

Managing Food Waste and Costs in a Nursing Facility Kitchen

Cassandra “Cassie” Whitmore, RD, LMNT



Objectives

- Apply standard practices in Nursing Facility kitchens, which can help us better manage our costs
- Compare and contrast how food safety and quality intertwine
- Implement strategies to help you better meet your budget needs while reducing food waste



What Makes an LTC Kitchen or Dining Room Different

- Altered texture diets
 - National Dysphagia diets
 - IDDSI
- Therapeutic diets
 - NAS
 - CCHO
 - Fluid Restriction
- Need to follow recipes and menus closely
- Balancing Resident Rights
- Monitoring for swallowing issues/need for O
- Communication and relationship building with other departments, esp nursing
- Tag process
- You are in someone's home



Regulations

§483.60(d) Food and drink

Each resident receives and the facility provides—

§483.60(d)(3) Food prepared in a form designed to meet individual needs.

§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;

§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; and

§483.60(d)(6) Drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration.

§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;

§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.

§483.60(f) Frequency of Meals

§483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care.

§483.60(f)(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.

§483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care.

§483.60(c) Menus and nutritional adequacy.

Menus must-

§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines;

§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;

§483.60(c)(5) Be updated periodically;

§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and

§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices.

§483.60(g) Assistive devices

The facility must provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident can use the assistive devices when consuming meals and snacks.

§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.

(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.

(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.

(iii) This provision does not preclude residents from consuming foods not procured by the facility.

§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.

Therapeutic Spreadsheet

	Reg Diet	CCHO	Pureed	Mech Soft
Breakfast				
Cream of Wheat	1 cup	2 CHO	1 cup	1 cup
Scrambled Eggs	1/2 cup	0 CHO	1/2 cup pureed	1/2 cup
Bacon	2 slices	2 slices	NO	NO

Cycle Menus

- Most LTC facilities use 5-week cycle menus
- Important that they are signed off on by the RD
- Must be nutritionally adequate
- Rotate regularly for variety
- Advantages:
 - Skill building
 - Ordering predictability
 - Quality improvements
 - Improved efficiency

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Crock Pot Roast	Meatloaf	Tacos	Chicken Salad Sandwiches	Fried Rice	Burgers	Leftover veggies salad
2	Chili	BBQ pork sandwiches	Tuna Casserole	Breakfast for Dinner	Lentil Soup	Fish Sticks	Spaghetti and Meatballs

Production Sheets

- Can help you keep track of what to prepare and when
- Can help you determine how much food to make
 - Include those on large or small portions
- Keep track of temperatures
- Can help with ordering
- Not always used by facilities

DAILY FOOD PRODUCTION RECORD										STUDENTS		
DATE: _____ NAME OF MONITOR: _____										ADULTS		
SPONSOR/BUILDING/SCHOOL NAME: _____										EMPLOYEES		
Offer vs. Serve Implemented? <input type="checkbox"/> YES <input type="checkbox"/> NO										TOTAL		
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner <input type="checkbox"/> Snack	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(G)	(I)	(J)	(K)
(A) MENU		RECIPE # OR CODE	PORTION SIZE	# PORTIONS PLANNED	LBS, CANS, OR CASES USED	COOKING TIME / TEMP	CORRECTIVE ACTION CODE	SERVING TIME / TEMP	CORRECTIVE ACTION CODE	# OF PORTIONS PREPARED	# OF PORTIONS SERVED	LEFTOVER & CODE (F- Freezer C-Cooler Waste)
Meat / Meat Alternate												
Vegetables / Fruits (2 or more servings)												
Grains / Breads												
Milk (8oz)												
Condiments / Other Foods												

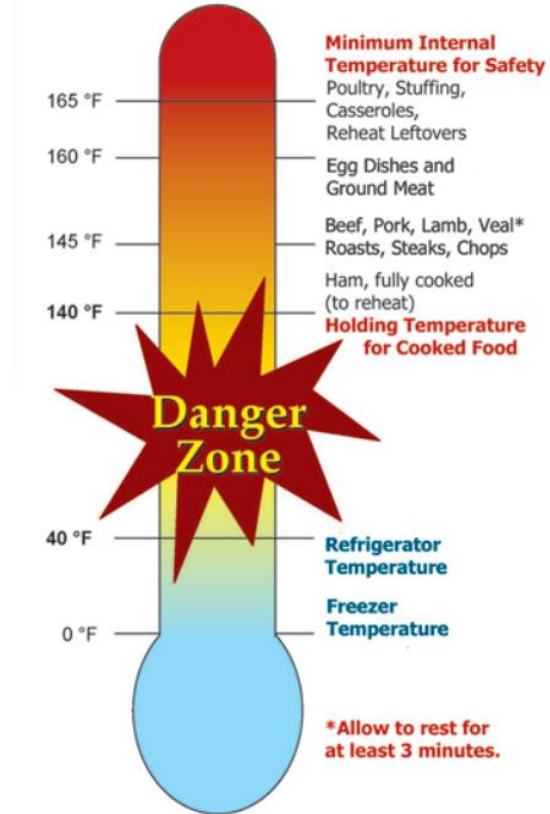
Standardized Recipes

- It's important to utilize standardized recipes to assure nutrition needs are met
- Also assures that Residents get the same quality food, regardless of who is cooking
- Any recipe can be standardized, ask your RD for help!
- RD does need to sign off on any recipe changes



Food Safety is Critical!

- Temperatures
 - Keep cold foods cold
 - Keep in fridge
 - Put on ice during service
 - Grab a smaller amount out of the fridge (only a few servings at a time) to reduce time in danger zone
 - Keep hot foods hot
 - Temp at the end of cooking
 - Batch cook
 - Cover the tray line when not in use
 - Temp at the end to help find issues
- Read up on your local food code



<https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/danger-zone-40f-140f> Accessed 10/5/22

Food Safety



- Hand hygiene
 - Staff should be washing hands between tasks, whenever gloves are changed, after smoking/ eating/ using the restroom/touching your clothes or face, etc.
 - Staff should use hand sanitizer after each tray pass in the dining room - no hand sanitizer use in the kitchen
- Glove use
 - Avoid using gloves unless you must have bare hand contact with ready to eat foods
 - It is much preferred to use utensils - ex. tongs to grab buns out of the bag
 - Gloves must be changed whenever they touch a potentially contaminated item - ex. Touching the door handle of the fridge
- Read your RD reports for inspection notes

Food Quality

- Working to improve your food quality can mean reduced waste, reduced need to make specialty items, and reduced time spent addressing Resident complaints
- Many things that we do to improve food safety also improve food quality
- Some of the first things to look for:
 - Are you batch cooking?
 - Are you keeping your pans covered when not in use?
 - Are you steaming instead of boiling when possible (esp. vegetables)?
 - Are you monitoring temps?
- Make sure staff is tasting food but not eating in the prep areas
 - Let them eat lunch!
- Regularly evaluate your freezer, walk-in, and pantry to determine if there are products that need to be utilized

Cost Management

- Be sure that the portions you are serving are appropriate
 - Need adequate servings to avoid weight loss and malnutrition
 - Excessive servings may lead to waste, unneeded weight gain, or Residents refusing to eat something at all (so that you can “give it to someone else”)
 - Offering small or large portions to those who need/desire it
- Consider when canned or frozen may be a better option than fresh
 - Broccoli or cauliflower florets
 - Canned peaches for dessert
- Experiment with different products to find the right balance of cost and quality for your facility
- Make sure you cook for the season
 - If it's more expensive, it's probably not in season

Cost Management

- Preparing the right amount of food for each meal
 - Using production sheets along with cycle menus
- Keeping the right amount and types of food on snack carts/ in nourishment stations
 - Keep an inventory
 - What's your facility policy about staff snacking?
 - Pre-packaged vs staff packaging
 - Snack cart vs permanent nourishment station/fridge
- Trial new recipes before making them permanent
 - Can try as a small batch/bonus item
- Consider incorporating more vegetarian proteins
 - Canned beans, dried lentils, etc.
 - These are often cheaper than meat/poultry
 - May require less prep
 - Can sub out some of the meat



Seasonality

Spring

Apples	Collard Greens	Onions
Apricots	Garlic	Peas
Asparagus	Herbs	Pineapples
Avocados	Kale	Radishes
Bananas	Kiwifruit	Rhubarb
Broccoli	Lemons	Spinach
Cabbage	Lettuce	Strawberries
Carrots	Limes	Swiss Chard
Celery	Mushrooms	Turnips

Fall

Apples	Ginger	Pears
Bananas	Grapes	Peas
Beets	Green Beans	Pineapples
Bell Peppers	Herbs	Potatoes
Broccoli	Kale	Pumpkin
Brussels Sprouts	Kiwifruit	Radishes
Cabbage	Lemons	Raspberries
Carrots	Lettuce	Rutabagas
Cauliflower	Limes	Spinach
Celery	Mangos	Sweet Potatoes & Yams
Collard Greens	Mushrooms	Swiss Chard
Cranberries	Onions	Turnips
Garlic	Parsnips	Winter Squash

Summer

Apples	Cherries	Mangos
Apricots	Corn	Okra
Avocados	Cucumbers	Peaches
Bananas	Eggplant	Plums
Beets	Garlic	Raspberries
Bell Peppers	Green Beans	Strawberries
Blackberries	Herbs	Summer Squash
Blueberries	Honeydew Melon	Tomatillos
Cantaloupe	Lemons	Tomatoes
Carrots	Lima Beans	Watermelon
Celery	Limes	Zucchini

Winter

Apples	Herbs	Pineapples
Avocados	Kale	Potatoes
Bananas	Kiwifruit	Pumpkin
Beets	Leeks	Rutabagas
Brussels Sprouts	Lemons	Sweet Potatoes & Yams
Cabbage	Limes	Swiss Chard
Carrots	Onions	Turnips
Celery	Oranges	Winter Squash
Collard Greens	Parsnips	
Grapefruit	Pears	

Small Things Can Make Huge Differences

- Lemon drops candy
 - Can help with dry mouth or altered taste
- Hot sauce
 - Can help with decreased sense of taste
- Coffee drinks/smoothies
 - Add kcal and protein in a more enjoyable way than traditional supplements
- Facility-made shakes
 - Great way to use up leftover dessert items and fruit
- Fortified foods/larger egg portions
- Orange juice/preferred food items
 - Small concessions help people feel cared for and can decrease overall complaints
- Have we considered the meal environment?
 - People who don't want to come to the dining room need room trays instead
- Does the person need help?
- Do they need an assessment by OT or ST?



Staffing and Costs

- If you are low on staff, you will probably need to spend more money on food
 - Pre-prepped food items
 - Pre-chopped produce
 - Pre-made supplements
- If you are well-staffed and your staff is skilled in the kitchen, consider ways to save on food
 - Whole produce vs pre-prepared
 - From scratch cooking vs pre-fab
 - Patty your own burgers
 - Supplements vs shakes
 - May also depend on nursing staffing
- Is your staff using appropriate knife cuts?
 - This can reduce waste
- Is your staff trained in both food safety and cooking skills?
- Is your staff using their time effectively and efficiently?

- Do your recipes match the talent of your staff?
- Encourage creativity within reason
- Consider letting your staff eat for free as a quality measure



Food Waste Prevention

- Have standardized “use stuff up” recipes available in case of food waste emergency
 - Banana muffins, zucchini bread, apple cake, carrot cake, vegetable pasta, croutons, French onion soup, pudding, etc.
 - You can often substitute half the flour for whole wheat and use more produce in baked goods
 - Pickled items
 - Fruit/yogurt popsicles
- Consider appropriate substitutions to make to recipes to use up leftover items
 - Like for like
 - Safety
- Utilize the freezer
 - Close to expiration date
 - Sad produce



Food Waste Prevention

- Have a dessert cart to use up baked goods and fruit
- Have a designated day/time to evaluate your leftovers and decide what to do with them
- Be sure to maintain temperatures so that food can be kept at the end of service
 - Ice bath
 - Batch cooking
- Document your temps to assure safety
 - End of service
 - While cooling
- Make sure you are making foods your Residents want to eat
 - Production sheets
 - Resident surveys
 - Resident council
 - Your population/turnover rate
- Be creative!



Storage and Ordering of Food

- Check your inventory before you order
 - Especially watch your ordering in the weeks prior to your transition from one menu cycle to another
- Order early enough in case of truck delays and to allow for appropriate thawing
- First In, First Out - FIFO
- Keep an eye on expiration dates especially on shelf stable items
 - Make a plan to use stuff up before it gets to the date
 - Do weekly reviews to make sure you're utilizing products before they go bad



Storage and Ordering of Food

- Make sure you're ordering appropriate amounts of food
 - 25 lb of rotten potatoes
- Labeling, dating, and sealing items properly so we preserve quality and safety
- Storing things appropriately based on package directions
 - Open lemon juice in the fridge
 - Potatoes in the store room
- Making sure the storeroom is the appropriate temperature to maintain food quality
 - 50F is ideal but 70F will work ¹

1. <https://www.cde.ca.gov/ls/nu/fd/mb00404.asp> accessed 9/14/21

Communication

- Ordering
 - What things get ordered every week/truck
 - Par stock notifications
 - Where should they notify the manager about orders
 - When are the ordering deadlines
 - Avoiding over-ordering
- Utilization of therapeutic spreadsheets
- Following facility recipes
- Emergencies
 - What to do if the fridge/freezer goes down
 - What to do if they smell gas
 - What to do if the fire alarm goes off
- What your facility policy/ preference is on menu alterations to prevent food waste
- Be sure to read the dietitian reports regularly and ask questions when you have them



Tasks that the CDM Can Help the RD With

- Make sure they know their scope
 - Non CDM managers may need more training
- Quarterly notes
- Charting visits with Residents
- MDS
- Data gathering
- Care Plan Meetings
 - Bring the RD notes along
- Advocating during staff meetings
 - Bring the RD report along
- Alerting the RD to Residents who are not accepting their interventions or who are regularly accepting smaller amounts
 - Allows RD to better match supplement offerings to acceptance
- Be sure to communicate with RD before taking on new tasks
- Check in with RD periodically to ensure that tasks are performed correctly to avoid compliance or reimbursement issues



When should I consider a CFM?

- Are you in need of a manager?
- Are CDMs applying for the position?
- Does your kitchen normally have adequate staffing?
- Do you have the budget to pay for classes/continuing ed?
- Do you allow your RD to remote chart?

§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services.

- (i) The director of food and nutrition services must at a minimum meet one of the following qualifications—**
 - (A) A certified dietary manager; or**
 - (B) A certified food service manager; or**
 - (C) Has similar national certification for food service management and safety from a national certifying body; or**
 - D) Has an associate’s or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or**
 - (E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and**

RD DAILY SUMMARY/RECS

Facility Name

Date:

Cassie Whitmore, RD, LMNT

ROOM	RESIDENT NAME	WHAT WAS COMPLETED (Asst type, wt note, tf note, skin note etc)	<i>INTERVENTIONS INITIATED/CHANGED</i>	FOLLOW-UP IF NEEDED
			•	
			•	
			•	
			•	
			•	
			•	

Additional notes:

-

Date of next visit:

Courtesy MiTasha Loseke,
RD, CSG, LMNT and used
with permission

Considerations

- Your total cost is not just your RD's bill
 - Supplement use often goes up when your RD is rushed
 - Frequent short stays
- Blanket recommendations are expensive and not best practice
 - Giving everyone a supplement with med pass
- Quality is important
 - Weight loss may go up if your RD doesn't have adequate time to complete follow ups
 - A great job by the RD may look like nothing is happening
- Higher acuity Residents often mean more time/work from the RD
 - TF
 - Dialysis
 - Wound care
- Little things can add to your bill
 - Poor technology
 - Tasks that someone else could easily do
 - Fluid weight notifications
 - Consistent height/weight measurements
 - Consistent meal intake documentation
 - Not utilizing SPRD
- Staffing issues can affect the data your RD receives
- If you don't allow your RD to remote chart when needed, consider why

SPRD Policy Example

Facility Name

Facility Address

City, State, Zip

Supplements Per Registered Dietitian

Subject: Supplements per Registered Dietitian

Departments: Dietary and Nursing

Date:

Policy:

(Facility) has adopted a standard admission order to allow the Registered Dietitian to start, adjust, and discontinue supplements per recommendation on all nursing home residents without prior approval from the MD.

Procedure:

- Registered Dietitian will continue to monitor all Residents at least quarterly and upon referral by facility staff.
- Registered Dietitian will make supplement recommendations as needed based on estimated nutritional needs and available facility/family supplied supplements.
- A copy of the completed Supplement Recommendations per Registered Dietitian form will be given to Dietary and Nursing.
- Dietary will be responsible for updating snack and meal drink list with recommendations.
- Nursing will be responsible for updating MAR with supplement orders

Courtesy Kristi Anderson,
MS, RD, LMNT, and used
with permission

Tips for Efficiency for the DM

- Have a standard, rotating staffing schedule and fill in the blanks as needed
- Have a standard cleaning schedule that rotates for big items- week one is the hood, week two is the walls, etc.
 - Utilize staff downtime for deep cleaning- esp holidays
- Utilize your order guides
 - Can make update with preferred par levels or usual order frequency
- Cross Train
 - Staff - allows for better and easier scheduling
 - Manager - can help you learn where tweaks should be made in job descriptions
- Avoid duplication of tasks
 - Charting 3 times

Tips for Efficiency for the DM

- Talk to staff - what would help them do a better job?
- Observe processes regularly to look for inefficiencies
 - Experiment with process improvement
 - Once you find a good rhythm to your work, it usually goes fast
- Think outside the box
 - Pricing gun for dating
 - Talk to text for inspections
- Figure out the best way to organize schedule, calendar, and to do list and stick to it!
- If struggling, ask for help
- Avoid wasted movement
- Use your time wisely
 - Utilize down time- cleaning, organization, etc
 - Avoid bringing people in to meetings that aren't necessary
- Spend employers money as if it's your own



Tips for Organization for the DM

- A little time spent organizing can go a long way
 - Schedule
 - Order guides
 - Prep lists
 - Fridge/freezer/pantry organization
- Color Code Your Calendar
 - Personal vs work
 - Appointments vs to do's
- Prep in Advance
 - Have papers for the early morning meeting on your desk the night before
- Stay on top of your education/CEUs if applicable - you never know when your schedule may get busier
 - It's not the facility's responsibility to make sure you maintain your credentials
 - Ask for help if you need it - where to find education, time off to complete, etc.
 - Put it on your calendar to check your progress every 6 months or so so you know where you stand

FRI

23

Chart TF monthly

End of day double check

Pull monthly weight report

Record Mileage

Test Tray- drink too

Weekly Tasks- see below

Tips for Organization for the DM

- Distinguish between your calendar and to do list
 - Your to do list should be only as long as what can be accomplished in a day
 - Anything further, put on your calendar
 - Can use a separate color
 - Can set reminders on digital calendars
 - Can set up recurring items
 - Can put reminders months or years in advance
 - Put far out to do items or project due dates on your calendar as soon as you find out about them and set a reminder in advance
 - project reminders 1 week and other items the day before or day of

More Tips for Success for the DM

- Use your resources and direct staff to do the same
 - Therapeutic spreadsheets
 - Recipes
 - Order guides
- Don't be afraid to try a new way of doing something to see if it might work better, but talk to your administrator before implementing new processes that may affect other departments
 - Be sure to monitor processes before changing them
- Practice prioritization
- You'll never be able to predict every problem, but if the baseline is stable, the hard parts are easier to manage



Questions?

CassieConsulting@gmail.com

