What is a CA Title 22 Survey? Hospitals usually have a “deem status” and a state licensing survey every 3 years. In Long Term Care, the new requirement is once every two years. This “licensing” survey will review all applicable codes that allowed the granting of a license to operate as a healthcare facility in CA. In LTC, it can be done at the same time as the federal OBRA annual recertification survey or separately. Some CDHP districts (like San Diego Co) are having intense Title 22 survey by one surveyor for 3-4 days.

Where can you find Title 22 and other Codes? California licensing requirements are found (Google) in the California Code of Regulations, Title 22, Division 5 Chapter 3 – Skilled Nursing Facilities Section. Here are the required regulations for dietary services and some other related areas, with some “NOTES” which may help give examples that have been cited in past surveys.

These are the specific TITLE 22 REGULATIONS (listed on the STATE LICENSING SURVEYOR FIELD NOTES) RELATED TO DIETARY SERVICES AND NUTRITION CARE: (They are NOT all the requirements—but most that relate to our Dietetic Service have been stated.)

72335 (a) Dietetic Service – Food Service. Patient food preferences shall be adhered to as much as possible and substitutes for all food refused shall be from appropriate food groups. Condiments such as salt and pepper or sugar shall be available at each meal unless contraindicated by the diet.

72335 (a) Dietetic Service – Food Service. Table service shall be provided for all patients who can and wish to eat at a table. Tables of appropriate height shall be provided for patients in wheelchairs.

72335 (a) Dietetic Service – Food Service. No food ordered for the facility shall be diverted or taken from the facility. No rebates shall be received or allowed to the facility or its owners, directors, officers or employees’ from any commercial food source.

(Note: This includes any vendor promotions or gifts that may come to an administrator or dietary manager, which MUST be put back into the food budget for residents.)

72335 (a) Dietetic Service – Food Service. When food is provided by an outside resource, the facility shall ensure that all federal, state and local requirements are met. The facility shall maintain a written plan, adequate space, equipment and food supplies to provide patients’ food service in emergencies.

(Note: One facility was written on missing items from the 3 Day Emergency plan. The surveyor looked for each item and amount, including diabetic/renal diets, to meet the counted staff and licensed bed count. See the CA All Facility Letter 14-32 Entitled Diet Manuals, Orders, Menus, and Disaster Menu Planning Must Meet Patient’s Nutritional Needs www.cdph.ca.gov/certlic/facilities/Pages/LnCAFL14.aspx)

72335 (a) Dietetic Service – (see entire regulation) Food Service. Recipes for all items that are prepared for regular and therapeutic diets shall be available and used to prepare attractive and palatable meals, in which nutritive values, flavor and appearance are conserved. Food shall be served attractively, at appropriate temperatures with appropriate eating utensils and in a form to meet individual needs.
(NOTE: Includes 14 hr rule, Between meal snacks as required by dr order; bedtime snack must be offered to all residents, condiments must be offered unless contraindicated)

(NOTE: Surveyors may ask cooks to show them the recipes and ask if they follow the recipes for all items on the planned menu, including puree and fortified diets. Have cooks prepared to answer these questions.)

72335 (b) Dietetic Service – Food Service. A current profile card shall be maintained for each patient, indicating diet order, likes, dislikes, allergies to foods, diagnosis and instructions or guidelines to be followed in the preparation and serving of food for the patient.

(NOTE: Facilities have been cited with deficiencies for missing the “Diagnosis” on their hard copy or digital Kardex -which is the electronic record equivalent of the profile care. NOTE: It is important to clarify what is an actual “Allergy” and what is a preference or “Intolerance”)

72337 Dietetic Service – Diet Manual. A current therapeutic diet manual, approved by the dietitian and the patient care policy committee, shall be readily available to the attending physician, nursing and dietetic personnel. It shall be reviewed annually and revised at least every five years.

(NOTE: The “readily available” is usually defined as having the Diet Manual at each station and in the dietary dept. There is also an expectation that licensed nursing knows what diets are approved for the facility and can advise the physicians. It must have a signature sheet, indicating the annual review with at least the Medical Director and Dietitian’s signatures, and other “patient care policy committee members” like the administrator and dietary manager. The regulation requires a thorough revision at least every 5 years. The signature indicates that the person signing has studied the manual, that these are acceptable, current standards of practice, and will be followed in facility staff (and this applies to the Policy and Procedure Manual as well.)

(NOTE: Recent deficiencies have been given when Dysphagia level diets were not clearly defined, especially for Mechanical Soft or Chopped. First, ensure that the Speech Therapist who assesses the needs of the patients/residents has reviewed the Dysphagia Diet Levels. Second, ensure that the “Ground” and “Mechanical Soft” are clearly defined on the Menu Modification Spreads and accompanying recipes. Is the Mechanical Soft really a Mechanical Soft Chopped, with ½ inch bite size pieces? Make sure the ordered diet, as defined and provided by dietary, is indeed what the Speech Therapist has assessed for the needs of the resident or at the highest practicable level.)

72341(b) Dietetic Service – Menus. All menus shall be approved by the dietitian.

(NOTE: Facility menus and substitutions should be signed by the local RD, even if it has the signature of the corporate RD.)

72341(f) Dietetic Service – Menus. Menus shall be planned with consideration of cultural background and food habits of patients.

72341(c) Dietetic Service – Menus. If any meal served varies from the planned menu, the change and the reason for the change shall be noted in writing on the posted menu in the kitchen.
72341(d) Dietetic Service – Menus. Menus shall provide a variety of foods and indicate standard portions at each meal. Menus shall be varied for the same day of consecutive weeks duration and shall be revised quarterly.

72341(e) Dietetic Service – Menus. Menus shall be adjusted to include seasonal commodities

72341(g) Dietetic Service – Menus. A copy of the menu as served shall be kept on file for at least 30 days.

72341(h) Dietetic Service – Menus. Itemized records of food purchases shall be kept for one year and available for review by the Department. Food purchases invoices are acceptable provided they list amounts and types of foods purchased.

*(NOTE: One facility had not kept vendor and invoice records for one year and had to have the vendor send copies. It is important to keep these records.)*

72345(b) Dietetic Service – Sanitation. All utensils, counters, shelves and equipment shall be dept clean, maintained in good repair and shall be free from breaks, corrosion, open seams, cracks and chipped areas.

72345(c) Dietetic Service – Sanitation. Plastic ware, china and glassware that cannot be sanitized or are hazardous because of chips, cracks or loss of glaze shall be discarded.

72345(d) Dietetic Service – Sanitation. Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner.

*(NOTE: Many facilities have been cited on not following Manufacturer’s Guidance on their ice machines (two products: Ice Machine cleaner and Chlorine based sanitizer.) Also one surveyor did not like the ice scoop in the ice bin (mounted according to MFG), and recommended it be mounted outside the ice bin. Ensure that all bins and all dispensers with nozzles have a cleaning schedule according to MFG.)*

**ALL ice in facility:** Dietary is also responsible for ALL safe ice handling—including nursing’s procedures for filling pitchers and safe cleaning/chlorine sanitizing of ice chests. Some facilities do not allow bleach perse in dietary but are using a bleach sprayer (can be purchased from Sysco and McKessum (Central Supply) : bleach to water ratio approved by CDC for C Diff, Norovirus, Mold, all spore forming bacteria /most viruses (1:10 ) NOTE: Quat Ammonia is not effective on these.

**Juice Machines:** Pay attention to new MFG. Like Minute Maid: Now have new MFG requiring chlorine sanitizing (you cannot use Quat Ammonia)

**On Med Carts, when a supplement or “2 Cal Med Pass” is put onto of ice: This should not be used to fill cups and dispense the supplement. Also NOTE:**

72345 (e) Kitchen wastes.. tightly closed containers, disposed of frequently

*(NOTE: Trash Bins must be covered, but kitchen garbage cans do not under the new statue in the CA. Be sure to never allow them to overflow or attract flies.)*


a) All refuse, recyclables, and returnables shall be kept in nonabsorbent, durable, cleanable, leakproof, and rodentproof containers and shall be contained so as to minimize odor and insect
development by covering with close-fitting lids or placement in a disposable bag that is impervious to moisture and then sealed.

(b) Refuse containers inside a food facility need not be covered during periods of operation.

72347(d) Dietetic Services – (see details under this regulation for manual and dishmachine cleaning)

( NOTE: Facilities are cited on the CA Code 72347 (c) requires Pots/Pans area to have Hot water Wash: 110 F. Also, following MFG for the Quat Sanitizer (CA Food Code requires 200 ppm. And most products require immersion for 60 seconds.)

Cleaning and Disinfection of Utensils. After disinfection, the utensils shall be allowed to drain and dry in racks or baskets on nonabsorbent surfaces. Drying cloths shall not be used.

72347(e) Dietetic Services – Cleaning and Disinfection of Utensils. Results obtained with dishwashing machines shall be equal to those obtained by the methods outlined above and all dishwashing machines shall meet the requirements contained in Standard No.3, as amended in April 1965, of the National Sanitation Foundation. Hot water at a minimum temperature of 83 degrees C (180 degrees F) shall be maintained at the manifold.

( NOTE: One of our facilities was cited on the new 2013 FDA Food Code/CA Code requiring additional monitoring of the internal plate level temp (160 F for most High temp dishmachines) and appropriate equipment (paper thermometer or min max thermometer.) There is no regulation on how often temps are monitored. So your log may only have the Wash and “Final Rinse” at the manifold (180 F) for each meal. Some facilities just note the “internal temp” along side the date, showing it was monitored at the beginning of the day on the log.)

72349(a) Dietetic Services – Equipment and Supplies. Equipment of the type and in the amount necessary for the proper preparation, serving and storing of food and for proper dishwashing shall be provided and maintained in good working order.

72349(b) Dietetic Services – Equipment and Supplies. Fixed and mobile equipment in the dietetic service area shall be located to assure sanitary and safe operation and shall be of sufficient size to handle the needs of the facility.

72349(c) Dietetic Services – Equipment and Supplies. The dietetic service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors, fumes and prevent excessive condensation.

72349(d)(1) Dietetic Services – Equipment and Supplies. At least one week’s supply of staple foods and at least two days’ supply of perishable foods shall be maintained on the premises. Food supplies shall meet the requirements of the weekly menu including the therapeutic diets ordered.

( NOTE: This has been written on many Title 22 surveys. It is NOT about emergency/disaster stock. The dietary supervisor should be able to state to the surveyor and to demonstrate: “I always order so I have dry goods (canned and packaged) at all times to match the menu for the next 7 days, including for therapeutic diets.” Surveyors are taught to take the next 7 days of the menu and check for pancake & cake mixes, puddings, canned fruit, etc.)
72349(d)(2) Dietetic Services – Equipment and Supplies. All food shall be of good quality and procured from sources approved or considered satisfactory by federal, state or local authorities. Food in unlabeled, rusty, leaking, broken containers or can with side seam dents, rim dents or swells shall not be retained or used.

(NOTE: Dented Cans: Surveyors may ask the Dietary Supervisor HOW they determine if a can should be discarded, and was cited because the DSS could not define this.)

Foods from Outside: CMS memo clearly defines the right of residents (and CMS says this applies to patients) to have food brought in by family, and to share food at potlucks/events given by staff. But the facility must clearly define “Facility Food” that is from approved sources and produced by safe methods. It states: “Procure food from sources approved or considered satisfactory by Federal, state or local authorities” is intended solely for the foods procured by the facility. A revision has been made to the interpretive guidelines at F371 to further clarify this intent; • Foods accepted by residents from visitors, family, friends, or other guests are not subject to the regulatory requirement at F 371; and • Residents have the right to choose to accept food from visitors, family, friends, or other guests according to their rights to make choices at §483.15, F 242, Self Determination and Participation.

www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09_39.pdf (must be exact to retrieve this SC letter from CMS)

72349(d)(4) Dietetic Services – Equipment and Supplies. Milk shall be served in individual containers or from a dispensing device which has been approved for such use, by the local health department or from the original container. Milk shall be dispensed directly into the glass or other container from which the patient drinks.

72349(d)(5) Dietetic Services – Equipment and Supplies. Catered foods and beverages from, a source outside the licensed facility shall be prepared, packed, properly identified, stored and transported in compliance with these regulations and other applicable federal, state and local codes.

72349(d)(6) Dietetic Services – Equipment and Supplies. Foods held in refrigerated or other storage areas shall be covered. Liquids and food which are prepared and not served shall be tightly covered, stored appropriately, clearly labeled and dated. A written procedure shall be established and followed for the safe use of leftover foods.

72349(d)(7) Dietetic Services – Equipment and Supplies. Spoiled or contaminated food shall not be served.

72351(a) Dietetic Services – Staff. A dietitian shall be employed on a full-time, part-time or consulting basis. Part-time or consultant services shall be provided on the premises at appropriate times on a regularly scheduled basis. A written record of the frequency, nature and duration of the consultant’s visits shall be maintained.

(NOTE: Facilities have been cited on this, and it is recommended to have written documentation of RD Consultant Visits and record keeping of chart and training.)

72351(b) Dietetic Services – Staff. If a dietitian is not employed full-time, a full-time person who is a graduate of a state approved course that provides 90 or more hours of classroom instruction in food
supervision shall be employed to be responsible for the operation of the food service. The dietetic supervisor may also cook, provided sufficient time is allowed for managerial responsibilities.

*(NOTE: This regulation has been changed under the Health and Safety Code 1265.4. See this for the requirements of a Dietetic Service Supervisor (DSS)*

72351(d) Dietetic Services – Staff. Current work schedules by job titles and weekly time schedules by job titles shall be posted.

72351(e) Dietetic Services – Staff. Dietetic service personnel shall be trained in basic food sanitation techniques, wear clean clothing, and a cap or a hair net, and shall be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches which are not closely cropped and neatly trimmed shall be covered.

*(NOTE: All staff must be trained/competent in safe food handling (basic food sanitation.) One facility was cited on a wait staff person not wearing a hair net while walking through kitchen, and for hair not totally “restrained”. Each facility defines “closely cropped/neatly trimmed” and when a beard net must be worn.)*

72351(f) Dietetic Services – Staff. Employees’ street clothing stored in the kitchen shall be in a closed area separate from food or items used in food services.

*(NOTE: One of our facility cited on a jacket on a hook in the kitchen, and not in the locker area.)*

72351(g) Dietetic Services – Staff. Kitchen sinks shall not be used for hand washing. Separate hand washing facilities with soap, running water and individual towels shall be provided.

*(NOTE: One facility was cited on a cook “washing/rinsing” hands in prep sink versus designated hand washing sink. Also: CA surveyors are now focusing on the eye wash stations in all kitchens (and all nursing areas. Staff should be trained and actual demonstrate HOW to operate it.)*

72351(h) Dietetic Services – Staff. Persons other than dietetic service personnel shall not be allowed in the kitchen areas unless required to do so in the performance of their duties.

72351(i) Dietetic Services – Staff. Smoking shall not be permitted in kitchen areas.

**OTHER REGULATIONS RELATED TO DIETARY SERVICES:**

Title 22 72547 Content of Health Records. (a) A facility shall maintain for each patient a health record which shall include: (1) Admission record. (2) Current report of physical examination, and evidence of tuberculosis screening. (3) Current diagnoses (4) Physician orders, including drugs, treatment and diet orders, and progress notes, signed and dated on each visit. Physician's orders shall be correctly recapitulated.

*(NOTE: It is extremely important to have accurately stated Diet orders that are the same as on profile/traycards. This includes if “small portion”,fortified or high cal/protein diets, restrictions.)*

72517(a) Staff Development. Each facility shall have an ongoing educational program planned and conducted for the development and improvement of necessary skills and knowledge for all facility personnel.
72517(c) Staff Development. Records of each staff development program shall be maintained. The records shall include name and title of presenter, date of presentation, title of subject presented, description of content and the signatures of those attending.

(NOTE: All this info should be on each Inservice given plus ensure ALL staff make ups and signatures are recorded.)

Under Nursing:

72311 (a) (3)(D) Notifying the attending physician promptly of: (D) A change in weight of five pounds of more within a 30 day period unless a different stipulation has been stated in writing by the patient’s physician.

(NOTE: One facility received this deficiency for unplanned wt loss. Even though the RD addressed it and made intervention recommendations. It is about timeliness and ensuring that nursing must call and document that the Dr was notified right after the weight was taken.)

72311 (c) Nursing Service- General Licensed nursing personnel shall ensure that patients are served diets as prescribed by attending physicians

(NOTE: Choking deaths have heightened surveyors’ evaluation of this requirement. The facility must demonstrate that “licensed nursing personnel” KNOW what the diets are of all residents and are ensuring that patients are served according to the specific orders. Posting the current orders at the stations/dining rooms is a good idea. Some facilities have Licensed nurses check each tray as it is passed, but that may not be necessary if all CNAs are trained, under the direction of Licensing to ensure the correct diet is known by the CNAs. RDs and dietary managers should participate in this training.)

72315 (g) Each patient requiring help in eating shall be provided with assistance when served, and shall be provided with training or adaptive equipment in accordance with identified needs, based upon patient assessment, to encourage independence in eating.

(NOTE: It is a joint effort with nursing to determining the need, getting orders, and documenting the restorative or assistive dining needs. This is very important. Often a RNA book is available for reference with orders, diets, adaptive equipment, and Speech/OT assessments listing compensatory strategies and identified risks. Do all direct care givers (all CNAs who provide assistance) know what these needs are and what the care plan says? Do all volunteer/family members know what these needs are, and while they can assist with feeding, there needs to be oversight by nursing.)

72315 (h) Each patient shall be provided with good nutrition and necessary fluids for hydration

(NOTE: On fluid: Any time there is a I & O, check to see if the input is matching what has been assessed for needs, or any signs/symptoms of dehydration, and if not, address it. Encourage nursing to timely notify the Dr and RD, and patient’s conservator of insufficient fluid needs or labs of concern (sodium/BUN/creat.). Be aggressive in offering fluid, get a Dr order for extra fluid at meal time. May be a part of deciding if IV fluids are needed. If the patient is discharged to the Hospital with dehydration, it could trigger an investigation of what the nursing home procedures were prior to this. Surveyors will compare labs/fluid status prior to hospital admit and after IVs have been started. Document well and follow approved P & P.)
72315(k) Nursing Service - Patient Care. The weight and length of each patient shall be taken and recorded in the patient's health record upon admission, and the weight shall be taken and recorded once a month thereafter.

*(NOTE: Here is an example of a stricter federal requirement of weight to be taken the first 4 weeks in LTC. Unless the resident refuses to be weighed, never use a prior admission/hospital wt)*

72315(j) Nursing Service - Patient Care. Fluid intake and output shall be recorded for each patient as follows: (1) If ordered by the physician

72547 (11) Observation and information pertinent to the patient's diet recorded in the patient's health record by the dietitian, nurse or food service supervisor

72523 (a) Written patient care policies and procedures shall be established and implemented to ensure related goals and facility objectives are achieved.

*(NOTE: There are extensive requirements under the federal regulations for nutrition care. The most important policies and practices should include these expectations with related timeliness of assessment, aggressiveness of interventions (including prevention of decline), clearly defined care planning/procedures, and effective monitoring/follow up.)*

Facilities get deficiencies in this tag when care planning does not reflect what the RD assessed or the interventions implemented. Always review the C.P. to see that the “concern”, the “goal” and “approaches” are accurate. Try to have the voice of the resident.

Other areas:

72651 (c) Vacuum breakers shall be maintained in operating condition when required by...(Title 24 Building Code)

*(NOTE: Facilities have been cited when a hose is attached to an outside facet (used to clean carts) and does not have a vacuum breaker/antisiphon to prevent contaminated water from being sucked into clean water system of facility. Also, cited when there is not space between the flow pipe, and has the potential of sucking up dirty water into the clean water system (from ice machines, other equipment) into the floor drain (to ensure back flow preventions.)*

*72533 Employee Personnel Records.*
(a) Each facility shall maintain current complete and accurate personnel records for all employees.

*(NOTE: Facilities are cited on missing annual evaluations, going back 3 yrs)*

*72535 Employees’ Health Examination and Health Records.*
(b) The initial health examination and subsequent annual examination shall include a purified protein derivative intermediate strength intradermal skin test for tuberculosis (c) The facility shall maintain a health record of the administrator and for each employee which includes reports of all employment related health examinations. Such records shall be kept for a minimum of three years following termination of employment.

*(Health and Safety Code)*
1261 (H&SC) (a) Domestic (Term defined in Section 297 of the Family Code.)
1262.7 (H&SC) (a) Admission, physician’s orders. A skilled nursing facility, as defined in subdivision (c) of Section 1250, shall admit a patient only upon a physician’s order and only if the facility is able to provide necessary care for the patient.
(b) The administrator or designee of a skilled nursing facility shall be responsible for screening patients for admission to the facility to ensure that the facility admits only those patients for whom it can provide necessary care

(NOTE: If there are special dietary needs of a potential candidate for admittance, the facility should screen carefully to ensure that it can provide the necessary care.)

1418.91 (H&SC) (a) A long-term health care facility shall report all incidents of alleged abuse or suspected abuse of a resident of the facility to the department immediately, or within 24 hours...
(1) Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an ...shall report
(NOTE: All dietary employees should know that they are mandated reporters if they see any suspected abuse – staff to resident; resident to resident; resident to staff. They should know to HOW to report.)

1418.3 (H&SC) Patients' Bill of Rights
(NOTE: Rights to make informed decisions and choose to not follow medical advice for dietary interventions, etc)

Of Interest: My latest article: Freedom of Choice: Updated Dining Practice Standards Call for Diet Liberalization http://www.caringfortheages.com/article/S1526-4114%2815%2900295-4/pdf

72528 (6) That the patient has the right to accept or refuse the proposed treatment, and if he or she consents, has the right to revoke his or her consent for any reason at any time.

113947.1 Food Safety Certification Exam
(NOTE: At least one Person in Charge must be trained and certified every 5 years, must oversee staff practices, and ensure there is supervision during the hours she/he is not there.)

113949-50.5 (H&SC): EMPLOYEE HEALTH All employees are to have a knowledge regarding the relationship between personal hygiene and food safety and food employee health. (Lists the reportable diseases and responsibilities of the Person In Charge)

(NOTE: This is being cited more and more, as surveyors review Infection Control Officer’s collaboration in dietary to train employee health and reportable diseases. Follow approved P & P and ensure to include the following training on symptoms and reportable diseases from the required federal Food Code chapter 2 and the additional Entamoeba histolytica from CA CAL Code)

CA’s CAL Code requirement for reporting All exposures of communicable diseases that are transmissible through food including the 5 focus ones from FDA and Entamoeba histolytica (our food service workers that come from Asian rim countries may be carriers and show no signs of the disease, but must be screened.)

To access CA CAL CODE or Food Code: California Codes> Health and Safety Code>Scroll down to: 113949.1 states:
   (1) Salmonella typhi.(FDA Food Code 2013 revision added non typhi Salmonella also)
   (2) Salmonella spp.
   (3) Shigella spp.
*(4) Entamoeba histolytica.*
(5) Enterohemorrhagic or shiga toxin producing Escherichia coli.
(6) Hepatitis A virus.
(7) Norovirus.
(8) Other communicable diseases that are transmissible through food.

**All Facility Letter from CDPH:** This is a VERY important recent letter (2014) It is an AFL regarding latest guidance on requirements of Diet Manual (clearly defined approved diets provided by facility), Modified Menu requirements (to implement delivery of the ordered diet), Nutrient Analysis of Menu (CA and fed regs), Emergency Menu and Stock requirements, including puree, therapeutic (renal, diabetic). **NOTE:** Make sure that any non dietary person can implement your disaster plan, will know where supplies are, what portions are planned, what utensils to use, and every aspect of the plan is user friendly.


State of California

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Health and Human Services Agency
California Department of Public Health
RON CHAPMAN, MD, MPH
EDMUND G. BROWN, JR.
Director
& State Health Officer
Governor
December 4, 2014 AFL 14-32(Supersedes AFL 13-11)
TO:
Acute Psychiatric Hospitals
Chemical Dependency Recovery Hospitals
Congregate Living Health Facilities
Correctional Treatment Facilities
General Acute Care Hospitals
Intermediate Care Facilities
Intermediate Care Facilities/Developmentally Disabled
Intermediate Care Facilities/Developmentally Disabled – Habilitative
Nursing Intermediate Care Facilities/Developmentally Disabled – Continuous Nursing Nursing Facilities
Pediatric Day Health and Respite Facilities
Skilled Nursing Facilities
Special Hospital

**SUBJECT:**
Diet Manuals, Orders, Menus, and Disaster Menu Planning
Must Meet Patient’s Nutritional Needs
**AUTHORITY :**Title 22 California Code of Regulations(CCR)
Sections 70273(a) and (d), 70741(b), 71243(a) and (d), 71539(b), 72335(a), 72337, 72351(b), 73325(a), 73329, 73549(b), 76363(a), 76367, 76563(b), 76882(a), 76884, 76928(b), 79213 (a), 79685(a) and (i) Title 42 Code of Federal Regulations (CFR)
Sections 482.28, 483.35, 483.75(m)
This All Facilities Letter (AFL) supersedes AFL 13-11 and reminds facilities that the nutritional needs of patients/residents/clients must be met through menu development in accordance with the physician’s diet orders, as delineated in the facility diet manual. In addition to menu planning, this AFL clarifies the intent of disaster menu planning.
Diet manuals establish a common language and practice for physicians and other health care professionals to use when providing nutrition care to patients, residents, and/or clients. The diet manual includes the purpose and principles of each diet, the meal pattern, the foods allowed and not allowed, and the nutritional adequacy and inadequacy of each diet. The facility’s diet manual and the diets ordered by the physician should mirror the nutritional care provided by the facility.
The analysis of the menu is the foundation of meal planning to assure that the nutritional needs of the patient/resident/client are in accordance with the physician order and the Recommended Dietary Allowances (RDAs). Menu analysis includes all life stages and gender groups based on the specific population of each facility.
For menus and diets that do not meet the RDAs, facilities must have an established system that addresses any nutritional inadequacies of the diet. Although the RDA may serve as the basis for such guidance, qualified medical and nutritional personnel should make adaptations for specific situations.
In addition, state regulations require facilities to have detailed written plans and procedures to meet all potential emergencies and disasters. These written procedures should include plans for the availability of adequate basic utilities and supplies, including food and water, with consideration for the special needs of the patients/residents/clients treated at the facilities.
Special needs can be attributed to age (e.g., pediatrics), therapeutic diet (e.g., renal, diabetic), or mechanical ly altered diets (e.g., mechanically chopped, puree). Facilities should develop disaster menu plans that can be mobilized in the event of the lack of essential utilities (e.g., gas, electricity, water), that can be easily served by disaster response personnel, and that mirror the nutritional adequacy of the meals routinely served at the facilities.
Facilities are responsible for following all applicable laws. The California Department of Public Health’s failure to expressly notify facilities of statutory or regulatory requirements does not relieve facilities of their responsibility for following all state and federal laws and regulations. Facilities should refer to the full text of all applicable regulatory sections.
If you have any questions, please contact your respective Licensing and Certification District Office.
Sincerely,
Original signed by Jean Iacino
Jean Iacino
Interim Deputy Director