



Special Dietary Edition

January 2002

Welcome to this Special Dietary Edition.

In this Special Dietary Edition, Department of Health staff answer the dietary questions posed at the Spring 2001 North Dakota Long Term Care Association Convention.

Please share this information with pertinent facility staff.

Question 1:

What is your opinion regarding using gloves versus good hand washing techniques?

Good hand washing techniques should be used at all times in the nursing home setting. Hand washing is the single most effective preventive action that can be performed to stop the spread of microorganisms. Gloves are used to protect staff.

Question 2:

Is direct hand contact with ready-to-eat foods acceptable if we wash our hands first?

Gloves or some other hand covers or food handling devices should be worn when making contact with ready-to-eat food. Remember: If you do wear gloves, change them when appropriate.

Question 3:

Regarding the use of hair restraints, do we plan to follow HCFA's less stringent guidelines, or will we hold to the state requirements for food and beverage establishment guidelines that require that all hair be covered?

We would expect the more stringent state standard of practice to be followed for the use of hair restraints.

- a. A hairnet covering all portions of the hair shall be the standard against which less restrictive alternatives are judged. Hairnets shall be worn by all personnel unless one of the following items apply:
- b. A cap or scarf may be worn by personnel with a close cut and neat hairstyle. Those individuals with longer hair must use a hairnet and may use a hairnet and cap combination to effectively hold hair in place.
- c. Small decorative caps, etc., **will not** be accepted unless a hairnet is also used so as to effectively contain the hair.
- d. Pigtailed and ponytails are not permitted unless arranged in a bun hair style with the major portion of the hair effectively covered with a scarf, hairnet or other effective hair restraint.
- e. Beards may be permitted; however, they must be kept relatively short and neatly trimmed. Beard bags or snoods (bag-like nets) may be required in extreme situations where hair is completely unmanageable.
- f. Mustaches are acceptable if trimmed short and kept neat.

- g. Wigs and hairpieces will be treated as natural hair and shall comply with the above.
- h. Hair spray will not be accepted as equal to a hairnet. This does not preclude the use of hair spray in combination with a hairnet, cap or scarf to facilitate a neat and effectively restrained hairstyle.

Question 4:

Is it acceptable for an employee's bangs to hang outside the hair restraint?

If the bangs are long and there is reason to believe hair could get into the food, then the bangs should be restrained.

Question 5:

Do the staff passing trays and feeding residents need to wear hair restraints?

Tray passing does not require hair restraints unless the individual passing the trays must enter the food-prep area of the kitchen to obtain the tray. In addition, the person feeding a resident should not be in a position where hair is likely to fall on a tray. The individual feeding a resident should be positioned in front of the resident at arms-length and therefore should not need hair restraints.

Question 6:

The Licensing Rules for Long Term Care Facilities in North Dakota states that cold food should leave the kitchen at no more than 45 degrees Fahrenheit. The North Dakota Requirements for Food and Beverage Establishments states that cold food should be kept at 41 degrees Fahrenheit or below, but then also makes reference to leftovers being discarded after 10 days if stored at 41 degrees, and three days if stored at 45 degrees. Why the discrepancy, and which temperature will be used on survey?

The temperature we will use is 41 degrees F. The discrepancy is due to the food code differences at the time of revisions for the N.D. Requirements for

Food and Beverage Establishments and the most current food code and the last revision date of the State Licensing Rules for Long Term Care Facilities found at 33-07-03.2-16(7)(b). We normally apply the more stringent rule when faced with a discrepancy between licensing and federal certification regulations. The federal guidelines indicate 41 degrees or colder.

Question 7:

There were many questions regarding F367 "Therapeutic diets must be prescribed by the attending physician." Do they need to get a physician's order every time they add a supplement to someone's diet or change the consistency? Can they just have a policy stating the RD will prescribe the diet? Can the standing orders state that the RD will choose the diets? What about diet-as-tolerated, or consistency-as-tolerated diet orders? Do they leave the facility free to make that decision?

The dietitian is viewed as the professional making recommendations or suggestions to the attending physician. The process is similar to a physical therapist setting up a rehab program for a resident. The professional uses his/her knowledge and experience to outline a plan for the nutritional needs of the resident. The physician reviews the recommendation and either concurs with the plan or not. Because dietary changes may or may not affect the RUGS group of the resident, it is necessary for the physician to document concurrence with the dietary order change.

Question 8:

There were questions about implementing dining alternatives such as open meal times, buffet-style service or limited menu selections.

The facilities are able to use dining alternatives as long as the regulations relating to time between meals are met and the residents do not show nutritional decline. If the residents do show decline, then appropriate interventions must be documented to validate that the decline was unavoidable.

Question 9:

The Red Book [State Food Code found at North Dakota Requirements for Food and Beverage Establishments (33-03-04)] states that "Food and containers of food shall not be stored under exposed or unprotected sewer lines or water lines except for automatic fire protection sprinkler heads..." There are facilities in the state that are storing foods in basement rooms under exposed pipes. Is it the department position that those foods will need to be moved to a different storage area?

The Red Book requires that food not be stored under exposed or unprotected water and sewer lines. Since the licensing rules require compliance with the Red Book, any situation where this arrangement is found would not be in compliance. The department position would be that the facility is not in compliance with the licensing rules. It would be up to the facility to seek an acceptable resolution. Movement of the dietary storage to another area would be one option.

Question 10:

Can cans and glass be stored directly on the floor?

The Red Book also indicates that metal pressurized beverage containers and cased food packaged in cans, glass or other waterproof containers need not be elevated off the floor when the containers are not exposed to floor moisture. Therefore, these specific food containers can be on the floor as long as the floor is not wet or damp. If placing these food items on the floor prevents proper cleaning of the floor as evidenced by a buildup of dirt, dust, or debris the facility may be required to change the storage practice to accommodate adequate cleaning.

Question 11:

Do we need to keep all items 18 inches from the ceiling if they are not highly flammable items?

The requirement you are referring to regards the presence of an automatic sprinkler system. So as not to interfere with the discharge pattern of a

sprinkler, all items must be stored 18 inches below the sprinkler. This pertains to all storage regardless of its combustibility and is only applicable when a sprinkler system is present.

Question 12:

If freezer temperature is above 0 degrees F but food is still frozen, would we accept it? Red Book states 0 degrees F or colder. Is a freezer temp of 10 degrees F acceptable if the food remains frozen?

No. There is a reason why 0 degrees was chosen. Both the federal guidelines and the State Requirements for Food and Beverage Establishments (Red Book) contain the same 0 temperature requirements for the freezer. To determine the temperature of a freezer, one must read the temperature after the freezer has been closed for an extended period of time. A good method is to read and document the freezer temp first thing in the morning before the door has been opened more than once.

Question 13:

Is using the thermometer built into the door of the refrigerator an adequate monitoring of the internal temperature of that unit? Are thermometers on the outside of freezers and coolers allowable?

This would be an individual decision for each facility. If you want to use the external thermometers, it is the facility's responsibility to show that they are accurate and reliable. If you can verify they are accurate twice a year, then use them. If your verification process indicates they are not accurate or reliable, then you should not use them.

Question 14:

Is a drinking straw considered an adaptive device for MDS coding purposes?

No, a drinking straw is not specialized equipment. Its use is routine and does not require significant additional time or knowledge to use in the nursing home setting.

Question 15:

What is the best method for calculating the fluid needs of an obese resident?

Professional standards allow for more than one method of calculating fluid needs. Your facility will need to decide which standard it will use. Be prepared to show documentation in support of your choice as a method that is generally accepted by the professional community. You are calculating an estimated need. It is important to look beyond the calculation and determine if that estimate is adequate for that particular resident.

Question 16:

For a very heavy person or one with congestive heart failure, do you still use the 30cc/kg body weight calculation for fluid needs?

You are calculating an estimated need. It is important to look beyond the calculation and determine if that estimate is adequate for that particular resident.

Question 17:

If the durable power of attorney does not want a resident who has been existing on oral nutritional supplements to continue to receive them, what does the facility do?

This would be an issue to submit to your facility's ethics committee.

Question 18:

Do doctors and nurses need access to diet manuals on the units?

The regulations do not address this specifically. Each facility must adopt a dietary manual that is approved by the medical staff to use as a reference. If the nurses and doctors request or need to use the manual on the unit, make this available.

Question 19:

Food must be held at greater than 140 degrees F. Will you allow it to drop to 130 degrees F when it

reaches the resident and not cite it as a deficiency?

The 140 degrees F is at the time of serving from the steam table or other temperature-holding equipment. The survey team would trigger into monitoring food temperatures if resident concerns or complaints were voiced during survey.

Question 20:

Can milk be held at 45 degrees F.?

The latest food code adopted by the federal Centers for Medicare & Medicaid Services indicates the appropriate temperature is 41 degrees. The thermometer variance is ± 3 degrees F.

Question 21:

Do we need to document the reasons for each resident to be on a room tray?

If a room tray is routine for a resident, the information should be somewhere in the resident's record as part of care plan, RAP review, or dietary progress notes, assessment, etc. If a room tray is used because the resident asks for one on a temporary basis, nursing progress notes may be the only place documentation is found.

Question 22:

Do standing orders need to be signed annually?

To meet the licensing requirement, standing orders must be reviewed and signed annually by the physician using these orders.

Question 23:

Do we need a doctor's order for nutritional supplements?

The dietitian is viewed as the professional making recommendations or suggestions to the attending physician. The process is similar to a physical therapist setting up a rehab program for a resident. The professional uses his/her knowledge and experience to outline a plan for the nutritional needs of the resident. The physician reviews the

recommendation and either concurs with the plan or not. Because dietary changes may or may not affect the RUGS group of the resident, it is necessary for the physician to document concurrence with the dietary order change.

Question 24:

Are Ziploc bags acceptable to use as storage containers?

The purpose of a storage container is to protect the food item from contamination by pathogens in the environment. A Ziploc bag would accomplish this purpose. Be sure that the bag is in good condition with no punctures or rips. A Ziploc bag should never be washed and reused. Remember to label appropriately.

Question 25:

When you are calculating the 14-hour meal span when do you count the time? From the end of supper to the beginning of breakfast?

From the beginning of supper to the end of breakfast. Remember that a substantial evening snack can shorten the time between supper and breakfast. This should really be an individual resident calculation, and the survey team would use the resident complaints to substantiate the deficient practice unless the time between meals clearly exceeds 14 hours without an evening snack, or exceeds 16 hours with a substantial evening snack (33-07-03.2-16(5)).

Question 26:

Can we keep potentially hazardous foods up to 10 calendar days if they are maintained at 41 degrees F. or less?

Yes, the Red Book states that potentially hazardous foods must be discarded after 10 days if it is held at 41 degrees F. or less.

Question 27:

Can we store garbage on the floor of the kitchen for a period of time if the bags do not leak?

The Red Book requires that garbage and refuse on the premises be stored in a manner that makes them inaccessible to insects and rodents. It also requires that the floor in garbage storage rooms be constructed of easily cleanable, nonabsorbent materials.

Question 28:

Is a regular diet with high calorie supplements a therapeutic diet?

Yes. The RAI users manual includes supplements with meals as a therapeutic diet.

Question 29:

Does a speech therapist's recommendation need to be signed off by a doctor before implementation?

There needs to be evidence that the physician concurs with the recommendation and whether he or she plans to implement the recommendation or not.

Recently it has come to our attention that frozen supplements are being thawed and then refrigerated. Check the manufacturers instructions for storage and use. These supplements have a 10—14 day shelf life once thawed. It is important to date these supplements with a date to be discarded.

If you have further questions regarding this Special Dietary Edition, please contact Bruce Pritschet at 701.328.2352 or e-mail at bpritsch@state.nd.us

References:

1. N.D. Adm. Code Section 33-07-03.2-16
2. N.D.. Requirements for Food and Beverage Establishments, (Red Book) (NDAC 33-03-04)

