

Basic Food Service 2009

10A NCAC 13/G .0904



Objectives

- ❑ At the end of this session the participant will be able to:
- ❑ Determine if the facility is operating in compliance with nutrition/food service rules
- ❑ Assist facilities in becoming compliant with the nutrition and food service rules
- ❑ Determine if the facility is providing therapeutic diets according to physician's orders to assure optimum health of the resident

Steps in Monitoring Food Service

- ❑ Conduct an entrance conference with kitchen staff
- ❑ Collect and evaluate specific data
- ❑ Inspect the dietary facility and observe meal service
- ❑ Review Medical Records
- ❑ Interview residents, family members and staff
- ❑ Discuss findings with kitchen staff

Conduct an Entrance Conference

- ❑ Conduct an entrance conference with the Administrator or SIC
- ❑ Inform the facility that you will be monitoring food service
- ❑ Ask for the following information
 1. Current Census
 2. The Names of the Kitchen Staff



Introduce yourself to the Kitchen Staff

- ❑ Inform the kitchen staff of your purpose for being there
- ❑ Ask for the following information
 1. How many meals are you preparing today?
 2. What are you preparing today?
 3. Ask for the modified diet list
 4. Ask to see the menu for today
 5. Ask to see the therapeutic menu for today
 6. Ask if any residents receive thickened liquids
 7. Ask if any residents eat in their rooms or if any residents require feeding assistance
 8. Is there enough staff available to provide feeding assistance as needed

Modified Diet List

- Lists each resident and the therapeutic diet that was prescribed by the physician

- Therapeutic Menus
 - The facility should have a therapeutic menu for each therapeutic diet as prescribed by the physician

Regular Menu

- Regular menus do not have to be signed by a Registered Dietitian

Regular Diets

- ❑ Must include the following:
- ❑ 1. Homogenized whole milk, low fat milk, skim milk or buttermilk-1 cup (8 ounces) twice a day
- ❑ 2. Fruit: Two servings or fruit (one serving equals 6 ounces of juice; ½ cup raw, canned, or cooked fruit)
- ❑ 3. Vegetables: Three servings of vegetables
- ❑ 4. Eggs: One whole egg or substitute at least three times a week
- ❑ 5. Protein: Two to three ounces of pure cooked meat at least two times a day (minimum of 4 ounces)

Regular Menu (Cont.)

- ❑ 6. Cereals and Breads: At least 6 servings of whole grain or enriched cereal or bread or grain products a day (1 slice of bread, ½ cup cooked rice or cereal)
- ❑ 7. Water and Other beverages: **Water shall be served to each resident at each meal**, in addition to other beverages.

3 Day/ 5 Day Food Supply

- .0904 (a)(4) There shall be at least a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus, for both regular and therapeutic diets



3 Day Supply of Perishable Food

- ❑ Perishable food is usually foods that require refrigeration.
- ❑ If your menu calls for milk, orange juice, butter, etc. ensure you have enough of each item to cover all residents for 3 days



3 Day Supply of Perishable Food

□ Example:

□ Milk: one cup (8 ounces) twice a day

Your facility has 20 residents

20 (residents) x 16 (ounces a day) = 320 ozs.

There are 128 ounces in one gallon of milk

$320 \text{ (ozs.)} \div 128 = 2.5$ gallons of milk needed

If you need a three day supply you will need

$2.5 \text{ (gallons)} \times 3 \text{ (days)} = 7.5$ gallons of milk

5 Day Supply of Non-Perishable Food

- ❑ Non-perishable food is usually food that does not require refrigeration
- ❑ Examples: canned fruit, vegetables, cake mixes, cereal, etc.



Therapeutic Diets

- .0904 (e)(4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.
 - All therapeutic diets orders including thickened liquids shall be in writing from the resident's physician
 - Therapeutic diet order shall be specific to calorie, gram or consistency

Therapeutic Menus

- Ensure that the therapeutic menus are:
 - Accurate and Current
 - 1. Signed by a Registered Dietician with an original signature
 - 2. Have the Registered Dieticians 6 Digit Registration Number
 - 3. Ensure there is a therapeutic menu for each modified diet

Examples of Therapeutic Diets

- ❑ No Added Salt (NAS)
- ❑ No Concentrated Sweets (NCS)
- ❑ Mechanical Soft
- ❑ Puree
- ❑ 2 gram (2000 mg) Sodium
- ❑ Calorie Controlled Diabetic ADA
- ❑ Renal
- ❑ Low Fat/Low Cholesterol



No Added Salt (NAS)

- ❑ This diet is the least restrictive of sodium-restricted diets. The use of table salt is restricted and salt may be limited in cooking.
- ❑ This diet typically provides between 3-4 grams (3000-4000 mg) of sodium daily.

No Concentrated Sweets (NCS)

- ❑ This diet typically offers the same as a regular diet except it restricts concentrated sweets such as regular desserts, regular sodas, table sugar, etc.
- ❑ This diet is not calorie specific, therefore extra servings of appropriate foods are allowed

2-Gram Sodium

- ❑ This diet eliminates foods and beverages that are high in sodium (such as processed and prepared foods and beverages)
- ❑ Salt should not be used at the table or in cooking. Milk and milk products are limited to 16-oz. per day
- ❑ Only salt-free commercially prepared foods should be used

Calorie Controlled ADA

(American Diabetes Association)

- ❑ These diets are typically restricted in calories, concentrated sweets and fat.
- ❑ Calories are restricted to a specific calorie level such as 1500, 1800, etc. and therefore portions are controlled

Renal Diet

- ❑ This diet is designed for individuals that have chronic renal failure (kidney disease) or end stage renal disease (ESRD) and may be on dialysis
- ❑ This diet typically restricts protein, sodium, potassium, and phosphorous.
- ❑ Fluids may also be restricted on an individual basis

Snack Menus

- ❑ If three snacks per day are not indicated on the menu.....
 - Ask “Where is the snack rotation schedule?”
 - Ask: If snacks are appropriate for modified diets, when are snacks served
 - Who serves snacks
 - Observe snack service (typically served at 10 am, 2 pm and 8 pm)



Snack Menus

- Are foods available to match the menu

- Interview
 - Resident and staff interview.....Are they saying the same thing?

Supplements

- Examples:
 - Ensure
 - Boost
 - Might Shake
 - Glucerna
 - Carnation Instant Breakfast
 - Great Shake

Supplements

- ❑ Obtain a listing of residents on supplements from food service staff or medication aides
- ❑ Determine by interview with facility staff who is responsible for compiling/delivering supplements
 - Is the responsibility shared by food service staff and medication aides

Supplements

- ❑ Supplements may be documented as given on the Medication Administration Record (MAR).
- ❑ Do not assume that since there is documentation on the MAR that the supplement was actually received by the resident
- ❑ Observation and interview with residents are helpful in determining this

Thickeners

- Thickeners are used when residents have swallowing disorders
 - Types of Consistency
 - Nectar-eggnog, fruit nectars, milk, tomato juice, buttermilk
 - Honey
 - Pudding- cooked hot cereal, pudding, custard, gravy, yogurt (no nuts or fruit chunks)

Food Service Orientation Manual

- ❑ 10 A NCAC 13F .0509
- ❑ The adult care home staff person in charge of the preparation and serving of food shall complete a food service orientation program established by the Department or an equivalent within 30 days of hire for those staff hired on or after July 1, 2004
- ❑ Orientation is available on website, <http://facility-services.state.nc.us/gcpage.htm>

Observe the Meal Preparation

- Are they preparing what is on the menu?
- Is there a substitution list?
 - .0904 (c)(3) Any substitutions made in the menu shall be of equal nutritional value, appropriate for therapeutic diets and documented to indicate the foods actually served to residents.

Substitutions

- ❑ Any substitutions made of the menu must be documented in a substitution log
- ❑ Substitutions must:
 - Stay in the same food group
 - Ex: only citrus fruit or juice as a substitute for citrus fruit or juice

Food Safety

- .0904 (a)(1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination

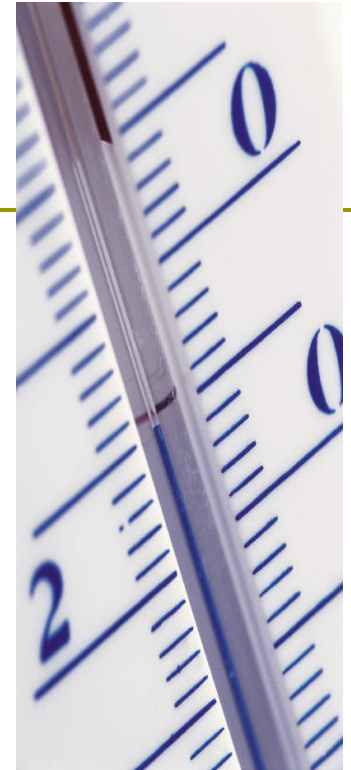


Thawing Foods

Observe-

Food should be thawed using the following techniques:

1. In refrigerated units at a temperature not to exceed 45 degrees F
2. Under potable running water of a temperature of 70 degrees F



Thawing Foods

3. As part of the conventional cooking process
4. In a microwave oven only when the food will be immediately transferred to conventional cooking equipment as part of a continuous cooking process or when the entire, uninterrupted cooking process takes place in the microwave oven

Food Safety

Note and Document:

- ❑ Does the food handler have on a hair restraint?
- ❑ Did the food handler wash his/her hands before handling food



Observation of Meal Preparation

□ Note and Document



Is salt added to the food?

Is sugar being added to the food/Are they
using a sugar substitute?

Is butter being added to the food?

Preparation method (baking/frying)

Look at food package labels

Observation of Kitchen

□ Observe:

■ 1. Sanitation Grade

- .0306 (a)(4) Adult care home shall have a North Carolina Division of Environmental Health approved sanitation classification at all time in facilities with 12 beds or less and North Carolina Division of Environmental health sanitation scores of 85 or above at all times in facilities with 13 beds or more.

Observation of Kitchen (cont.)

- ❑ 2. Chemicals are not stored next to or above food/food preparation areas
- ❑ 3. Food is not stored on the floor

Sanitation Rules for Food Service Establishments

15 A NCAC 18 A .2632 All items stored in rooms where food or single-service items are stored shall be at least 12 inches above the floor when placed on stationary storage units or 6 inches above the floor when placed on portable storage units or otherwise arranged so as to permit thorough cleaning.

Observation of Kitchen (cont.)

- ❑ 3. Raw meat/fresh eggs not stored over ready to eat foods in refrigerator
- ❑ 4. Leftovers appropriately stored, labeled and dated
- ❑ 5. No spoiled food in refrigerators
- ❑ 6. Food storage areas (including dry storage, refrigerators and freezers) are clean and neat

Observation of Kitchen (cont.)

- 7. Food is maintained at appropriate temperatures
 - Refrigerator temperature shall be kept at or below 45 degrees F
 - Foods requiring cooking shall be cooked to heat all parts of the food to a temperature of at least 140 degrees F

Observation of Kitchen (cont.)

- ❑ All dishes/utensils sanitized using dishwasher/3 compartment sink
- ❑ Dishwasher should be equipped with wash, rinse and sanitizer. If sanitizer is not available dishwasher should be equipped with a booster of 170 degrees F

3 Compartment Sink

- ❑ Applies to facilities with 12 or more beds
- ❑ First compartment-wash water
- ❑ Second compartment-rinse water



3 Compartment Sink

- Third compartment-sanitize
 - Dishes must be submerged in sanitizer at least 1 minute at 170 degrees F
 - Three ways to sanitize
 - 1. Chlorine- 50 PPM
 - 2. Iodophor produces-12.5 PPM (Iodine-not commonly used)
 - 3. Quaternary ammonium products-200 PPM
- Sanitizing Solution requires a test strip

Observation of Kitchen (cont.)

- ❑ Note any broken or damaged equipment
 - Leaking refrigerators/freezers
 - Leaking sinks/dishwashers
 - Broken stove
 - No thermometer for the refrigerator



Observation of Meal Service

- Select a sample of residents from the modified diet list
 - Note: Your sample should include residents with diabetic, renal, pureed, mechanical soft, or sodium restricted diets, those with orders for thickened beverages or in need of feeding assistance

Observation of Meal Service

- ❑ Make a note of the meal service start and end times
- ❑ Record specific food items received including all condiments and beverages on the Food Service Monitoring form.
 - Note: You will want attention to detail (such as chopped, pureed, fried, baked, and **ALL** items received) You will compare this to what the menu called for at a later time

Observation of Meal Service

- ❑ Observe whether meals transported out of kitchen to residents rooms are covered and provided to residents in a timely manner
- ❑ Water served in addition to other beverages
- ❑ Appropriate meal assistance given in timely manner

Feeding Assistance

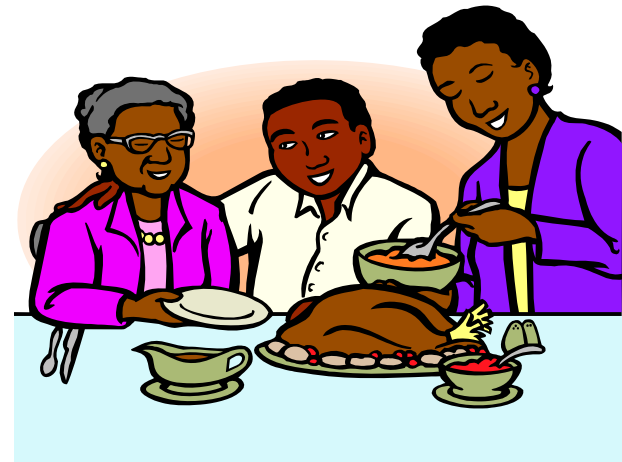
- Residents requiring feeding assistance should:
 - Be provided assistance at eye level (seated)
 - Residents should be told what they are going to eat
 - Resident should be offered something to drink every two to three bites of food

Observation of Meal Service

- ❑ Disposable table ware should not be used
- ❑ Residents in rooms should have a lap-height table to eat on

Observation of Meal Service

- Resident Satisfaction
- Did the resident enjoy the meal that was served
 - Was the meat too tough, dry, not cooked
 - Were the vegetables tender



Review Medical Records

- ❑ 1. Use your list of residents that were observed at meal service
- ❑ 2. Document the most current diet order and date on food service monitoring form
- ❑ 3. Document the resident's diagnoses on the food service monitoring form



Review of Medical Records

- 4. Compare current physician diet order to listing on modified diet list and the meal served
 - **Note: All three must match**
- 5. Refer to regular and modified menus to determine if individual food items provided to the residents on your sample were appropriate

Organize citations and recommendations

- Your citations and recommendations will include:
 - all diets that were not served as prescribed by the physician
 - Any problems with the menus
 - Any problems noted in the kitchen
 - Any problems noted with kitchen staff
 - Any problems or concerns noted by the residents

Conduct your Exit Conference



Food Service Orientation Manual

Introduction

- I. Sanitation
 - A. Kitchen
 - B. Equipment
 - C. Dishes

- II. Food Safety
 - A. Dry Storage
 - B. Cold Storage
 - C. Food Handling
 - D. Cross-Contamination
 - E. Thawing Meats/Poultry/Fish

- III. Personal Hygiene
 - A. Handwashing
 - B. Clean Clothes/Hair Restraint
 - C. Infections/Communicable Diseases

- IV. Therapeutic Diets
 - A. Puree
 - B. Mechanical Soft
 - C. No Concentrated Sweets
 - D. Calorie Controlled ADA
 - E. No Added Salt (4-gram sodium)
 - F. 2- Gram Sodium
 - G. Renal
 - H. Low Cholesterol/Low Fat
 - I. Thickened Liquids

- V. Therapeutic Menus
 - A. Reading Spread Menus
 - B. Substitutions in Therapeutic menus
 - C. Recipes

- VI. Resident Rights

Post Test

Introduction

The purpose of this orientation manual is to give an overview of providing food service in adult care homes, including preparation of special therapeutic diets. Studying this manual and completing the post test will satisfy the requirement in Adult Care Home Rules 13F .0509 and 13G .0509, entitled “Food Service Orientation”, of completing a food service orientation program established by the Department. Of course, further instruction in food service from a registered dietitian, the administrator or other staff should be provided as needed to assure appropriate food service to residents. Please read this manual carefully. Be sure to speak with the administrator, dietitian or your supervisor if you have any questions.

This manual may be reproduced and is available on the DHSR website at <http://www.ncdhhs.gov/dhsr/acls>.

Sanitation

What is sanitation? And is it different than just plain clean? The answer is...yes, most definitely! Clean and sanitary are two different things. *Clean* refers to whether something is free from visible dirt. In other words, when you look at it, you do not see dirt or stains. On the other hand, when you *sanitize*, it means that you are disinfecting. In other words, you are not just removing visible dirt, but killing the bacteria (germs). Bacteria, or germs, can make you sick! The elderly are particularly susceptible to harmful bacteria. These bacteria may find their way into food from poor sanitation of the kitchen and equipment, poor food-handling, or inadequate cooking of foods.

Another way bacteria find their way into food is through your hands. Did you know that harmful bacteria could be found on all of our hands on any average day? You'll read more about this later on. For now, let's read more about sanitizing the kitchen and equipment. You will learn that lots of things in the kitchen will not only need to be cleaned, but also sanitized to kill harmful bacteria.

Sanitation---Kitchen

Kitchen surfaces and dining room tables need to be cleaned as well as sanitized often. Anytime raw meat or poultry is prepared, for example, it is likely that harmful bacteria have been left behind on cutting boards, utensils, countertops, etc. As you probably know, preparing food can make a mess! But it is very important that you stay on top of keeping the kitchen clean and sanitary since this is where food for all the residents will be prepared.

Your facility should have a schedule describing the various duties, how often they should be performed, and how to go about sanitizing surfaces. A solution of 1 tablespoon of bleach per gallon of water can be used to sanitize surfaces. Be sure and follow your facility's protocol for cleaning and sanitizing both the kitchen and dining areas.

Sanitation---Equipment

Why does equipment have to be sanitized? Food service equipment can be a source of harmful bacteria (germs) when it comes in contact with food and can cause food-borne illness. Equipment such as meat slicers, blenders, processors, and utensils used in preparation of food should be cleaned and sanitized *after each use*. Refrigerators and freezers should be periodically cleaned and sanitized. Any spills in the refrigerator should be cleaned up immediately and not left to sit. Be sure to follow your facility's routine cleaning schedule.

Sanitation---Dishes

Dishes, utensils and all glassware, of course, need to be sanitized. This can be accomplished by running them through the dish-machine, which should sanitize them either by hot water temperature or chemicals such as bleach. If you notice that dishes do not come out clean or that the dish-machine does not operate properly, be sure to notify the administrator so it can be repaired. Larger items that can't fit in the dish-machine can be sanitized in the 3-compartment sink. The first sink is used to wash, the second to rinse, and the third to sanitize. All 3 steps are important and must be completed. The water in the third sink must either be heated to at least 170 degrees Fahrenheit, or sanitizing chemicals added---you should have test strips in the facility that can be used to identify when the required concentration of a sanitizing chemical is achieved.

If you are using bleach in the water, you are required to add enough to reach 50 ppm (parts per million) with a temperature of at least 75 degrees. The test strips will allow you to determine by color when you have added enough bleach. Your facility may be using some other chemical to sanitize --- so ask your supervisor if you are unsure or have questions.

Food Safety---Dry Storage

Dry storage is the term used to describe the room or area used to store foods that do not need to be refrigerated. Foods such as rice, cereal, flour, cake mixes, and bread are examples of items that may be stored here. The dry storage area should be kept clean and organized. All food items should be stored off the floor, in appropriate containers if in bulk such as rice, sugar or flour, and labeled.

If your facility does not have a separate room to store chemicals, there may be an area set aside in the dry storage room to store chemicals such as bleach, cleaning solutions or detergents. It is very important that these chemicals be stored in an area set aside from food items and be properly marked to identify them. This will help prevent the possibility of accidentally contaminating food with chemical agents.

Food Safety---Cold Storage

Cold storage is the term used to describe foods that need to be refrigerated or kept in the freezer. Items such as milk, fresh vegetables, prepared dishes such as chicken salad, lunchmeats and leftovers may be stored in the refrigerator. Each refrigerator should have a thermometer and the temperature in the refrigerator should be 45 degrees Fahrenheit or below.

All leftovers should be labeled with the date the item was placed in the refrigerator. This ensures everyone knows how long the leftovers have been in storage. Be sure that you do not leave leftovers setting out. They need to be refrigerated immediately. Leftover hot foods can be put in an ice bath prior to storing in the refrigerator. For example, a pan of lasagna can be placed on top of a pan of ice to cool it down prior to storing in the refrigerator.

Maintaining perishable foods such as milk, leftovers, luncheon meats, etc. at 45 degrees Fahrenheit in the refrigerator will help ensure that bacteria do not begin to grow rapidly on any of these foods. Refrigerators and freezers should be kept clean both inside and outside. Sanitize the inside and outside (especially around door handles) of your refrigerator periodically. Your facility should have a schedule for when this should be done.

Food Safety---Food Handling

Did you know your hands carry illness-causing bacteria? This is why you should wash your hands prior to preparing food or beverage. This is especially important prior to preparing or serving ready-to-eat foods such as tossed salads, beverages and fresh fruit. Ready-to eat foods such as these are not cooked, so any bacteria that might have contaminated them will not be killed by cooking. Bacteria from your hands can contaminate foods and utensils and cause illness in a resident. Elderly residents are particularly susceptible to food-borne illness, so being sanitary is very important.

Did you know certain foods have bacteria on them that can make you sick? Raw meats, poultry, seafood and fresh eggs for example, can carry bacteria that can cause illness. After contact with any of these your hands should be washed thoroughly with soap and water to prevent spreading the bacteria to other foods or objects. Also, you can pick up harmful bacteria from other things such as garbage cans, the floor, dirty rags, or even your own body.

Let's now consider how food should be handled after it has been cooked and prior to being served to residents. Your facility, for example, may use a steam table to hold hot foods prior to serving to the residents. Hot foods should be held at a temperature of at least 140 degrees Fahrenheit. This will prevent bacteria from growing rapidly and posing a threat to the safety of the food. If the facility does not have a steam table for keeping hot foods hot after they have been cooked, you'll need to keep food over the stove at a very low temperature (at least 140 degrees Fahrenheit) until it is ready to be served to the residents. Never let cooked foods just set out for an extended period prior to being served.

Food Safety---Cross-Contamination

Cross-contamination is another way illness-causing bacteria can find their way into food. When bacteria from one food or object contaminate another food or object this is called cross-contamination. One way cross-contamination occurs is when cutting boards used to cut or prepare raw meat or poultry are then used to cut fresh produce without first cleaning and sanitizing the cutting board. This can also happen if a utensil used to cut raw meat or poultry is then used to cut fresh vegetables or fruit. If possible, use one cutting board for fresh produce and

use a separate one for raw meat, poultry, and seafood. Never place cooked food back on the same plate or cutting board that previously held raw food. And remember to always wash your hands, cutting boards, dishes, and utensils after contact with raw meat, poultry and seafood. Follow your facility's methods for sanitizing all dishes, cutting boards and utensils.

Food Safety---Thawing Meats/Poultry/Fish

Since raw meat, poultry, and seafood can contain harmful bacteria, it should make sense that care should be taken when thawing these. You should never thaw these at room temperature on the kitchen counter. Bacteria can multiply rapidly at room temperature, so the best way to thaw meats/poultry/seafood is in the refrigerator. An excellent way to thaw foods is to place thawing items in a pan on the bottom of the refrigerator. You want to be sure raw meat or poultry doesn't drip onto other items in the refrigerator and contaminate them. Raw meat and poultry can also be thawed under *cold* running water in the bottom of a food preparation sink. The water should drain out; you don't want raw meat or poultry sitting in a sink full of water.

Personal Hygiene--- Handwashing

You've already read a little bit about the importance of washing your hands—but do you know *how* to wash your hands? Most people think they do but, if you work in food service, you need to be thorough to prevent spreading harmful bacteria. Follow these steps:

1. Wet hands
2. Apply soap
3. Briskly rub hands for 20 seconds
4. Scrub between fingers
5. Scrub forearm to just below elbow
6. Rinse forearms and hands
7. Dry hands with a paper towel
8. Turn the water off using a paper towel
9. Discard the paper towel

Sound a little more involved than what you are used to? It may be, but if you are a food handler, it is very important in preventing the spread of bacteria. Just blowing your nose, using the toilet or scratching your head or body can contaminate your hands with potentially deadly bacteria. Those bacteria can be spread to food or utensils if you don't wash your hands afterwards. So, now that you know how to wash your hands properly, *when* should you wash your hands? Here are some examples of when to wash:

1. Before handling or preparing food, clean dishes and utensils
2. After touching any part of your body
3. After using the toilet
4. After touching animals
5. After coughing, sneezing, eating or using tobacco
6. After taking the garbage out, handling dirty dishes or equipment, or cleaning the kitchen
7. After preparing raw meat/poultry/seafood.

8. After touching anything that would contaminate your hands when they are clean, including contact with residents in the facility or objects that are not clean.

Personal Hygiene --- Clean Clothes/Hair Restraint

Personal hygiene is also a part of preventing the spread of harmful bacteria. Be sure when you show up for work that *you* are clean, and your *clothes* are clean. You also need to wear some type of hair restraint if you will be working around food.

Personal Hygiene--- Infections/Communicable Diseases

What if you have a cold or some other communicable or infectious disease? Sanitation rules restrict your work in food service in any capacity if there is a chance that you will contaminate food or food-contact surfaces. So, if you have the “flu”, a cold with a cough or runny nose, a boil, an infected wound or any other communicable disease, it would be best to stay home! The elderly and sick cannot fight off infections as well as younger, healthy adults, so if you spread your cold or flu, it could be life-threatening for someone who is chronically sick or frail!

Therapeutic Diets

Therapeutic diet menus are designed and written by registered dietitians. The dietitian has written these menus to ensure that meals meet guidelines for treating certain medical conditions and that they are nutritious, palatable, and provide a balance of different foods that will be well tolerated by the resident. The administrator of the home should provide you with a list of residents on special (or therapeutic) diets so that you will know who should receive a therapeutic diet. It is very important that you follow these menus in preparing special diets. Following the menus will help ensure that what you serve to the resident is appropriate for the resident’s medical condition and that it will be well tolerated by the resident. You should see a therapeutic menu column for each diet that is listed on the therapeutic (or modified) diet list. If you see a resident listed to receive a diet that is not represented on the menus, notify the administrator immediately. The administrator may need to contact the resident’s physician to obtain an appropriate diet order. You’ll need to review the menus of all the diets your facility offers. Here is an overview of *some* of these special diets that you may be preparing.

Puree

This diet consists of foods that have a smooth, soft texture, much like fluffy whipped potatoes. It may be used for residents who have difficulty swallowing or chewing. Thickening agents may be used to produce the right consistency. You will need a blender or food processor to prepare foods to the consistency of fluffy whipped potatoes. It is important to prepare the diet exactly as outlined on the menu to ensure residents receive foods that are appropriate and safe to eat.

Mechanical Soft

This diet may be used for residents who have problems chewing food due to facial paralysis, poorly fitting dentures or few teeth. Meats are typically chopped or ground. Raw and dried fruits and vegetables, nuts and seeds are typically not allowed. You will

need to follow your facility's menu guide for this diet. Many times menus vary in what is included and also what they are called. For instance, a regular ground menu pattern may be very similar to a mechanical soft menu pattern, but vary in what foods are actually included on the menu. Just be sure to follow your facility's menus and ask questions if you aren't sure.

No Concentrated Sweets

This diet may be used for residents who have diabetes mellitus, a disease that affects how your body handles food. The diet is limited in concentrated sweets. Some examples of concentrated sweets are regular cakes, pies, candies, regular sodas and table sugar. Serving this diet correctly is important to help these residents manage their diabetes. Be sure to follow your facility's menu pattern for what can be served on these diets. Sometimes it may allow for *small* portions of regular desserts, or it may restrict sweets all together. Just be sure to read the menu column for this diet carefully.

Calorie Controlled ADA

These diets are also designed to help residents control their diabetes, but in addition to restricting concentrated sweets, it restricts *calories*. Limiting portions and preparing foods with as little fat as possible are two ways to restrict calories. So, you will notice the menu pattern for these diets are very specific in what can be served. Be sure you note portion sizes and different preparation methods, such as baking instead of frying, fat-free seasoning instead of butter, or differences in what type of bread is served, for example, rolls instead of biscuits or cornbread.

No Added Salt (4-gram sodium)

This diet is restricted in the addition of salt to meals at the table. It may also restrict certain foods high in salt. This means that generally salt can be used in cooking the food, but the resident should use no additional salt at the table. Let's explain the difference between salt and sodium. Sodium is found in salt, and it is sodium that is linked to health problems such as high blood pressure and fluid retention. When you see the word sodium, think salt and salty foods—they are a big source of sodium. That's why they are limited in the diet. Be sure to follow your facility's menu pattern for this diet since menus may vary and some items allowed on a regular diet may not automatically be allowed on a No Added Salt diet.

2-Gram Sodium

This diet is much more restrictive than the No Added Salt diet. Processed or prepared foods such as frozen entrees, luncheon meats, or canned soups that are high in sodium are eliminated. Milk is limited to 2 cups per day. The menu for this diet will outline exactly what should be served. As a rule, salt is not added during cooking or at the table. Generally, it will be necessary to prepare foods for this diet separately since salt cannot be used in cooking.

It is very important to follow the menu pattern for this diet because the sodium content has been calculated by a registered dietitian and any substitutions made should be done ensuring the item substituted will also be low in sodium. Pay particular attention to

canned vegetables and processed meats—these are generally high in sodium and a low-sodium version must be used. In many cases, breads such as biscuits or cornbread and desserts will vary from the regular menu on a 2-gram sodium diet—so be sure to check the menu pattern before you start preparing the meal!

Renal

Now here is a diet that really needs your attention. This diet generally restricts the amount of protein, sodium, and potassium in the diet. That means there are quite a few foods that are limited both in variety and portion. Some residents may also have their fluid intake restricted. Once again, a registered dietitian has calculated this diet to contain a certain amount of nutrients and minerals, so the menu pattern must be followed closely.

Depending on the facility's menus, this diet may also require that you prepare foods separately (without added salt) to ensure that it meets the guidelines for sodium. Look at your facility's menus closely to see if the menu specifies "salt free" or "low sodium" versions of vegetables or meats for this diet. Also pay attention to the types of breads and desserts this menu calls for. It can make a big difference in the sodium and potassium content of the food that you serve!

It's a good idea to avoid making substitutions on this diet because of all the different foods that provide potassium, sodium and protein. For example, the food you substitute may contain a lot more potassium than what the menu calls for, so you may end up serving something that is not allowed on the diet! Portion size is also very important because it ensures the resident receives the right amount of protein, sodium and potassium. All of these nutrients can affect the resident's health if they are consumed in excess, so read your menu closely *before* preparing this diet. Be sure to ask questions if you are unsure about something.

Low Cholesterol/Low Fat

Like the name implies, this diet restricts the amount of fat and cholesterol in the diet. Be sure to follow your facility's menus for portion size and preparation methods for this diet. For example, pay close attention if the menu calls for "low fat" versions of entrees or vegetables. Make note of differences with the type of bread or dessert that is called for. Be sure to ask questions if you are unsure about something.

Dysphagia Diets / Thickened Liquids

Thickened liquids are used to help residents with swallowing difficulties. A thickened liquid is easier to swallow than an unthickened liquid for residents who have trouble swallowing. It is important that the diet and liquids are prepared correctly to ensure that the resident does not choke and that food or liquid does not "go down the wrong pipe". This can put the resident in serious danger if foods and liquids enter the "wind pipe", so correct preparation is extremely important. There are three levels of consistency that liquids may be thickened to : (1) "nectar" thick, (2) "honey" thick, and (3) "pudding" thick. What is important is that you prepare them according to the directions on the label of the canister or packet of thickener.

Pay attention to the amount of fluid and the amount of thickener called for to achieve one of the consistencies mentioned above. You will need measuring cups to measure the fluid and measuring spoons to measure the thickener. Be sure to ask the administrator if you do not know the specific consistency (nectar, honey or pudding thick) of a beverage you need to prepare for a resident. Also, remember that ice should never be added to a thickened beverage—just chill the beverage in the refrigerator instead. Your facility may have pre-thickened beverages for these residents. If so, be sure that the level of thickness of the beverage you serve matches the thickness specified on the diet list for that particular resident.

Let's look briefly at dysphagia diets. Dysphagia diets are also designed for residents that have swallowing difficulties and may be used along with thickened liquids to help them swallow their food and beverages without choking. You may see dysphagia diets on your facility's menus—this may be a puree diet. Be sure to read your menu carefully and prepare the diet according to what is specified there.

Therapeutic Menus – Reading Spread Menus

You've heard a lot about menus up to this point. So now would be a good time to pull out your facility's menus! Menus can be set up differently depending on what facility you are in, which is why you need to take a good look at your facility's menus. Don't try to rely on your knowledge of special diets from previous jobs in preparing foods—menus often vary and should be prepared according to what is required for each therapeutic diet. You may need to discuss the menus with your supervisor to fully understand them, but in general, there are a couple of things you may see. Some menus may have a "week at a glance" menu showing a full 7 days of the *regular* menu. If your facility serves therapeutic diets, you should see a "spread menu" for each day of the week showing the menu (breakfast, lunch, dinner) that should be served for *each therapeutic diet*, such as mechanical soft, puree, no concentrated sweets, etc. These diets usually appear in columns and the names of the therapeutic diets are across the top of the columns.

Under the name of each diet is the menu for that particular day for that particular diet. You will need to know which menu *day* you need to prepare. Many times the menus are dated, so you will find and prepare food for the menu with the current date. Always check with the administrator if you are unsure. Most menus have "cycles"; in other words, the same 3 or 4 weeks rotate over and over again. Some menus change with the seasons, and you may see different menus for fall/winter and spring/summer. These are all things that you will need to be clear about before preparing meals. Always check with the administrator if you are not sure!

Therapeutic Menus – Making Substitutions

You may find that on occasion you don't have a particular food that the menu calls for that day. What do you do? Of course you will need to substitute something else. But you want to make sure that the substitution you serve is appropriate for *all* of the diets, including the therapeutic diets. Not sure what can be substituted on a therapeutic diet? Look at another day's menu on

that same therapeutic diet column to see other foods that would be allowed within that particular diet

It's best not to make a lot of substitutions. If you find that you are making a lot of substitutions, you will need to notify the administrator. This may indicate that there is a problem with ordering foods or that the menus need to be adjusted by the registered dietitian. Making too many substitutions can interfere with ensuring variety and balance in meals that are served day after day. One way you can have a big impact is by noticing which entrees are not well liked or accepted by a majority of the residents. In this case, the registered dietitian can alter the menus to suit the food preferences of the majority of residents. Be sure to notify the administrator if you notice a lot of food waste from plates or complaints with certain foods that are served.

Recipes

Many times you will need to refer to a recipe to prepare a certain dish or entree. This may especially be true if it is a dish for a therapeutic diet such as no concentrated sweets, 2-gram sodium, low fat low cholesterol, no added salt or renal diet, in which case the dish or entrée may need to be prepared differently than the regular diet. The facility should have recipes to go with the menus. Be sure to familiarize yourself with where the recipe book is and how to quickly find and use a recipe when you need it. Check with the administrator if you aren't able to find something or have questions.

Resident Rights

Well, you are just about done with your orientation to food service! But what we will talk about now is very important and should affect all of your interactions with the residents. Do you know what rights a resident has in a home such as the one you work in? The State of North Carolina has made a Declaration of Residents' Rights, which you should see posted in your facility. Consider the following in dealing with residents and serving of meals:

- Residents have the right to have their food preferences honored.
- Residents have a right to request an alternate meal or sandwich if what is served is not to their liking.
- Residents have the right to refuse their therapeutic diet—if you observe this, the administrator should be notified to ensure the resident's needs are met.
- Residents have the right to be treated with respect, courtesy, and dignity in *all* of their interactions with you.

Meal times should be as pleasant as possible. The dining room should be clean, neat and decorated for the season if possible. Flowers or some time of centerpiece can help make a table pretty. If music is played, it should be kept at a low volume and be appropriate for, and liked by the residents. Mealtime is not a time to play *your* favorite music. Keep in mind that you are in *their* home. If music is played in the kitchen while preparing meals, it should be turned off while the kitchen door is open and residents are being served in consideration of them. There should not be loud talking or screaming across the dining room during meal times by staff. Remember that we want to make dining a pleasant experience for the *residents*.

Decide ahead of time how you will get all the meals out in a timely and organized manner. Residents at one table shouldn't have to watch others at their table eat while they sit there without their food for an extended amount of time. If residents make requests they should always be honored if possible and assistance given in a courteous, timely, and respectful manner. Be careful not to tease, "talk down to", or "make fun" of residents. Never order a resident around. All of your interactions with the residents should be respectful, courteous and helpful.

Now take the post-test and see how much you know! Please be sure to go back and re-read the information for questions you missed. At the bottom of the post test is an area for you to sign that verifies you have read all of this information and taken the post test. The administrator or administrator/supervisor-in-charge should also sign below to verify that you have been given this information and taken the test. The Post Test with signatures is to be maintained in the facility.

It may be necessary that the administrator discuss the information in this manual with you in order for you to fully understand your role in food preparation. Most likely, if you are reading this, you are either the kitchen supervisor or responsible for preparing meals for residents. You'll want to share your knowledge with everyone who works in food service or assists in serving meals. You have an extremely important job! Take pride in your work and share your knowledge!

POST TEST FOR FOOD SERVICE ORIENTATION

Circle the best answer for each question.

1. Sanitation of kitchen surfaces is different than “clean” in that it means it has been treated to kill what? A. harmful bacteria B. rodents C. flies D. animals
2. Kitchen equipment such as blenders and meat slicers should be sanitized: A. once a month B. once a week C. once a day D. after each use
3. Dishes can be sanitized by using: A. soap and water B. a fan to air dry C. water temperatures of 170 degrees or sanitizing chemicals such as bleach D. a drying rag.
4. Food can be stored on the floor as long as it is in dry storage area and the floor is clean. True or False
5. What is the appropriate temperature for refrigerators? A. 50 degrees or below B. 0 degrees C. 45 degrees or below D. 32 degrees or below
6. Which food may contain harmful bacteria? A. raw chicken B. fresh eggs C. raw meat D. all of these may contain harmful bacteria
7. Cross-contamination occurs *only* when *hands* are not washed after handling raw meat or poultry. True or False
8. An acceptable way to thaw hamburger would be to: A. let it sit on the counter B. in a sink full of water C. in a pan in the bottom of the refrigerator D. outside on a hot day.
9. Your hands should be washed after which of the following: A. touching raw meat, poultry or seafood B. after a trip to the restroom C. after touching garbage or other unclean surfaces. D. All of these

10. After hot foods have been prepared and are ready to be served, they should be held at what temperature to ensure bacteria do not grow rapidly? A. 0 degrees Fahrenheit
B. at least 140 degrees Fahrenheit C. 35 degrees Fahrenheit D. 500 degrees Fahrenheit
11. You should **not** work in food service if you have which of the following? A. a cold or the “flu” B. an infected wound C. both A and B D. a bad hair day
12. Therapeutic diets are made up by chefs. True or False
13. What appliance is needed to prepare pureed diets? A. oven B. sharp knife
C. a blender or food processor D. toaster
14. Which diet provides meats chopped or ground for residents who have problems chewing?
A. No Concentrated Sweets B. Renal C. No Added Salt
D. Mechanical Soft
15. Which diet limits sweets such as regular cakes, pies, candy and regular sodas and drinks?
A. Renal B. No Concentrated Sweets C. Puree D. No Added Salt
16. Which diets may require that foods be prepared separately from regular foods because of salt? A. Renal and 2-gram Sodium B. puree and mechanical soft C. Finger Foods
D. Dysphagia
17. A Low Fat/Low Cholesterol menu may call for low-fat preparation methods, such as baking instead of frying. True or False
18. Which diet is used for residents with swallowing problems? A. No concentrated Sweets B. Dysphagia C. Low Cholesterol Low Fat D. No Added Salt
19. What equipment is needed to prepare thickened liquids using a powdered thickener? A. measuring cups B. measuring spoons C. microwave D. both A and B
20. Where can you find directions for how much thickener should be added to a 4-ounce beverage to achieve nectar thickness? A. on the label of the canister or packet of thickener
B. the menus C. the recipe book D. the phone book

21. A teaspoon of thickener will work in *any amount* of beverage. True or False
22. Therapeutic diet menus are the same in all facilities. True or False
23. It's OK to pick *any* day from the menus for meal preparation? True or False
24. When making substitutions on therapeutic diets, what is an easy way to know what other foods can be substituted? A. look at a different day under the same therapeutic menu column. B. ask the residents C. just use your imagination D. pick something the same color
25. There is no need to follow recipes when preparing therapeutic diets. True or False
26. You can order residents around only if they are not doing what you want them to do.
True or False
27. It is the cook's responsibility to provide alternative foods if a resident refuses the meal served and to honor each resident's food preferences. True or False
28. Loud music of your liking should only be played occasionally in the dining room.
True or False
29. You can tease residents just like you would your own friends. True or False
30. You should always be helpful to residents except when you are not feeling well or too busy.
True or False

I have read the Food Service Orientation Manual and completed the Post Test.

Signature of person who completed food service orientation **Date**

I verify that the person whose signature is above received the Food Service Orientation Manual and completed the Post Test.

Signature of Administrator or Administrator/Supervisor-in-Charge **Date**

The Post Test with signatures is to be maintained in the facility.

Answers to Post Test

1. A
2. D
3. C
4. False
5. C
6. D
7. False
8. C
9. D
10. B
11. C
12. False
13. C
14. D
15. B
16. A
17. True
18. B
19. D
20. A
21. False
22. False
23. False
24. A
25. False
26. False
27. True
28. False
29. False
30. False

MENU SUBSTITUTION FORM

.0904 (c)(3) Any substitutions made in the menu shall be of equal nutritional value, appropriate for therapeutic diets and documented to indicate the foods actually served to residents.

DATE: _____

DATE SUBSTITUTION MADE: _____

MEAL SUBSTITUTION SERVED: breakfast/lunch/supper
(Circle one)

DAY: _____ **CYCLE:** _____

SUBSTITUTION MADE BY: _____

_____ **was served in place of** _____

_____ **was served in place of** _____

_____ **was served in place of** _____

_____ **was served in place of** _____

_____ **was served in place of** _____

_____ **was served in place of** _____

Purees

The proper texture is ---

- ** fluffy, like whipped potatoes
- ** pudding like, moist food uniform in texture, which clumps together

Purees should—

- Taste good and be appealing to the eye
- Hold its shape at room temperature without weeping
- Have no lumps, no pieces, and no strings
- Be held and served at appropriate temperatures

Non-Commercial Thickening and Thinning Agents

1. Instant mashed potatoes, real whipped potatoes better
2. Cooked vegetables, such as carrots and potatoes
3. Cooked fruits, such as pears and peaches, applesauce
4. Blended or ready to eat adult oatmeal, cream of wheat, cream of rice, and grits
5. Flour, cornstarch, tapioca, and eggs if cooked after adding
6. Breadcrumbs, use ¼ cup per four ounce serving
7. Instant pudding, whipped topping, canned pudding, and marshmallow cream
8. Liquid non-dairy creamer, cheese, sour cream, dry milk powder, blended cottage cheese, cream cheese, and plain yogurt
9. Gelatin in cold foods, use no more than 1 TBSP per 4-ounce portion. Do not allow to chill.

Commercial Thickeners

1. Follow instructions on each product label to prevent clumping
2. Designed to thicken all foods and liquids

Puree Production

1. Use a food processor or blender.
2. Use all standard practices of sanitation to prevent bacteria growth.
3. If foods have skins or seeds, strain before thickening.
4. Serve all foods as listed on the Puree Menu.

Meat and Entrees

1. Addition of stock, broth, gravy, or au jus, preferred over water.
2. If milk added, heat milk before adding to solids.

Breads

1. Serve as listed on the Puree Menu. May be pureed with entrée if listed as pureed on the menu. Serving size must then be adjusted.
2. If bread is served in a slurry, 1 TBSP thickener in 4 ounces liquid or 1 TBSP gelatin may be dissolved in 2 cups liquid. Do not chill. Allow to soften 15 minutes before service.

Food Service Activity

Basic 2008

FOOD SERVICE MONITORING ACTIVITY

LUNCH TIME OBSERVED at Butterfields Assisted Living, Cricket, N.C.

Directions for Activity: Compare the meal observed to the resident's FL-2 to the Therapeutic Diet List, and to the Menu. Use the food service monitoring tool to document observations and record findings from record review. Determine if the facility is out of compliance with rule areas and write, if any the deficiency/deficiencies for this food service monitoring visit.

Assume food portions are appropriate.

1. Resident Margaret M. has one white scoop, one brownish white scoop, and one greenish white scoop of food. She also has a dessert bowl with yellow pudding and is served a cup of coffee and water. Interview with staff reveals the food was fried fish, mashed potatoes and coleslaw.
2. Resident April B. has fried fish, mashed potatoes, coleslaw, 4 hushpuppies, a bowl of pears, and two glasses, which appear to be water. Interview reveals that one glass of liquid is Sprite and the other glass is water.
3. Simon L. has baked fish, baked potato, coleslaw, roll, a dish of lemon pie, and a glass of tea and a glass of water.
4. May G. has a serving of fried fish, baked potato, coleslaw, 6 hushpuppies, a dish of Lemon Pudding, a glass of tea and a glass of water. Interview with staff reveals that the Tea is Sugar Free.
5. Myrtle has a serving of fried fish, baked potato, coleslaw, 6 hushpuppies, a dish of lemon pie, a glass of milk and a glass of water.

BUTTERFIELDS ASSISTED LIVING

	Portion Size	REGULAR	NO ADDED SALT (3-4 GM)	MECHANICAL SOFT	PUREED	RENAL	NO CONCENTRATED SWEETS
B R E A K F A S T	6 oz	Orange juice	Orange juice	Orange juice	Orange juice	Apple juice	Orange juice
	1	Egg scrambled	Egg scrambled	Egg scrambled	Pureed Egg, scrambled	LS Egg scrambled	Egg scrambled
	1	Bacon			Pureed Bacon		Bacon
	2	Pancakes	Pancakes	Pancakes	Pancakes	Pancakes 2	Pancakes
	1	Margarine	LS Margarine	Margarine	Margarine	LS Margarine	Margarine
	1	Syrup	Syrup	Syrup	Syrup	Syrup 2	SF Syrup
	8 oz	Milk	Milk	Milk	Milk	Milk	Milk
		Coffee	Coffee	Coffee	Coffee	Coffee	Coffee
L U N C H	3oz	Fried Fish	LS Fried Fish	Baked Fish	Pureed Fried Fish	Fried Fish 1 oz.	Fried Fish
	1 med	Baked potato	Baked potato	Bake potato	Mashed potato	Noodles ½ c	Baked potato
	½ c	Coleslaw	Coleslaw	Coleslaw	Pureed Coleslaw	Coleslaw	Coleslaw
	4-6	Hushpuppies	Hushpuppies	Roll	Roll	Hushpuppies 4	Hushpuppies
	1sl	Lemon Pie	Lemon Pie	Lemon Pie	Lemon Pudding	Pears ½ c	SF Lemon Pudding
		Coffee, tea, milk	Coffee, tea, milk	Coffee, tea, milk	Coffee, tea, milk	Sprite Koolaid	Coffee, tea, milk
D I N N E R	3 oz	Cubed beef steak	Cubed beef steak	Chopped Cubed beef steak	Pureed cube steak	Cubed beef 1 oz	Cubed beef steak
	½ c	Mashed potatoes	Mashed potatoes	Mashed potatoes	Mashed potatoes	Rice ½ c	Mashed potatoes
	½ c	Mixed vegetables	Mixed vegetables	Mixed vegetables	Pureed Mixed vegetables	Cauliflower ½ c	Mixed vegetables
	1	Roll	Roll	Roll	Roll	Roll	Roll
	½ c	Sliced oranges	Sliced oranges	Sliced oranges	Pureed pears	Pineapple ½ c	Sliced oranges
	1	Margarine	LS Margarine	Margarine	Margarine	Margarine	Margarine
	8 oz	Milk	Milk	Milk	Milk		Milk
		Coffee, tea	Coffee, tea	Coffee, tea	Coffee, tea	Tea, Ginger-ale	Coffee, tea

NOTE: BACON CAN BE PUREED WITH EGGS SF (sugar-free) pudding should be made w/skim milk
Water should be served with each meal

MODIFIED DIET LIST FOR BUTTERFIELDS MANOR

1500 CALORIE ADA

CAROLYN A.
MYRTLE W.

1800 CALORIE ADA

JEWEL C.
ANNIE C.
HOMER G.
ANN M.

2200 CALORIE ADA

MAY G.

LOWFAT LOW CHOLESTEROL

MARGARET M.
THEODORE I.

RENAL

APRIL B.

PUREED

FOSTER C.
GRANT T.
GENEVA H.

MECHANICAL SOFT

JOHN G.
LYLE B.
SIMON L.
JANET P.

NORTH CAROLINA MEDICAID PROGRAM
LONG TERM CARE SERVICES

INSTRUCTIONS ON REVERSE SIDE

PRIOR APPROVAL

UTILIZATION REVIEW

ON-SITE REVIEW

IDENTIFICATION

1. PATIENT'S LAST NAME B.		FIRST April	MIDDLE	2. BIRTHDATE (M/D/Y) 9/28/24	3. SEX F	4. ADMISSION DATE (CURRENT LOCATION) 1-2-08	
5. COUNTY AND MEDICAID NUMBER 02 245-00-7000			6. FACILITY Butterfields		ADDRESS Cricket, N.C.		7. Provider NUMBER 99999
8. ATTENDING PHYSICIAN NAME AND ADDRESS Dr. Bowers				9. RELATIVE NAME AND ADDRESS Frances W. (daughter) 3 No Lane , Upton, NC 28806			
10. CURRENT LEVEL OF CARE <input type="checkbox"/> HOME <input checked="" type="checkbox"/> DOMICILIARY <input type="checkbox"/> SNF (REST HOME) <input type="checkbox"/> ICF OTHER <input type="checkbox"/> HOSPITAL		11. RECOMMENDED LEVEL OF CARE <input type="checkbox"/> HOME <input checked="" type="checkbox"/> DOMICILIARY <input type="checkbox"/> SNF (REST HOME) <input type="checkbox"/> ICF OTHER		12. PRIOR APPROVAL NUMBER		14. DISCHARGE PLAN <input type="checkbox"/> SNF <input type="checkbox"/> HOME <input type="checkbox"/> ICF <input type="checkbox"/> DOMICILIARY (REST HOME) <input checked="" type="checkbox"/> <input type="checkbox"/> OTHER	
13. DATE APPROVED/DENIED							

15. ADMITTING DIAGNOSES – PRIMARY, SECONDARY, DATES OF ONSET

1. Dementia	5.
2. End Stage Renal Disease (ESRD)	6.
	7.
4.	8.

16. PATIENT INFORMATION

DISORIENTED	AMBULATORY STATUS	BLADDER	BOWEL
<input type="checkbox"/> CONSTANTLY	<input checked="" type="checkbox"/> AMBULATORY	<input type="checkbox"/> CONTINENT	<input type="checkbox"/> CONTINENT
<input checked="" type="checkbox"/> INTERMITTENTLY	<input type="checkbox"/> SEMI-AMBULATORY	<input checked="" type="checkbox"/> INCONTINENT	<input checked="" type="checkbox"/> INCONTINENT
INAPPROPRIATE BEHAVIOR	<input type="checkbox"/> NON-AMBULATORY	<input type="checkbox"/> INDWELLING CATHETER	<input type="checkbox"/> COLOSTOMY
<input type="checkbox"/> WANDERER	FUNCTIONAL LIMITATIONS	<input type="checkbox"/> EXTERNAL CATHETER	RESPIRATION
<input type="checkbox"/> VERBALLY ABUSIVE	<input type="checkbox"/> SIGHT	COMMUNICATION OF NEEDS	<input checked="" type="checkbox"/> NORMAL
<input type="checkbox"/> INJURIOUS TO SELF	<input type="checkbox"/> HEARING	<input type="checkbox"/> VERBALLY	<input type="checkbox"/> TRACHEOSTOMY
<input type="checkbox"/> INJURIOUS TO OTHERS	<input type="checkbox"/> SPEECH	<input type="checkbox"/> NON-VERBALLY	<input type="checkbox"/> OTHER:
<input type="checkbox"/> INJURIOUS TO PROPERTY	<input type="checkbox"/> CONTRACTURES	<input type="checkbox"/> DOES NOT COMMUNICATE	<input type="checkbox"/> O2 <input type="checkbox"/> PRN <input type="checkbox"/> CONT.
<input type="checkbox"/> OTHER:	ACTIVITIES/SOCIAL	SKIN	NUTRITION STATUS
PERSONAL CARE ASSISTANCE	<input checked="" type="checkbox"/> PASSIVE	<input checked="" type="checkbox"/> NORMAL	<input type="checkbox"/> DIET Renal
<input checked="" type="checkbox"/> BATHING	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> OTHER:	<input type="checkbox"/> SUPPLEMENTAL
<input type="checkbox"/> FEEDING	<input type="checkbox"/> GROUP PARTICIPATION	<input type="checkbox"/> DECUBITI – DESCRIBE:	<input type="checkbox"/> SPOON
<input checked="" type="checkbox"/> DRESSING	<input type="checkbox"/> RE-SOCIALIZATION		<input type="checkbox"/> PARENTERAL
<input type="checkbox"/> TOTAL CARE	<input type="checkbox"/> FAMILY SUPPORTIVE		<input type="checkbox"/> NASOGASTRIC
PHYSICIAN VISITS	NEUROLOGICAL		<input type="checkbox"/> GASTROSTOMY
<input type="checkbox"/> 30 DAYS	<input type="checkbox"/> CONVULSIONS/SEIZURES		<input type="checkbox"/> INTAKE AND OUTPUT
<input type="checkbox"/> 60 DAYS	<input type="checkbox"/> GRAND MAL	DRESSINGS:	<input type="checkbox"/> FORCE FLUIDS
<input type="checkbox"/> OVER 180 DAYS	<input type="checkbox"/> PETIT MAL		<input type="checkbox"/> WEIGHT 108##
	<input type="checkbox"/> FREQUENCY		<input type="checkbox"/> HEIGHT 5"2"
17. SPECIAL CARE FACTORS	FREQUENCY	SPECIAL CARE FACTORS	FREQUENCY
<input type="checkbox"/> BLOOD PRESSURE	weekly	<input type="checkbox"/> BOWEL AND BLADDER PROGRAM	
<input type="checkbox"/> DIABETIC URINE TESTING		<input type="checkbox"/> RESTORATIVE FEEDING PROGRAM	
<input type="checkbox"/> PT (BY LICENSED PT)		<input type="checkbox"/> SPEECH THERAPY	
<input type="checkbox"/> RANGE OF MOTION EXERCISES		<input type="checkbox"/> RESTRAINTS	

18. MEDICATIONS / NAME & STRENGTHS, DOSAGE & ROUTE

1. Aruceot 5 mg 1 po daily	7.
2. Ativan .5 mg q 6 hr prn anxiety	8.
3. Ambien 5 mg 1 po hs prn sleep	9.
4. Hemodialysis Mon Wed Fri	10.
5.	11.
6.	12.

19. X-RAY AND LABORATORY FINDINGS / DATE

20. ADDITIONAL INFORMATION: PPD negative 1/1/98

21. PHYSICIAN'S SIGNATURE

22. DATE

NORTH CAROLINA MEDICAID PROGRAM
LONG TERM CARE SERVICES

INSTRUCTIONS ON REVERSE SIDE

PRIOR APPROVAL

UTILIZATION REVIEW

ON-SITE REVIEW

IDENTIFICATION

1. PATIENT'S LAST NAME M.		FIRST Margaret	MIDDLE	2. BIRTHDATE (M/D/Y) 7/02/17	3. SEX F	4. ADMISSION DATE (CURRENT LOCATION) 1-08-08	
5. COUNTY AND MEDICAID NUMBER 02 245-00-7000			6. FACILITY Butterfields		ADDRESS Cricket, N.C.		7. Provider NUMBER 99999
8. ATTENDING PHYSICIAN NAME AND ADDRESS Dr. Bowers				9. RELATIVE NAME AND ADDRESS Frances W. (daughter) 3 No Lane , Upton, NC 28806			
10. CURRENT LEVEL OF CARE <input type="checkbox"/> HOME <input checked="" type="checkbox"/> DOMICILIARY <input type="checkbox"/> SNF (REST HOME) <input type="checkbox"/> ICF <input type="checkbox"/> OTHER <input type="checkbox"/> HOSPITAL		11. RECOMMENDED LEVEL OF CARE <input type="checkbox"/> HOME <input checked="" type="checkbox"/> DOMICILIARY <input type="checkbox"/> SNF (REST HOME) <input type="checkbox"/> ICF <input type="checkbox"/> OTHER		12. PRIOR APPROVAL NUMBER		14. DISCHARGE PLAN <input type="checkbox"/> SNF <input type="checkbox"/> HOME <input type="checkbox"/> ICF <input type="checkbox"/> DOMICILIARY (REST HOME) <input checked="" type="checkbox"/> X <input type="checkbox"/> OTHER	
13. DATE APPROVED/DENIED							

15. ADMITTING DIAGNOSES – PRIMARY, SECONDARY, DATES OF ONSET

1. COPD	5.
2. Hypercholesterolemia	6.
3. Parkinson's	7.
4.	8.

16. PATIENT INFORMATION

DISORIENTED	AMBULATORY STATUS	BLADDER	BOWEL
CONSTANTLY	<input checked="" type="checkbox"/> AMBULATORY	<input checked="" type="checkbox"/> CONTINENT	<input checked="" type="checkbox"/> CONTINENT
INTERMITTENTLY	SEMI-AMBULATORY	INCONTINENT	INCONTINENT
INAPPROPRIATE BEHAVIOR	NON-AMBULATORY	INDWELLING CATHETER	COLOSTOMY
WANDERER	FUNCTIONAL LIMITATIONS	EXTERNAL CATHETER	RESPIRATION
VERBALLY ABUSIVE	SIGHT	COMMUNICATION OF NEEDS	<input checked="" type="checkbox"/> NORMAL
INJURIOUS TO SELF	HEARING	VERBALLY	TRACHEOSTOMY
INJURIOUS TO OTHERS	SPEECH	NON-VERBALLY	OTHER:
INJURIOUS TO PROPERTY	CONTRACTURES	DOES NOT COMMUNICATE	O2 PRN CONT.
OTHER:	ACTIVITIES/SOCIAL	SKIN	NUTRITION STATUS
PERSONAL CARE ASSISTANCE	<input checked="" type="checkbox"/> PASSIVE	<input checked="" type="checkbox"/> NORMAL	DIET Pureed
BATHING	ACTIVE	OTHER:	SUPPLEMENTAL
<input checked="" type="checkbox"/> FEEDING	GROUP PARTICIPATION	DECUBITI – DESCRIBE:	SPOON
DRESSING	RE-SOCIALIZATION		PARENTERAL
TOTAL CARE	FAMILY SUPPORTIVE		NASOGASTRIC
PHYSICIAN VISITS	NEUROLOGICAL		GASTROSTOMY
30 DAYS	CONVULSIONS/SEIZURES		INTAKE AND OUTPUT
60 DAYS	GRAND MAL	DRESSINGS:	FORCE FLUIDS
OVER 180 DAYS	PETIT MAL		WEIGHT 147#
	FREQUENCY		HEIGHT 5'5"

17. SPECIAL CARE FACTORS	FREQUENCY	SPECIAL CARE FACTORS	FREQUENCY
BLOOD PRESSURE	weekly	BOWEL AND BLADDER PROGRAM	
DIABETIC URINE TESTING		RESTORATIVE FEEDING PROGRAM	
PT (BY LICENSED PT)		SPEECH THERAPY	
RANGE OF MOTION EXERCISES		RESTRAINTS	

18. MEDICATIONS / NAME & STRENGTHS, DOSAGE & ROUTE

1. Atrovent MDI 2 puffs qid	7.
2. Albuterol MOI 2 puffs qid	8.
3. Lopid 600 mg 1 tid	9.
4. Sinemet 50/200 mg 1 daily	10.
5.	11.
6.	12.

19. X-RAY AND LABORATORY FINDINGS / DATE

20. ADDITIONAL INFORMATION:

21. PHYSICIAN'S SIGNATURE

22. DATE

NORTH CAROLINA MEDICAID PROGRAM
LONG TERM CARE SERVICES

INSTRUCTIONS ON REVERSE SIDE

PRIOR APPROVAL

UTILIZATION REVIEW

ON-SITE REVIEW

IDENTIFICATION

1. PATIENT'S LAST NAME G.		FIRST May	MIDDLE	2. BIRTHDATE (M/D/Y) 5/14/27	3. SEX F	4. ADMISSION DATE (CURRENT LOCATION) 1-1-08	
5. COUNTY AND MEDICAID NUMBER 02 245-00-7000			6. FACILITY Butterfields		ADDRESS Cricket, N.C.		7. Provider NUMBER 99999
8. ATTENDING PHYSICIAN NAME AND ADDRESS Dr. Bowers				9. RELATIVE NAME AND ADDRESS Marvin G. (son) 15 No Lane, Upton, NC 28806			
10. CURRENT LEVEL OF CARE <input type="checkbox"/> HOME <input checked="" type="checkbox"/> DOMICILIARY <input type="checkbox"/> SNF (REST HOME) <input type="checkbox"/> OTHER <input type="checkbox"/> ICF <input type="checkbox"/> HOSPITAL		11. RECOMMENDED LEVEL OF CARE <input type="checkbox"/> HOME <input checked="" type="checkbox"/> DOMICILIARY <input type="checkbox"/> SNF (REST HOME) <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> ICF		12. PRIOR APPROVAL NUMBER		14. DISCHARGE PLAN <input type="checkbox"/> SNF <input type="checkbox"/> HOME <input type="checkbox"/> ICF <input type="checkbox"/> DOMICILIARY (REST HOME) <input checked="" type="checkbox"/> OTHER	
13. DATE APPROVED/DENIED							

15. ADMITTING DIAGNOSES – PRIMARY, SECONDARY, DATES OF ONSET

1. Essential Hypertension (HTN)	5.
2. Weight Loss	6.
3. Borderline Diabetic	7.
4.	8.

16. PATIENT INFORMATION

DISORIENTED	AMBULATORY STATUS	BLADDER	BOWEL
CONSTANTLY	<input checked="" type="checkbox"/> AMBULATORY	<input checked="" type="checkbox"/> CONTINENT	<input checked="" type="checkbox"/> CONTINENT
INTERMITTENTLY	SEMI-AMBULATORY	INCONTINENT	INCONTINENT
INAPPROPRIATE BEHAVIOR	NON-AMBULATORY	INDWELLING CATHETER	COLOSTOMY
WANDERER	FUNCTIONAL LIMITATIONS	EXTERNAL CATHETER	RESPIRATION
VERBALLY ABUSIVE	SIGHT	COMMUNICATION OF NEEDS	<input checked="" type="checkbox"/> NORMAL
INJURIOUS TO SELF	HEARING	VERBALLY	TRACHEOSTOMY
INJURIOUS TO OTHERS	SPEECH	NON-VERBALLY	OTHER:
INJURIOUS TO PROPERTY	CONTRACTURES	DOES NOT COMMUNICATE	O2 PRN CONT.
OTHER:	ACTIVITIES/SOCIAL	SKIN	NUTRITION STATUS
PERSONAL CARE ASSISTANCE	<input checked="" type="checkbox"/> PASSIVE	<input checked="" type="checkbox"/> NORMAL	DIET 2200 Calorie ADA
BATHING	ACTIVE	OTHER:	SUPPLEMENTAL
FEEDING	GROUP PARTICIPATION	DECUBITI – DESCRIBE:	SPOON
DRESSING	RE-SOCIALIZATION		PARENTERAL
TOTAL CARE	FAMILY SUPPORTIVE		NASOGASTRIC
PHYSICIAN VISITS	NEUROLOGICAL		GASTROSTOMY
30 DAYS	CONVULSIONS/SEIZURES		INTAKE AND OUTPUT
60 DAYS	GRAND MAL	DRESSINGS:	FORCE FLUIDS
OVER 180 DAYS	PETIT MAL		WEIGHT 97#
	FREQUENCY		HEIGHT 5'

17. SPECIAL CARE FACTORS	FREQUENCY	SPECIAL CARE FACTORS	FREQUENCY
BLOOD PRESSURE	weekly	BOWEL AND BLADDER PROGRAM	
DIABETIC URINE TESTING	Fingerstick BS ac breakfast	RESTORATIVE FEEDING PROGRAM	
PT (BY LICENSED PT)		SPEECH THERAPY	
RANGE OF MOTION EXERCISES		RESTRAINTS	

18. MEDICATIONS / NAME & STRENGTHS, DOSAGE & ROUTE

1. Weigh weekly	7.
2. HCTZ 25 mg 1 po Q am	8.
3. Glucerna Shake 1 can po tid	9.
4. Diabeta 5 mg 1 po bid	10.
5.	11.
6.	12.

19. X-RAY AND LABORATORY FINDINGS / DATE

20. ADDITIONAL INFORMATION:

21. PHYSICIAN'S SIGNATURE

22. DATE

NORTH CAROLINA MEDICAID PROGRAM
LONG TERM CARE SERVICES

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ON-SITE REVIEW

IDENTIFICATION

1. PATIENT'S LAST NAME W. Myrtle		FIRST	MIDDLE	2. BIRTHDATE (M/D/Y) 2-17-24	3. SEX F	4. ADMISSION DATE (CURRENT LOCATION) 1-1-08	
5. COUNTY AND MEDICAID NUMBER 02 245-00-7000			6. FACILITY Butterfields		ADDRESS Cricket, N.C.		7. Provider NUMBER 99999
8. ATTENDING PHYSICIAN NAME AND ADDRESS Dr. Bowers				9. RELATIVE NAME AND ADDRESS Jay W.(husband) 3 No Lane, Upton, NC 28806			
10. CURRENT LEVEL OF CARE		11. RECOMMENDED LEVEL OF CARE		12. PRIOR APPROVAL NUMBER		14. DISCHARGE PLAN	
<input type="checkbox"/> HOME <input checked="" type="checkbox"/> DOMICILIARY <input type="checkbox"/> SNF (REST HOME) <input type="checkbox"/> ICF OTHER <input type="checkbox"/> HOSPITAL		<input type="checkbox"/> HOME <input checked="" type="checkbox"/> DOMICILIARY <input type="checkbox"/> SNF (REST HOME) <input type="checkbox"/> ICF OTHER		13. DATE APPROVED/DENIED		<input type="checkbox"/> SNF <input type="checkbox"/> HOME <input type="checkbox"/> ICF <input type="checkbox"/> DOMICILIARY (REST HOME) <input checked="" type="checkbox"/> <input type="checkbox"/> OTHER	

15. ADMITTING DIAGNOSES – PRIMARY, SECONDARY, DATES OF ONSET

1. Blind	5.
2. Insulin Dependent Diabetes	6.
3.	7.
4.	8.

16. PATIENT INFORMATION

DISORIENTED	AMBULATORY STATUS	BLADDER	BOWEL
CONSTANTLY	<input checked="" type="checkbox"/> AMBULATORY	<input checked="" type="checkbox"/> CONTINENT	<input checked="" type="checkbox"/> CONTINENT
INTERMITTENTLY	SEMI-AMBULATORY	INCONTINENT	INCONTINENT
INAPPROPRIATE BEHAVIOR	NON-AMBULATORY	INDWELLING CATHETER	COLOSTOMY
WANDERER	FUNCTIONAL LIMITATIONS	EXTERNAL CATHETER	RESPIRATION
VERBALLY ABUSIVE	<input checked="" type="checkbox"/> SIGHT	COMMUNICATION OF NEEDS	<input checked="" type="checkbox"/> NORMAL
INJURIOUS TO SELF	HEARING	VERBALLY	TRACHEOSTOMY
INJURIOUS TO OTHERS	SPEECH	NON-VERBALLY	OTHER:
INJURIOUS TO PROPERTY	CONTRACTURES	DOES NOT COMMUNICATE	O2 PRN CONT.
OTHER:	ACTIVITIES/SOCIAL	SKIN	NUTRITION STATUS
PERSONAL CARE ASSISTANCE	<input checked="" type="checkbox"/> PASSIVE	<input checked="" type="checkbox"/> NORMAL	DIET No Concentrated Sweets
BATHING	ACTIVE	OTHER:	SUPPLEMENTAL
FEEDING	GROUP PARTICIPATION	DECUBITI – DESCRIBE:	SPOON
DRESSING	RE-SOCIALIZATION		PARENTERAL
TOTAL CARE	FAMILY SUPPORTIVE		NASOGASTRIC
PHYSICIAN VISITS	NEUROLOGICAL		GASTROSTOMY
30 DAYS	CONVULSIONS/SEIZURES		INTAKE AND OUTPUT
60 DAYS	GRAND MAL	DRESSINGS:	FORCE FLUIDS
OVER 180 DAYS	PETIT MAL		WEIGHT 164#
	FREQUENCY		HEIGHT 5'1"
17. SPECIAL CARE FACTORS	FREQUENCY	SPECIAL CARE FACTORS	FREQUENCY
BLOOD PRESSURE	weekly	BOWEL AND BLADDER PROGRAM	
DIABETIC URINE TESTING		RESTORATIVE FEEDING PROGRAM	
PT (BY LICENSED PT)		SPEECH THERAPY	
RANGE OF MOTION EXERCISES		RESTRAINTS	

18. MEDICATIONS / NAME & STRENGTHS, DOSAGE & ROUTE

1. Novolin N 70/30 25 uq am	7.
2. Novolin R sliding scale	8.
3. 150-200= 2 units	9.
4. 201-250=4 units	10.
5. 251-300=6 units	11.
6. 301-350 = 8 units, > 350 call MD	12.

19. X-RAY AND LABORATORY FINDINGS / DATE

20. ADDITIONAL INFORMATION:

21. PHYSICIAN'S SIGNATURE

22. DATE

NORTH CAROLINA MEDICAID PROGRAM
LONG TERM CARE SERVICES

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ON-SITE REVIEW

IDENTIFICATION

1. PATIENT'S LAST NAME L.		FIRST Simon	MIDDLE	2. BIRTHDATE (M/D/Y) 12/12/28	3. SEX F	4. ADMISSION DATE (CURRENT LOCATION) 1-10-03	
5. COUNTY AND MEDICAID NUMBER 02 245-00-7000			6. FACILITY Butterfields		ADDRESS Cricket, N.C.		7. Provider NUMBER 99999
8. ATTENDING PHYSICIAN NAME AND ADDRESS Dr. Bowers				9. RELATIVE NAME AND ADDRESS Madge L. (wife) 9 No Lane, Upton, NC 28806			
10. CURRENT LEVEL OF CARE <input type="checkbox"/> HOME <input checked="" type="checkbox"/> DOMICILIARY <input type="checkbox"/> SNF (REST HOME) <input type="checkbox"/> ICF OTHER <input type="checkbox"/> HOSPITAL		11. RECOMMENDED LEVEL OF CARE <input type="checkbox"/> HOME <input checked="" type="checkbox"/> DOMICILIARY <input type="checkbox"/> SNF (REST HOME) <input type="checkbox"/> ICF OTHER		12. PRIOR APPROVAL NUMBER		14. DISCHARGE PLAN <input type="checkbox"/> SNF <input type="checkbox"/> HOME <input type="checkbox"/> ICF <input type="checkbox"/> DOMICILIARY (REST HOME) <input checked="" type="checkbox"/> <input type="checkbox"/> OTHER	
13. DATE APPROVED/DENIED							

15. ADMITTING DIAGNOSES – PRIMARY, SECONDARY, DATES OF ONSET

1. Hypothyroidism	5.
2. Weight Loss	6.
3.	7.
4.	8.

16. PATIENT INFORMATION

DISORIENTED	AMBULATORY STATUS	BLADDER	BOWEL
CONSTANTLY	<input checked="" type="checkbox"/> AMBULATORY	<input checked="" type="checkbox"/> CONTINENT	<input checked="" type="checkbox"/> CONTINENT
INTERMITTENTLY	SEMI-AMBULATORY	INCONTINENT	INCONTINENT
INAPPROPRIATE BEHAVIOR	NON-AMBULATORY	INDWELLING CATHETER	COLOSTOMY
WANDERER	FUNCTIONAL LIMITATIONS	EXTERNAL CATHETER	RESPIRATION
VERBALLY ABUSIVE	SIGHT	COMMUNICATION OF NEEDS	<input checked="" type="checkbox"/> NORMAL
INJURIOUS TO SELF	HEARING	VERBALLY	TRACHEOSTOMY
INJURIOUS TO OTHERS	SPEECH	NON-VERBALLY	OTHER:
INJURIOUS TO PROPERTY	CONTRACTURES	DOES NOT COMMUNICATE	O2 PRN CONT.
OTHER:	ACTIVITIES/SOCIAL	SKIN	NUTRITION STATUS
PERSONAL CARE ASSISTANCE	<input checked="" type="checkbox"/> PASSIVE	<input checked="" type="checkbox"/> NORMAL	DIET Mechanical Soft
BATHING	ACTIVE	OTHER:	SUPPLEMENTAL
FEEDING	GROUP PARTICIPATION	DECUBITI – DESCRIBE:	SPOON
DRESSING	RE-SOCIALIZATION		PARENTERAL
TOTAL CARE	FAMILY SUPPORTIVE		NASOGASTRIC
PHYSICIAN VISITS	NEUROLOGICAL		GASTROSTOMY
30 DAYS	CONVULSIONS/SEIZURES		INTAKE AND OUTPUT
60 DAYS	GRAND MAL	DRESSINGS:	FORCE FLUIDS
OVER 180 DAYS	PETIT MAL		WEIGHT 143#
	FREQUENCY		HEIGHT 5'8"

17. SPECIAL CARE FACTORS	FREQUENCY	SPECIAL CARE FACTORS	FREQUENCY
BLOOD PRESSURE	weekly	BOWEL AND BLADDER PROGRAM	
DIABETIC URINE TESTING		RESTORATIVE FEEDING PROGRAM	
PT (BY LICENSED PT)		SPEECH THERAPY	
RANGE OF MOTION EXERCISES		RESTRAINTS	

18. MEDICATIONS / NAME & STRENGTHS, DOSAGE & ROUTE

1 Synthroid 112 mg 1 po q am	7.
2 Check Pulse, hold if BP > 85	8.
3.	9.
4.	10.
5.	11.
6.	12.

19. X-RAY AND LABORATORY FINDINGS / DATE

20. ADDITIONAL INFORMATION:

21. PHYSICIAN'S SIGNATURE	22. DATE
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