

# Dining Services Quality Audit

Information in this audit tool was used in part from the Department of Health and Human Services, Centers for Medicare and Medicaid Services, Dining Observation. Form CMS–20053

DINING ENVIRONMENT	YES	NO	NOT OBSERVED	COMMENTS
Is the dining environment observed to be safe, sanitary, and comfortable?				
Are there appropriate staff to safely and effectively carry out the functions of dining services, including preparing and serving meals, in the scheduled time frames?				
Is the dining area arranged with adequate space? Can residents enter and exit the dining room independently without staff needing to move other residents, resident mobility equipment, or chairs out of the way?				
Are staff able to easily move about the room to support resident needs and respond to potential emergencies (e.g., choking)?				
Is the dining area a comfortable temperature? Do staff know how to adjust the room temperature as needed?				
Does the dining area have adequate lighting?				
Is table height adequate for ease of accessibility and visibility to food for all residents?				
Are sounds/music in the dining area at a level that supports dining conversations?				
Is the dining area free of unpleasant odors and smoke exhaust?				
Is the dining room arranged to allow for social distancing (as applicable)?				

QUALITY OF THE DINING EXPERIENCE	YES	NO	NOT OBSERVED	COMMENTS
Are meals provided to all residents at a table at the same time?				
Are residents provided appropriate plates, cups, and utensils based on their needs and care plan?				
Do staff respond to resident requests in a timely manner?				
Is food provided in an aesthetically pleasing manner and at a correct/safe food temperature?				
Do staff sit next to (rather than standing over) the resident when assisting them?				
If feeding assistance is being provided, are residents allowed to chew and swallow before being provided other food?				
Are resident wishes considered when offering clothing protection?				
Are residents provided appropriate time to finish their meals?				
Are residents spoken to politely and respectfully?				
Are medications provided at times and in a manner that does not distract from the dining experience of the resident? (e.g., only medications that require that they be taken with food, foods served are not routinely or unnecessarily used as a source to administer medications [mixing the medications with potatoes or other entrees])				
Are staff appropriately cueing, prompting, or assisting residents with eating and drinking?				
Are residents offered water and a preferred drink choice?				
Are residents provided wipes to clean their faces and hands after eating and assisted as needed?				

INFECTION PREVENTION	YES	NO	NOT OBSERVED	COMMENTS
Is appropriate hand hygiene practiced between residents and after direct contact with the resident's skin or secretions?				
Do staff have any open areas on their skin, signs of infection, or other indications of illness?				
Are tables and chairs appropriately cleaned after meals?				
Are the staff properly handling plates and utensils. (e.g., preventing the eating surfaces of plates from coming in contact with their clothing; not touching the surfaces of knives, forks, and spoons, handling the outside of glasses)?				
Are staff using proper hygienic practices such as keeping their hands away from their hair and face when handling food?				

Person Completing the Audit: \_\_\_\_\_ Date: \_\_\_\_\_

Action:

Follow-Up:

Source – Department of Health and Human Services, Centers for Medicare and Medicaid Services, Dining Observation. Form CMS–20053. One source for the form - [https://www.anfonline.org/docs/default-source/legacy-docs/docs/cms-regulations/2017-cms-critical-pathways-dining-kitchen.pdf?sfvrsn=ba6433f6\\_6](https://www.anfonline.org/docs/default-source/legacy-docs/docs/cms-regulations/2017-cms-critical-pathways-dining-kitchen.pdf?sfvrsn=ba6433f6_6)

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