**S&S Nutrition Network - Quarterly Nutrition Audit**

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| **Identify resident by room number and initial. Score each category for each resident or for each column. Points are given for full credit or no credit. No Partial credit.**  **Date:**\_\_\_\_\_\_\_ **Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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|  | | | RAI AUDIT | | | | | | | | | | |  | |
| Res Rm/Initial | | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | POINTS  Possible | | | POINTS  Earned | |
| Section K of last full MDS is complete, accurate & timely | | |  | |  | |  | |  | | 4 | | | Choose an item. | |
| Last quarterly MDS is complete, accurate & timely | | |  | |  | |  | |  | | 4 | | | Choose an item. | |
| Nutrition Assessment, CAA & Care Plan Documentation Includes: | | | | | | | | | | | | | | | |
| Nutrition assessment to support MDS | | |  | |  | |  | |  | | 4 | | | Choose an item. | |
| Triggers for nutrition CAA included | | |  | |  | |  | |  | | 4 | | | Choose an item. | |
| Possible causal factors for malnutrition | | |  | |  | |  | |  | | 4 | | | Choose an item. | |
| Need for referral to health professionals | | |  | |  | |  | |  | | 4 | | | Choose an item. | |
| Justification for decision to / not to develop a care plan | | |  | |  | |  | |  | | 4 | | | Choose an item. | |
| CP reflects all pertinent triggered problems & is updated at least 1/4ly to reflect nutrition concerns | | |  | |  | |  | |  | | 4 | | | Choose an item. | |
| **Comments**:Click here to enter text. | | | | | | | | | | | | | | | |
| **RAI Audit - Subtotal** | | | | | | | | | | | | **32** | | Choose an item. | |
| DIET CARD ACCURACY | | | | | | | | | | | | | | | |
| Rm/ initial | MD Order |  | Diet Card | | | Actual Served | | Care Plan | | | | Points  Possible | | POINTS  Earned | |
|  | Click here to enter text. |  | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | | | | 3 | | Choose an item. | |
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| **Comments**:Click here to enter text. | | | | | | | | | | | | | | | |
| **Diet Card Accuracy - Subtotal** | | | | | | | | | | | | **30** | | Choose an item. | |
| Management /Clinical Nutrition REVIEW | | | | | | | | | | | | | Points  possible | POINTS  EarneD | |
| Menus including alternates are signed, dated, & on file per state regulation? | | | | | | | | | | | | | 2 | Choose an item. | |
| Menus served as posted? | | | | | | | | | | | | | 2 | Choose an item. | |
| Are diets liberalized and any non-routine diet orders planned and extended on therapeutic spreadsheets? | | | | | | | | | | | | | 2 | Choose an item. | |
| Menu changes signed by RD and do not exceed 1-2/week? | | | | | | | | | | | | | 2 | Choose an item. | |
| Production sheets and recipes are being used and adjusted for current diet census? | | | | | | | | | | | | | 2 | Choose an item. | |
| Monthly dining menu meetings and resident satisfaction reviews are being completed? | | | | | | | | | | | | | 2 | Choose an item. | |
| Manager checking food quality daily and frequently oversees kitchen production and service? | | | | | | | | | | | | | 2 | Choose an item. | |
| Check policy on foods brought in from outside sources, facility gardens, etc. Does policy meet current federal regulations? | | | | | | | | | | | | | 2 | Choose an item. | |
| Emergency food and water policy in place with supplies on hand (per state specific requirements)? | | | | | | | | | | | | | 2 | Choose an item. | |
| Is the department fully staffed, with current policies & procedures and job descriptions outlined for each position? | | | | | | | | | | | | | 2 | Choose an item. | |
| Are job description and monthly inservice records current and on file for each dietary position? Does RD complete inservices at least 6 per year? | | | | | | | | | | | | | 2 | Choose an item. | |
| Idaho Diet Manual or state approved manual available in the kitchen, nurses’ station, updated & signed? | | | | | | | | | | | | | 2 | Choose an item. | |
| Department within food/labor budget guidelines? Are supplements within budget and use/reduction reviewed on a regular basis (using food first)? | | | | | | | | | | | | | 2 | Choose an item. | |
| Are the weight reports, skin reports and quality indicator reports being reviewed weekly/monthly? | | | | | | | | | | | | | 2 | Choose an item. | |
| Are OSHA standards met including safety glove for slicer, eye wash station and other items as indicated? | | | | | | | | | | | | | 2 | Choose an item. | |
| Review the Dietary Managers certification documents. Does the manager have a CDM certification from ANFP or higher credentialing (RD, BS Nutrition, Associate degree in Food Service Management)? | | | | | | | | | | | | | 2 | Choose an item. | |
| Nutrition Risk meetings held weekly, RD receives referrals & is in attendance at least once per month? | | | | | | | | | | | | | 2 | Choose an item. | |
| Review policy in place for providing person-centered care for food and nutrition (residents are offered meals and snacks according their personal, religious, and cultural preferences, including dining times and places)? | | | | | | | | | | | | | 2 | Choose an item. | |
| **Management/Clinical Nutrition Review - Subtotal** | | | | | | | | | | | | | **36** | Choose an item. | |
| **Comments:** Click here to enter text. | | | | | | | | | | | | | | | |  | Comments:Click here to enter text. |
| ENTERAL FEEDINGS | | | | | | | | | | | | | points  possible | POINTS  Earned | |
| Tube feeding orders complete with NPO/po status, feeding method, rate, strength, site, total kcal, total mL given? Are water flushes ordered between feedings and with/between medications? | | | | | | | | | | | | | 5 | Choose an item. | |
| Tube feeding is labeled, dated and displays time hung with nurse’s initials? | | | | | | | | | | | | | 5 | Choose an item. | |
| Nurse and/or RD notes discuss tube feeding tolerance, changes in orders, requirements met? | | | | | | | | | | | | | 5 | Choose an item. | |
| Open system - hang time does not exceed 8 hours & bag discarded every 24 hours? Closed system per manufacturer recommendations? | | | | | | | | | | | | | 5 | Choose an item. | |
| Pole, pump & accessories are clean? | | | | | | | | | | | | | 5 | Choose an item. | |
| Feeding is administered as ordered (check amount given with orders, hang time, etc)? | | | | | | | | | | | | | 5 | Choose an item. | |
| Head of bed is at least 30-45 degrees during/after feedings? | | | | | | | | | | | | | 5 | Choose an item. | |
| **Enteral Feedings - Subtotal** | | | | | | | | | | | | | **35** | Choose an item. | |
| **Comments**:Click here to enter text. | | | | | | | | | | | | |  |  | |
| Quarterly Review  Total Points PossiblE  Click or tap here to enter text. | | | | Quarterly Review  Total Points Achieved  Choose an item. | | | | | | Quarterly Review  Percentage score  Click here to enter text.% | | | | |

Additional Comments: Click or tap here to enter text.