

CENTRAL STATE HOSPITAL
POLICYSUBJECT: DINING ROOM/MEAL TIME SUPERVISOR (MTS)ANNUAL REVIEW MONTH: DecemberRESPONSIBLE FOR REVIEW: NursingLAST REVISION DATE: February 1, 2011 (Effective)**I. PURPOSE**

The purpose of this policy is to establish guidelines for the overall supervision of the dining room. The MTS will be present in the dining room at each meal.

II. DEFINITION

The MTS will be a HST lead / designee and/or licensed nurse.

III. POLICY

1. While using the 24 hour support plan or verification forms, the staff will identify
 - a. the diet for accuracy BEFORE delivering the tray to the client
 - b. that all Adaptive equipment is available
 - c. fluids are thickened to the correct consistency
 - d. foods are the proper texture (attachment H in the PNS policy 03-522)
 - e. client and staff are in the correct position before, during and immediately after eating.
2. The clients with 24 hour support plan will have the plan at the table (or area that is for meal time feedings) for staff to refer to during the meal. The other verification forms will be used to verify the diet then placed back in the notebook. The Team Leader (TL) and/or the charge nurse (CN) will review the forms every week for accuracy. The TL/CN will initial the forms at the bottom to indicate that the review was conducted. Any changes needed MUST be entered on all copies and initialed and dated. The 24 hour plan should be revised electronically and printed. All copies must be replaced within 48 hours of the written revisions.

Approved:

This policy has been approved by the RHA and the CSH Clinical Director in December 2010