

Nutrition Survey Readiness Guide



Department of
Health

Based on the CMS-20075 Nutrition Critical Element Pathway, this tool is designed to assist providers in preparing for the annual Ohio Department of Health survey of nutrition services.

Therapeutic Diets:

- Prescribed by attending physician.
- Physician delegation to registered or licensed dietitian.

Menu:

- Meets nutritional needs.
- Prepared in advance.
- Menu is followed.
- Updated periodically.
- Reflect the religious, cultural, and ethnic needs.
- Reflects resident input.
- Reviewed by qualified nutrition professional.
- Does not limit the residents right to make choices.

Meal Observation:

- Diet as ordered and preferred.
- Proper portion sizes.
- Adaptive and assistive devices provided as needed.
- Dignity is maintained.
- Substitutions are offered.
- Resident hands are cleaned.
- Call light is in reach if eating in room.
- Environmental concerns – loud noise, accessibility of food, etc.
- Physical appearance – edema, dental concerns, body fat, decreased range of motion and hand/arm coordination.
- Physically active – pacing or wandering.
- Supplements and snacks are offered as ordered.
- Therapy recommendations are followed.
- Assistance with eating.
- Interventions for meal refusals.
- Care plan is followed.

Food and Drink:

- Prepared to maintain nutritive value, flavor, and appearance.
- Palatable, attractive, and at an appropriate temperature.
- Prepared in a form that meets individual resident needs.
- Appealing options of similar nutritive value for residents who choose not to eat the initial meal.

Staff and Resident Interviews:

- Care plan involvement.
- Weight loss, interventions, monitoring.
- Correct diet, snacks, substitutions, assistive devices, and supplements.
- Difficulty swallowing and chewing.
- Enough time to eat.
- Involved in decisions on diet, food, preferences, and care plan interventions.
- Refusal of nutritional interventions.
- Adequate staff to assist residents as needed.
- Correct assistive devices.
- Reporting of weight losses and meal intake changes.
- Documentation of meal intakes, supplements, and weights.
- Monitoring of care plan interventions.
- Any identified concerns.
- Interventions - rationale, effectiveness, rationale for changes.

Frequency of Meals:

- Three meals a day.
- No more than 14 hours between evening and morning meals or 16 hours if a substantial evening snack is offered.
- Nourishing alternative meals and snacks are available.

Document Review:

- Physician orders – allergies, intolerances, preferences, assistance, nutritional interventions, etc.
- Comprehensive, significant changes, and recent quarterly Minimum Data Set assessments.
- Nurse, therapy, social service, dietitian, and physician notes
- Assessments.
- Weight loss or gain.
- Risk factors.
- Medications.
- Care plan – updated, includes resident goals and preferences, addresses weight losses or gains, and is person centered.
- Monitoring of meal intake, supplements, and weights.
- Preventative measures.
- Labs.
- Diagnoses.
- Nutritional policies.
- Quality Assurance and Performance Improvement activities are initiated as indicated.
- Baseline care plan within 48 hours.
- Significant changes.
- Psychosocial needs.
- Nutritional risks are identified and addressed.
- Nutrition staff are involved in interdisciplinary meetings.
- Sufficient staffing and skills.

