**OBSERVATIONS**

**Instructions:** Ask a team member to observe a meal service for one or two meals and document observations. If NO is marked, comment on the specific observation in comment section below.

<table>
<thead>
<tr>
<th>Observation</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Menu options are posted in some way for every meal.</td>
<td></td>
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<tr>
<td>2</td>
<td>Posted menus reflect various options beyond the two required menu alternatives.</td>
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<tr>
<td>3</td>
<td>Menu options are discussed with each resident at the time of service.</td>
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<td>4</td>
<td>Beverages were served AFTER residents were seated.</td>
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<td>5</td>
<td>Residents with dementia and those whom have difficulty with communication were offered options at the time of service.</td>
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<td>6</td>
<td>A variety of foods (hot and cold) are easily accessible to residents between meal services.</td>
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<td>7</td>
<td>There are no assigned seating charts or place cards in the dining room.</td>
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<td>8</td>
<td>ALL residents are asked where they want to sit upon entering the dining room.</td>
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<td>9</td>
<td>Resident who require assistance at meal time are seated in a seat of their choice rather than seated together at the same table.</td>
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**Comments:**
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Discuss the results of the audit as a team. Any “No” response could indicate an area of concern during your evaluation. Review the criteria for this core and discuss your current practices to see if they meet the criteria for this core. If not, discuss changes that may need to be made.
RESIDENT INTERVIEWS

Instructions: Ask team members to interview a few residents asking the questions below.

Supporting Practice #1-What to Eat

- How do you let staff know what you want to eat at each meal?
- How are you involved in meal planning or changing and/or updating the menu?
- What happens if you don’t like what is being served at a meal?

Supporting Practice #2-When to Eat

- What food/drinks are available at night?
- How do you get food/drinks at night?
- What are the meal times in your home?
- Is this when you ate at home?
- If you are hungry for something special how would you get it?

Supporting Practice #3- Where to Eat

- Where do you eat your meals?
- Where do you like to sit?
- How is this determined?
RESIDENT INTERVIEW FOLLOW-UP

Once resident interviews are complete, review the responses. Responses other than the following examples could indicate an area of concern:

Supporting Practice #1- What to Eat

- **How do you let staff know what you want to eat at each meal?** → Look for responses that indicate residents are offered options AT THE TIME OF SERVICE.
- **How are you involved in meal planning or changing and/or updating the menu?** → Residents tell you they ARE involved in meal planning and/or updating the menu and can explain how they do this.
- **What happens if you don’t like what is being served at a meal?** → Residents report they are offered alternatives if they don’t like something.

Supporting Practice #2- When to Eat

- **What food/drinks are available at night?** → Residents report they are able to get HOT and/or cold food items at night.
- **How do you get food/drinks at night?** → Residents know food/drinks are available at night and know how to get them.
- **What are the meal times in your home?** → Residents know meals are available for extended times and are aware they can eat when they want.
- **Is this when you ate at home?** → Residents report that previous eating routines are supported here.
- **If you are hungry for something special, how would you get it?** → Residents know how to get special requests.

Supporting Practice #3- Where to Eat

- **Where do you eat your meals?**
- **Where do you like to sit?** → Answers indicate that ALL residents choose their own seat and can eat where they want.
- **How is this determined?**

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TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. Any “No” response could indicate an area of concern during your evaluation. Review the criteria for this core and discuss your current practices to see if they meet the criteria for this core. If not, discuss changes that may need to be made.

<table>
<thead>
<tr>
<th>Supporting Practice #1- What to Eat</th>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Has the home implemented an enhanced dining program for ALL meals?</td>
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<tr>
<td>2</td>
<td>Are there numerous choices and/or alternatives at each meal?</td>
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<td>3</td>
<td>Are residents aware of the various food options available to them and able to make their own choices at the time of the meal?</td>
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<td>4</td>
<td>Does your home gather information on residents’ food preferences, such as, lifelong eating patterns and habits?</td>
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<td>5</td>
<td>Is there a process in place to communicate resident preference information to all caregivers?</td>
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<td>6</td>
<td>Do residents in your home have a food committee or other group, other than Resident Council, that meets routinely and is actively involved in menu development on an ongoing basis BEFORE menus are implemented?</td>
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<td>7</td>
<td>Is the information gathered from residents at the time of move-in used in developing menus on an on-going basis?</td>
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<td>8</td>
<td>Can changes be made to menus at residents’ request after the menu has been implemented?</td>
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<tr>
<td>9</td>
<td>Is there a system in place to gather information on food preference for residents with cognitive impairment?</td>
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Kansas State University | Center on Aging
### Supporting Practice #2 - When to Eat

<table>
<thead>
<tr>
<th>Questions</th>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td>1. Has the home implemented systems to have food and drinks (hot and cold) available to residents 24 hours a day?</td>
<td></td>
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<tr>
<td>2. Have staff been trained and empowered to provide food and drinks (hot and cold) as requested by residents any time of day or night in accordance with their individual care plan?</td>
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<tr>
<td>3. Are residents aware of the food and drink (hot and cold) options available to them 24 hours a day?</td>
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<tr>
<td>4. Have meal times in the home been expanded to be more flexible in offering hot food items for breakfast, lunch and supper, 7 days a week?</td>
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<tr>
<td>5. Do meal times in the home reflect residents eating preferences and habits?</td>
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<td>6. Are residents actively involved in determining the meal times in the home?</td>
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<td>7. Are residents able to make and receive special requests for food items that are not routinely stocked in the home?</td>
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<tr>
<td>8. Are staff empowered and able to meet the special requests of the residents?</td>
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</tbody>
</table>

### Supporting Practice #3 - Where to Eat

<table>
<thead>
<tr>
<th>Questions</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are resident suggestions and ideas for decorating dining rooms included in the decision-making process BEFORE decisions are made?</td>
<td></td>
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<tr>
<td>2. Are residents routinely involved in placement/arranging of the furnishings in the dining room?</td>
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<tr>
<td>3. Are ALL residents able to choose their own seat for each meal? (Including residents who need assistance)</td>
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<tr>
<td>4. Are residents supported in eating in areas of the home other than the dining room?</td>
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