

# Long-Term Care Dining Challenges

3 hours of CEU's for RCFE, ARF  
and SNF Administrators

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# Course Objectives

1. Discuss proper nutrition and its benefits
2. Discuss proper food choices for residents
3. Learn about the “Choosemyplate.gov” USDA website and use it to create menu plans
4. Risks with dining, such as choking and dehydration
5. Discuss proper food choices for residents at end of life

# Definitions

“DSS” = Department of Social Services

“RCFE” = Residential Care Facility for the Elderly

“ARF” = Adult Residential Facility

“SNF” = Skilled Nursing Facility

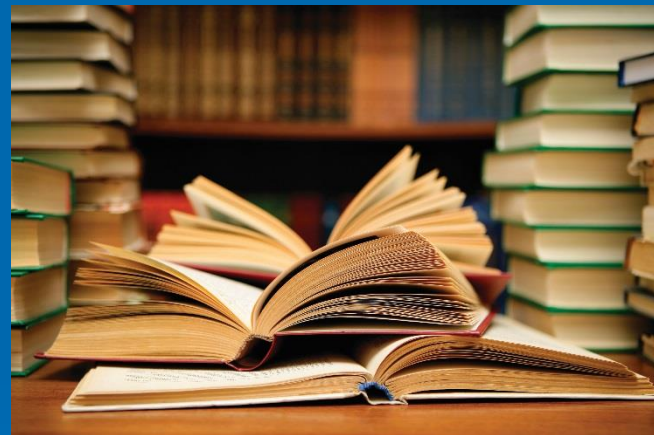
“Resident” = anyone living in a long-term care facility



# Sources

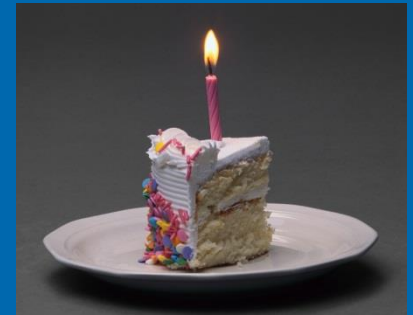
Many sources were consulted to prepare this course.

At the end of the course, these sources are listed.



# Good Nutrition

Why worry about eating healthy? Can't we just have cake for breakfast???



The benefits of healthy eating include:

- 🍴 increased mental acuteness
- 🍴 resistance to illness and disease
- 🍴 higher energy levels
- 🍴 faster recuperation times
- 🍴 better management of chronic health problems

# Good Nutrition (cont'd)

## Increased mental acuteness:



Diets that include natural sources of omega-3 fatty acids, Vitamin E and a selection of brightly colored fruit, leafy veggies, and fish and nuts packed with can increase mental cognition, improve focus and decrease the risk of Alzheimer's disease.



# Good Nutrition (cont'd)

## Resistance to illness and disease:

A proper diet reduces the risk of heart disease, stroke, high blood pressure, type-2 diabetes, bone loss, cancer, and anemia.



# Good Nutrition (cont'd)

## Higher energy levels:

Food provides energy. The body needs a mix of protein and carbohydrates.

Just think – if you didn't put gas in your car, would it move?

# Good Nutrition (cont'd)

## Faster recuperation time:

If a person is healthy, they can recover from illness and injury faster and easier than someone who is not healthy.

This could reduce hospitalization or skilled nursing time.



# Good Nutrition (cont'd)

Better management of chronic health problems:

A proper diet reduces the risk of heart disease, stroke, high blood pressure, type-2 diabetes, cancer, bone loss and anemia.



# Nutrition and Aging

As we age, changes occur to all of the body systems.

These changes are influenced by illnesses, life events, genetic traits and socioeconomic factors.

# Nutrition and Aging (cont'd)

Taste: Changes in taste may occur due to aging, but may also occur from:

- medications
- allergies, sinus infections
- Alzheimer's disease or dementia
- certain vitamin or mineral deficiencies

These changes may be temporary or permanent.

# Nutrition and Aging (cont'd)

## Sensory changes:

- Losing the ability to see the food on a plate can lead a resident to stop eating (i.e., resident with dementia with white food on white plate, white table cloth).
- Also, as people age, the sense of smell and taste is diminished so if it does not taste, then the resident may not want to eat it. And, if the resident is on a restricted diet, like low fat or sugar, then they may not want to eat at all!

# Nutrition and Aging (cont'd)

## Sensory changes:

- *Suggestions:*
  - Rather than using salt or frying foods, try different spices, herbs or acids (like lemon) and try baking the food rather than frying.
  - Introduce the resident to new foods and flavors.
  - Offer foods with different textures, rather than a plate of mashed potatoes, over-cooked, mushy vegetables. Try lightly steaming vegetables instead.

# Nutrition and Aging (cont'd)

## Structural changes:

- An aging body loses lean body mass, which can affect skeletal muscle and muscles of the vital organs, such as the heart.
- Metabolism is affected by age.
- Aging can also impair the body's immune system.



# Nutrition and Aging (cont'd)

## Structural changes:

- *Suggestions:*
  - Provide a well-balanced diet that meets the individual needs of the resident, i.e., caloric needs.
  - Provide the resident with foods rich in dietary fiber, calcium and protein (unless otherwise specified by the physician).
  - Encourage the residents to stay hydrated, either through water or liquids or foods with a high water content (i.e., melons).

# Nutrition and Aging (cont'd)

## **Vitamin and mineral deficiencies:**

- An illness that stresses the body may make a body vitamin deficient.
- Medications also interfere with the absorption of many vitamins and minerals.
- If the resident is not exposed to direct sunlight, they may become Vitamin D deficient.

# Nutrition and Aging (cont'd)

## **Vitamin and mineral deficiencies (cont'd):**

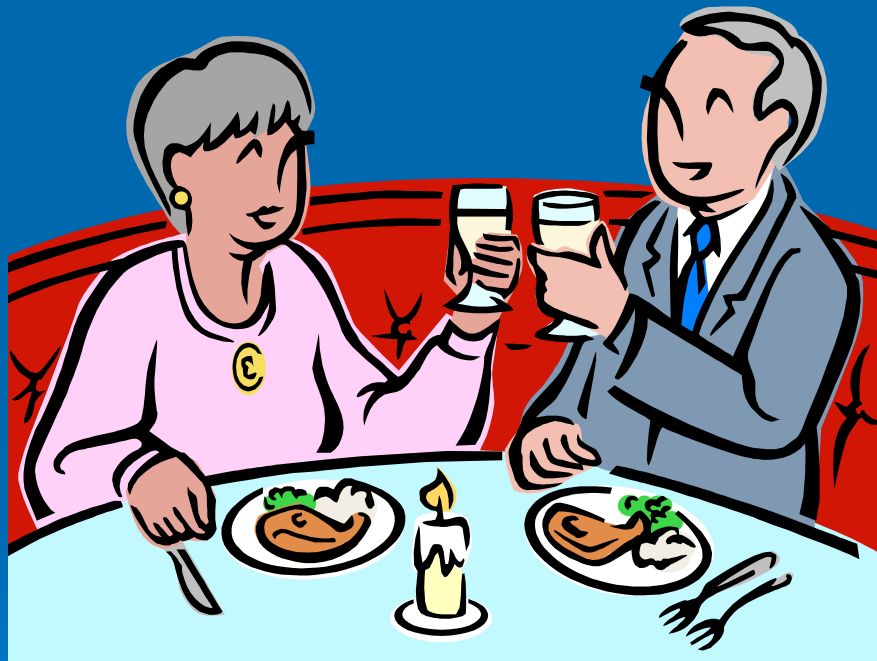
- Low levels of Vitamin B12 can cause dementia and hearing loss in seniors.
- Drugs that are used to control diseases such as hypertension can alter the sodium and potassium levels in the body.
- Taking herbal supplements with certain medications can cause negative interactions.

# Nutrition and Aging (cont'd)

## **Vitamin and mineral deficiencies:**

- *Suggestions:*
  - Provide a well-balanced diet that includes a variety of healthy foods.
  - Consult with the resident's physician and pharmacist to check for possible drug and food interactions.
  - Encourage the residents to get exposure to natural sunlight each day.

# The Dining Experience



# Delighting your Customer!

Yes, dining plays a extremely important role in how happy our residents are.

But do you know how much?

A **positive** or a **negative** dining experience can affect their physical, social and emotional well-being!



# Delighting your Customer!

First, let's brainstorm to determine what creates a positive dining experience for our residents.....



# Delighting your Customer!

Did your list include:

Serving the resident their preferred foods?

An appropriate variety of foods?

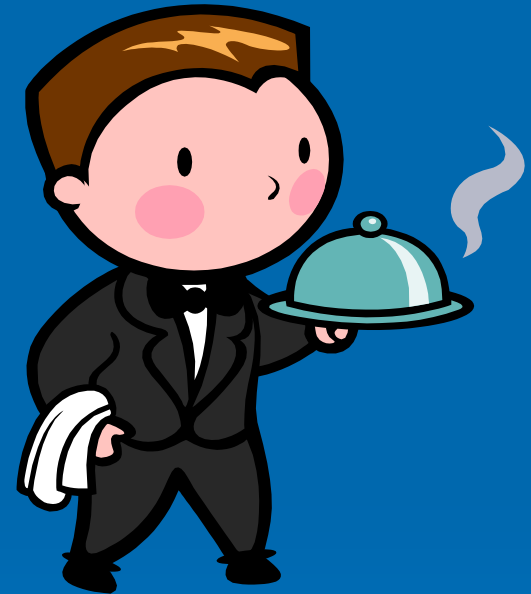
The appearance and how it was presented?

Did the resident enjoy the food?

# What shall we serve the residents?

How about.....

what they like!!



Ummmm....what DO they like?

# What shall we serve?

- 🍴 Ask your residents!
- 🍴 Depends on the size of your facility, size of kitchen
- 🍴 Budget
- 🍴 Religious and cultural considerations
- 🍴 Physical health concerns
- 🍴 Mental health concerns

# What shall we serve?

Generally, the residents in our communities love:

- American comfort food, like meatloaf, mashed potatoes and gravy, etc.
- Iceberg lettuce salad
- Vegetables cooked very soft and mushy
- Ice cream, ice cream, ice cream
- Desserts like pie, cobblers, cakes

# Title 22 Regulations

Per Section 87555 (RCFE) and 85076 (ARF):

The total daily diet:

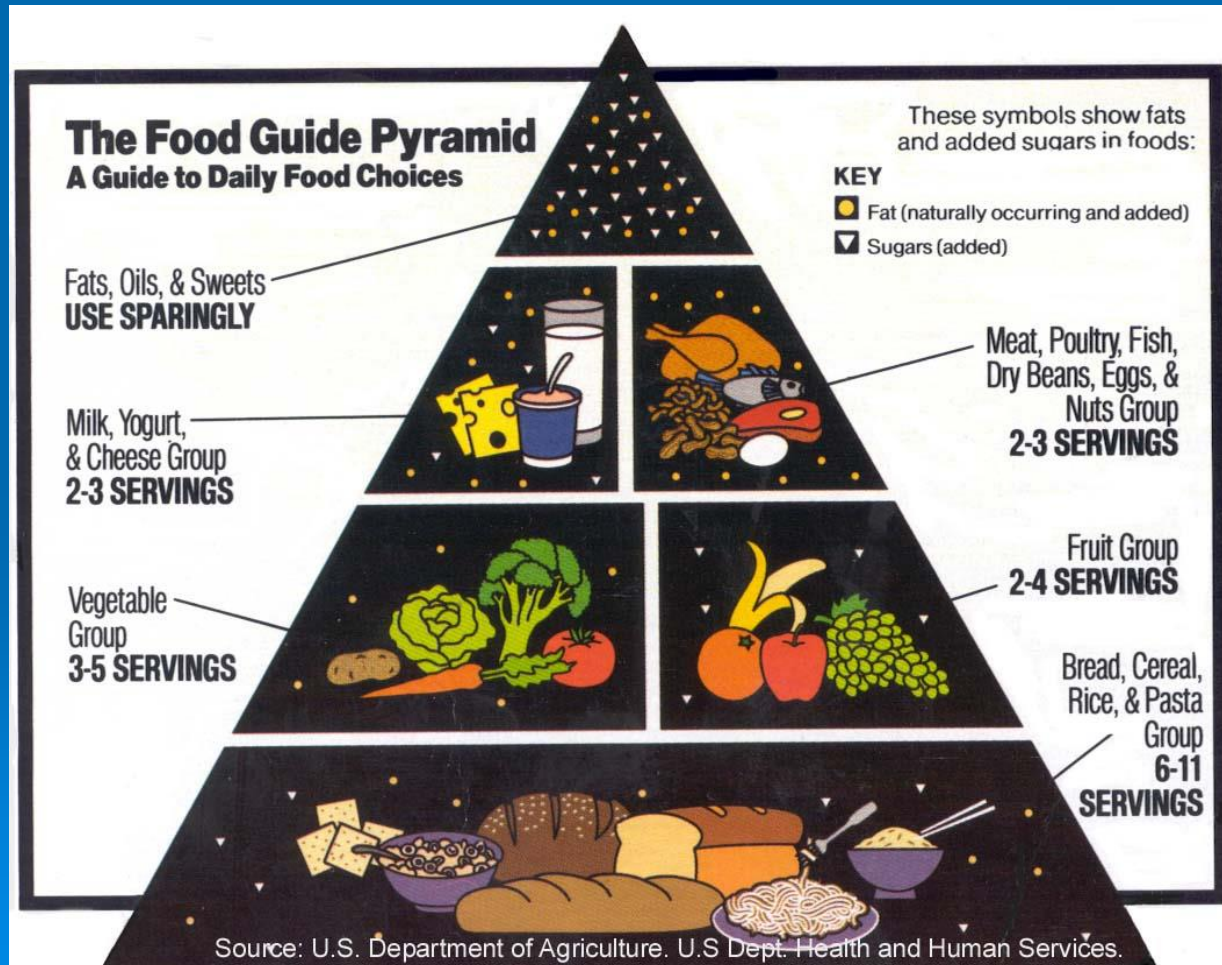
- o quality
- o quantity
- o meet the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council.

How do you determine that they are receiving a nutritionally sound diet?



# NUTRITION 101

Developed by the USDA in 1992, the original food pyramid was created to educate consumers on what types of food to eat on a daily basis.



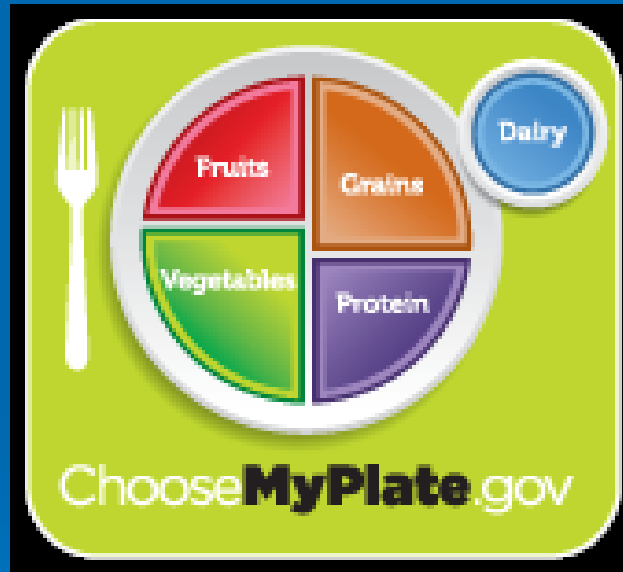
# Nutrition 101

The new food pyramid, redesigned in 2005, has been reorganized; it was changed in 2011.



# Nutrition 101

Now it looks like this....



[www.choosemyplate.gov](http://www.choosemyplate.gov)

# “Choose my Plate”

This website will be used to determine whether the food/meals being served to the residents meet the recommended caloric and nutritional guidelines, according to the United States Department of Agriculture (“USDA”).....

# Dining Challenges



# Dining Challenges

1. Modified diets
2. Choking hazards
3. Dehydration
4. Medical conditions and diet
5. Dementia or a developmental disability
6. Nutrition at end of life

# Modified Diets

What is a modified diet?

What types are there?

What do I have to provide?





# Modified Diets (cont'd)

## Types:

- low sodium/no added salt
- diabetic/no added sugar, no concentrated sweets
- low fat
- texture modification



# Modified Diets (cont'd)

## Low Salt Diet:

- ✎ Average Americans consume 5 grams of sodium (salt) daily.
- ✎ We SHOULD only consume 2.4 grams.
- ✎ Heart disease patients should only consume between 250 mg and 2 grams per day.

# Modified Diets (cont'd)

## Why limit salt?

- ☹ Too much salt encourages the body to retain fluid, thereby increasing fluid pumped by the heart and circulating through the bloodstream.
- ☹ Excess fluid backs up into the lungs, causing congestion – leads to congestive heart failure.
- ☹ Potassium chloride – can be harmful for people with kidney problems.

# Modified Diets (cont'd)

## Diabetic/no added sugar diet:

- ✓ generally, they must maintain a healthy diet
- ✓ regulate carbohydrates – eat complex not simple carbohydrates
- ✓ control fat and cholesterol
- ✓ may need to monitor protein intake

# Modified Diets (cont'd)

## Low fat diet:

- o Normal people should limit fats to 30% of diet
- o Low fat diets limit fat intake to 50 grams
- o Extremely low fat diets – 25-30 grams
- o Eat good fats (fish, avocados) rather than bad fats (fried foods)

# Modified Diets (cont'd)

## Texture modification diets:

- ❖ Pureed in blender
- ❖ Thickened, “pudding-like”
- ❖ No coarse textures, like raw fruits or vegetables
- ❖ No oatmeal
- ❖ No hard, sticky or crunchy foods
- ❖ Moist and finely chopped foods

# Choking Hazards

A resident might not be able to display that they are choking. Look for:

- ✓ Inability to talk
- ✓ Confusion and anxiety
- ✓ Difficulty breathing or noisy breathing
- ✓ Skin, lips and nails turning blue





# Choking Hazards (cont'd)

- If a resident has trouble swallowing, make sure they are sitting up straight with their head slightly forward – never tilted back – when they eat.
- Some liquids are much easier to swallow than others.
  - If your resident is choking on fluids like water, try a thicker liquid, like apricot or tomato juice.

# Dehydration

- ★ Dehydration is a serious, sometimes fatal condition.
- ★ Dehydration = not enough body fluids and important blood salts in the body to carry on normal functions at the best level.
- ★ Dehydration occurs with a loss of fluids, not drinking enough water, or a combination of both.

# Dehydration (cont'd)

- ❖ Thirst is the first warning sign that we should drink, but some of our residents cannot recognize that sign.
- ❖ If urine is pale in color and occurring every 2-3 hours, then they are drinking enough water.

# Dehydration (cont'd)

Common reasons why people do not drink enough fluids:

1. Cannot access beverages
2. lack of thirst
3. do not like to go to the bathroom



# Dehydration (cont'd)

Reasons why our residents might lose fluid:

1. Fever
2. Vomiting
3. Diarrhea
4. Excessive urine output
5. Excessive sweating
6. Heat exhaustion

# Dehydration (cont'd)

Try to pay attention to what residents drink and how much they urinate, especially residents with AD or dementia.

Dehydration can be extremely dangerous in the elder population and must be addressed immediately.

# Dehydration (cont'd)

## Mild dehydration:

- ☒ Thirst
- ☒ Dry lips and tongue
- ☒ Skin looks dry

## Moderate dehydration:

- ☒ Skin not very elastic, may sag and doesn't bounce back quickly when lightly pinched and released
- ☒ Decreased urine output
- ☒ Sunken eyes



# Dehydration (cont'd)

## Severe dehydration:

- ☒ small amounts of dark colored urine
- ☒ low blood pressure, dizziness
- ☒ rapid breathing
- ☒ blue lips
- ☒ rapid, weak pulse over 100 (at rest)
- ☒ cold hands or feet
- ☒ confusion, lack of interest
- ☒ shock

# Dehydration (cont'd)



Water provides everything the body needs to restore fluids lost through metabolism, breathing, sweating, and the removal of waste. It is the perfect beverage for quenching thirst and rehydrating the system. But.....not everyone likes water.

# Dehydration (cont'd)

The Institute of Medicine advises that:

- ✓ men consume roughly 3 liters (about 13 cups) of total beverages a day
- ✓ women consume 2.2 liters (about 9 cups) of total beverages a day

# Dehydration (cont'd)

Tips to encourage fluid intake:

1. Keep fluids within resident's reach.
2. Offer a variety of fluids to avoid monotony.
3. Offer small amounts often.
4. Offer foods with a high water content.
5. Serve fluids at proper temperature.

# Dehydration (cont'd)

## Treatment:

- ❖ Mild dehydration – give fluids by mouth.
- ❖ The physician may order an oral rehydrating solution (ORS) that replaces blood salts and water in balanced amounts – these solutions allow the intestines to absorb the maximum amount of water. Do not confuse these with sports drinks, like Gatorade – these can cause vomiting and diarrhea.
- ❖ IV fluids may be necessary for moderate to severe dehydration.

# Medical Conditions and Diet





# Coumadin (warfarin)

- ♥ Vitamin K helps blood clot and keeps bones strong. If your resident is taking the blood thinner warfarin (Coumadin), they will need to keep the amount of vitamin K in their diet steady. If they vary the amount of vitamin K too much, their doctor may have to change their dose of warfarin often.
- ♥ Most people who take warfarin can eat a normal diet, but it is important not to suddenly eat a lot more or a lot less food that is high in vitamin K than they normally do. Try to encourage them to get about the same amount of vitamin K each day.



# Coumadin (warfarin) (cont'd)

Foods that are high in **vitamin K** include:

- Cooked leafy green vegetables such as kale, spinach, turnip greens, collard greens, Swiss chard, mustard greens, seaweed and beet greens
- Broccoli, raw or cooked
- Raw parsley
- Green tea



# Medications and Fruit Juices



## **Grapefruit juice:**

Drinking grapefruit juice with some medications can block the release of stomach enzymes that help the body absorb the drugs. It can also slow down the breakdown of the drugs by the liver. This can cause the medication to build up in the system, creating increased blood levels that may lead to side effects and over-medication.

# Medications and Fruit Juices (cont'd)

Avoid grapefruit juice when taking:

- ✖ Procardia, Cardizem (high blood pressure medications)
- ✖ Lipitor, Zocor (to lower cholesterol)
- ✖ Antihistamines like Hismanal (for allergies)
- ✖ Xanax or Halcion (anxiety)
- ✖ Estrogen (female hormone)

# Medications and Fruit Juices (cont'd)



People taking antibiotics, such as penicillin, should avoid acidic foods – they can cause the drugs to break down too fast, making them less effective.

# Medications and Caffeine

Coffee, cola, tea and chocolate can cause problems combined with certain medications. People taking some asthma medications should avoid caffeine. Also, people taking stimulants should not combine them with caffeine as it can raise blood pressure and heartbeat.

# Medications and Calcium

Calcium binds to and inhibits the absorption of some medications, such as iron and the antibiotics *tetracycline* and *Cipro*. As a result, less medicine is absorbed into the system and it may not work. Take these medications at least 2 hours before or after consuming dairy products.

Calcium-fortified orange juice can have the same effect. In one test, the juice reduced the level of *Cipro* in the blood by 40%!



# Medications and Alcohol

Avoid alcohol when taking:

- ☑ Allergy medicines like Claritin or Zyrtec (drowsiness)
- ☑ Antidepressants like Prozac, Paxil or Zoloft (drowsiness, dizziness and depression)
- ☑ Diabetes medications and insulin (may cause a rapid drop in blood sugar)



# Medications and Alcohol (cont'd)

## Avoid alcohol when taking (cont'd):

- ☑ Coumadin (blood thinners) – may increase the drug's effect and cause bleeding.
- ☑ Cholesterol drugs like Lipitor or Zocor – may cause liver damage.
- ☑ Insomnia medications like Ambien – increases drowsiness.

# Nutritional Supplements

The most common dietary supplement that our residents consume is *Ensure* or similar supplements.

These can benefit patients who are at nutritional risk, experiencing involuntary weight loss, recovering from illness or surgery, or on modified or low-residue diets.

**We must have a physician's order for us to dispense these.**

# Diabetes and Food

Diabetics should choose:

- Lots of vegetables and fruits from the rainbow of colors available to maximize variety.
- Non-starchy vegetables such as spinach, carrots, broccoli or green beans with meals.
- Whole grain foods over processed grain products - brown rice or whole wheat pasta.
- Dried beans (like kidney or pinto beans) and lentils.
- Include fish in meals 2-3 times a week.
- Lean meats like cuts of beef and pork that end in "loin" such as pork loin and sirloin.
- Remove the skin from chicken and turkey.

# Diabetes and Food (cont'd)

Diabetics should choose (cont'd):

- Non-fat dairy such as skim milk, non-fat yogurt and non-fat cheese.
- Water and calorie-free "diet" drinks instead of regular soda, fruit punch, sweet tea and other sugar-sweetened drinks.
- Liquid oils for cooking instead of solid fats that can be high in saturated and *trans* fats. Remember that fats are high in calories.
- Cut back on high calorie snack foods and desserts like chips, cookies, cakes, and full-fat ice cream.
- Eating too much of even healthful foods can lead to weight gain. Watch portion sizes.

# Diabetes and Food (cont'd)

## Diabetics and sweets:

The myth that sugar causes diabetes is commonly accepted by many people. Research has shown that it is not true. Eating sugar has nothing to do with developing **type 1 diabetes**. The biggest dietary risk factor for developing **type 2 diabetes** is simply eating too much and being overweight – the body does not care if the extra food comes from cookies or cake, it is gaining weight that is the culprit.

# Hypertension and Food

The **DASH** Diet:

**DASH** = Dietary Approaches to Stop Hypertension

The DASH diet focuses on eating healthy and lowering sodium intake.





# Hypertension and Food (cont'd)

The NIH recommends limiting the sodium consumption to less than 2.4 grams (2,400 milligrams [mg] ) of sodium a day. That equals 6 grams (about 1 teaspoon) of table salt a day. The 6 grams include ALL salt and sodium consumed, including that used in cooking and at the table. Recent research has shown that people consuming diets of 1,500 mg of sodium had even better blood pressure lowering benefits.



# Hypertension and Food (cont'd)






A high-fiber diet has been shown to be effective in preventing and treating many forms of cardiovascular disease, including hypertension. The types of dietary fiber is important - the greatest benefit to hypertension are the water soluble gel-forming fibers such as oat bran. These fibers, in addition to be of benefit against hypertension, are also useful to reduce cholesterol levels and promote weight loss.

# Hypertension and Food (cont'd)

Sucrose, common table sugar, elevates blood pressure. They do not fully understand why, but they believe that it is possible that sugar increases the production of adrenaline, which in turn, increases blood vessel constriction and sodium retention.

# Hypertension and Food (cont'd)

Salt substitutes – flavor enhancers:

-  fresh and dried herbs
-  Mrs. Dash
-  garlic-flavored seasoning (not garlic salt)
-  butter-flavored seasoning
-  cheese-flavored seasoning

# Constipation

Constipation occurs when bowel movements become difficult or less frequent. It is more common in women and the elderly.

Constipation can be a serious issue in your residents and should be monitored and addressed.

# Constipation (cont'd)

Constipation is usually caused by a disorder of bowel function rather than a structural problem. Common causes of constipation include:

- Inadequate water intake.
- Inadequate fiber in the diet.
- Inadequate activity or exercise or immobility.
- Eating large amounts of dairy products.
- Stress.
- Resisting the urge to have a bowel movement, which is sometimes the result of pain from hemorrhoids.
- Overuse of laxatives (stool softeners) which, over time, weaken the bowel muscles.

# Constipation (cont'd)

Common causes of constipation (cont'd):

- Hypothyroidism.
- Neurological conditions such as Parkinson's disease or multiple sclerosis.
- Antacid medicines containing calcium or aluminum.
- Medicines (especially strong pain medicines, such as narcotics, antidepressants, or iron pills).
- Depression.
- Eating disorders.
- Irritable bowel syndrome.
- Colon cancer.

# Constipation (cont'd)

## What should be done for constipation?

- ✓ Drinking two to four extra glasses of water a day (unless fluid restricted).
- ✓ Trying warm liquids, especially in the morning.
- ✓ Adding fruits and vegetables to their diet.
- ✓ Eating prunes and/or bran cereal.
- ✓ Not using laxatives without getting a physician's order.



# Making Dining a Positive Experience for your Residents with Dementia/Disability

# Food Choices for Residents with Dementia/Disability

- Small, “finger foods”
- Not too many items on the plate
- Peas, small bits of food are hard to scoop up
- Rough textured food, like toast, that stimulates the person’s tongue and encourages chewing
- Mashed or pureed fruits or vegetables
- Scrambled eggs, puddings, chicken fingers
- Sandwiches into quarters
- Use bendable straws
- Residents with AD love sweets!

# Food Choices to Avoid

Hard candy

Taffy

Hot dogs

Nuts

Crunchy foods like chips or crackers

Peanut butter

Gum

Grapes or cherries

Thin liquids if given too rapidly



# Helping the Resident Eat



Things that might cause problems with eating:

- 🍴☉ Not enough light, or glare
- 🍴☉ Noise and distractions
- 🍴☉ Too many choices
- 🍴☉ Unpleasant smells
- 🍴☉ Unappetizing food
- 🍴☉ Anxiety over being rushed

# Helping the Resident Eat (Cont'd)

Personal conditions that may disrupt eating:

- 🍴 Mouth discomfort
- 🍴 Side effects of medication
- 🍴 Inability to recognize hunger
- 🍴 Constipation
- 🍴 Agitation
- 🍴 Forgetting how to eat or use utensils

# Nutrition at End of Life

According to an article published by Today's Dietician, there is considerable data indicating that it is not beneficial to provide nutrition support for patients with an irreversible (advanced dementia) or terminal illness and that evidence shows that providing nutrition support can increased suffering in terminally ill patients due to increased nausea, vomiting, bleeding, edema, pulmonary edema, incontinence and infections.



# Nutrition at End of Life (cont'd)

Also during this study, they found:

- A comprehensive study of nursing home patients with dementia reported that the insertion of feeding tubes did not improve survival over those hand fed, did not lower the risk of aspiration pneumonia, and did not improve pressure ulcer healing, weight status or comfort. In fact, those with the feeding tube died 1.44 times sooner than those without a feeding tube.



# Nutrition at End of Life (cont'd)

Also during this study, they found:

- The notion that withholding nutrition support contributes to pain and suffering has also been debated. Positive emission tomography (PET) scans have demonstrated that when a patient is in a persistent vegetative state, the brain areas responsible for pain perception do not function. Therefore, providing nutrition support to this patient population to provide comfort and reduce suffering is not science based.

# Nutrition at end of Life (cont'd)

It is important to remember that the person's body is beginning to shut down because of the disease and dying process, not because of the absence of food and liquid.

Artificial nutrition and hydration will not bring the person back to a healthy state.

# Nutrition at End of Life

But what do we do about the emotional effect of “starving the patient to death”?

Please consult the resident’s hospice nurse and physician to develop the care plan for the resident, along with the resident’s advanced health care directives which may state their nutritional wishes at end of life.

# Sources

- Department of Social Services
- USDA
- Todaysdietician.com
- National Hospice and Palliative Care Organization
- Nutrition.gov
- Medlineplus.gov
- Eatright.org
- Institute of Medicine

# Conclusion



Assisted Living Education  
thanks you for attending its  
course.

We look forward to seeing you again at  
another of our courses!