

# THE NETWORK NEWSLETTER

*Connecting Consultants of S & S Nutrition Network Inc.*



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### NEW NORMAL

## Bring me my slippers Please!

I love this time of year! The crisp cool temperatures, the changing leaves, pulling out my sweaters, quilts, candles and throw a log on the fire.. but of course, it's 2020! So it's been a bit warmer and a tad smoky (cough, cough) and the looming COVID is still very present. But I will not be deterred! I'm still feeling the Fall spirit and I'm not going to let anything bring down my Hygge vibe!

So get yourself all settled in and comfortable, however that might look for you right now (hot beverage, warm blanket or just kick your shoes off under the desk at work, we won't tell) and have a good read through the newsletter. Enjoy!

Sarah Bair

A big Welcome to  
these additions to the  
S & S family

Pam Fleckenstein

## Let's Celebrate this Quarter's Anniversaries!

### >5 Years

Camile Michaelson (6 years)  
Ryan Vance (6 years)  
Teresa Hockett (7 years)  
Sarah Bair (8 years)

### >10 Years

Tracy Varner (14 years)  
Tisha Whatcott (14 years)

### >15 Years

Jamie Davis (16 years)  
Lori Tollinger (18 years)

### >20 Years

Wendy Rice (23 years)





# **On October 5 there was a webinar titled PDPM and the Nutrition Professional presented by Robin L. Hillier.**

**While much of the information was a review, listed below are some of the highlights that were discussed:**

- **The Patient Driven Payment Model (PDPM) allows nutrition services to have increased visibility in the role of providing patient care and generating reimbursement which increases our value as Consultant Registered Dietitians**
- **A prompt and accurate assessment of nutrition related MDS items helps to ensure facilities receive appropriate payment during a Part A stay. For most Part A stays, reimbursement for the entire stay will be based on the 5-day PPD assessment.**
- **Accuracy with Diagnosis and Conditions Coding on initial medicare assessment (5-day) is critical. A nutrition assessment done at the beginning of the stay can help to support that the diagnosis is active. Be sure to observe and talk to the resident, family and/or staff to support coding.**
- **Do not code a swallowing problem when interventions have been successful in treating the problem and therefore the signs/symptoms of the problem did not occur during the 7 day look back period. Do code a swallow problem even if the symptom occurred only once in the 7 day lookback period.**
- **Remember when looking at the last 7 days you can include days prior to admission to this SNF depending on your ARD**
- **There is no IDC10 code for “at risk for malnutrition” It was suggested that facilities develop a policy for assessing risk for malnutrition and when a patient meets the criteria, it could be sent to the MD to diagnosis it.**





# Member Spotlight: Libby Reynolds

How did you become interested in Dietetics?

Short answer: Sue!

I had wanted to be a doctor since the time I was 4, and then decided that that much more school did not sound fun! I became interested in Dietetics after doing a presentation for a career project in middle school and was hooked!



What aspects of consulting with S&S do you enjoy the most?

The flexibility of the schedule, the independence to work with my buildings individually in ways that are unique to them.

What was your most rewarding experience as an RD consultant with S&S?

Liberalizing a Cardiac diet for a 98 year old man so he could have some "damn bacon".

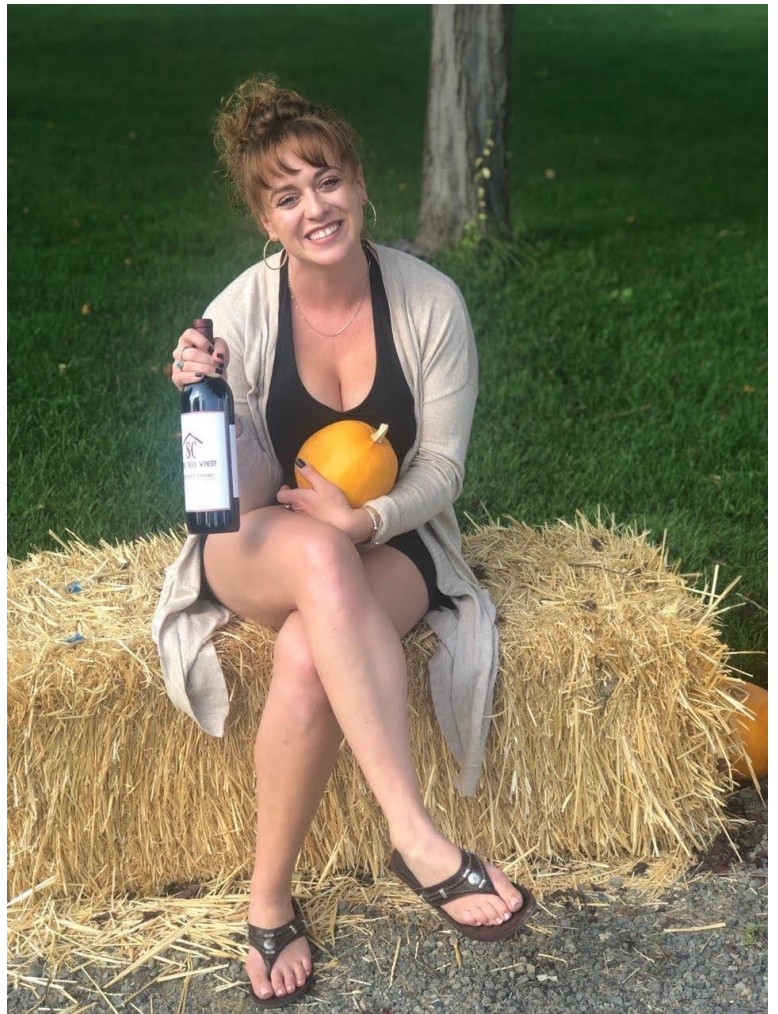
What things do you enjoy doing in your spare time?

Traveling to see friends and drink wine, book reading, walking/hiking, sitting pool side, crocheting!



Tell us one or two interesting things about you that most people would not know?

1. I am 15 credits and a study abroad away from my major in Spanish.
2. I have read the Harry Potter series 10 times (and am a closet Twilight fanatic-YIKES)







## Infection Control Deficiency Free this quarter:

AHC Las Vegas (2)  
Las Vegas, NV  
Ellen Turk

AHC Summerlin  
Las Vegas, NV  
Ellen Turk

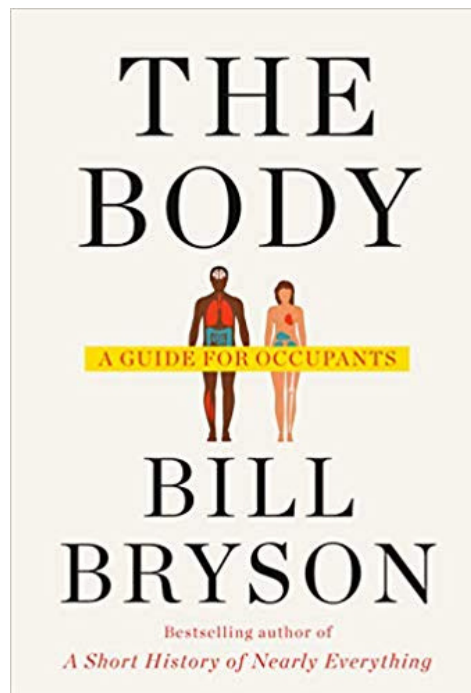
AHC Henderson  
Henderson, NV  
Ellen Turk

Mountain Valley  
Federal and State  
Kellogg, ID  
Tisha Whatcott

Valley Vista  
St. Maries, ID  
Renee Legan

Advanced Health Care  
Coeur d'Alene, ID  
Emmylou Newell

## Book Recommendation



In the bestselling, prize-winning *A Short History of Nearly Everything*, Bill Bryson achieved the seemingly impossible by making the science of our world both understandable and entertaining to millions of people around the globe. Now he turns his attention inwards to explore the human body, how it functions and its remarkable ability to heal itself. Full of extraordinary facts and astonishing stories, *The Body: A Guide for Occupants* is a brilliant, often very funny attempt to understand the miracle of our physical and neurological make up. A wonderful successor to *A Short History of Nearly Everything*, this book will have you marvelling at the form you occupy, and celebrating the genius of your existence, time and time again.



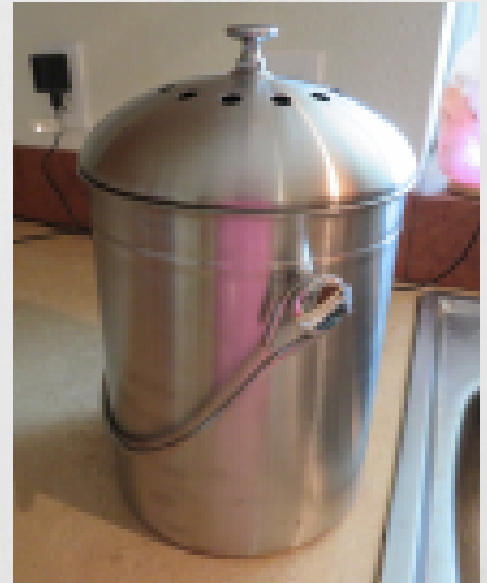
# Quarantine Composting

by Clare Rezendes



Food is the largest source of waste in the U.S. It is estimated that almost 20% of all landfills is food waste. The problem with throwing away food in mass amounts results in methane gas being released into the atmosphere. In an effort to take part in lessening the amount of food that I send to landfill I decided to start composting.

I live in a 1300 sq foot 2 bedroom “duplex” if you will. I do not have a yard or garden to keep the compost. I decided to start researching if there was anyone else who composted in a living situation like mine. I found some youtube videos on how to make my own compost bin. Essentially it is a container with holes in the bottom for airflow. It needs a lid to keep it from becoming too wet or dry. You want to keep it moist and have the correct ratio of “greens and browns”. Greens include food scraps, garden clippings, and coffee grounds. Browns include paper napkins, newspaper, twigs, sawdust, and soil. If you have too many “greens” the compost will stink. DO NOT compost meat, dairy, bones, diseased plants or pet feces. All in all, I have enjoyed composting and it has not been something that is difficult by any means. It did not seem to be something I could accomplish with my living situation but there are many smart people before me that have come up with ways to do it. It is a perfect time while we are quarantined to do something positive and give back. This is where I keep my food scraps in my kitchen until I take them out to my bin (bought on amazon):



Great tutorial: <https://www.youtube.com/watch?v=RyYyy4nKzDg&t=229s>

# **Guidelines for Restarting Communal Dining During a Pandemic: Regs, Tips & Suggestions for Success Webinar**



**Anna DeJesus (Nutrition Alliance and contractor with S&S Nutrition) recently presented this webinar for Becky Dorner & Associates. She has provided us her slides to review as a resource only (please do not reproduce)- [Click Here For Slides](#)**

**Or for the full webinar, please visit this page and download the presentation. <https://www.beckydorner.com/product/guidelines-for-restarting-communal-dining-during-a-pandemic-regs-tips-suggestions-for-success-webinar/>**





# 101 Reasons for Weight Loss



Environmental – Change in living arrangements, etc  
Loneliness

Loss of Independence

Food Insecurities

Body Image Distortion

Using Food to Get Attention

Unhappy with Tablemate

Need for Control

Boredom

Mood Disorders

Agitated At Meals

Fear of Eating

Family Does Not Visit

Inadequate Feeding Assistance

Not Enough Time to Eat

Improper Positioning

Inability to Open Packages

Adaptive Equip Not Used

Unable to Feed Self

Food Preferences Not Honored

Not Toileted Before Meal

Forgot Glasses, Dentures or Hearing Aides

Food Intakes Not Accurate

Failure to Follow Feeding Plan

Multiple Caretakers

Food Activities Too Close to Meals

Swallowing Disorders

Medications w/ Nutrition Side Effects

Infections

Cancer – Current or Undiagnosed

Uncontrolled Diabetes

Restrictive/Therapeutic Diets

Oral problems or Dentures Don't Fit

Anorexia of Aging

Sensory - Vision, Smell, HOH

Dementia

Malabsorption

Alcoholism

Multiple other dx – COPD, Parkinsons, MS

Lack of Food Choices

Poor Plate Presentation

Lack of Seasoned Foods

Failure to Get Snacks/Nxs

Unfamiliar Foods

Repetition in Meals

Distractions in Dining Room

Inappropriate Portion Sizes

Food Preferences Not Honored

Many Food Dislikes

Substitutions Not Given

Unattractive Dining Room

Waiting Too Long For Meal



# 50 Weight Loss Intervention Ideas

- High calorie snacks between meals per resident preference
- Enhanced/Fortified Meals - extra fats, whole milk or half and half without increasing volume
- High Calorie Soups and Cereals
- Use of Extra Desserts Breakfast food at other meals (if they eat breakfast well)
- Individual supplements based on preference, need - 2-cal at med pass, shakes between meals, Magic Cups
- Appetite Stimulants - wine, beer, Megace, Merinol
- Antidepressant if MD assesses as warranted Rule out UTI, URI, hyper metabolic condition - treatment per MD
- Increased food related activities Increase outings for the resident
- Favorite foods with and between meals - update preferences
- Provide foods/caloric fluids with therapy or RNA
- Provide high calorie food/fluid at med pass
- Bites/drinks are given with each entry into the room
- Eggnog - especially at holiday times
- Homemade shakes -(with peanut butter, banana, half/half can be >550 calories)
- Family in at mealtimes
- Favorite food in from the outside (family, McD's, thai food)
- Assess and change dining locations to provide the level of assist needed
- Change table mates
- Consider trying different genders to assist at meals
- Aromatherapy - fresh bread for example
- Dental consult if chewing issues
- Screen by ST for swallow concerns
- OT to screen for any alteration in self feeding
- Texture change with ST involvement
- Increase activity through PT/RNA consult
- DC supplements with meals to increase meal consumption
- Psych consult if behaviors/mood issues
- Behavior plan if behaviors exhibited at meals
- Cool washcloth to head/face if sleepy at meals
- Colored plate (vs white) for contrast
- Edible garnish to brighten the plate
- Reduce portion sizes if intake is low (ie - <60%)
- Increase portion size (individual meals or all) if intake is good (ie- >90%)
- Increase high calorie fluids at meals and between if drinking well
- Replace milk with shake or juice with juice supplement at meals if fluid intake is not good
- Provide quiet dining environment
- Try finger foods Snack basket in the room - easy access foods
- Check for bowel issues and treat
- Consider adaptive feeding devices
- Check hearing and visual status and treat
- Consider non-traditional mealtimes
- Serve 1 food at a time in separate bowls and plates if distracted or overwhelmed
- Staff to sit/dine with resident to model good intake
- Family style dining
- RPh review of meds/nutrient interactions and medication regimen







**"After almost 7  
months, I made it into  
a kitchen again!"  
- Lauren Keeney**