

Agency for Health Care Administration
Culture Change Information
December 4, 2008

Steam Tables

1. Does the temperature have to be 140 degrees if holding food for under 1 hour?
Answer: Yes, if holding hot food.
2. What are AHCA surveyors looking at regarding safety issues related to steam tables?
Answer: Protection of residents from burns and sharp objects.
3. Can there be more specifics regarding the level of supervision (within the line of vision, how is direct supervision interpreted?)
Answer: As for any hazard in the nursing home, the amount of supervision needed to prevent an accident/injury depends on the resident's risk and the staff's reaction time necessary for intervention. For example, a resident who has cognitive deficits, has a lack of safety awareness, has a tendency to walk around and touch everything, his or her risk is high. If the resident is within the line of vision from a staff person from the other side of the room or hallway, how is this going to provide sufficient reaction time from the staff to prevent the resident from being injured? If supervision can't be provided at all times in a manner to allow staff to react quickly enough to prevent injuries, then limiting the access to the hazard should be implemented. For example, placing the steam table in a location so that residents don't have access to it or placing barriers to block the resident's access to it. Also, placing warning signs to indicate the hazard (hot, sharp, slippery, etc) would help alert residents of the hazard.
The facility's risk manager should be consulted for ways to manage these types of hazardous risks.
4. How can resident choice be supported given the mandated portion sizes and intake documentation requirements? (what would need to be included in the care plan to cover this – an example?)
Answer: If a resident does not want the standard portion, this should be noted in the clinical record. The intention of the menus is to offer a portion of food to meet nutritional adequacy. Each resident has individual nutritional needs. This does not mean the resident has to consume that portion size. Some residents can consume a smaller portion and maintain their nutritional status. This should be care planned if the resident is at nutrition or hydration risk. If the resident consistently consumes a smaller portion which causes the nutrition status to decline, the dietitian or DTR should counsel the resident about this and probably offer snacks or supplements.

Family Style Dining

5. Does the temperature have to be 140 degrees if holding food under 1 hour?

Answer: If the food is served family style and the food is served on the table in serving dishes, the food is no longer under temperature control. This food has to be discarded, because it can't be re-served. After 4 hours out of temperature control, it must be discarded, because it is not considered safe.

6. Are there any suggested means to be able to accommodate family style and still manage temperature requirements? This is one of the problematic areas that I suspect will inhibit innovative dining strategies.

Answer: When serving family style, the temperature requirement is for *palatability*, not food safety. Therefore, the temperature does not have to be 140 °F for hot and 41 °F at the table. Think of how you serve family style in your own home to keep your food hot and cold. You might store the food in a covered insulated dish at the table or portion out batches and keep the other portions in a steam table, oven, warmer, etc. Some people use "cozies" to wrap dishes to insulate (as long as these are kept clean) A hot plate could be used, as long as it does not present a safety hazard to the resident and life safety does not prohibit this. The facility could set up a separate table in the dining room or neighborhood (like an old fashioned buffet server when you are serving a crowd at home) where the food could be kept warm by various warming equipment and cooling equipment. There are a variety of mail order catalogues that sell food warming and cooling equipment for consumers to use at home, particularly around the fall and winter holidays. This equipment is designed for holding smaller quantities of food. You want to be sure that the equipment materials and design are suitable for multi-use purposes. Remember, all the unused or returned leftover food, served family style must be discarded – these leftovers can't be refrigerated and re-served to another customer later (except for condiments).

7. How can resident choice be supported given the mandated portion sizes and intake documentation requirements. (care plan?)

Answer: see #3 above under steam tables.

8. Can more than one resident touch a serving utensil without gloves?

Answer: Yes. Gloves are not required to be worn to touch serving utensils. Serving utensils have been sanitized, and the handles are not considered a food contact or lip/mouth contact surface. It is recommended as a good practice to have the residents wash their hands before meals.

9. Can milk be poured from a pitcher while serving as long as it is poured into a clean glass?

Answer: Unless the local health department has prohibitions for this, yes.

Open Dining Times

10. How can this be implemented and maintain the 14-hour requirement?

Answer: There is flexibility to allow up to 16 hours between the evening meal and breakfast.

11. Is documentation of resident's preference sufficient if resident routinely skips a meal?

Answer: The resident's usual eating pattern or food habits might be revealed when the dietitian or DTR conducts a diet history on the resident. A diet history, if it is obtainable, is a best practice for finding out an individual's past and present eating pattern. The diet history can provide the interdisciplinary team some awareness of how the resident will conform to the facility's meal plan. Usually, a dietitian or DTR will investigate why the resident is skipping a meal and provide nutrition counseling, particularly if the resident has diabetes or other conditions. This should be documented in the clinical record. It's possible a resident skips breakfast because he or she prefers to sleep in and misses the breakfast meal delivery. Offering a late breakfast in this case might work. Alternatively, offering one or more snacks between meals, if agreeable to the resident, should help in meeting the resident's nutritional needs, when he or she routinely skips a meal. Not everyone conforms to the American 3 meal a day eating pattern. There is a great number of people in the U.S. who routinely do not eat breakfast; although studies show that routinely eating breakfast has health benefits. Moreover, there many people who usually "graze" all day, eating 4 to 6 small meals daily.

Wine and Beer

12. Do we need a doctor's order?

Answer: Since there are so many medications that recommend abstaining from alcohol, it is probably a good practice to let the physician and pharmacist know the resident's desire to consume it and get approval. As long as the physician documents this approval, whether in an order or elsewhere in the clinical record, that should be sufficient.

13. Do we need a liquor license?

Answer: Contact the licensing authority for this answer.

14. Is there concern about the age of serving staff?

Answer: Contact the licensing authority for this answer.

Neighborhood Meal Preparation/Kitchens

15. Are there regulatory concerns about meal preparation in neighborhoods?

Answer: Same food safety/sanitation rules/standards apply to neighborhoods.

16. Does this mean that nursing staff cannot help prepare meals? Would there need to be special training to be able to accommodate having a universal worker approach to meals? Please define proper training as noted in #4.

Answer: Nursing staff may help prepare meals. There is no defined training stated in the regulations, rather the outcome of the services provided are evaluated. If the outcome of the meals indicates poor food quality or improper food handling techniques, the surveyors would look to see what training was provided to these staff before they were assigned these meal preparation duties.

Before assigning staff to food preparation duties, the staff's existing knowledge skills of food preparation and food handling should be evaluated. If the staff person does not have the minimum basic knowledge and skills, as defined by the nursing home (using industry standards), then training should be provided. One can't assume that the American public in general knows how to prepare food properly, as food preparation habits of the public have changed over time to simple techniques (i.e. cooking in a microwave oven). The same could be said about food safety.

The facility's foodservice director or manager and dietitian should be consulted for the necessary training to perform the expected duties. Best practice would be to include at least some basic food safety principles as part of the employee orientation, so that any nursing home employee could help with serving food to the residents.

17. Are there life safety code concerns?

Answer: No deep fat frying.

18. Can stoves/ovens in rehabilitation dept. be used for daily meal prep/dining?

Answer: Yes, need to have at least a domestic range hood.

19. Does Florida Food Hygiene 64E-11.012 mean that activities staff are not qualified to assist residents with food preparation as a daily activity?

Answer: The Florida Food Hygiene Code, Chapter 64E-11.012, enforced by the Florida Department of Health requires that the foodservice establishment have at least one manager certified on duty at all times. This does not address the qualifications of the staff working under the manager. As long as the activities staff have been properly trained in food hygiene and are properly supervised, they should be compliant with the law.

Facilities with foodservice establishments licensed under Florida Department of Business and Professional Regulation, Division of Hotel and Restaurants may have different Public Food Service Employee Training requirements under Chapter 61C-4.023.

Staff Eating with Residents

20. Are there regulatory issues that providers should be concerned about? (e.g., infection control?).

Answer: Except for infection control, there should not be any problems for staff that eat with residents. This has been a long standing practice in ICF/MRs (Intermediate Care Facilities for the Mentally Retarded). This helps promote socialization.

21. Where can we locate some infection control recommendations for this?

Answer: The Centers for Disease Control and Prevention has infection control guidelines available.

Use of Domestic Appliances for Cooking or Baking in Living Areas

22. Clarify Life Safety Code issues:

Where can we have small appliances? (e.g., can a griddle be used without a vent?).

Answer: Yes, toasters, microwave ovens, boiling water, no deep fat frying or frying that results in grease laden vapors without a NFPA 96 (National Fire Protection Association) hood and suppression system.

Do domestic appliances meet fire code regulations?

Answer: Yes if UL is listed.

23. How address potential hygiene/sanitation issues?

Answer: Small appliances must be cleaned so that food contact surfaces are sanitized.

24. Are there standards for the frequency of cleaning these appliances?

Answer: The same standards that apply to the equipment and appliances in the kitchen also apply to small kitchen appliances used in other areas of the nursing home. The FDA Food Code has cleaning frequency standards for both food and nonfood contact surfaces of equipment. See Chapter 4.6 and 4.7.

Resident Choice About What They Eat

25. Scenario: Residents in Independent Living at a CCRC are served Sushi and Sashimi if they so desire; residents in Skilled Nursing at the same CCRC desire the same food but there is concern about food temperature, etc. so they may not be offered the same choices as IL residents.

Answer: The food holding temperatures are the same for IL and SNF. However, in this example, if the sushi or sashimi contains raw fish products, this can't be served to the SNF, as it is a highly susceptible population according to the Food Code.

26. Is this a contradiction to the resident's right to choice if they request this and understand the risks? I think this is an example of the potentially paternalistic approaches that may inhibit culture change.

Answer: Federal law prohibits the serving of raw fish and animal products to nursing home residents, because the risk of food borne illness is too high. The nursing home must comply to the law, which overrides the residents' choice. Additionally, in the revised guidance for F371, it states that *waivers* for residents to consume undercooked unpasteurized eggs *are not allowed*. This would also apply to other raw animal, fish or shellfish products as well. The nursing home should consider their liability also.

The food borne illness risk with raw fish in particular is mostly parasitic (i.e. round worm and tape worm). Raw shellfish is bacterial (*Vibrio vulnificus*), viral (Hepatitis A) and parasitic.

It's even risky for people with healthy immune systems to eat raw animal, fish, or shellfish products.

The Florida Food Hygiene Code, 64E-11, states "*except that upon request of the consumer, animal products which have not been cooked as above (145 °F to 165 °F) may be offered for consumption. This applies to the independent living as well. If these products are being served in independent living, the residents should be advised of the risk of consuming such food. If the nursing home residents want to go out to a sushi bar or if a family brings in sushi for only their loved one in the nursing home, this is acceptable. It would be prudent for the nursing home to explain the risks of consuming hazardous foods to the residents and family in advance and document this.*

Using cooked fish and shellfish in sushi and sashimi would eliminate the food borne illness risk. Again, the facility risk manager should be consulted about this.

27. Question: How do we deal with the ethnic and specialty foods that the current generation of elders and certainly the next generation may want? How can we make the same choices available to elders wherever they live?

Answer: There is no regulation about what foods you have to provide, as long as at a minimum the elder's nutritional needs are met.

a. This is a contradiction to the sushi example above as that might be an ethnic preference.

Answer: See Above.

28. Question: On the sushi issue, what if a resident wants it and signs a waiver? Surely, CMS allows for ethnic food even if it may not be ideal. People who grew up on such diets can tolerate them.

Answer: The nursing home population is defined as a highly susceptible population by the FDA Food Code – and this definition is included in the recently released revised F371 surveyor guidance.

In Chapter 3 of the Food Code, under the section “Special Requirements of Highly Susceptible Population”, 3-801.11 states that the following foods may not be served or offered for sale in ready-to-eat form for a highly susceptible population:

- (1) Raw animal foods such as raw fish (like sushi), raw marinated fish (like ceviche), raw molluscan shellfish (like oysters on the half shell), and steak tartare,
- (2) A partially cooked animal food such as lightly cooked fish, rare meat (like a sirloin steak), soft-cooked eggs that are made from raw eggs, and meringue; and
- (3) Raw seed sprouts (huge E. coli risk).

Additionally, in the revised guidance for F371, it states that *waivers* for residents to consume undercooked unpasteurized eggs *are not allowed*. This would also apply to other raw animal, fish or shellfish products as well.

The Florida Food Hygiene Code, 64E-11.004 (8), states that raw animal products such as eggs, fish, lamb, pork or beef, except roast beef, and foods containing these raw ingredients, shall be cooked to an internal temperature of 145 degrees Fahrenheit or above for at least 15 seconds, *except that upon request of the consumer, animal products which have not been cooked as above may be offered for consumption*. The Food Hygiene Code has a definition of a “highly susceptible population”, but does not have any restrictions on the service of raw animal products other than unpasteurized eggs.

The food borne illness risk with raw fish in particular is mostly parasitic (i.e. round worm and tape worm). Raw shellfish is bacterial (*Vibrio vulnificus*), viral (Hepatitis A) and parasitic.

The Food Code is the stricter of the two standards.

If a family member brings in any of these raw or undercooked animal products for *only* his or her relative living in a nursing home to consume – that’s ok. However, if the facility knows this, it wouldn’t hurt to provide some food safety education to resident and family, particularly if the resident has a compromised immunity.

A suggestion would be to prepare the sushi with cooked fish or shellfish and that would solve the problem.

Although most of the general public doesn’t realize it, all food establishments must inform the consumer if they serve raw fish or animal products or any other food that has not otherwise been processed to eliminate pathogens. This disclosure is usually printed on the menu. Even individuals who are not living in a nursing home who have compromised immune systems (such as immune deficiencies; organ transplantation, diabetes or renal conditions) and pregnant women would be advised to avoid consuming these foods. There’s still a risk for people with healthy immune systems if they eat raw animal, fish, or shellfish products like raw oysters.