**Food & Nutrition: Dining Assistance Techniques & Adaptive Equipment**

**Competency**

General Information

**Food and Nutrition:** **Dining Assistance Techniques and Adaptive Equipment**

**General Information**

In health care, the only constant is change. Staying on top of the most recent material is a never-ending job. Facilities will need to ensure that they have a robust food and nutrition program that outlines a variety of techniques and equipment to keep resident at their highest level of functioning, provide satisfaction with an individualized dining assistance program and provide quality of care consistent with the regulatory requirements.

The Requirements of Participation have outlined multiple requirements related to dining assistance techniques and adaptive equipment:

**F676:** Activities of Daily Living (ADLs)/Maintain Abilities

“Based on the comprehensive assessment of a resident and consistent with the resident’s needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable.”[[1]](#footnote-1)

**F677:**  ADL Care Provided to Dependent Residents

“A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene”; [[2]](#footnote-2)

**F800:** Provided Diet Meets Needs of Each Resident

“The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.

INTENT §483.60 - To ensure that facility staff support the nutritional well-being of the residents while respecting an individual’s right to make choices about his or her diet.”[[3]](#footnote-3)

**F810:** Assistive Devices – Eating Equipment/Utensils

“The facility must provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident can use the assistive devices when consuming meals and snacks.”[[4]](#footnote-4)

**F811**: Paid Feeding Assistants- Training/Supervision

* + State approved training course.
  + A facility may use a paid feeding assistant, if—
    - The feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and
    - The use of feeding assistants is consistent with State law.[[5]](#footnote-5)

**Description**

CMS indicates, “While it may be challenging to meet every residents’ individual preferences, incorporating a residents’ preferences and dietary needs will ensure residents are offered meaningful choices in meals/diets that are nutritionally adequate and satisfying to the individual. Reasonable efforts to accommodate these choices and preferences must be addressed by facility staff.”[[6]](#footnote-6)

Residents may benefit from improved independence in eating when using adaptive feeding equipment such as adaptive cups, utensils and plates. Sometimes meal intake and nutritional status can be improved through the use of adaptive feeding equipment. Restorative eating programs can also be initiated that work on teaching residents how to utilize their dining adaptive equipment for successful outcomes. Staff education, training and implementation of a program to identify and proper use of appropriate resident dining adaptive equipment is essential in quality to keep the resident at their highest level of functioning.

Dining assistants that are educated and competent in providing dining assistance are important:

* To promote each resident’s ability to maintain or regain the highest degree of independence as safely possible.
* To promote each resident’s highest practicable level of mental, physical, and psychosocial functioning.
* To prevent further loss of independence.
* To promote wellness and prevent debilitation.

**Overview**

As it is crucial to ensure a dining program that provides adaptive devices that are assessed and care planned to provide services to keep resident at their highest level of functioning, having a solid program to assess, evaluate and monitor use will important for positive outcomes.

“The facility must provide appropriate assistive devices to residents who need them to maintain or improve their ability to eat or drink independently, for example, improving poor grasp by enlarging silverware handles with foam padding, aiding residents with impaired coordination or tremor by installing plate guards, or specialized cups. The facility must also provide the appropriate staff assistance to ensure that these residents can use the assistive devices when eating or drinking.”[[7]](#footnote-7)

Staff should encourage and allow residents to be as independent as possible while eating. The expectation is,the resident will enjoy their meals so that they can maintain proper weight and remain in good health.

The facility program should be designed to assist the resident to enjoy their meals. maintain proper weight, attain or maintain functional capacity and remain in good health by providing:

* Individualized assistance- opening food packages and cutting foods into bite-size pieces, staff alertness and conversation, staff anticipate resident’ needs
* Dining Room Atmosphere
* Palatable, attractive food
* Appetizing temperature as determined by the type of food
* Verbal Cues
* Physical Cues
* Adaptive Equipment

**Suggestions for Resources/Data to Support the Competency**

Suggested competencies for staff will include:

* Licensed Nurse(s):
  + Assessment Process
  + Person-Centered Care Plan for dining/feeding assistance
  + Implementation
  + Demonstration/Evaluation
  + Documentation
* CNA’s:
  + Implementation of person-Centered care plan for interventions related to dining
  + Communication
  + Observation and reporting of dining/feeding assistance
  + Identification and reporting of changes in resident
* Interdepartmental Employees
  + Those with resident contact: Used and trained as feeding assistants
  + Based on facility policy and procedure

**F-Tag Reference General Information**

Other Tags, Care Areas (CA), and Tasks (Task) to Consider:

* F552: Planning and Implementing Care/Make Treatment Decisions
* F558: Accommodation of Needs
* F578: Right to Refuse/Advance Directives
* F580: Notification of Change
* F635: Admission Orders
* F658: Professional Standards
* F676: Activities of Daily Living/Maintain Abilities
* F677: ADL Care Provided for Dependent Residents
* F692: Assisted Nutrition and Hydration
* F710: Physician Services
* F715: Physician Delegation to a Dietitian
* F745: Social Services
* F800: Provides Diet to Meet Needs
* F801: Qualified Dietary Staff
* F805: Food in Form to Meet Needs
* F808: Therapeutic Diet Ordered
* F810: Assistive Devices-Eating Equipment/Utensils
* F811: Feeding Asst-Training/Supervision/Resident
* F825: Provide/Obtain Specialized Rehab Services
* F838: Facility Assessment F838,
* F842: Resident Records
* F865: QAA/QAPI

**Link to Critical Element Pathway**

Use the Dining / Nutrition Critical Element (CE) Pathways, along with the above interpretive guidelines when determining if the facility meets professional standards of practice; and that is in accordance with the resident’s comprehensive care plan, goals for care and preferences.

**References**

* Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>
* Centers for Medicare and Medicaid Services, Form CMS-20053 (1/2018) Dining Observation, CMS-20075 (5/2017) Nutrition Critical Element Pathway and CMS 20092 (5/2017) Hydration Critical Element pathway: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

1. [↑](#footnote-ref-1)
2. 1,2,3,4 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. 5,6 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-6)
7. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-7)