

Oklahoma Administrative Code
|->
Title 310@ Oklahoma State Department of Health
|->
Chapter 675@ Nursing and Specialized Facilities
|->
Subchapter 9@ Resident Care Services
|->
Section 310:675-9-12.1@ Dietary services

310_675-9-12.1 Dietary services

(a)

Services. The facility shall provide dietary services to meet the resident's nutritional needs. There shall be a designated staff person qualified by experience or training, responsible for directing or supervising the dietary services. The food service supervisor, in conjunction with a qualified nutritionist or registered/licensed dietitian, shall develop a dietary care plan for each resident. There shall be sufficient dietary staff to meet the needs of all residents.

(b)

Clinical record. The dietary services provided to residents needing dietary intervention shall be recorded in the clinical record. Progress notes for these residents shall be written at least monthly, or when a significant change in the resident's condition occurs.

(c)

Nutritional assessment. A nutritional assessment shall be completed for each resident that addresses all pertinent dietary problems such as chewing or swallowing, elimination, appetite or eating habits, pertinent lab results, weight and height, diet and medication interactions, food preferences and assistive devices. The dietary staff shall have input into the resident's individual care plan.

(d)

Diet. The facility shall provide a nourishing, palatable, well-balanced diet that

meets the resident's daily nutritional and special dietary needs. (1) Meals. (A) The facility shall serve at least three regularly scheduled meals, or their equivalent daily. There shall be at least four hours between each meal. (B) Diets shall be prescribed by the resident's physician and shall be planned, in writing, reviewed, approved and dated by a qualified nutritionist or registered/licensed dietitian. A therapeutic diet shall be served with skillful attention to the diet control system. Portioning of menu servings shall be accomplished with portioned control serving utensils. (C) Substitutes of similar nutritive value shall be offered when a resident refuses served menu items. (D) Residents at nutritional risk shall have timely and appropriate nutrition intervention. (E) Nourishments shall be available and may be offered at any time in accordance with approved diet orders and resident preference. Bedtime nourishment shall be offered to all residents. (F) There shall be an identification system established and updated, as needed, to ensure that each resident receives the prescribed diet. (G) The percentages of consumed meals, supplements and meal replacements ingested shall be observed and recorded in the clinical record at the time of observation. (2) Menus. (A) Menus shall be posted, planned, and followed to meet the resident's nutritional needs in accordance with the physician's orders. (B) The menus shall, to the extent medically possible, be in accordance with the daily recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. (C) Menus covering all prescribed diets shall be approved, dated, and periodically reviewed by a qualified nutritionist or registered/licensed dietitian. The facility shall maintain a thirty day record of past menus. (D) The facility shall maintain a file of tested recipes that includes therapeutic alterations for quantity food preparation for menu items.

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(e)

Tube feeding. Tube feeding orders shall be evaluated for nutritional adequacy. The requirements for caloric intake, protein, fluid and percentage of the daily recommended dietary allowances shall be calculated to determine nutritional adequacy.