

Long-Term Care Survey Alert

Resident Assessment: IMPROVE DIETARY ASSESSMENT -- BEFORE SURVEYORS FORCE YOU TO

Here's food for thought: Nursing assistants in a recent study assessed resident meal intake accurately less than half the time. And you can bet that if surveyors catch staff making such miscalculations on residents with weight loss, a facility will be digesting its own menu of deficiencies.

In the study, staff failed to identify 65 percent of residents who ate poorly at two out of three meals, according to the Journal of the American Dietetic Association. Your facility can, however, take some simple steps to improve caregivers' skills in detecting a change in dietary intake before the resident starts shedding pounds.

For example, **Bay View Manor** in Seattle uses pictographs of plates for the three daily meals to help CNAs understand what a plate would look like when the resident consumes various percentages of his food, reports **Janice Cacek**, resident assessment coordinator for the facility.

"The pictograph of an evening meal, for example, includes different sections for the salad, main entrée and vegetables," Cacek tells **Eli**.

Do Food Audits

"Food audits" are a great tool for getting to the bottom line of residents' dietary intake.

This is how they work. "Someone with documented competence in assessing food intake — usually a licensed nurse or dietitian — actually audits a number of trays each week," explains **Rena Shephard**, president of the **American Association of Nurse Assessment Coordinators** and **RRS Healthcare Consulting** in San Diego.

"This person actually stands in the kitchen and selects trays to perform estimates of meal intake in order to compare her calculations to those documented in the resident record," she explains. The designated food auditor can also be on the lookout for trays that show very poor intake. The facility then uses the results of the audit to target resident assessment and staff training.

"Some facilities also train their kitchen staff to pull trays where the food was barely touched or protein is left uneaten," Shephard notes. She also suggests that department heads make rounds during meals to identify the picky eaters du jour and ask them if they'd like a substitution.

How picky is too picky? The dining and food services investigative survey protocol directs surveyors to "flag" trays returned to the kitchen with 75 percent or more of uneaten food.

In addition, document changes in a resident's appetite, which is a more subjective assessment but often a very telling one. "CNAs are usually aware of when a resident has lost his appetite," says **Marilyn Mines**, a nursing consultant with **FR&R Healthcare Consulting** in Deerfield, IL.

Quantity vs. Quality

Teach CNAs to keep an eye out for residents who continually dive for the dessert and leave the meat and veggies.

"Facilities need to focus more on documenting the types or quality of food ingested by residents," emphasizes **Annette Kobriger**, a long-term care nutritionist and president of **Kobriger Presents** in Chilton, WI.

Cacek recounts how her facility recently discovered a resident was losing weight even though the woman was definitely

eating 75 percent of her meals. Upon closer assessment, Cacek says, staff realized the resident was eating all of her salads, vegetables and meats but no desserts or breads.

Of course, if the resident is thriving on a diet of salads and steak □ or apple pie and milk □ fine.

But if not, nursing and dietary staff can help the resident to widen his culinary circle or supplementation may be another answer.

Working With the Big Picture

Once your facility has all the assessment parameters in place, including accurate food intake and weight assessments, staff can more easily identify residents with nutritional problems. When you know for certain the resident's food intake was normal," Shephard notes, "then you know to look for an absorption issue or catabolic process," such as celiac disease, cancer , infection or a wasting illnesses.

Alert the physician to any nutritional concerns from the start. "If you identify a resident who has dropped his food intake for three days, you figure out why," Shephard advises. Is the person coming down with the flu? Does she not like the food? Is there something psychological going on, such as depression, or a physiological problem, such as pain?

The answers can protect residents from avoidable weight loss □ and your facility from immediate jeopardy.