least part of the other dining locations during the first full meal observation. It is not necessary for the entire survey team to provide continual oversight and observation of the dining process.

Conduct a dining observation at the beginning of the first scheduled meal that occurs after the team enters the facility. It is not necessary for the observations to continue from start to finish, but there should be sufficient observations to complete the worksheet. Regardless of type of dining location, mark all areas of concern. Surveyors should include a discussion of observations at their team meetings and if concerns are identified, follow up with dining observations during a different meal time in the location or area in which the concerns are identified.

Team members not specifically assigned the task need only answer the CE question if there are “No” responses to observations.

Dining Observation

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
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 used 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 F371		
Staff Infection Control		
☐ Determine whether staff have any open areas on their skin, signs of infection, or other indications of illness. 2. Does the facility prohibit employees with a communicable disease or infected skin lesions from direct contact with resident's food, if direct contact will transmit disease? ☐ Yes ☐ No F441		

Dining Observation

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
Dignity		
Observe whether staff (for example – list 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' desires when using clothing protectors; ☐ Wait for residents at a table to finish their meal before scraping food off of plates at that table; ☐ Sitting next to the 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 who are assisting other residents; ☐ Allow residents the time needed to complete eating their meal; ☐ Speak with residents politely and respectfully and communicate personal information in a way that maintains confidentiality; and ☐ Respond to resident's 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 F241		

Dining Observation

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
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 whether institutional practices may interfere with the quality of the resident's dining experience, such as: • Meals served on trays in a dining room; • Medication administration practices that interfere with the quality of the resident's dining experience. Note: Medication administration during meal service is not prohibited for: ▪ Medications that must be taken with a meal. ▪ Medications 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 to support the dining experience of the resident, such as: • Pain medications being given prior to meals so that meals could be eaten in comfort; • Foods served are not routinely or unnecessarily used as a vehicle to administer medications (mixing the medications with potatoes or other entrees) 4. Did the facility provide a homelike dining environment? ☐ Yes ☐ No F252		

Dining Observation

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
Choices		
☐ Determine staff response to a resident who refuses to go to the dining area, or 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 F242		

Dining Observation

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
Provision of Assistance, Assistive Devices, and Positioning		
☐ 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, as necessary, to those residents who wish to eat in their rooms; • How staff identify and provide any special dietary requirements or adaptation of utensils; • Staff availability and presence during the dining process; • The provision of assistive devices as needed; • Proper positioning to maximize eating abilities (e.g., wheel chairs fit under tables so residents can access food without difficulty and residents are positioned in correct alignment); and/or • Assistance to eat for those resident's dependent on staff. ☐ If residents are not receiving timely assistance to eat related to lack of sufficient staff, initiate the Sufficient Nursing Staff task. ☐ If you identify concerns related to positioning, assistance to eat, or eating abilities, record the concerns and initiate the Positioning or ADL care area for the identified resident(s). ☐ If you identify a concern regarding whether the resident is receiving the appropriate diet, or whether their nutritional needs		

Dining Observation

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
are being met, initiate the Nutrition care area. ☐ If liquids are not being provided at mealtime to meet the needs of the resident, identify the concerns, and initiate the Hydration care area. ☐ 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. If so, initiate F373 in order to 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. • If the staff is not a paid feeding assistant, and if technique concerns are identified in the provision of assistance by CNAs, initiate F498 Proficiency of nurse Aides, for further review.		
Food 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.		

Dining Observation

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
☐ Interview residents to confirm or validate observations and to assess food palatability and temperature. ☐ If the team has identified concerns with food quality and/or residents complain about the palatability/temperature of food served, the survey team coordinator may request a sample tray/test meal to obtain quantitative 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 at close to the time the last resident on the unit is served and begins eating. ☐ If food quality triggers as a result of the Stage I resident/family interview, interview the residents sampled for Stage 2 follow up. ☐ Observe the meal service for the sampled residents to determine: • Does the food taste good and look appetizing? • Is the food served at the proper temperature? Resident ID/Name: _____ Resident ID/Name: _____ Resident ID/Name: _____ 6. Does the facility serve meals that conserve nutritive value, flavor, and appearance, and are palatable, attractive, and at the proper temperature (e.g., provide a variety of textures/colors/seasonings, pureed foods not combined together)? ☐ Yes ☐ No F364		

Dining Observation

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
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. 7. Does the facility offer substitutes of similar nutritive value to residents who refuse food being served? ☐ Yes ☐ No F366		

Dining Observation

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
Lighting		
☐ Determine whether the dining areas are well lighted: • Illumination levels are task-appropriate with little glare; and • Lighting supports maintenance of independent functioning and task performance. 8. Does the facility provide one or more rooms designated for dining that are well lighted? ☐ Yes ☐ No F464 ☐ If Question #8 is “Yes,” mark Question #9, “N/A, dining area is well lighted.” ☐ If Question #9 is “No” (dining area is not well lighted), ask the residents whether they feel the lighting is comfortable and adequate, and how the lighting affects their ability to eat: • Comfortable lighting is defined as lighting which minimizes glare and provides maximum resident control, where feasible, over the intensity, location, and direction of illumination so that visually impaired residents can maintain or enhance independent functioning. • Adequate lighting is defined as levels of illumination suitable to tasks the resident chooses to perform or the facility staff must perform. For some residents (e.g., those with glaucoma), lower levels of lighting would be more suitable. 9. Does the facility provide adequate and comfortable lighting levels in the dining areas? ☐ Yes ☐ No F256 ☐ N/A dining area is well lighted		

Dining Observation

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
Ventilation		
Determine whether the dining areas are well-ventilated: ☐ Good air circulation, ☐ Acceptable temperature and humidity, ☐ Avoidance of drafts at the floor level, and ☐ Adequate removal of smoke exhaust and odors. 10. Does the facility provide one or more rooms designated for dining that is well ventilated? ☐ Yes ☐ No F464		
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, or ☐ Residents can't be heard due to background noise, or ☐ Residents have difficulty concentrating due to the background noise, or ☐ Residents have no control over unwanted noise. 11. Does the facility provide comfortable sound levels in the dining areas? ☐ Yes ☐ No F258		

Dining Observation

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
Comfortable and Safe Temperatures		
<i>Comfortable and safe temperature levels</i> 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. 12. Does the facility maintain comfortable and safe temperature levels in the dining areas? ☐ Yes ☐ No F257		

Dining Observation

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
Furnishings		
An <i>adequately furnished</i> dining area accommodates different residents' physical and social needs. ☐ Observe table height to determine whether it provides the residents 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). 13. Are the dining areas adequately furnished to meet residents' physical and social needs? ☐ Yes ☐ No F464		
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; and ☐ There is no resident crowding. 14. Do the dining areas have sufficient space to accommodate all dining activities? ☐ Yes ☐ No F464		

Dining Observation

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
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. 15. Does the facility provide sufficient staff to carry out the functions of dietary services, including preparing and serving meals, in the scheduled timeframes? ☐ Yes ☐ No F362 16. 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 F368		