DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
Office of Licensing

NUTRITION GUIDANCE DOCUMENT
12 VAC 35-105-600.

A. A provider preparing and serving food shall:

1. Implement a written plan for food services, which ensures access to nourishing, well-balanced, varied, and healthful meals;
2. Make reasonable efforts to prepare meals that consider cultural background, personal preferences, and food habits and that meet the dietary needs of the individuals served; and
3. Assist individuals who require assistance feeding themselves in a manner that effectively addresses any deficits.

B. Providers of residential and inpatient services shall implement a policy to monitor each individual's food consumption and nutrition for:

1. Warning signs of changes in physical or mental status related to nutrition; and
2. Compliance with any needs determined by the individualized services plan or prescribed by a physician, nutritionist or health care professional.

The policy on nutrition should include the following:

1. *Any assessment of the individual should include a brief nutritional assessment;*
2. *ISP's should address assessed nutritional needs;*
3. *Available food should be consistent with planned menus;*
4. *Available food should be consistent with the needs of any individual on a special diet;*
5. *If an individual is on a special diet, there should be a physician's order;*
6. *The policy should include a written plan to complete shopping to include:*
    a. *A general shopping list*
    b. *Who and when shopping occurs,*
    c. *How much is budgeted for weekly food supplies.*
7. *Regularly obtaining the weights of individuals served;*
8. *There should be a minimum (3-day) supply of all types of foods: meat, dairy, vegetables, fresh foods;*
9. *There should be an emergency supply of food (that can be prepared without heat) and water;*
10. *Personnel records should document staff training in nutrition; to include:*
    a. *Monitoring individuals for changes in eating habits;*
    b. *Documentation requirements of individual's food consumption;*
    c. *Physical and mental status symptoms that may be nutritionally related,*

Simple documentation of monitoring nutrition, which could be incorporated into progress notes:

DBHDS

Department of Behavioral Health and Developmental Services
Nutrition Monitoring Form
Office of Licensing

Name:

Diet:	Portion eaten each meal:			Noted Change(s): _____
	Breakfast: ☐ ALL	☐ > ½	☐ < ½	☐ None ____ _____
Date:	Lunch ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Weight:	Dinner ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Diet:	Portion eaten each meal:			Noted Change(s)_____
	Breakfast: ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Date:	Lunch ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Weight:	Dinner ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Diet:	Portion eaten each meal:			Noted Change(s) _____
	Breakfast: ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Date:	Lunch ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Weight:	Dinner ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Diet:	Portion eaten each meal:			Noted Change(s): _____
	Breakfast: ☐ ALL	☐ > ½	☐ < ½	☐ None ____ _____
Date:	Lunch ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Weight:	Dinner ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Diet:	Portion eaten each meal:			Noted Change(s) _____
	Breakfast: ☐ ALL	☐ > ½	☐ < ½	☐ None ____ _____
Date:	Lunch ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Weight:	Dinner ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Diet:	Portion eaten each meal:			Noted Change(s) _____
	Breakfast: ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Date:	Lunch ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Weight:	Dinner ☐ ALL	☐ > ½	☐ < ½	☐ None _____
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Date:	Lunch ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Weight:	Dinner ☐ ALL	☐ > ½	☐ < ½	☐ None _____
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Date:	Lunch ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Weight:	Dinner ☐ ALL	☐ > ½	☐ < ½	☐ None _____
Diet:	Portion eaten each meal:			Noted Change(s):