

## DINING OBSERVATION

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

*This review should concentrate primarily on determining whether necessary staff is available to assist residents and if the facility promotes a positive dining experience. Meal times and dining room locations should be identified during the entrance conference. If the facility has more than one dining area or residents are eating in their rooms, observations should occur in all of these areas. While the bulk of the information is obtained through observation, the surveyor should ask residents questions to confirm or validate observations and to assess food palatability and temperature. Surveyors should include a discussion of these observations at their team meetings. Team members not specifically assigned the responsibility of completing Dining Observation task should surveyor initiate Dining in the QIS DCT and answer only questions pertaining to observations made.*

- Conduct a dining observation at the first full meal that occurs after the team enters the facility. The first full meal will be a meal that allows observations to occur from the start of meal service until residents have finished eating. Mark all areas of concern and follow up as needed with subsequent meal observations.
- Meal observations will also be conducted for Stage II sample residents who trigger because of related Quality of Care Indicators (e.g., weight loss, ADL decline, dehydration, etc.). Document these observations on the applicable resident's Critical Element Summary or Surveyor Notes Worksheet.
- Use this worksheet for each meal observation conducted throughout the survey. Findings on this worksheet should be entered into the QIS DCT on the Stage II - Critical Elements screen under the facility-level task, Dining.

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
<b>Frequency of Meals</b>		
<p>1. <b>Are staff preparing, serving, and assisting with dining in the scheduled timeframes?</b>      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F353, F362</b></p> <p>2. <b>Does the facility provide meals that are no greater than 14 hours between the evening meal and breakfast (or 16 hours with approval of a resident group and provision of a substantial evening snack)?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F368</b></p> <p><small>If Question 1 or 2 is marked 'No': Interview residents and/or staff to determine how often meals are served beyond the posted serving times.</small></p>		
<b>Assistance at Mealtime</b>		
<p><input type="checkbox"/> Conduct staff interview to determine how the dining rooms and/or other locations where residents eat are monitored to assure the residents' needs are accommodated.</p> <p>3. <b>Do residents receive timely and appropriate assistance with meals?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F311, F312</b></p>		

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Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
<b>Meal Services</b>		
<p>Observe for proper handling techniques, such as:</p> <p><input type="checkbox"/> Preventing the eating surfaces of plates from coming in contact with staff clothing;</p> <p><input type="checkbox"/> Handling cups/glasses on the outside of the container; and</p> <p><input type="checkbox"/> Handling knives, forks, and spoons by the handles.</p> <p>4. <b>Does staff follow proper tableware handling techniques?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F371</b></p> <p><input type="checkbox"/> Observe whether staff used proper hygienic practices such as keeping their hands away from their hair and face when handling food.</p> <p>5. <b>Does staff utilize hygienic practices?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F371, F441</b></p> <p><input type="checkbox"/> Observe whether staff had any open areas on their skin, signs of infection or other indications of illness.</p> <p>6. <b>Are the staff who handle food products free of signs of infection?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F443</b></p>		
<b>Dignity and Independence</b>		
<p>Observe whether staff:</p> <p><input type="checkbox"/> Waited for residents at a table to finish their meal before scraping food off of plates at that table;</p> <p><input type="checkbox"/> Talked with residents for whom they are providing assistance rather than conducting social conversations with other staff who are assisting other residents;</p> <p><input type="checkbox"/> Are allowing residents the time needed to complete eating their meal; and</p> <p><input type="checkbox"/> Are speaking with residents politely and respectfully.</p> <p>7. <b>Does staff act, or interact, with residents during meals in a manner to promote dignity?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F241</b></p> <p>8. <b>Are non-disposable cutlery and plates used and napkins available</b></p>		

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<p>(e.g., plastic cutlery and paper/plastic plates are not used)?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F241</b></p> <p>9. Are resident's desires considered when using clothing protectors?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F241</b></p> <p>10. Are assistive devices provided as needed to promote independence?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F369</b></p>		
<b>Positioning</b>		
<p>11. Are residents positioned to maximize eating ability (i.e., wheel chairs fit under tables so residents can access food without difficulty and resident is positioned in correct alignment)?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F310</b></p>		
<b>Dining Room Atmosphere</b>		
<p>12. Is the lighting adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F464</b></p> <p>13. Is the ventilation adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F464</b></p> <p>14. Do noise levels promote socialization? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F258</b></p> <p>15. Are dining areas (including resident rooms) free of offensive odors?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F253</b></p> <p>If any one of Questions 12 - 15 is marked 'No':</p> <p><input type="checkbox"/> Are there concerns with lighting, noise, ventilation, or furnishings that are negatively affecting the residents?</p>		
<b>Meal Substitutes</b>		
<p>16. Are meal substitutes offered when foods are refused?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F366</b></p>		

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<b>Furnishings and Space</b>		
<p>Observe table height to determine if it provides the residents with easy visibility and access to food.</p> <p><b>17. Are the dining areas adequately furnished to meet residents' physical and social needs?</b>      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F464</b></p> <p><b>18. Do the dining areas have sufficient space to accommodate all activities?</b>      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F464</b></p> <p><u>If Question 17 or 18 is marked 'No':</u></p> <p><input type="checkbox"/> Can mobile residents enter and exit the dining room independently without staff needing to move other residents out of the way;</p> <p><input type="checkbox"/> Could residents be moved from the dining room swiftly in the event of an emergency; and</p> <p><input type="checkbox"/> Would staff be able to access and assist a resident who is experiencing an emergency, such as choking?</p>		
<b>Food Quality</b>		
<p><b>19. Does the facility serve the meals in an attractive manner (Foods not combined together, variety of textures/colors)?</b>      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F364</b></p>		
<b>Liquids at Mealtimes</b>		
<p><b>20. Does the facility provide the residents with sufficient liquids and provide assistance when needed?</b>      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F327</b></p> <p><u>If Question 20 is marked 'No', conduct staff interview(s) for additional information to determine staff awareness of the need for maintaining adequate fluid intake:</u></p> <p><input type="checkbox"/> Were liquids provided?</p> <p><input type="checkbox"/> Were liquids within the resident's reach?</p> <p><input type="checkbox"/> Were the residents encouraged (or reminded) to consume liquids?</p>		

