



# PADONA E-NEWS

Pennsylvania Association Directors  
of Nursing Administration / Long  
Term Care (PADONA/LTC)

February 2012

## Message from the Chair of the Board of Directors

Greetings: I want to thank all of you for taking the time to participate in our two recent surveys. The Educational Committee values your input as they plan and schedule the year's upcoming educational programs. The Needs Assessment survey revealed that you want programs on staff retention, pain management and restorative nursing. We hope to give you some all day seminars as requested. The February webinar will be offered 1/2 hour earlier than previous webinars. The succeeding several webinars are one hour in length and scheduled in the afternoon as requested.

The membership survey that was most recently emailed to you is offering some insight into long range planning. Again, the survey is not complete but reveals that you have indicated we should continue with both the Journal and the e-news. Paralleling with the needs assessment, the survey

revealed the number one reason you joined and maintain your membership in PADONA is continuing education and in a very close second place, the annual convention.

The annual convention is right around the corner. If you have not registered I would encourage you to do so as soon as possible. Year to date the registrations are above normal.

Think spring and PADONA's 24<sup>th</sup> Annual Convention. Hope to see you in Hershey!

## Member Request:

I am looking to update our current Personal Belonging Record and was wondering if anyone would like to share their form?

Thanks. LouAnn

LouAnn Simpson, RN, MSN, CNDLTC  
Director of Nursing, Valley View Nursing Center  
lsimpson@valleyviewlyco.org

*Anyone interested can e-mail us a question and we will be glad to publish it in an issue of our E-Newsletter for responses from your fellow members. Please send your questions to padonaadm@aol.com*

## SEE YOU IN HERSHEY!

PADONA's 24th Annual Convention

### A Better Tomorrow

The Hotel Hershey, Hershey, PA  
March 28,-30, 2012

Save the Date: April 24, 2012

Medication Errors Webinar

Speaker: Saul Greenberger, LNHA

More details will be provided later

## Q & A

### We received a question from a PADONA member:

**Q:** We are trying to find out any information on how to change or improve meal intake with resident centered care.

With buffet-styled dining the residents chose what they want to eat. But then percentages of meal intake are not really accurate.

For example, resident A chooses "one of everything" and eats all of it; resident B chooses, "I piece of toast" and eats all of it. Both residents ate 100% of their meal but the calorie and nutrition is completely different.

**A:** I would say the percent eaten would be based on the amount served. The facility would be care planning for both residents. Perhaps with the toast resident, that has been the normal for 80 years. The Dietitian should be noting what their usual meal intake pattern is and accounting for any lack of nutrition.

Jane Hepner|Assistant Director  
Division of Nursing Care Facilities  
Pennsylvania Department of Health

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[www.padona.com](http://www.padona.com)

PADONA is going green and will be electronically communicating with you the majority of the time.

If you have moved, changed positions, or have a new e-mail address please send your new information to us at padonaadm@aol.com to avoid missing our communications.

It is important that we have your current e-mail address at all times. Thank you!



## Additional Reference Material Regarding Dining Issues:

### DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services

7500 Security Boulevard, Mail Stop S2-12-25  
Baltimore, Maryland 21244-1850

Center for Medicaid and State Operations/Survey and Certification Group

DATE: December 21, 2006  
TO: State Survey Agency Directors  
FROM: Director Survey and Certification Group  
Ref: S&C-07-07

**Question 1: Tag F368 (Frequency of Meals):** You request a clarification that the regulation language at this Tag that "each resident receives and the facility provides at least three meals daily" does not require the resident to actually eat the food for the facility to be in compliance. You also ask for clarification about the regulatory language specifying that there must be no more than 14 hours between supper and breakfast (or 16 hours if a resident group agrees and a nourishing snack is provided). You state that some believe this language means all of the residents must actually eat promptly by the 14th hour, which makes it difficult for the facility to honor a specific resident's request to refuse a night snack and then sleep late.

Response 1: The regulation language is in place to prevent facilities from offering less than 3 meals per day and to prevent facilities from serving supper so early in the afternoon that a significant period of time elapses until residents receive their next meal. The language was not intended to diminish the right of any resident to refuse any particular meal or snack, nor to diminish the right of a resident over their sleeping and waking time. These rights are described at Tag F242, Self-determination and Participation. You are correct in assuming that the regulation language at F368 means that the facility must be offering meals and snacks as specified, but that each resident maintains the right to refuse the food offered. If surveyors encounter a situation in which a resident or residents are refusing snacks routinely, they would ask the resident(s) the reason for their customary refusal and would continue to investigate this issue only if the resident(s) complains about the food items provided. If a resident is sleeping late and misses breakfast, surveyors would want to know if the facility has anything for the resident to eat when they awaken (such as continental breakfast items) if they desire any food before lunch time begins.

**Question 2: F370 (Approved Food Sources):** You ask if the regulatory language at this Tag that the facility must procure food from approved sources prohibits residents from any of the following: 1) growing their own garden produce and eating it; 2) eating fish they have caught on a fishing trip; or 3) eating food brought to them by their own family or friends.

Response 2: The regulatory language at this Tag is in place to prohibit a facility from procuring their food supply from questionable sources, in order to keep residents safe. It would be problematic if

the facility is serving food to all residents from the sources you list, since the facility would not be able to verify that the food they are providing is safe. The regulation is not intended to diminish the rights of specific residents to eat food in any of the circumstances you mention. In those cases, the facility is not procuring food. The residents are making their own choices to eat what they desire to eat. This would also be the case if a resident ordered a pizza, attended a ball game and bought a hot dog, or any similar circumstance. The right to make these choices is also part of the regulatory language at F242, that the resident has the right to, "make choices about aspects of his or her life in the facility that are important to the resident." This is a key right that we believe is also an important contributing factor to a resident's quality of life.

**Question 11 (Dining Together):** Is it permissible for staff and residents to dine together?

Answer 11: There is no federal requirement that prohibits this. We applaud efforts of facilities to make the dining experience less institutional and more like home. Our concern would be for the facility to make sure that residents who need assistance receive it in a timely fashion (not making residents wait to be assisted until staff finish their meals).

**Question 14 (Candles):** Can candles be used in nursing homes under supervision, in sprinklered facilities.

Answer 14: Regarding the request to use candles in sprinklered facilities under staff supervision, National Fire Protection Association data shows candles to be the number one cause of fires in dwellings. Candles cannot be used in resident rooms, but may be used in other locations where they are placed in a substantial candle holder and supervised at all times while they are lighted. Lighted candles are not to be handled by residents due to the risk of fire and burns. If you would like to discuss this issue, you may contact James Merrill at 410-786-6998, or via email at [james.merrill@cms.hhs.gov](mailto:james.merrill@cms.hhs.gov).

**Question 15 (Tablecloths):** Are cloth tablecloths and napkins permissible in nursing homes?

Answer 15: There is no regulation that prohibits it and, in fact, the use of these items is greatly preferable to the use of bibs, as bibs can detract from the homelike attractiveness of the dining room setting.

### Some resources that may be beneficial:

[http://www.ahcancal.org/facility\\_operations/Federal%20Regulations/Dining%20Assistant%20Programs%20in%20Nursing%20Homes.pdf](http://www.ahcancal.org/facility_operations/Federal%20Regulations/Dining%20Assistant%20Programs%20in%20Nursing%20Homes.pdf)

<http://www.pioneernetwork.net/Events/CreatingHomeOnline/Symposium/>

<http://www.eatright.org/Media/content.aspx?id=6442458877>