

## **W459**

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

### **§483.480 Condition of participation: Dietetic services**

#### **(a) Standard: Food and nutrition services**

## **W460**

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

**§483.480(a)(1) Each client must receive a nourishing, well balanced, diet including modified and specially prescribed diets.**

#### **Guidance §483.480(a)(1)**

“Well balanced diets” are defined as diets that contain a variety of foods from the food groups currently recommended by the Academy of Nutrition and Dietetics (AND).

"Modified and specially-prescribed" diets are defined as diets that are altered in any way to enable the client to eat (e.g. food that is chopped, pureed) or diets that are intended to correct or prevent a nutritional deficiency or health problem.

Refer to W463 and W474 regarding modified and specially prescribed diets.

The following may be indicators of or may lead to compromised nutritional status:

- Unplanned significant weight gain or loss;
- Fever/infection;
- Diarrhea;

- Chronic disease;
- Chewing and Swallowing problems;
- Teeth and gum diseases;
- Excessive use of laxatives;
- Abnormal laboratory values;
- Brittle, dry hair;
- Ridged or spoon shaped nails;
- Dry flaky skin; and
- Unexplained changed in mood such as general fatigue, apathy, irritability, lack of concentration.

If one or more of these indicators are present, determine the facility's response through observation, interview, and record review.

Surveyors should assure the facility is responsive to client food allergies and the potential for adverse food/drug interactions. If surveyors suspects these may exist, investigate further.

Examples of facility responsiveness to allergies and food/drug interactions include, but are not limited to:

- Clients on long term anticonvulsant drug regimens (e.g., phenobarbital, phenytoin, primidone) are periodically monitored per facility policy for decreased serum levels of folic acid and vitamin D;
- Therapeutic doses of nutrients are provided to decrease the likelihood of anemia and prevent decreased bone density, etc.; and
- Fiber and fluids are increased in the diet of clients to decrease the likelihood of constipation.

**Guidance §483.470(a)(1)**

Clients of grossly different ages, functional levels, and/or social needs should not be housed together unless all of the following documentation support the placement:

- Assessment;
- Client program plan;
- Staff documentation of client response to training programs; and
- QIDP notes.

**W461**

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**§483.480(a)(2) A qualified dietitian must be employed either full-time, part-time, or on a consultant basis at the facility's discretion.**

**Guidance §483.480(a)(2)**

The facility employs a registered dietitian either on a part-time, full-time or on a consultant basis.

**W462**

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**§483.480(a)(3) If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food services.**

**Guidance §483.480(a)(3)**

Where the facility does not have a full-time qualified dietitian, verify that the director of food services coordinates with a dietitian to assure the nutritional adequacy of meals and snacks.

The food service director coordinates with the part-time or consultant dietitian to develop client meal plans and monitor client nutritional status.

The qualifications of the food service director may be dictated by facility policy or by state law, if applicable.

In small group home settings where the staff and clients plan and prepare meals cooperatively, there may not be a designated food services director. In these cases, the consultant or parttime dietitian would meet with the available home staff to ensure adequacy of menus and diets. **§483.480(a)(4) The client's interdisciplinary team, including a qualified dietitian and physician must prescribe**

#### **W463**

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**§483.480(a)(4) all modified and special diets**

#### **W464**

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**§483.480(a)(4) including those used as a part of a program to manage inappropriate client behavior.**

**Guidance §483.480(a)(4)**

Modifying a clients' diet must never be used as punishment.

## **W465**

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**§483.480(a)(5) Foods proposed for use as a primary reinforcement of adaptive behavior are evaluated in light of the client's nutritional status and needs.**

### **Guidance §483.480(a)(5)**

This regulation addresses the use of food in shaping positive adaptive behavior. Where clients have specialized nutritional needs, these needs must be taken into consideration.

When food is used as a primary reinforcement of behavior for a client who has a dietary restriction, these foods should be consistent with the foods allowed by the prescribed diet.

Food used as a reinforcement must be part of a behavior plan approved by the IDT and consistent with nutritional parameters for that client. For example, a client with diabetes does not receive concentrated sweets as a reinforcement.

## **W466**

**(Rev. 158, Issued: 09-09-16, Effective: 09-09-16, Implementation: 09-09-16)**

**§483.480(a)(6) Unless otherwise specified by medical needs, the diet must be prepared at least in accordance with the latest edition of the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, adjusted for age, sex, disability and activity.**

### **Guidance §483.480(a)(6)**

The suggested guidelines can be accessed at the United States Department of Agriculture (USDA).