

## Mealtime Coaching

<b>Program Name:</b>	<b>Person Monitoring:</b>
<b>Date:</b>	<b>Meal:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snack
<b>Instructions:</b> The purpose of this tool is to provide coaching, conduct just in time training and give/receive feedback to create collaborative and empowered solutions. After the review process is complete, the reviewer and reviewee will debrief. Ideas and solutions should be brought to the leadership team to identify whether they can be adopted in other programs and areas.	
<b>Preparation</b>	
Name of Staff Preparing Meal:	
Diet List Sheet is Available and Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Staff has a good understanding of diet list sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Menu is posted and recipes are followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Menu is dated and kept for 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
All menu items listed are served ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Portion sizes are followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Any substitutions are noted and written on the substitution log?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Meals are attractively presented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Food allergies /intolerances are noted and avoided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Food preferences noted and followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Special food items: i.e. High protein milk, prune juice, bran etc. is given?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
8 oz. water is offered with each meal unless contradictive?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
A calibrated thermometer is used to check the temperature of TCS (time and temperature control for safety) foods?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Ready to eat food are not prepared with bare hands and single use gloves are used to handle?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Food items are keep hot or cold and not allowed to sit out at room temperature for an extended time period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Food preparation is clean and orderly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<b>Texture Modified Diets</b>	
Bite Size: All food particles are ½” or less. (the width of a standard fork) No hard foods. No dry foods. Food must be moist.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Chopped: All food particles are 1/4” or less. (half the width of a standard fork) No hard foods. No dry foods. Food must be moist.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Ground: All food particles are 1/8” or less. (fits through the prongs of standard fork) No hard foods. No dry foods. Food must be moist.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Puree: All food is prepared to a smooth cohesive consistency like pudding.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Puree menu items are served separately and NOT puree all together.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Thickened liquids are prepared at least 20 minutes in advance according to manufacture instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Nectar Thick Liquids: Nectar like. Liquids have a consistency that coats and rips off a spoon, similar to unset gelatin. Coats and drips off the spoon.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Honey Thick Liquids: Honey like. The liquid flows off a spoon in a ribbon, just like honey.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Pudding Thick Liquids: liquids holds its shape like pudding. Plops off spoon and is not sticky.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
For Thickened Liquid diets all liquids are thickened appropriately including soups, liquid in canned fruits, dressing in salads?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<b>Therapeutic Diets</b>	

Low fat diets are prepared according to the instructions on the menu/recipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
No added Sugar/Carbohydrate Consistent Diets are prepared according to the instructions on menu/recipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Bland/Anti GERD diets are prepared according to instructions on menus/recipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Renal diets are prepared according to instructions on menu/ recipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
NAS (No added Salt ) diets are prepared according to instructions on menu recipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
2 g. Sodium diets are prepared according to instructions on menu recipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Gluten free diets are prepared according to instructions on menu recipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Gluten free diets are prepared in a manner to prevent cross contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Are fluids restrictions followed, monitored and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<b>Food Service</b>	
Name of Staff Serving Meal:	
Staff checks to ensure correct textures and therapeutic diets are served?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Staff checks to ensure no food allergies or food intolerances are served?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Dining area is a quiet, calm area, free from distractions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Staff ensures good hygiene prior to meal and during service by staff and clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Tables, chairs, and wheelchairs are appropriate heights to ensure good mealtime posture during mealtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Adaptive feeding equipment is provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
When appropriate, family style dining is used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Meals are served at appropriate temperatures? Warm foods are warm and cold foods are served cold? Extremely hot foods are not served to prevent burns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Meals are presented in a positive manner, neatly presented, on clean dishes and described ? i.e. Today we have a delicious meatloaf with mashed potatoes and....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Meals are set up to promote independence and assistance is provided when needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Visually impaired clients are presented food and described according to contents and location of food? i.e. Your chicken is at 3 o'clock, rice is at 6 o'clock and broccoli is at 9 o'clock.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Meals are presented on dishes? (no paper products)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Appropriate utensils are provided? Napkin, fork, knife, spoon or spoons	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
No large spoons are used by staff or consumers during mealtime? (choking hazard)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<b>Meal Time Monitoring</b>	
Name of Staff Monitoring Meal:	