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## **Menus Must....**

- •Meet the nutritional needs of the residents in accordance with established national guidelines.
- Be prepared in advance
- Be followed
- Reflect based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;
- Be updated periodically;
- Be reviewed by the facility's dietitian or other clinically qualified clinical nutrition professional for nutritional adequacy; and
- Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices

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## Examples of meal planning guides American Diabetes Association Academy of Nutrition and Dietetics American Medical Association Menus need to cater resident's preferences and must consider individual differences. Some residents will need more to age, size, gender, physical activity, and state of health.

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## Level 4, immediate jeopardy: facility only has one day supply of food/beverage on hand. Resident reported they were hungry and were told there was not food to serve them. -Or- Facility failed to follow a menu for a resident on a puree diet. Resident choked and was at high risk for dying. Level 3, actual harm: based on comprehensive assessment, a resident's nutritional needs changed and facility did not adjust his menu. As a result he had a significant weight change. Level 2, no actual harm with potential for more than minimal harm: Facility failed to ensure the resident's menu and/or individual food plan met his/her nutritional needs. Level 1, no actual harm with a potential for minimal harm: It was observed that food items were being substituted with equally nutritional value, but not noted or updated on the menu and residents were not notified of the change.

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