



Long-term Care Comment Form

Name:	Phyllis Fatzinger McShane
Organization:	Maryland Dietitians in Health Care Communities (MD DHCC)
Email:	
Phone:	

Use this form to provide any edits or comments on the regulation. You are not limited to the number or size of the comment spaces provided. The space will expand to include your comments. Additional pages may be attached as needed.

An example is provided below to aid in submitting your comments.

Location of regulation (page number, regulation, section, paragraph):	Page 1 10.01.01.01 A (1)(b)(ii) Regulatory Affairs (Not a real regulation, for example purposes only.)
Recommendation:	Please remove the extra "s" from Regulatory Affairs.
Rationale:	The word is spelled incorrectly in the proposed draft. The correct spelling is "Regulatory Affairs".

Regulation Comments

Location of regulation (page number, regulation, section, paragraph):	Page 3 .01 Definitions. B Terms Defined. (6) Certified Dietary Manager
Recommendation:	Remove section (d): "Is a graduate of a state approved course that provided 90 or more hours..."
Rationale:	The state does not offer such a course. To develop such a course with all that is required to validate a course and testing – would be prohibitive in cost in the economic environment.

Location of regulation (page number, regulation, section, paragraph):	Page 3 .01 Definitions. B Terms Defined. (6) Certified Dietary Manager
Recommendation:	Combine section (C) and (E) as they refer to the same organization and credential. The section should read as "Has successfully completed the required coursework and maintains certification as a Certified Dietary Manager, Certified Food Protection Professional (CDM, CFPP) as required by the certifying board for the Association of Nutrition and Foodservice Professionals (ANFP)."
Rationale:	Combination of these sections allows for greater clarity. Refer to their website - http://www.anfponline.org/become-a-cdm/cdm-cfpp-credential These requirements for.01, B, (6) Certified Dietary Manager are crucial because food service has become more complicated as the acuity/ sickness level of clients in a facility increases. Since the Academy of Nutrition and Dietetics is now allowing dietetic graduates immediate eligibility to take the DTR: Dietetic Technician, registered examination – there should be no shortage of potential employees for facilities to employ as their "certified dietary manager".

Location of regulation (page number, regulation, section, paragraph):	Page 50 [.13]. 22 Dietetic Services. B. Supervision. --- New Section 3																					
Recommendation:	(3) Nursing homes shall provide at least the following licensed registered dietitian hours: <table border="1" data-bbox="443 1283 1383 1593"> <thead> <tr> <th>Number of Beds</th> <th>Average number of new Admissions/ week</th> <th>Minimum Registered Dietitian Clinical Hours per week**</th> </tr> </thead> <tbody> <tr> <td>0-25</td> <td>0-5</td> <td>10</td> </tr> <tr> <td>0-25</td> <td>>5</td> <td>15</td> </tr> <tr> <td>26-50</td> <td>5-10</td> <td>20</td> </tr> <tr> <td>26-50</td> <td>>10</td> <td>25</td> </tr> <tr> <td>51-99</td> <td>10-20</td> <td>30</td> </tr> <tr> <td>51-99</td> <td>> 20</td> <td>35</td> </tr> </tbody> </table> <p>** Clinical hours include – assessments, MDS submissions, meetings (care plans, etc.) and meal observations.</p>	Number of Beds	Average number of new Admissions/ week	Minimum Registered Dietitian Clinical Hours per week**	0-25	0-5	10	0-25	>5	15	26-50	5-10	20	26-50	>10	25	51-99	10-20	30	51-99	> 20	35
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Rationale:	Adequate licensed registered dietitian hours are needed to assure residents receive nutrition care and receive safe, healthy food. Malnutrition with associated pressure ulcer development, poor wound healing, and generalized debility will be minimized if a licensed, registered dietitian in a timely fashion provides proper medical nutrition therapy. MD DHCC is ready to work with OHCQ and nursing home facilities to study this issue in greater detail
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Location of regulation (page number, regulation, section, paragraph):	Page 53 Section L: Resident Directed Meal Pattern
Recommendation:	Consider adding (3) An signed agreement between the facility and the resident (or POA) shall be in place to assure all parties understand the risks and benefits of a Resident directed meal pattern.
Rationale:	It is easy to say in a moment of despair – just let her/him have thin liquids/ ice cream. However, if that is done and the resident, who medically required thickened liquids, aspirates a thin liquid (e.g. ice cream) – it is important that all involved parties understand the benefits and the risks <u>before</u> the change is implemented.

Location of regulation (page number, regulation, section, paragraph):	Page 51 Section D Staffing. (3)..... Exceptions such as in a culture change setting shall be based on the written approval of the Department.
Recommendation:	Require minimal food safety training be completed and documented <u>before</u> any non-food service workers begin working in food service area.
Rationale:	Newer microorganisms that cause food borne illness (food poisoning) often cause more severe illness, and are transmitted through less well-known routes. Therefore employees working in food service must be trained in food safety prior to providing food service to resident who are often ill and/or mildly immunosuppressed. National programs to address “front line” food safety training include the National Restaurant Association’s ServSafe Food Handler (https://www.servsafe.com/administrators/chooseprogram).

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Rationale:	

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