

Questions for S & S Monthly Call
May 7, 2021

- 1. Are there any instances of citations regarding co-horting residents from different units of the building during meals or activities?**

Not that we have heard

- 2. How do you handle the situation if residents on a unit/hall are not vaccinated?**

Continue with education regarding risk and benefits of being vaccinated. Provide non-vaccinated dining room with appropriate 6' distancing or dividers. Follow all previous precautions continue for non-vaccinated residents and staff

- 3. Related to communal dining, how do you handle a vaccinated resident who tests positive?**

When there is an outbreak (whether vaccinated or unvaccinated) the facility returns to outbreak status. Then based on the county positivity rate (with health department input and corporate/facility procedure), it could be for a single unit or the entire facility, testing begins for all staff and residents and continues until there is 14 days without another positive case. They may be able to isolate one unit in a facility and still allow communal dining for the other units

- 4. Is anyone experiencing residents choosing not to come to the dining room after a year? Any creative ideas for encouraging residents back?**

*Theme meal-work with activities to have a food event-Hawaiian Feast, Seasons first BBQ

*Schedule a popular activity just prior to meals to get them out and about

*Interview resident to find out who they might like share a table

*Focus the improved quality of the meal-faster service, hotter temps....

*Encourage the interdisciplinary team (Therapy, CNA, Nursing) to promote dining room attendance

*Note: During recent survey in Nevada, state surveyors had a lot of questions/concerns about non-isolation patients still receiving disposable items including trays, cups, silverware

- 5. Do we calculate energy needs for transgender residents based on their birth sex?**

Yes, we would calculate estimated needs based on an individual's genetic/biologic gender.

6. Should we anticipate additional time to complete the different assessments with the additional questions regarding Malnutrition (time for NFPE)?

S & S's Consulting Hours Worksheet does provide guidelines for the amount of time to complete

- Review and complete Nutritional Assessment started by the DM-20 minutes

-Nutritional Assessment for moderate to high risk patient or MD ordered Nutrition Consult 45-60 min/res

7. Can someone share their method for care planning-

- a. When do you make changes before or after the change is implemented -after or at the time RD is writing order.
- b. What is included and what is left out-include all interventions that support reaching the goal or preventing a decline which is identified based on the problems (diet order, specific supplements, allergies, fortified meals, portions outside of standard, meal assistant needs, specific food pref outside of norm, adaptive equipment, meal time requests outside of set facility hours, education needs, monitored by NAR/NIT...)
- c. Do we include mediations- (No not in interventions-may include category on focus/problem-diuretics, anti-depressants as appropriate)

8. As consultants, is it appropriate for us to set up boundaries with times that the facility can contact us?
Reference *RD Notification Protocol Guidelines*.