Preparing for a Ministry of LTC Inspection – Dietary Reference Guide

(Using the new MLTC Inspection Guide as of June 30, 2022)

MLTC Inspector May Check for:	To Prepare, Nutrition Manager / Registered Dietitian / Staff Can:
PROFILE REVIEW	
RESIDENT PROFILE	
• Name, room number, home area • Date of birth, date of admission, date of discharge (if applicable) • Diagnoses • Other resident information, as applicable: Physician, SDM, Advanced Directives, Activities of Daily Living, and RAI-MDS Outcome Scores, e.g., CPS	• Initial plan of care completed within 24 hours, including diet, texture, fluid consistency, food allergies and intolerances, may be done by RN or RD or NM depending on home's internal policy • Nutrition profile is accurate, complete, and in resident chart. • RD or NM completes diet history interview with resident within 7 days of admission
CLINICAL RECORD REVIEW	
ASSESSMENTS	
• RAI-MDS - Section K (Nutrition), Section M (Skin), and Section J (Health Conditions) • Nutrition and Hydration assessment(s) • Documentation of care (flow sheets, tasks) • Assessments are consistent and complement each other • External consultations, as available, e.g., occupational health and speech language pathologist • Food and fluid intake, as required	• Regulation states that RD completes the initial assessment and whenever there is a significant change in a resident's health condition • Usual practice is that NM or RD completes quarterly (at a minimum) assessments in a timely manner • In addition to the nutrition assessments the NM or the RD or designate completes the appropriate RAI/MDS sections as per home policy • Assessments are complete and accurate in resident chart. • All internal and external follow ups have been noted and put into motion (e.g.: request for supplement, requests for SLP), ensuring multidisciplinary involvement and resident/family consent.

Preparing for a Ministry of LTC Inspection – Dietary Reference Guide

(Using the new MLTC Inspection Guide as of June 30, 2022)

MLTC Inspector May Check for:	To Prepare, Nutrition Manager / Registered Dietitian / Staff Can:
• Body weight record	• Body weights are completed at minimum on a monthly basis unless otherwise indicated, checked by RD/NM and noted as part of assessments. • Significant weight changes are followed up, re-weighs done as needed, and changes in diet order or nutrition care plan put in place and monitored for success. • RD/NM follows up on ordered meal extras, oral nutritional supplements and therapeutic snacks to ensure resident is receiving and consuming them. • For any required assessment follow up including referrals, RD has followed up with written comment and action plan if needed. • PSW completes food/fluid documentation and nutrition intervention tasks have been added to POC (if used in home) • RD and/or NM review interdisciplinary chart documentation
PLAN OF CARE	
• Plan of care is based on assessments • Goals for care and risks related to nutrition and hydration are identified • Interventions are in place to mitigate and manage nutrition and hydration risks identified • Restorative care is integrated as needed	• Initial plan of care is completed within 21 days of admission. • Nutrition and hydration plan of care is updated and detailed. If goals are not met, alternate interventions are trialed and noted. • Diet/texture/fluid consistency is noted in resident chart, in dining room, on snack cart and on MAR • All areas of plan of care contain consistent information • Interventions are reviewed and evaluated for effectiveness with alternatives recommendations trialed as required

MLTC Inspector May Check for:	To Prepare, Nutrition Manager / Registered Dietitian / Staff Can:
	• Coordinate with the interdisciplinary team as appropriate for plan of care review and evaluation • RD/NM puts nutrition care plan in place and checks that it is being followed.
MEDICATION ADMINISTRATION RECORD (MAR)	
• Medications prescribed to mitigate and manage nutrition and hydration risks identified (oral glycemic, insulin) • Medications prescribed with side effects that may contribute to nutrition and hydration risks (loss of appetite/taste/smell, alterations in salivation, gastrointestinal effects, drug-nutrient interactions) • Nutritional supplements (meal replacements, vitamins/minerals), enteral/parenteral feeding	• PSW or Nurse documents provide accurate intake of oral nutritional supplements and therapeutic snacks. • RD works closely with the medical team to make suggestions for medication review where appropriately e.g.: bowel concerns, GI/nausea concerns, edema etc. • RD is aware of medications, and any medication/nutrient interactions, likely to affect appetite and intake, e.g.: glycemic effects, fluid balance, anti-depressants, etc. • RD has a role by assessing, monitoring, planning and implementation with enteral feeding and hypodermoclysis as per home's policy
LAB WORK	
• Results related to disease process that may affect nutrition and hydration risk, e.g., blood glucose, electrolytes, liver enzymes, creatinine, serum protein	• RD reviews and assesses recent lab results, making recommendations for diet changes etc. where appropriate. • RD requests follow up lab work as appropriate for monitoring of intervention effectiveness • RD/NM notes recent nutrition-related lab results as part of ongoing assessments.

Preparing for a Ministry of LTC Inspection – Dietary Reference Guide

(Using the new MLTC Inspection Guide as of June 30, 2022)

MLTC Inspector May Check for:	To Prepare, Nutrition Manager / Registered Dietitian / Staff Can:
PROGRESS NOTES	
• Notes specific to the incident and/or care item being inspected • Interventions used and the effectiveness of these interventions to mitigate and manage nutrition and hydration risks identified • Assessment and/or re-assessment of interventions, as needed • Notes from external consultations, e. g., occupational health and speech language pathologist	• RD/NM documents changes in progress notes in a timely manner. • Any necessary follow-ups are completed and accurate with detailed notes as to changes, reason for changes, and whether changes have been effective.
OBSERVATIONS	
FOOD PRODUCTION	
• Sufficient food supply and storage, as required • Institutional food service equipment with capacity to produce and serve the menu • Institutional food service equipment with capacity to clean and sanitize, as required • Menus are available for all diets and textures with choices available as required • Menus are available for both meals and snacks	• A 3-day supply of foods, drinks, oral nutritional supplements and enteral feeding is always available. • Food items are stored according to safe practice, in proper location, best before dates checked, old food discarded. • Kitchen equipment is functioning well, cleaned frequently as per posted cleaning schedule. • There is a preventative maintenance program in place. • Refrigerators and freezers temperature are taken twice daily. • Dish machine temperatures are taken and recorded at each meal.

Preparing for a Ministry of LTC Inspection – Dietary Reference Guide

(Using the new MLTC Inspection Guide as of June 30, 2022)

MLTC Inspector May Check for:	To Prepare, Nutrition Manager / Registered Dietitian / Staff Can:
• Production sheets and recipes are available to support menu production • Menu items are prepared in accordance with the planned menu • Food items in storage areas are dated and within expiry or best before dates • Food items are stored at the appropriate temperatures	• Sanitizer solution strength in pot sink is checked and recorded at each meal. • Records of temperature and sanitizer solutions are kept in office for one year. • Cleaning schedule for food production area is posted and initialed by staff every time upon completion of the task. • Menus are accurate and are used by Cooks and FSWs. • Cooks and FSWs use production sheets and recipes appropriately for every meal. • Temperatures of hot foods are taken at time of production. • HACCP principles are used • One portion of hazardous foods are taken at every meal and snack and kept for one week. • Kitchen area is neat and clean in appearance – equipment, counters, shelves, floors, walls, ceilings. • There is evidence of pest control in the kitchen.
PLATING OF FOOD	
• Planned menu items are offered to residents • Menu items are plated and portioned in accordance with the planned menu • Communication of the resident's nutrition and hydration needs (diet list, rosters) • Implementation of the resident's plan of care	• Menu items are immediately put into preheated steamtables in serveries when food is delivered from the kitchen. • FSWs take and record temperature of hot and cold foods just before service, and reheat or cool foods if needed to maintain food safety. • PSW orders appropriate diet and texture of meal from FSW using resident's name and room number (using list or tablet) in servery (not from memory). • FSW/cooks plate food neatly. • FSWs serve food in accordance with portion size provided on menu/therapeutic menu.

MLTC Inspector May Check for:	To Prepare, Nutrition Manager / Registered Dietitian / Staff Can:
	• Additional meal items/nutritional interventions are provided to residents according to their plan of care • Daily and weekly menus are posted outside dining room in reasonably large font.
MEAL SERVICE	
• Assistive devices, appropriate furnishings and equipment • Proper feeding techniques: safe positioning for eating and drinking • Monitoring of residents eating and drinking • Congregate meal setting, course by course service, e.g., soup, then main meal, then dessert, sufficient time for eating and drinking • Communication of resident nutrition and hydration needs, e.g., diet list, rosters • Implementation of the resident's plan of care • Staff to resident interactions are conducted with respect and dignity • Safe food handling practices, including hand washing	• Dining room overall is clean and neat. • Tables and chairs are clean and sanitary – no crumbs, spills, etc. • Tables are set neatly, condiments available or on tables for easy access. • Meal services start on time. • Staff are seated when feeding residents. • Hand hygiene for staff and residents • Staff available to assist with food and drinks: encouragement, cueing, minimal to maximum assistance with meals as per each resident's requirements. • Residents have what they need to eat safely and comfortably: dentures, hearing aids, assistive devices, proper seating and positioning. • Residents are given clean assistive devices for each meal as needed and as documented in nutrition care plan and diet list • Staff ask residents for choice of food and fluids. • Staff friendly, respectful, approachable, taking time with residents. • Service course by course, each resident at the table given meal at the same time, unless assistance is needed. • Meals served only when someone is available for residents who need assistance.

MLTC Inspector May Check for:	To Prepare, Nutrition Manager / Registered Dietitian / Staff Can:
	• Staff conversing with residents, promoting relaxed environment, not chatting with other staff • Staff not handling clean and dirty dishes at the same time. • Staff following up on any concerns or situations that affect safe intake and pleasurable dining. • Staff accurately record intake of each resident's food and fluids after the meal. • Residents eating in their rooms receive choice, are monitored, and amount of food and drink recorded. • Cleaning schedule for dining area and servery area are posted and initialed by staff every time upon completion of the task
SNACK SERVICE	
• Assistive devices, appropriate furnishings, and equipment • Proper feeding techniques: safe positioning for eating and drinking • Monitoring of residents eating and drinking • Communication of resident nutrition and hydration needs (diet list, rosters) • Implementation of the resident's plan of care • Staff to resident interactions are conducted with respect and dignity • Safe food handling practices, including hand washing	• Staff checks correct diet and texture information for each resident at every snack pass. • Staff offer resident choice of menu snack as well as individualized snack as per individual plan of care. • Safe positioning and assistance as per plan of care • Staff follow hand hygiene protocols • Snack food and fluids handled as per safe food practices • Staff accurately record intake of each resident's food and fluids after the snack. • Staff not handling clean and dirty dishes at the same time. • Staff changing shifts let incoming staff know who did and did not take snack. • If IDDSI is implemented in your Home, ensure that your are following the Home Policy & Procedures

Preparing for a Ministry of LTC Inspection – Dietary Reference Guide

(Using the new MLTC Inspection Guide as of June 30, 2022)

MLTC Inspector May Check for:	To Prepare, Nutrition Manager / Registered Dietitian / Staff Can:
• Food and Fluid Guide (Inspectors' Handbook) • International Dysphagia Diet Standard Initiative (IDDSI) (eInspectors' Handbook)	
INTERVIEWS	
RESIDENT/SDM	
• Engage residents in a conversation about the menu, meals and snacks, food quality, e.g., looks, taste, temperature, portion size, assistance, availability of food and fluid throughout the day • Discuss how menus are communicated to the resident	• NM and/or RD attend Residents Council meetings to discuss aspects of menu and service. • NM and/or RD receive copies of Residents Council minutes to follow up on comments and complaints about meal and snack service. • Menus are posted for the day and the week, easy to read, and in a public location outside or near the dining rooms. • Have conversations with residents regularly during meal service regarding their satisfaction with food and service provided. Act upon any concerns/ complaints identified as soon as possible.
DIRECT CARE STAFF	
PSW, RPN, RN and others as applicable • Explore the roles and responsibilities during meal and snack service • Discuss how staff are made aware of a resident's nutrition and hydration needs	• Check that work plans/job routines are complete and detailed, and that staff are aware of all their assigned tasks. • RD and/or NM have meetings/ in-service education to train staff for meal and snack service, and to answer questions and problem-solve about residents' needs and how to meet them.

MLTC Inspector May Check for:	To Prepare, Nutrition Manager / Registered Dietitian / Staff Can:
• Discuss safe food handling practices, including hand washing • Discuss the ways in which other members of the care team are involved in care needs related to nutrition and hydration, e.g., referral to therapies, RD, NM • Confirm their familiarity of the resident and their care • Discuss the resident's nutrition and hydration care, specific to the inspection • Explore how a resident's nutritional parameters, such as weight and food/fluid intake are monitored	
REGISTERED / MEDICAL STAFF	
• Explore the approaches and tools for nutrition and hydration assessment, implementation of interventions and re-assessment when interventions are not effective. • Explore what interventions are used to mitigate and manage the identified nutrition and hydration risks.	• Follow regulations and best practices (if applicable) to provide the best care and service possible. • Solve problems as an interdisciplinary team and confirm that solutions are working and revise plan as needed. • Have documentation of any challenges and action plans

Preparing for a Ministry of LTC Inspection – Dietary Reference Guide

(Using the new MLTC Inspection Guide as of June 30, 2022)

MLTC Inspector May Check for:	To Prepare, Nutrition Manager / Registered Dietitian / Staff Can:
FOOD SERVICE WORKERS, COOKS	
• Discuss the roles and responsibilities during meal and snack service. • Discuss how staff are made aware of a resident's nutrition and hydration needs. • Explore the food production system, food preparation, plating and service of meals and snacks. • Confirm their familiarity of the resident and their care. • Discuss the resident's nutrition and hydration care, specific to the inspection.	• Provide ongoing education and training to staff on a variety of topics including legal requirements/ legislation including: Resident Bill of Rights, internal policies, infection control, occupational health and safety, food safety and resident care. • Keep work plans/job routines updated to improve work flow. Ensure staff follow outlined tasks. • Ask staff what is not working within their daily tasks and action (revise job routines) as required • Ensure that the 35 cook hours per week is considered part of the FSW allotted hours
OTHER STAFF	
Registered Dietitian • Explore the approaches and tools for nutrition and hydration assessment, implementation of interventions and re-assessment when interventions are not effective. • Explore how a resident's nutritional parameters, such as weight and food/fluid intake, are monitored. • Confirm their familiarity of the resident and their care.	• Dietitian is a member of the staff of the home • Be able to explain to Inspector how the dietitian knows about new admissions, referrals, changes in health status, ineffective interventions, and other resident changes. • Follow up on interdisciplinary changes to assessments, plans of care, and interventions to ensure that all care and services are being provided and that they are effective. • Prioritize more urgent assessments for daily work. • Refer to resident chart before answering Inspector's questions about a resident.

Preparing for a Ministry of LTC Inspection – Dietary Reference Guide

(Using the new MLTC Inspection Guide as of June 30, 2022)

MLTC Inspector May Check for:	To Prepare, Nutrition Manager / Registered Dietitian / Staff Can:
• Discuss the resident's nutrition and hydration care, specific to the inspection. • Discuss the legislative areas of concerns, if identified.	• Involve resident/family in decision making for changes to plan of care. • Show evidence of appropriate consent/notification to resident/family when significant changes to plan of care are made.
MANAGEMENT	
Food Service Supervisor, Nutritional Manager • Explore the food production system, food preparation, plating, and service of meals and snacks. • Explore how the nutrition and hydration program is organized to ensure resident's nutrition and hydration needs are met. • Discuss the legislative areas of concerns, if identified	• NMs and RDs keep up to date with needed changes and follow up to monitor whether changes are working. • Conduct quality assurance audits to be sure that regulations are being met. Complete action plans for any unmet indicators. • Meet with staff to ensure they are aware of the Inspector's expectations.
OTHER RECORD REVIEW	
RESIDENT CARE NEEDS	
• Process to ensure food service workers and other staff involved in meal and/or snack service are aware of the residents' nutrition and hydration needs (diet list, rosters)	• Staff is aware of any special individualized menus in place and why they are needed. • PSWs make record of resident food and fluid intake. • Policies are reviewed annually at minimum and when changes in procedures occur. Staff are aware of updated policies and procedures. • Check that internal policies include applicable regulations.

MLTC Inspector May Check for:	To Prepare, Nutrition Manager / Registered Dietitian / Staff Can:
• System to monitor food and fluid intake of those residents at risk • System to monitor body weight of residents • Policies relevant to the nutrition and hydration program	
MENUS, FOOD PRODUCTION SHEETS, RECIPES	
• Minimum 21-day menu cycle that includes meals and snacks for all diets and textures offered • Includes alternative choices, as required • Continuity between information sources, e.g., menu items are reflected on the production sheet and there is a corresponding recipe • Approval of the menu by the Registered Dietitian; review of the menu by the Residents' Council • Policies relevant to the nutrition and hydration program	• Menu cycle provides choice for meals and snacks. • Menu cycle is updated at least annually to meet the personal and nutritional needs of the residents. • Menu changes are communicated to residents. • Feedback from residents is obtained related to new menu cycle. • New menus are reviewed with Residents Council and captured in the minutes. At the beginning of every new menu, prepare a folder with: • Menu for meals and snacks • Therapeutic diet menus/extensions • Production sheets • Menu changes/substitutions • Menu analysis • Letter from dietitian approving menu • Residents Council minutes showing review of the menu and meal/snack times (The above provides inspector with menu information in a timely and organized way)

Preparing for a Ministry of LTC Inspection – Dietary Reference Guide

(Using the new MLTC Inspection Guide as of June 30, 2022)

MLTC Inspector May Check for:	To Prepare, Nutrition Manager / Registered Dietitian / Staff Can:
STAFFING SCHEDULE/ QUALIFICATIONS	

• Registered Dietitian is on site for the required hours per month
• Nutritional Manager is an active member of the *Canadian Society of Nutrition Management* and is on site for the required number of hours per week
• At least one cook has the required certification and is on site working 35 hours per week
• Food Service Workers have the appropriate qualifications and there are sufficient food service workers to meet the required staffing hours per week
	• Keep current records of management and staff certifications and documentation, e.g.:
	  • CSNM membership
	  • Certified food handler
	  • Certified food service worker
	  • Cooks' certifications
	• Show schedules to prove that staff work in agreement with regulations.

** Note – Inspectors may consult with nutrition and dietary staff or request documents on other types of inspections