

CHAPTER 24 | NUTRITIONAL SERVICES

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
24.00.01 <u>Organization</u> §482.28(a)	<div> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>The hospital must ensure that the specific food and dietetic services organization requirements are met.</p>	<p>This standard is not met as evidenced by:</p> <p>Note: Score this standard based on the results of scoring from standards 24.00.02 through 24.00.05.</p>
24.00.02 <u>Food and dietetic services</u> <i>The hospital must have a full-time employee who:</i> (i) <i>Serves as director of the food and dietetic services,</i> (ii) <i>Is responsible for daily management of the dietary services, and</i> (iii) <i>Is qualified by experience or training.</i> §482.28(a)(1) §482.28(a)(1)(i) §482.28(a)(1)(ii) §482.28(a)(1)(iii)	<div> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>The service director must be a full-time employee who has been granted the authority and delegated responsibility by the hospital's governing body and medical staff for the operation of the dietary services.</p> <p>This authority and delegated responsibility includes, the daily management of the service, implementing training programs for dietary staff, and assuring that established policies and procedures are maintained that address at least the following:</p> <ol style="list-style-type: none"> 1. Safety practices for food handling. 2. Emergency food supplies. 3. Orientation, work assignments, supervision of work and personnel performance. 4. Menu planning, purchasing of foods and supplies, and retention of essential records (e.g., cost, menus, personnel, training records, QAPI reports, and etc.). 5. Nutritional services QAPI program. <p>The service director must demonstrate, through education, experience and/or specialized training, the qualifications necessary to manage the service, appropriate to the scope and complexity of the food service</p>	<p>This standard is not met as evidenced by:</p> <p><u>INTERVIEW AND DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Verify that the director of food and dietetic services is a full-time employee. ▪ Review the service director's job description to verify that it is position-specific and that responsibility and authority for the direction of the food and dietary service has been clearly delineated. ▪ Review the service director's personnel file to verify that he/she has the necessary education, experience, and training to manage the service, appropriate to the scope and complexity of food service operations. ▪ Verify that nutrition services are integrated with the hospital-wide QAPI program.

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operations.

The food service director may or may not be a Registered Dietitian. It is not required that the food service director report to a Registered Dietitian.

Food service directors in a transitional role will be evaluated on a case-by-case basis. Temporary reporting structures will be acceptable only if active recruitment for an appropriately qualified candidate is in progress.

24.00.03 Dietitian services

There must be a qualified dietitian,

- *full-time,*
- *part-time or*
- *on a consultant basis.*

§482.28(a)(2)

☐ Compliant

☐ Not Compliant

This standard is not met as evidenced by:

A qualified dietitian must supervise the nutritional aspects of patient care.

Responsibilities of a hospital dietitian may include, but are not limited to:

- Approving patient menus and nutritional supplements.
- Patient, family, and caretaker dietary counseling.
- Performing and documenting nutritional assessments and evaluating patient tolerance to therapeutic diets when appropriate.
- Collaborating with other hospital services (e.g., medical staff, nursing services, pharmacy service, social work service, etc.) to plan and implement patient care as necessary in meeting the nutritional needs of the patients.
- Maintaining pertinent patient data necessary to recommend, prescribe, or modify therapeutic diets as needed to meet the nutritional needs of the patients.

Qualification is determined on the basis of education, experience, specialized training, State licensure or registration when applicable, and maintaining professional standards of practice.

If the qualified dietitian does not work full-time, and when the dietitian is not

INTERVIEW AND DOCUMENT REVIEW

- Review the dietitian's personnel files to verify that he/she is qualified based on education, experience, specialized training, and, if required by State law, is licensed, certified, or registered by the State.
- If the dietitian is not full time, determine that the number of hours spent working is appropriate to serve the nutritional needs of the patients, and that the hospital makes adequate provisions for coverage with the dietitian is not available.

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available, the hospital must make adequate provisions for dietary consultation that meets the needs of the patients. The frequency of consultation depends on the total number of patients, their nutritional needs and the number of patients requiring therapeutic diets or other nutritional supplementation.

24.00.04 Staffing Qualifications

There must be administrative and technical personnel competent in their respective duties.

§482.28(a)(3)

☐ Compliant

☐ Not Compliant

This standard is not met as evidenced by:

Administrative and technical personnel must be competent in their assigned duties. This competency is demonstrated through education, experience and specialized training appropriate to the task(s) assigned. Personnel files should include documentation that the staff member has the required qualifications and is competent in their respective duties.

Dietetic administrative personnel may include diet clerk or secretarial positions.

Dietetic technical personnel may include certified or noncertified dietary positions. For dietetic technicians who provide technical support under the supervision of RDs, it is preferred that these are registered through the Commission on Dietetic Registration as “Dietetic Technician, Registered” (DTR).

Food service personnel include those staff responsible for food preparation, the tray line, and dish machine operators.

OBSERVATION AND DOCUMENT REVIEW

- Review personnel files for both administrative and technical staff. Determine they have appropriate credentials as required and have received adequate training and are competent in their respective duties.
 - ☐ Duties are consistent with assignments in the service.
 - ☐ There is evidence of appropriate credentials, adequate training, and competency evaluations for both administrative and technical personnel.
- Visit the kitchen to observe personnel. Check assignment sheets for staffing.
 - ☐ Verify there is ample staff to meet the nutritional needs of patients.

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24.00.05 For future use24.00.06 Diets: Menus must meet the needs of patients

Individual patient nutritional needs must be met in accordance with recognized dietary practices.

§482.28(b)

§482.28(b)(1)

☐ Compliant

☐ Not Compliant

This standard is not met as evidenced by:

Each hospital patient for whom the hospital is providing one or more meals or nutrition must have their nutritional needs met in a manner that is consistent with recognized dietary practices.

Affected patients include all inpatients and those patients in observation status whose stay is sufficiently long that they must be fed. According to the U.S. Department of Agriculture's (USDA) Food and Nutrition Center the nationally recognized source for recommended dietary intakes allowances is the Institute of Medicine Food and Nutrition Board's Dietary Reference Intakes (DRIs), which are designed to provide recommended nutrient intakes for use in a variety of settings.

The DRIs are a set of four reference values:

1. Recommended Dietary Allowance (RDA) is the average daily dietary intake of a nutrient that is sufficient to meet the requirement of nearly all (97-98%) healthy persons.
2. Adequate Intake (AI) for a nutrient is similar to the Estimated Safe and Adequate Daily Dietary Intakes (ESADDI) and is only established when an RDA cannot be determined. Therefore, a nutrient either has an RDA or an AI. The AI is based on observed intakes of the nutrient by a group of healthy persons.
3. Tolerable Upper Intake Level (UL) is the highest daily intake of a nutrient that is likely to pose no risks of toxicity for almost all individuals. As intake above the UL increases, risk increases.
4. Estimated Average Requirement (EAR) is the amount of a nutrient that is

INTERVIEW AND DOCUMENT REVIEW

- Can the dietician demonstrate how the menus meet the nutritional needs of patients? For example, does the service rely upon DRIs, including RDAs, in developing menus?
- Can the dietician demonstrate patients are assessed for special nutritional needs and how the hospital assures the needs of those with specialized needs are met?
- When observing care in inpatient units (or observation units where meals are provided) ask staff how patients are assessed for nutritional needs.
 - ☐ Ask them how they monitor patients identified as having specialized needs.
 - ☐ Is there evidence that therapeutic diets are provided as ordered?
- Does the sample of patient records being reviewed include patients identified with special nutritional

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	<p>estimated to meet the requirement of half of all healthy individuals in the population.</p> <p>USDA provides access to an interactive DRI tool and DRI tables at: http://fnic.nal.usda.gov/dietary-guidance/dietary-reference-intakes</p> <p>THERAPEUTIC DIETS</p> <p>Meeting individual patient nutritional needs may include the use of therapeutic diets. Therapeutic diets refer to a diet ordered as part of the patient's treatment for a disease or clinical condition, to eliminate, decrease, or increase certain substances in the diet (e.g., sodium or potassium), or to provide mechanically altered food when indicated.</p> <p>Patients must be assessed for their risk for nutritional deficiencies or need for therapeutic diets and/or other nutritional supplementation.</p> <p>Examples of patients who may have specialized dietary needs and may require a more detailed nutritional assessment include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ All patients requiring artificial nutrition by any means (i.e., enteral nutrition (tube feeding), total parenteral nutrition, or peripheral parenteral nutrition). ▪ Patients whose medical condition, surgical intervention, or physical status interferes with their ability to ingest, digest or absorb nutrients. ▪ Patients whose diagnosis or presenting signs/symptoms indicates a compromised nutritional status (e.g., anorexia nervosa, bulimia, electrolyte imbalances, dysphagia, malabsorption, end stage organ diseases, etc.). ▪ Patients whose medical condition can be adversely affected by their nutritional intake (e.g., diabetes, congestive heart failure, patients taking certain medications, renal diseases, etc.). <p>Patients who refuse the food served should be offered substitutes that are of equal nutritional value in order to meet their basic nutritional needs.</p>	<p>needs? If not, ask to see records for several such patients. Determine if there is evidence of monitoring the dietary intake and nutritional status of patients identified as having special nutritional needs.</p>

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	<p>PLAN OF CARE</p> <p>The care plan for patients identified as having specialized nutritional needs must address those needs as well as monitoring of their dietary intake and nutritional status.</p> <p>The methods and frequency of monitoring could include one or more of the following, as well as other methods:</p> <ul style="list-style-type: none"> ▪ Patient weight (BMI, unintended weight loss or gain). ▪ Intake and output. ▪ Lab values. 	
<p>24.00.07 <u>Diet Orders</u></p> <p><i>All patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or qualified nutrition professional as authorized by the medical staff and in accordance with State law governing dietitians and nutrition professionals.</i></p> <p>§482.28(b)(2)</p>	<div data-bbox="823 748 1262 786"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>Patient diets, including therapeutic diets, must be provided in accordance with orders from a practitioner responsible for the care of the patient, or by a qualified dietitian or qualified nutrition professional who is permitted to order diets under State law and authorized to do so by the medical staff.</p> <p>Diets must be based on an assessment of the patient's nutritional and therapeutic needs and documented in the patient's medical record (including documentation about the patient's tolerance to any therapeutic diet ordered).</p> <p>DIET-ORDERING PRIVILEGES</p> <p>The hospital's governing body may choose, when permitted under State law and upon recommendation of the medical staff, to grant qualified dietitians or qualified nutrition professionals diet-ordering privileges.</p> <p>QUALIFIED DIETICIAN</p> <ul style="list-style-type: none"> ▪ In many cases State law determines what criteria an individual must satisfy in order to be a "qualified dietitian;" State law may define the 	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Review patient records to verify that diet orders are provided as prescribed by: <ul style="list-style-type: none"> <input type="checkbox"/> the practitioner(s) responsible for the care of the patient <input type="checkbox"/> a qualified dietitian or <input type="checkbox"/> qualified nutrition professional. ▪ If diet orders are prescribed by a dietitian or other nutrition professional, review their records to verify that he or she was appointed to the medical staff with diet-ordering privileges, or was granted diet-ordering privileges

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	<p>term to mean a “registered dietician” registered with a private organization, such as the Commission on Dietetic Registration, or State law may impose different or additional requirements.</p> <p>QUALIFIED NUTRITIONIST</p> <ul style="list-style-type: none"> Terms such as “nutritionists,” “nutrition professionals,” “certified clinical nutritionists,” and “certified nutrition specialists” are also used to refer to individuals who are not dietitians, but who may also be qualified under State law to order patient diets. It is the responsibility of the hospital to ensure that individuals are qualified under State law before appointing them to the medical staff or granting them privileges to order diets. <p>If the hospital chooses NOT to grant diet-ordering privileges to dietitians or other nutrition professionals, even when permitted under State law, the patient’s diet must be prescribed by a practitioner responsible for the patient’s care. In this situation, a dietician or nutrition professional who does not have privileges to order diets may nevertheless assess a patient’s nutritional needs and provide recommendations or consultations for patients to a practitioner responsible for the care of the patient.</p>	<p>without being appointed to the medical staff.</p> <ul style="list-style-type: none"> Ask the hospital how it determines whether the dietician/nutrition professional is qualified under state law. Review staff records to verify that dietitians/nutrition professionals demonstrate the required qualifications.
<p>24.00.08 <u>Diet manual</u></p> <p><i>A current therapeutic diet manual approved by the dietitian and medical staff must be readily available to all medical, nursing and food service personnel.</i></p> <p>§482.28(b)(3)</p>	<div> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>The therapeutic diet manual must be approved by the dietitian and the medical staff within the last three years. The publication or revision date of the approved therapeutic diet manual must not be greater than 5 years old.</p> <p>The therapeutic diet manual (or copies of it) must be available to all medical, nursing and food service personnel.</p> <p>PREFERRED DIET MANUALS</p> <p>The <i>Academy of Nutrition and Dietetics Nutrition Care Manual</i> is the</p>	<p>This standard is not met as evidenced by:</p> <p><u>INTERVIEW AND DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> Verify that the therapeutic diet manual is current and <ul style="list-style-type: none"> Has been approved by both the medical staff and a qualified Dietitian within the past three years. Is in accordance with current

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	<p>preferred therapeutic diet manual. This Academy of Nutrition and Dietetics publication is accessible online at www.eatright.org and http://www.nutritioncaremanual.org</p> <p>The “Academy of Nutrition and Dietetics Pediatric Manual of Clinical Dietetics, 2nd Edition” is the preferred pediatric diet manual.</p> <p>Also acceptable, if recommended by the Registered Dietitian and approved by the medical staff, are:</p> <ol style="list-style-type: none"> 1. Diet manuals prepared by state dietetic associations. 2. Supplementary specialized manuals. <p>EMERGENCY PLAN</p> <p>A plan is in place to ensure the diet manual is readily available in the event of a power outage, internet/intranet interruptions, or computer failure. Staff is trained in these alternative methods.</p>	<p>national standards, such as RDA or DRI.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is readily available to MD/DOs, nursing and food service personnel. <input type="checkbox"/> Is accessible at each nursing station for nursing and medical staff, and is also available to food service and dietetic staff. <input type="checkbox"/> Includes the different types of therapeutic diets routinely ordered at the facility <input type="checkbox"/> Is consistently used as guidance for ordering and preparing patient diets. <input type="checkbox"/> Staff is knowledgeable of alternate methods of accessing the diet manual.

24.00.09 For future use

24.00.10 Nutrition counseling and education

Patients and their families are counseled, as appropriate, on the therapeutic diet regime, food - drug interactions, and nutrition-related topics.

☐ Compliant

☐ Not Compliant

Nutrition counseling is provided to achieve knowledge regarding healthy food choices consistent with the ordered therapeutic diet.

Food or drug products, which may result in interference or interaction, are taught in a manner that the patient (family) can understand.

Patient education materials are often prepared by various hospital disciplines. Materials relating to therapeutic diets or food-drug interactions are

This standard is not met as evidenced by:

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- Determine the Standards of Practice and mechanisms used for patient (family) teaching.
- Verify that food - drug interaction teaching aids have been conjointly

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	developed in collaboration with a registered dietitian	<p>devised by nutrition and pharmacy services even if these are utilized by nursing staff. Teaching aids are available in the language of the patient.</p> <ul style="list-style-type: none"> Review 10 appropriate patient records to verify documentation of education on nutrition counseling and/or food-drug interactions.
<p>24.00.11 Outcomes management/QAPI systems</p> <p>For both food service and clinical nutrition services a process is in place to monitor, improve and report quality and outcomes of services provided.</p>	<div> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>Food service directors and Registered Dietitians are accountable to implement systems to reliably measure quality and outcomes of food and nutrition services, to act on those results as needed and to report results to stakeholders.</p> <p>A comprehensive outcomes management/QAPI program is in place and consists of:</p> <ul style="list-style-type: none"> National benchmarks are used as appropriate. Integration with the facility-wide quality and outcomes initiatives program. Identification and analysis of less than optimal performance and outcomes. Nutrition Services monitoring to consider: <ol style="list-style-type: none"> Implementation of the four steps of the Nutrition Care Process and Screening. Effectiveness of the nutrition screening and referral system. A risk analysis/audit procedure to verify the accuracy of meals/that 	<p>This standard is not met as evidenced by:</p> <p><u>INTERVIEW AND DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> Verify that: <ul style="list-style-type: none"> Policies and procedures define systems for measuring quality and outcomes of services. Verify the food service and clinical nutrition services participate in the facility wide QAPI program. Documentation of a minimum of two QAPI projects: <ul style="list-style-type: none"> One food service initiative and One nutrition service initiative. Interview staff about the quality and outcomes projects, methodology, results, and refinements to services

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	<p>nutrition served to patients are as prescribed.</p> <p>For more information, refer to “Academy of Nutrition and Dietetics Outcomes Management Publications.”</p>	<p>made.</p>
<p>24.00.12 <u>Emergency preparedness plan</u></p> <p>The Emergency Preparedness Plan of the facility addresses methods for ensuring the nutritional needs of patients and personnel during an internal or external emergency or disaster.</p>	<div data-bbox="827 516 1262 553"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>The hospital emergency preparedness plan describes the strategies for ensuring nutritional needs are met during situations in which hospital services or utilities are disrupted. The plan outlines methods for meeting the nutritional needs of patients, visitors, and personnel while awaiting evacuation or the return to normal hospital operations.</p> <p>It is recommended that hospitals work with the community leaders when developing the emergency plan. In the event of a community disaster, the hospital will need priority status for the delivery of fuel, food, water, and other supplies.</p> <p>During a disaster, the facility may experience a disruption in one or multiple services, such as:</p> <ul style="list-style-type: none"> ▪ Loss of water, gas, fuel, or electricity. ▪ Equipment failure, e.g., dishwashing machines, pumps, refrigeration, cooking appliances. ▪ Disruption with the delivery and grocery and food preparation items. <p>The emergency preparedness plan anticipates the possible disruptions and prepares strategies, in advance, for ensuring continuity of services.</p> <p>For example, how would the hospital meet patient nutritional needs in the event of:</p> <ul style="list-style-type: none"> ▪ A loss of electricity/power? Alternative methods for heating foods and 	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Verify that the hospital Emergency Preparedness Plan addresses methods for ensuring the nutritional needs of patients and personnel are met during internal and external emergencies, including major disruption of delivery and sanitation infrastructures.

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	<p>water used for cooking should be identified.</p> <ul style="list-style-type: none"> ▪ A disruption with delivery of food products? The facility might choose to: <ul style="list-style-type: none"> □ Obtain agreements with food suppliers for priority grocery delivery □ Calculate the volume of food, drinking water, paper products, and utensils needed to feed the patients, staff, and visitors for at least three (3) days. □ Store a 3-day inventory of: <ul style="list-style-type: none"> ▪ Fresh and frozen foods ▪ Dairy products ▪ Drinking water ▪ Paper products ▪ Special dietary requirements, e.g., diabetic, Kosher, and vegetarian diets 	
<p>24.01.01 Food service department: <u>General requirements</u></p> <p>The Food Service department is governed by current policies.</p>	<div data-bbox="821 932 1262 967"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>The Food Service Department collaborates with other departments as necessary to ensure the needs of their patients are met.</p> <p>Food Service has a policy manual in place. Policies are reviewed minimally every three years and revised as necessary.</p>	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <p>Verify that:</p> <ul style="list-style-type: none"> ▪ Policies reflect collaborative efforts between Food Service and other departments, e.g., Pharmacy and patient care services. ▪ Policies are reviewed every three years and revised as necessary.

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<p>24.01.02 Policy requirements: Tube feedings</p> <p>Food Service policies address the role of the department regarding the storage, distribution, and administration of enteral/tube feedings.</p>	<p> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>The Food Service department collaborates with Dietetic Service, patient care services, and Pharmacy, as applicable, in development of policies relative to enteral/tube feedings, specifically:</p> <ul style="list-style-type: none"> Storage Distribution Administration 	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <p>Verify that:</p> <ul style="list-style-type: none"> The required policies are in place. Policies reflect collaboration between Food Service, Dietetic Service, patient care services, and Pharmacy, as applicable.
<p>24.01.03 Policy requirements: Food preparation and storage in patient care areas</p> <p>Processes are in place relative to food storage centers located in the patient care areas. Minimally, policies must address:</p> <ol style="list-style-type: none"> Rotation of stock and supplies. Checking for outdated supplies. Cleaning frequency and procedures for all food preparation work areas and equipment. Measuring and recording temperatures of refrigerators and freezers. Storage, refrigeration, preparation, and heating of nutrition supplements, 	<p> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>Food products must be maintained in a manner that ensures an acceptable level of safety and quality. The Food Service Department collaborates with patient care services in development of policies relative food and nutrition supplements stored on the patient care units.</p> <p>The Infection Control Committee reviews policies relative to the food product safety and the cleaning of food centers and refrigerators in all patient care areas.</p> <p>A process is in place to communicate food product expiration / discard dates; this process is consistently practiced throughout the facility.</p> <p>A process is in place to monitor and remove supplies prior to expiration.</p> <p>Food and products are stored at least six inches off the floor.</p> <p>Cleaning products and paper products are stored away from food. Horizontal</p>	<p>This standard is not met as evidenced by:</p> <p><u>OBSERVATION AND DOCUMENT REVIEW</u></p> <p>Verify that:</p> <ul style="list-style-type: none"> Required policies are in place and current. Food safety policies have been approved by the Infection Control Committee. Policies reflect collaboration between Food Service and patient care services. Food products and supplements are maintained in a safe manner. Food items are stored properly and labeled. There are no medications stored in

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<p>infant formulas, breast milk, and patient food brought from home.</p> <p>6. Labeling of food items with patient name, room number, and expiration date.</p> <p>7. A separate and designated refrigerator for each of the following:</p> <ul style="list-style-type: none"> ▪ Patient food. ▪ Employee food. ▪ Breast milk, as applicable. ▪ Medications that must be stored at a cool temperature. 	<p>surfaces are clean and free of crumbs.</p> <p>CLEANING</p> <p>Policies are in place that describe the frequency, procedure, and persons responsible for cleaning food preparation work areas and equipment including floors, counter tops, refrigerators and freezer units, microwave ovens, coffee pots, and toasters.</p> <p>REFRIGERATOR TEMPERATURES</p> <ul style="list-style-type: none"> ▪ Check and record food refrigerator temperatures at least daily. (Checking and recording temperatures is not required for employee food refrigerators.) ▪ Desired temperatures: <ul style="list-style-type: none"> □ Refrigerator temperature range: Between 32° - 40° Fahrenheit (0° – 5° Celsius). □ Freezer temperature range: Between minus 10° and minus 0.4° Fahrenheit (minus 23° to minus 18° Celsius). ▪ The refrigerator log provides space to document the date, time, temperature, and person recording the temperature. The desired refrigerator temperature is indicated on the log. ▪ A process is in place to repair the refrigerator in a timely manner if the temperature should fall out of range. Thirty minutes following the repair, recheck the temperature to ensure the proper temperature has been achieved. 	<p>food refrigerators.</p> <ul style="list-style-type: none"> ▪ The food preparation work area and equipment are clean. ▪ Separate refrigerators are provided, as required. ▪ Refrigerator temperatures are maintained within safety guidelines. (Standard requirement does not apply to employee refrigerators.) ▪ Processes for food preparation and storage are consistently followed in all areas of hospital, e.g., the main hospital kitchen, Occupational Therapy, and nursing units.

24.01.04 Preparation and storage of formula and breastmilk

Processes are in place that ensures infant formula and breastmilk are properly

☐ Compliant

☐ Not Compliant

For facilities with an infant patient population, the organization adopts nationally accepted and recognized clinical practice standards such as the

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<p>stored and prepared in accordance with nationally accepted guidelines.</p> <p>Policies are in place to ensure infant safety, including:</p> <ol style="list-style-type: none"> Guidelines for ordering infant formulas. Guidelines that govern acceptable ingredients that may be added to infant formulas. Guidelines for aseptic infant formula preparation techniques. Storage, preparation, and temperature control of breastmilk and infant formula products. Patient safety with heating breast milk and infant formula. Personnel responsible and qualified to prepare infant formula. Cleaning / autoclaving of equipment used in formula preparation. <p>Indications, use, and sanitation of enteral feeding pump equipment.</p>	<p>Academy of Nutrition and Dietetics “Guidelines for Preparation of Formula and Breastmilk in Health Care Facilities.” (2003)</p> <p>Aseptic technique is used for all infant formula preparations.</p> <p>Preferably, there is a separate room used exclusively for the preparation of infant formula, breastmilk, and infant enteral feedings. When there is no formula room, a dedicated clean space with handwashing facilities must be available to allow for the aseptic preparation of infant formulas.</p> <p>REFRIGERATORS AND FREEZERS</p> <ul style="list-style-type: none"> As breast milk is both a food and a body fluid it cannot be stored in refrigerators designated for food or medication storage. A separate refrigerator is dedicated for storage of infant feedings. Unless prohibited by state law, it is acceptable to store breastmilk and formula in the same refrigerator. Refrigeration must be able to chill ingredient water and cool prepared formula to 4° C (40° F). <p>INFANT FORMULA STORAGE</p> <p>Prepared infant formula must not be frozen. Refrigerator temperatures for storing infant formula are maintained at:</p> <ul style="list-style-type: none"> 40° Fahrenheit or lower/4° Celsius or lower <p>BREAST MILK STORAGE</p> <ul style="list-style-type: none"> Refrigerator temperatures for storing breast milk are maintained between: <ul style="list-style-type: none"> 35° to 40° Fahrenheit/2° and 4° Celsius Freezer temperatures for storing breast milk are maintained: <ul style="list-style-type: none"> At minus 4° Fahrenheit or lower/At minus 20° Celsius or lower Human milk must be stored in food-grade plastic or glass containers. Containers must be labeled with the names of the infant and mother, 	<p>Verify:</p> <ol style="list-style-type: none"> The required policies are in place. There is a dedicated clean space with handwashing facilities for preparation of infant formulas. Infant formula and breastmilk is stored and prepared in a safe manner.

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	<p>medical record number, and date and time of pumping.</p> <ul style="list-style-type: none"> ▪ The breastmilk expressed by each mother is stored in a separate bin to discourage misadministration and cross-contamination. ▪ Breastmilk shall be warmed or thawed under warm running water. Microwaves and hot water should never be used to warm breastmilk. ▪ Thawed breast milk must be used within 24 hours. Do not refreeze thawed or fortified breast milk. ▪ Fortified breast milk should be used within 24 hours. <p>INFANT FORMULA PREPARATION:</p> <ul style="list-style-type: none"> □ Written formulations are developed and maintained in the infant formula preparation room. The written formulations shall be verified for accuracy, preferably by a registered dietitian trained in infant formulation preparation. □ Medications and electrolytes should not be added to formulas in the formula preparation area. □ Single use bottles and nipples should be used for infant feedings. □ When available and appropriate, commercially prepared sterile ready-to-feed and liquid concentrate formulas should be used for infant feedings. □ Processes are in place to sanitize utensils used with infant formula preparation. Measuring cups, spoons, and blenders are sanitized. When oil is added to infant formula for additional fat calories, per physician order, the use of a disposable spoon is acceptable. <p>USE OF POWDERED FORMULA</p> <ul style="list-style-type: none"> □ Powdered formula should only be used when commercially prepared sterile liquid formula is not available. □ Powdered formula must be measured by weight. □ Commercially prepared sterile water should be used for infant formula 	

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
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preparation.

STORAGE OF INFANT FORMULA PRODUCTS

- ☐ All opened formula products, including liquid concentrate, powders, and additives, should be labeled with expiration date and time.
- ☐ Opened, ready-to-feed formula and house-prepared formula may be stored in bulk containers and refrigerated for up to 24-hours.
- ☐ Prepared infant formula must not be frozen.

24.01.05 For future use

24.01.06 For future use

24.01.07 Trash disposal

☐ Compliant

☐ Not Compliant

This standard is not met as evidenced by:

Policies are in place for the following processes:

1. Storage and disposal of grease, food waste, and biohazardous waste.
2. Containment, handling, transporting, and removal of trash.
3. Covering, labeling, frequency of emptying, and securing trashcans and lids.
4. Daily washing of trashcans.

The term “trash” refers to common garbage as well as biohazardous waste.

In the Food Service department, typically this includes grease, food waste, and paper/packaging materials. On occasion, a patient tray may return to the department with biohazardous wastes such as soiled dressings, dentures, needles, and syringes.

The facility has policies established relative to containing, covering, labeling, securing, storing, and transporting trashcans in accordance with state and local regulations (see Chapter 11 of this manual).

This practice is consistently implemented throughout the Food Service department.

OBSERVATION AND DOCUMENT REVIEW

Verify that:

- Required policies are in place.
- Staff adhere to the policies relative to trash disposal and removal. Ensure that garbage does not present a health hazard.
- Trash is contained, covered, and labeled consistent with hospital policy.

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
<p>24.01.08 <u>Physical environment</u></p> <p>Processes are in place for the following:</p> <ol style="list-style-type: none"> Food and non-food items are stored separately. All food containers are covered. Food containers are labeled with the contents and the date prepared. Foods are within their expiration dates. Loose scoops are not stored in the bulk food containers. Supplies are off the floor. Refrigerator / freezer door seals and water pipes are in good working order. Humidity is controlled to prevent / reduce mold growth. Soap, paper towels, and a sink for hand washing are readily available for staff working in the food preparation area. Food transport vehicles are clean and in good working order. Ceiling tiles are intact and stain-free. 	<div data-bbox="829 378 1260 414"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>Chemicals, cleaning products, mops and brooms are to be stored separately from foods, utensils, pots/pans, plates/bowls, serving trays, or paper products.</p> <p>Paper products including napkins, plates, cups must not be stored in food preparation areas.</p> <p>All food packages that are not currently being used are to be covered and/or sealed to protect from contamination and/or evaporation.</p> <p>All food containers are to be labeled with the name of the product stored in it.</p> <p>All opened food containers are labeled to indicate the “date opened/date prepared” or “expiration/discard date” consistent with hospital policy.</p> <p>All perishable foods that have passed their expiration date are removed from availability.</p> <p>All expired foods are discarded promptly.</p> <p>Scoop handles become contaminated when handled; thus, storage of scoops in bins may contaminate the stored food. The scoops may be kept in the bin if arranged so the handles hang above the food, or in accordance with state and local health department requirements.</p> <p>Staff working in the food preparation area have sinks for hand washing, soap, and paper towels readily available. The location of the sink does not allow splashing onto food, the preparation table, or utensils. Foot operated sinks are preferred.</p> <p>The Food Service department environment avoids sources of infection:</p>	<p>This standard is not met as evidenced by:</p> <p><u>OBSERVATION AND DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> Verify that food service policies and employee orientation both cover the listed issues. <p>During the kitchen walk-through, observe for adherence to these principles.</p> <p>Verify that:</p> <ul style="list-style-type: none"> Food products and supplements are maintained in a safe manner. Food items are stored properly and labeled with contents and either “date opened /date prepared” or “expiration/discard date.” Staff is knowledgeable of labeling practices. Refrigerators and freezers are in good working order. Humidity is controlled. Hand washing facilities are in the immediate proximity of the food preparation area. Food transport vehicles are clean and in good working order. Ceiling tiles are intact and stain free.

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
	<ul style="list-style-type: none"> ▪ Walls and floors are clean and kept free of cracks and holes. ▪ Ceiling tiles are in place and secure. ▪ Supplies are stored at least six (6) inches off the floor per FDA requirement. ▪ Floors in all areas of food storage and preparation are clean. Floors under the storage shelves are free of dust and crumbs. ▪ Refrigerator and freezer doors, walls, and floors are free of cracks and holes. <ul style="list-style-type: none"> □ Door seals and water pipes are in good working order. □ Humidity is controlled. □ Ceiling fans in refrigerators/freezers are dust free. <p>FOOD TRANSPORT VEHICLES</p> <p>Food transport vehicles are clean and functioning. The hot food section heats properly; the cold food section is chilled.</p> <p>FLAMMABLES</p> <p>Flammables, such as containers of propane gas used for outdoor grilling, are not stored in the kitchen area.</p>	
<p>24.01.09 <u>Lighting, ventilation, and temperature control</u></p> <p>Observe for the following:</p> <ol style="list-style-type: none"> Food products are stored under appropriate conditions (e.g., time, temperature, packaging, location), consistent with nationally accepted guidelines (i.e., Food and Drug 	<div style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>VENTILATION HOOD SYSTEMS AND FILTERS</p> <ul style="list-style-type: none"> ▪ Processes are in place to ensure proper ventilation throughout the food preparation area. Usually, the hospital maintenance department provides oversight for these processes. ▪ Ventilation of sufficient capacity is provided to keep the area free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke, 	<p>This standard is not met as evidenced by:</p> <p><u>OBSERVATION AND INTERVIEW</u></p> <ul style="list-style-type: none"> ▪ Verify that Food Service policies and employee orientation both cover the listed issues. ▪ During the kitchen walk through, observe for adherence to these

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
<p>Administration (FDA), United States Department of Agriculture (USDA), Hazard Analysis and Critical Control Point (HACCP), etc.).</p> <ol style="list-style-type: none"> The air supply should flow from clean (food preparation) to dirty (cleanup/garbage). Daily temperatures are consistent with USDA guidelines and recorded for refrigerator and freezer units. Hot foods are maintained at appropriate temperatures. If dish machines are used, dish machine temperatures are recorded for each cycle. Food preparation areas have adequate lighting. Ceiling light bulbs are shielded. 	<p>and fumes.</p> <ul style="list-style-type: none"> Ventilation hood systems or other grease extracting equipment shall be designed to prevent grease or condensation from dripping onto food, equipment, and utensils. Ventilation hoods should be readily removable for cleaning and replacement if not designed to be cleaned in place. Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials. The air supply flows from clean to dirty areas of the kitchen. Dust is not permitted to accumulate around the ventilation grills. <p>FOOD TEMPERATURE DANGER ZONE</p> <p>The food temperature danger zone is between 41° F and 135° F. To avoid bacterial growth:</p> <ol style="list-style-type: none"> Store cold foods at 40° Fahrenheit (5° Celsius) or less. Hot foods should be held and stored at 135° Fahrenheit (60° Celsius) or greater. <p>MAINTAIN PROPER REFRIGERATOR/FREEZER TEMPERATURES</p> <ol style="list-style-type: none"> There are daily records of food refrigerator and freezer temperatures. Such records are to be maintained for all patient food regardless of the location of the equipment or the department/service distributing the product. The log provides space to document the date, time, and person recording the temperature. The desired refrigerator/freezer temperature is indicated on the log. The internal temperature for refrigerators/freezers are checked and recorded consistent with State and public health rules and regulations, but at least daily. A process is in place for adjusting refrigerators in a timely manner when the temperature is out of range. The temperature is rechecked following adjustments. 	<p>principles. Observe the receiving, food preparation, cooking, cooling, and reheating flow of food, if possible.</p> <p>Verify:</p> <ul style="list-style-type: none"> Proper ventilation and air flow is provided throughout the food service area. Ventilation hoods and filters are clean and free of dust and grease. Refrigerator and freezer temperatures are maintained according to guidelines. Daily records are in place. Dishwasher temperatures are maintained per guidelines. Temperature recordings are in place for the wash and rinse cycles. Dishes, glassware, and utensils are free of water spots. There is adequate lighting in the food preparation area. Ceiling light bulbs are shielded.

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
	<p>5. If food is above 45 degrees, discard it. If frozen food has thawed, do not refreeze.</p> <p>REFRIGERATOR TEMPERATURES Refrigerator temperatures should be maintained:</p> <ol style="list-style-type: none"> Between 32° – 40° Fahrenheit (0° to 5° Celsius) for all refrigerated goods. For fresh meat, poultry, and seafood: 30° – 34° Fahrenheit (minus 1° to 1° Celsius). <p>FREEZER TEMPERATURES Freezer temperatures should be maintained:</p> <ol style="list-style-type: none"> Between minus 10° to minus 0.4° Fahrenheit (minus 23° to minus 18° Celsius) for dairy, ice cream, frozen vegetables, meat, poultry and seafood. For ice cream in scooping cabinets: Between minus 0.4° to 10° Fahrenheit (minus 18° to minus 12° Celsius). <p>DISHWASHING MACHINES Records are kept of the dishwater temperatures at each cycle. Dish machine temperatures should remain:</p> <ul style="list-style-type: none"> Above 155° Fahrenheit (55° Celsius) during the wash cycle. Above 180° Fahrenheit (72° Celsius) on the rinse cycle. EXCEPTION: The rinse cycle of the dish machine can be at least 160° Fahrenheit if there is some form of chlorination additive supplied to the rinse cycle. <p>When the rinse cycle temperature is too low, the plates, glasses, and flatware will not air dry, which is the optimal sanitation condition. The presence of “water spots” on dishes, glasses, flatware, pots and pans is an indication of improper drying techniques.</p> <p>Towel drying dishes, glasses, flatware, pots and pans is not acceptable as this</p>	

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
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can be a source of cross-contamination.

LIGHTING

There is sufficient lighting in the food handling area to ensure safety.

LIGHT BULBS

1. The FDA (Food and Drug Administration) requires ceiling light bulbs to be shielded, coated, or otherwise shatter-resistant in areas where there is food, clean equipment, and utensils.
2. Shielding of light bulbs is not required in areas that are used only for storing food in unopened packages if:
 - The integrity of the packages cannot be affected by broken glass falling onto them.
 - The packages are capable of being cleaned of debris from broken bulbs before the packages are opened.

24.01.10 Staff education

Food Service personnel are trained and function within the scope of the respective job description.

☐ Compliant

☐ Not Compliant

This standard is not met as evidenced by:

Job descriptions for food service personnel list the full scope of responsibilities.

Food Service personnel, including contract staff and volunteers, receive an orientation and monthly training consistent with state and local public health regulations.

The orientation and training, as appropriate to the job description, addresses relevant policies, including:

- Employee health policies:
 - ☐ Mandatory self-reporting procedures related to hazardous health issues.
 - ☐ Personnel with hazardous health issues, e.g., open skin lesions,

INTERVIEW, OBSERVATION AND DOCUMENT REVIEW

- Review orientation and ongoing training curricula, schedules, attendance, and competency assessments to verify:
 - ☐ Appropriateness of orientation/ training material.
 - ☐ Training is provided on an ongoing basis consistent with state and local regulations.

Through observation and interviewing,

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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
	<p>respiratory infections, or gastroenteritis, are prohibited from handling food.</p> <ul style="list-style-type: none"> Personal hygiene and handwashing Sanitation, food safety (food preparation and storage), physical environment, prevention of cross contamination, and infection control practices. 	<p>determine staff have received proper training, e.g., sanitation techniques, employee health policies.</p>
24.01.11 <u>Staff hygiene and health</u>	<div> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>Food Service policies are in place and provide guidelines. These include but are not limited to the following:</p> <ol style="list-style-type: none"> Hairnets/bonnets, gloves, hand-washing facilities, aprons, and other devices are utilized on an ongoing basis. Employees with open skin lesions and respiratory infections are not assigned to food preparation. 	<p>This standard is not met as evidenced by:</p> <p><u>INTERVIEW AND DOCUMENT REVIEW</u></p> <p>Verify that:</p> <ul style="list-style-type: none"> The employee health program has met these specific food service requirements. Personal hygiene practices are consistent with policies.
24.01.12 <u>China and utensils</u>	<div> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>China, glassware, and utensils must be of an acceptable level of safety and quality.</p> <p>Policies describe the actions to be taken by staff to discard chipped and damaged utensils.</p> <p>Damaged dishes, glassware, utensils, and pitted cookware are discarded.</p> <p>Water spots on dishes and utensils indicate improper drying temperatures or methods.</p>	<p>This standard is not met as evidenced by:</p> <p><u>OBSERVATION</u></p> <p>Verify that:</p> <ul style="list-style-type: none"> There are no chipped or damaged china, glassware, utensils, or pitted cookware. Unglazed china is not used. Dishes and utensils are clean and

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
		without water spots.
24.01.13 <u>Traffic control</u> Traffic through the food preparation area is limited to authorized personnel wearing appropriate sanitation garb.	<div> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>Policies and practices prohibit non-departmental staff from entering food preparation areas during production without measures taken to reduce potential contamination of food products.</p> <p>These measures are the same requirements as for nutrition staff. Non-dietary service individuals shall receive prior authorization before entering a food preparation area.</p> <p>Policies are in place to control traffic through the food preparation area. These include:</p> <ul style="list-style-type: none"> ▪ Identification of authorized and non-authorized personnel. ▪ Use of hairnets/ bonnets and other protective clothing to be worn by all individuals entering the area. 	This standard is not met as evidenced by: <u>OBSERVATION</u> Verify that practice conforms with policy: <ul style="list-style-type: none"> ▪ Traffic through the food preparation area is limited. ▪ All individuals in the food preparation area have proper identification and protective gear, per hospital policy. (This includes surveyors who may be requested to wear a hair net, etc.)
24.01.14 <u>For future use</u>		
24.01.15 <u>Local health standards</u> The Food Service is in compliance with state and local health standards.	<div> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>The Food Service Department meets all applicable codes and guidelines relating to the health and safety of the patients, staff, and visitors.</p> <p>Copies of the state/local food codes are available in the Food Service Department.</p> <p>All state and local health department inspection reports are available for review. There is evidence the identified deficiencies have been corrected and</p>	This standard is not met as evidenced by: <u>OBSERVATION AND DOCUMENT REVIEW</u> <ul style="list-style-type: none"> ▪ Verify that state/local food preparation codes are available in the department. ▪ Review current health department inspection report. Deficiencies have been corrected and improvements

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
	improvement sustained.	sustained.
<p>24.01.16 Infection control</p> <p>Policies must address the following:</p> <ol style="list-style-type: none"> 1. Provision of a safe environment consistent with nationally recognized infection control precautions for the prevention of food-borne pathogens/illness, including care of utensils, use of cutting boards, temperature control, etc. 2. Isolation procedures and requirements for delivery of and disposal of food products. 3. Methods for monitoring and evaluating practices of sanitation. 4. Employee health policies regarding infectious diseases and specifically those infected or ill employees, including contract workers and volunteers, must not render food service and/or must not report to work. 5. Recalls of food products. 6. Identifying, investigating, and reporting infections and outbreaks of disease related to food consumption in both employees and patients. 	<div> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </div> <p>This regulation requires the hospital to develop, implement and maintain an infection control program for the prevention, control, and investigation of infections and communicable diseases of patients and personnel.</p> <p>Food preparation equipment and utensils are cleaned, sanitized, and stored in a manner that prevents cross-contamination. To avoid cross-contamination, a separate cutting board is used for each of the following. Boards are sanitized following use.</p> <p>Preferably, cutting boards are color coded to denote the exclusive use for:</p> <ul style="list-style-type: none"> ▪ Dairy products. ▪ Fruit and vegetables. ▪ Raw poultry and meats. <p>A process is in place to ensure can openers are clean. The cutting or piercing parts of electric can openers are removable to facilitate cleaning and replacement.</p> <p>A process is in place for cleaning ice cream machines.</p> <p>There is an ongoing pest extermination process within the hospital. This can be by hospital employees or by a contracted outside service.</p> <p>The facility has a process for monitoring and evaluating sanitation practices in the food preparation area.</p> <p>Employee health policies are in place relative to food handlers including a process for self-reporting illness.</p>	<p>This standard is not met as evidenced by:</p> <p><u>OBSERVATION AND DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Review Infection Control Committee minutes to verify that food service issues are included in evaluation of compliance issues. ▪ Observe for implementation of the policies. ▪ Verify: <ul style="list-style-type: none"> <input type="checkbox"/> The food preparation and serving area is a safe and clean environment. <input type="checkbox"/> A process is in place for monitoring and evaluating sanitation practices.

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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
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The facility has policies established that outline procedures for:

- Prevention of cross-contamination
- Cafeteria self-serve buffets
- Money handling
- Proper glove use, e.g., Food preparation and handling, tray setup and distribution, food serving, tray clean-up and disposal, indications for changing gloves (such as after touching skin, hair, money).

References: The U.S. Food and Drug Administration, “2017 Food Code” is available at: <https://www.fda.gov/food/fda-food-code/food-code-2017>.