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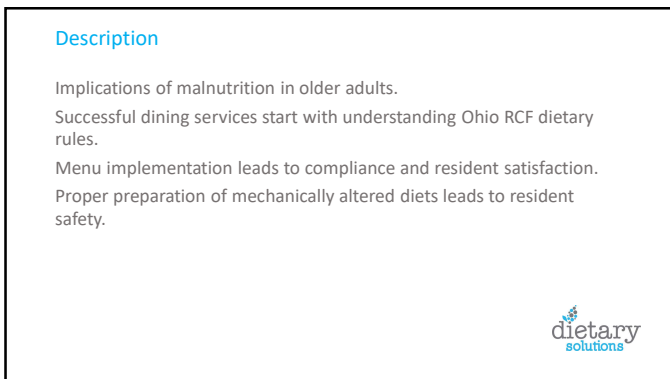
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### Agenda

- Malnutrition and Quality Nutrition in Older Adults
- Ohio Assisted Living dietary related definitions and regulations
- RCF dietary related surveys
- Following menus, spreadsheets, recipes.
- Mech altered diets



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### Objectives

Participants will be able to:

1. Identify the prevalence and risk factors for malnutrition in older adults.
2. Discuss key aspects of residential care facility state regulations that impact the area of nutrition care.
3. Implement effective nutrition assessment skills for effective and timely management of disease states and clinical conditions.
4. Plan and offer menus that promote optimal health and disease management of residents in residential care facilities.
5. Prepare and serve appropriate consistency of mechanically altered diets.
6. Develop best practice systems to ensure deficiency free inspections.



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### Impact of Malnutrition in Older Adults



- Diminished physical health
- Loss of body weight
- Increased risk of health conditions and disease leading to use of medications
- Loss of independence
- Increased hospitalizations
- Increased healthcare costs
- Contributes to depression and mood disorders
- Malnutrition related death



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### Many Factors Contribute to Malnutrition

**Malnutrition in Older Adults**

**References**

1. Rockwell, P., & Rockwell, P. (2019). *Malnutrition in Older Adults*. <https://www.dietarysolutions.com/resources/malnutrition-in-older-adults>

**dietary solutions**

defeatmalnutritiontoday

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### Impact of Malnutrition in Older Adults

#### AN OLDER ADULT CRISIS

**UP TO 1 OUT OF 2 OLDER ADULTS** are at risk for malnutrition\*

**\$51.3 BILLION** Estimated annual cost of disease-associated malnutrition in older adults in the US\*

**MALNUTRITION LEADS TO** more complications, falls, and 30-day readmissions\*\*

**MALNUTRITION IS HIGHEST IN OLDER ADULTS\***

| Age Group  | Estimated Annual Cost of Disease-Associated Malnutrition (per 100,000 hospitalizations) |
|------------|---|
| Age 65-74  | 3,754   |
| Age 75-84  | 1,487   |
| Age 85-94  | 437   |
| Age 95-104 | 107   |

#### OLDER ADULT MALNUTRITION CARE

Protein-calorie malnutrition related hospital stays are **2X LONGER\***

Protein-calorie malnutrition related hospital stays are **3X MORE LIKELY** to result in death\*\*

**FOCUSING ON MALNUTRITION IN HEALTHCARE HELPS:**

- ✓ Decrease healthcare costs\*
- ✓ Improve patient outcomes\*
- ✓ Reduce readmissions
- ✓ Support healthy aging
- ✓ Improve quality of healthcare

Support policies across the healthcare system that defeat older adult malnutrition.  
Learn more at [www.DefeatMalnutritionToday.com](http://www.DefeatMalnutritionToday.com)

**dietary solutions**

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### Core Elements That Make Up a Healthy Eating Pattern

- **Vegetables of all types**—dark green; red and orange; beans, peas, and lentils; starchy; and other vegetables
- **Fruits**—especially whole fruit
- **Grains**—at least half of which are whole grain
- **Dairy**—including fat-free or low-fat milk, yogurt, and cheese, and/or lactose-free versions and fortified soy beverages and yogurt as alternatives
- **Protein foods**—including lean meats, poultry, and eggs; seafood; beans, peas, and lentils; and nuts, seeds, and soy products
- **Oils**—including vegetable oils and oils in food, such as seafood and nuts

**dietary solutions**

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### Special Considerations

- Consuming enough protein is important to prevent the loss of lean muscle mass that occurs naturally with age.
- The ability to absorb vitamin B<sub>12</sub> can decrease with age and use of certain medications can decrease absorption.
- Drinking plenty of water and other nutrient-dense beverages (e.g., 100% fruit or vegetable juice and low-fat or fat-free milk) will help older adults stay hydrated.
- The effects of alcohol may be experienced more quickly. Older adults can choose not to drink or drink in moderation (i.e., 2 drinks or less in a day for men and 1 drink or less in a day for women).



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### Nutrient Needs of Older Adults



- Dietary patterns and intakes should include rich sources of:
  - **Vitamin B6** (milk, eggs, bananas, chickpeas)
  - **Vitamin B12** (beef, tuna, fortified cereals)
  - **Vitamin E** (spinach, broccoli, mango, kiwi)
  - **Folate** (dark, green leafy vegetables, beans, legumes, peas)
  - **Magnesium** (avocados, almonds, cashews)
  - **Zinc** (chicken, red meat, fortified breakfast cereals)



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### Quality Nutrition Supports Individual Quality of Life

- Reducing malnutrition risk
- Slowing the progression of chronic disease
- Managing or reducing chronic disease symptoms
- Helping maintain physical function
- Reducing the risk of falls
- Supporting healthy aging
- Ensuring a healthy immune system



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**Quality Nutrition Supports Individual Quality of Life**

- Increasing employment and financial stability
- Reducing hospitalization and hospital readmissions
- Contributing to decreased nursing home admissions
- Improving recovery from illness or injury
- Enables secure aging in place
- Reducing medication dependence for chronic disease management
- Supporting mental health and resilience




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**Protein: the key to healthy aging**

- Protein becomes more important as we age
- Helps you to stay strong and active
- Protects against infection by supporting the immune system
- Helps maintain lean muscle mass
- Quicker recovery from injury and surgeries
- Prevents frailty which may lead to falls

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**Prevalence of Chronic Disease in Older Adults**

- 80% of older adults have at least one chronic health condition
- 50% of older adults have two or more chronic conditions
- Incident of chronic diseases can be linked to falls
  - Falls are the leading cause of death and injury over the age of 65

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**Nutrition and Resilience**

-  Controlling the Controllables: Nutrition related choices and behaviors
-  A diet high in a variety of nutrients can both protect health and provide more physical energy to deal with challenges
-  Research shows food choices and patterns can influence moods and state of mind
-  The Western dietary pattern is associated with an increased risk of depression and anxiety
-  Focus on a healthy eating pattern



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**OHIO LAWS & ADMINISTRATIVE RULES**  
LEGISLATIVE SERVICE COMMISSION

HOME LAWS ABOUT CONTACT RELATED SITES go to 101-1-01 GO keyword

This website publishes administrative rules on their effective dates, as designated by the adopting state agencies, colleges, and universities.

**Chapter 3701-16 | Residential Care Facility**  
Ohio Administrative Code / 3701

[Expand All](#) [Close All](#)



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**Chapter 3701-16 Ohio Residential Care Facilities**


3701-16-01 Definitions (Dining Services related)

(F) "Complex therapeutic diets" has the same meaning as "therapeutic diet" as that term is defined in paragraph (QQ) of this rule.

(L) "Dietitian" means an individual licensed under Chapter 4759 of the Revised Code to practice dietetics.

(S) "Mechanically altered food" means that the texture of food is altered by chopping, grinding, mashing, or pureeing so that it can be successfully chewed and safely swallowed.

(BB) (3) Preparing food for special diets, other than therapeutic diets, for residents pursuant to the instructions of a physician, a licensed health care professional acting within their applicable scope of practice, or a licensed dietitian, in accordance with rule 3701-16-10 of the Administrative Code.



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Chapter 3701-16 Ohio Residential Care Facilities

(MM) "Special Diets" means a therapeutic diet limited to:

- (1) Nutrient adjusted diets, including high protein, no added salt, and no concentrated sweets
- (2) Volume adjusted diets, including small, medium, and large portions;
- (3) The use of finger foods or bite-sized pieces for a resident's physical needs; or
- (4) Mechanically altered food



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Chapter 3701-16 Ohio Residential Care Facilities

(PP) "Supervision of therapeutic diets" means services, including, but not limited to the following:

- (1) Monitoring a resident's access to appropriate foods as obligated by a therapeutic diet;
- (2) Monitoring a resident's weight and acceptance of a therapeutic diet;
- (3) Providing assistance to residents on therapeutic diets as needed or requested; and
- (4) Providing or preparing therapeutic diets.



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Chapter 3701-16 Ohio Residential Care Facilities

(QQ) "Therapeutic diet" means a diet ordered by a health care practitioner:

- (1) As part of the treatment for a disease or clinical condition;
- (2) To eliminate, decrease, or increase certain substances in the diet; or
- (3) To provide mechanically altered food when indicated.



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3701-16-08 Resident health assessments



(C) The initial health assessment is obligated to include documentation of the following:

(6) Nutrition and dietary needs, including any food allergies and intolerances, food preferences, and need for any adaptive equipment, and needs for assistance and supervision of meals;

(7) Height, weight, and history of weight changes;



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3701-16-08 Resident health assessments

(D).....the residential care facility will assess each resident's health at least annually unless medically indicated sooner.....



(2) Updated nutritional needs, including any food allergies and intolerances;

(3) Height, weight, and history of weight changes;



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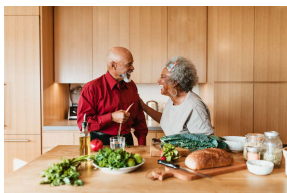
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Standard of Practice



As a measure to monitor resident's nutritional status, obtaining weights on a monthly basis is a best standard of practice.



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3701-16-10 Dietary services; supervision of therapeutic diets

Chapter 3701-16 - Ohio Administrative Code | Ohio Laws

Highlights from pages 47-50.

(A)...The facility is obligated to elect to provide any of the following:

- (1) No meals;
- (2) One, two, or three daily meals;
- (3) Preparation of special diets other than therapeutic diets; one, two, or three daily meals; or
- (4) Preparation and supervision of therapeutic diets. Each facility that elects to supervise therapeutic diets is obligated to provide three daily meals and meet the criteria of this chapter of the Administrative Code for the supervision of therapeutic diets;



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3701-16-10 Dietary services; supervision of therapeutic diets

A variety of food should accommodate religious restrictions and ethnic/cultural preferences.



If providing three daily meals, obligated to be nourishing, palatable, attractive, and appetizing meals. Served at regular hours comparing to normal mealtimes in the community.

Meals should be based on a standard meal planning guide published by a dietitian and/or approved by a dietitian.



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3701-16-10 Dietary services; supervision of therapeutic diets

- There should not be more than 16 hours between the evening meal and breakfast.
- A nourishing snack (choice of beverages and a food item from a basic food group) should be offered after the evening meal.
- Serving sizes may be adjusted according to the resident preferences.
- Accommodate resident's preference or medical need to eat at different intervals.
- If applicable, the RCF is obligated to have a food service operation license.
- Maintain at least a week supply of staple foods and a two-day supply of perishable foods.



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3701-16-10 Dietary services; supervision of therapeutic diets

- Menu should be planned for all meals at least one week in advance. Food should vary in texture, color, and include seasonal foods. Records of dated menus, including therapeutic diets, are to be maintained for at least three months. Records should indicate any food substitutions from the menu.
- If needed, provide observation, supervision, and assistance to residents when consuming meals.
- Ensure food texture is appropriate to the resident's individual needs.
- Dining environment should be as natural and independent as possible, compared to eating at home, and offer choices from a wide variety of food tailored to the residents' wants and needs.



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3701-16-10 Dietary services; supervision of therapeutic diets

- (l) Each residential care facility that elects to prepare special diets other than therapeutic diets is obligated to:
- (1) Prepare and provide the special diets in accordance with the orders of the physician or other licensed health professional acting within their scope of practice, or a dietitian; and
  - (2) **Adjust special diet menus** as ordered by the resident's attending physician or other licensed health professional acting within their scope of practice, or a dietitian.



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3701-16-10 Dietary services; supervision of therapeutic diets

Facilities that elect to supervise therapeutic diets are obligated to provide three daily meals and arrange for a dietitian to plan, direct, and implement dietary services that meet the resident's nutritional needs.

Compliance with the criteria established for residents on therapeutic diets on an ongoing basis:

- Determine that the diet ordered is appropriate based upon the resident's individual nutritional assessment
- Monitor the resident's intake and acceptance of the diet
- Evaluate the facility's compliance in provision of the diet
- Adjust nutrition assessments and diets as needed



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3701-16-10 Dietary services; supervision of therapeutic diets

If the facility elects to supervise therapeutic diets, the dietitian is obligated to oversee, monitor, and assist in the training of food service staff in the preparation and serving of foods for therapeutic diets. The dietitian should consult quarterly with the food service staff.

Trained unlicensed staff, including the dietary manager, may perform routine tasks that do not necessitate professional judgement or knowledge.

Bureau of Survey and Certification, RCF, Dietary Services Worksheet:

- Special diet menus include specific foods and meal patterns. (R562, R566)
- Special diets are prepared and offered as ordered. (R566)



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3701-16-09.1 Skilled nursing care

RCFs that provide enteral feedings on a part-time intermittent basis should establish in writing the types of enteral TF that are routinely managed by the facility. This is based upon staff education and competence, as well as support services available at the facility.



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3701-16-09.1 Skilled nursing care

Policies and procedures should be developed and followed. These should reflect that enteral tube feedings are prepared and offered as ordered. Sanitary conditions shall be maintained in procurement, storage, preparation, and administration of enteral tube feedings.

The resident's weight should be documented, as well as the acceptance and tolerance of the enteral feedings in accordance with the policies and procedures.

Arrange for or provide a dietitian.

RCFs may not administer parenteral nutrition.



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RCF Surveys

RCF Dietary Services Worksheet for Survey.



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BUREAU OF SURVEY AND CERTIFICATION  
RESIDENTIAL CARE FACILITY (RCF)  
DIETARY SERVICES WORKSHEET

Facility Name: \_\_\_\_\_ Licensure Number: \_\_\_\_\_  
 Survey Entrance Date: \_\_\_\_\_ Survey Exit Date: \_\_\_\_\_  
 Surveyor(s): \_\_\_\_\_

**DIETARY SERVICES**

Food service operation license. (R558)  
 Clean and sanitary food storage/preparation/distribution practices. (R559)  
 Food temperatures: Hot \_\_\_\_\_ Cold \_\_\_\_\_  
 Refrigerator temperatures \_\_\_\_\_ Freezer Temperatures \_\_\_\_\_  
 Dishwasher and 3-sink sanitation. (R563, R559)  
 Adequate staple and perishable food supplies. (R560)  
 Menus planned one week in advance. (R561)  
 A record of meals served, including substitutions, is maintained for three months. (R561)  
 Special diet menus include specific foods and meal patterns. (R562, R566)  
 Special diets are prepared and offered as ordered. (R566)  
 Home style service provided in a manner to prevent contamination. (R559)  
 Staff hand washing facilities available. (R563)  
 Garbage/refuse disposal in leak proof containers with lids. (R557, R563)  
 Correct intervals between meals. (R551)  
 Accessible, safe drinking water. (R552)

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BUREAU OF SURVEY AND CERTIFICATION  
RESIDENTIAL CARE FACILITY (RCF)  
DIETARY SERVICES WORKSHEET

Facility Name: \_\_\_\_\_ Licensure Number: \_\_\_\_\_  
 Survey Entrance Date: \_\_\_\_\_ Survey Exit Date: \_\_\_\_\_  
 Surveyor(s): \_\_\_\_\_

**DIETARY SERVICES**

**Dietitian Services:**

Plan, direct, and implement dietary services. (R567)  
 Provide staff training. (R567, R568)  
 Therapeutic diets - monitor and evaluate on an ongoing basis. (R567)  
 Evaluate enteral tube feedings. (R508)  
 Dietitian required. (R109)  
 Comments/Remarks/Observations: \_\_\_\_\_

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Courtesy of the Ohio Health Care Association, Real and Present Danger Issues, First Quarter 2024.

R562 Dietary Services; Supervision of Special Diets – Choking. 1/31/2024 Complaint Investigation.

“The facility failed to prevent an incident of choking that led to the death of a resident, who required supervision and assistance with meal intake and soft, bite-sized foods. The resident was served an incorrect diet and left unsupervised during dinner, leading her to choking on food. Staff could not effectively perform the Heimlich maneuver and EMS arrived but could not save her. The resident was pronounced dead after EMS cleared her airway but found her unresponsive with no pulse. This incident placed 15 other residents with swallowing difficulties at risk as well.”



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Courtesy of the Ohio Health Care Association, Real and Present Danger Issues, First Quarter 2024.

Key failures include:

- *Improper diet and lack of supervision: The resident, who required a soft, bite-sized diet and assistance with meals, was served the wrong food and left unsupervised during her meal. This lack of proper oversight directly led to her choking and subsequent death.”*
- *Failure to follow care plans: Although the resident had recommendations for a speech therapy assessment and adaptive eating utensils, these were not followed up on, and no action was taken to adjust her diet or provide the necessary eating assistance*
- *Inadequate communication between staff: The staff did not ensure proper communication regarding the resident’s dietary needs and assistance requirements, leading to the tragic incident.*



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Courtesy of the Ohio Health Care Association, Real and Present Danger Issues, First Quarter 2024.

Corrective actions taken to address Real and Present Danger included:

- *Resident assessments: 35 residents with significant weight loss, swallowing issues, or other risk factors were identified. The DON and ADON completed Eat-10 assessments, identifying 15 residents at risk of swallowing difficulties. Speech therapy referrals or diet downgrades were ordered for these residents.*
- *Dietary changes and supervision: Four residents received speech therapy referrals, and 11 under hospice care had their diets downgraded. Going forward, Eat-10 assessments will be performed for new admissions and residents with a change in condition to ensure appropriate dietary adjustments and supervision.*



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Courtesy of the Ohio Health Care Association, Real and Present Danger Issues, First Quarter 2024.

Corrective actions taken to address Real and Present Danger included:

- Staff education and compliance audits: Staff were re-educated on change of condition guidelines and meal supervision. New communication tools were implemented to communicate dietary and condition changes promptly. Monthly audits are planned to ensure ongoing compliance with corrective action plan.
- Speech therapy involvement and follow-up: Speech therapists will provide written recommendations for at-risk residents, which will be promptly communicated to primary care providers so that care plans can be adjusted accordingly.
- Dietary oversight improvements: The consulting dietitian's role was reviewed to ensure they provide timely reports and recommendations, with the facility committing to quarterly audits of dietary compliance.



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### Nestle Eat-10 Swallowing Screening Tool



[75235\\_Nestle\\_EAT\\_USA-1 \(nestlemedicalhub.com\)](https://www.nestlemedicalhub.com)



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### Menus

No matter the origin of the menus (vendor, chef or dining service director developed), serving sizes of each food item should be indicated on the menu to ensure the standard meal planning guide is met.

Residents are at liberty to request altered portion sizes, but the planned menu should reflect standard serving sizes.



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### Menu

For example:

- ¼ c scrambled egg
- 3 oz cooked meat
- 1 slice toast of choice
- ½ c hot cereal of choice
- ¾ c dry cereal of choice
- ½ c rice
- 1 muffin

For example:

- 1 medium apple, sliced
- ½ c pineapple tidbits
- ½ c buttered peas
- ½ c mashed potatoes w/ 2 oz gravy
- 1 c milk
- 1 c tossed salad w/ dressing of choice



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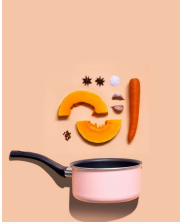
### Special Diets

Each residential care facility that elects to prepare special diets other than therapeutic diets is obligated to:


Prepare and provide the special diets in accordance with the orders of a physician or other licensed health professional acting within their scope of practice, or a dietitian; and

Adjust special diet menus as ordered by the resident's attending physician or other licensed health professional acting within their scope of practice, or a dietitian.

Ensure that food texture is appropriate to the individual needs of each resident.



[Rule 3701-16-10 - Ohio Administrative Code | Ohio Laws](#)



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### Menu Example

Sample Daily Meal Plan for a Well-Balanced IDDSI Level 4: Pureed Diet\*

| Breakfast  | Lunch  | Dinner   |
|--|--|--|
| ¼ c Orange Juice at Ordered Thickness<br>½ c Cooked Cream of Rice<br>1 serving Pureed Egg<br>1 serving Pureed WW Toast<br>1 Tbsp Jelly<br>1 tsp Margarine*<br>1 c Low Fat Milk at Ordered Thickness<br>Condiments as Desired* and Allowed<br>Beverage of Choice at Ordered Thickness | 1 (2 oz) Serving Pureed Baked Chicken w/Gravy<br>1 (½ c) Serving Pureed Rice (May substitute cream of rice cereal) with Margarine* and Allowed Seasonings<br>1 (½ c) Serving Pureed Peas<br>½ c Vegetable Juice at Ordered Thickness<br>½ c Fruit Sorbet at Ordered Thickness with #20 Scoop Pureed Strawberries<br>1 Serving Pureed Bread<br>1 c Milk Low Fat at Ordered Thickness<br>Condiments as Desired* and Allowed<br>Beverage of Choice at Ordered Thickness | 6 oz Pureed Vegetable Soup at Ordered Thickness<br>1 (2 oz) Serving Pureed Baked Fish with Pureed Tartar Sauce<br>½ c Mashed Potato with Margarine*<br>1 (½ c) Serving Pureed Green Beans (No Almonds)<br>1 Serving Pureed Bread<br>1 Pureed Baked Apple (No Skin)<br>1 c Low Fat Milk at Ordered Thickness<br>Condiments as Desired* and Allowed<br>Beverage of Choice at Ordered Thickness |
| <b>P.M. Snack</b><br>1 Pureed Cinnamon Muffin (No Chunks, Nuts, Fruits) with Margarine*<br>Beverage of Choice at Ordered Thickness   |  |  |

Becky Dornier & Associates Diet Manual 2024



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### Menus

The planned menu should have corresponding diet extensions for any therapeutic diet or mechanically altered special diet.



A Diet Manual published by or approved by a dietitian should be referenced for any diet alterations.



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### Menus and Special Diets



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### Mechanically Altered Diets

Dysphagia is the difficulty or inability to swallow. It is a disruption in the normal swallowing process and can occur at any point during swallowing.



Dysphagia can have negative impacts on nutritional status, including unintended weight loss, malnutrition, dehydration, and infection, such as aspiration pneumonia.



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**Mechanically Altered Diets**

**Diet Types: Texture Modified**

**Texture Modified Diets**

- These types of diets have the CRUNCH taken out
- Foods are changed, cooked, or prepared in such a way to make them easier to chew and swallow
- Texture modifications include:
  - Pureed
  - Mechanical Soft
  - Thickened Liquids



GORDON FOOD SERVICE - Modified Diet Therapies 

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**Mechanically Altered Diets**

**Pureed Diets**

Pureed foods are given to patients that are having difficulty chewing or swallowing

- Pureed foods are foods that have been blenderized
- They often need thickeners added to them to make them look more appealing
- Almost all foods can be pureed. Exceptions include nuts, coconut, and foods with seeds

GORDON FOOD SERVICE - Modified Diet Therapies 

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**Mechanically Altered Diets**

Pureed foods should be the consistency of pudding or moist mashed potatoes; this essentially eliminates the chewing phase. When preparing pureed foods, it is important that we conserve nutrients and provide the same nutrition as regular textures. Pureed foods should be flavorful, look attractive, and be served in a way that to preserve dignity.

The pureed menu should provide ALL of the same foods as a regular diet provides, or an appropriate and nutritionally equal substitute if this is not possible. Pureed foods should be nutrient dense and in the appropriate serving size. The way to achieve this goal is by using standardized recipes and the portion sizes listed on the menu extensions.



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### Mechanically Altered Diets

- Pureed food should taste like "real food."
- Standardized pureed recipes are the first step in assuring products are consistent in appearance, taste, nutrient content, and consistency.
- A food processor should be used to achieve a consistent product that meets pureed food guidelines.
- Appropriate fluid or commercial thickening agent may be used to assure proper consistency is achieved.
- Appropriate seasonings can be added to provide maximum flavor.



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### Mechanically Altered Diets



Can you achieve appealing pureed food?



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### Mechanically Altered Diets

- Use a spatula to flatten a scoop of pureed meat to make it look like a patty.
- Use small scoops to make meat look like meatballs.
- Use sauces and gravies to moisten foods and drizzle over meats and vegetables to garnish (as allowed by diet order).
- Layer pureed bread with pureed meat to create the appearance of a sandwich.
- Layer pureed pasta with pureed meat and sauce to create the appearance of lasagna or spaghetti.



THICK & EASY® Texture Modified Bread & Dessert Mix - Normal Swallow Labels



\*\*Ensure portion sizes are consistent with menu portions when altering the appearance.  
Betty Dornier & Associate Diet and Nutrition Care Manual 2024

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### Mechanically Altered Diets



- Use pastry bags to create special effects such as mixing two different colored vegetables and piping them onto the plate to create eye appealing vegetables.
- Use commercial products such as modified food starches to ease preparation and make pureed foods look more like their regular counterpart.
- Use commercially prepared pureed, molded foods, such as meats or vegetables to allow variety and a more normal looking food presentation.

Betty Dornier & Associates Diet and Nutrition Care Manual 2024



THICK & EASY® Giftable Farms™ Dessert Purées - Normal Health Labs

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### Mechanically Altered Diets

#### Garnish Ideas:

- Fruits: whipped topping, a sprinkle of powdered gelatin, cinnamon, cinnamon-sugar
- Meat: gravy, sauce, ketchup, mustard, mayonnaise, barbeque sauce
- Hot Vegetables: cheese sauce, Hollandaise sauce
- Desserts: Chocolate or other flavored syrups, butterscotch sauce, whipped topping



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### Mechanically Altered Diets

#### Mechanical Soft Diets

- Also for patients that are having difficulty chewing or swallowing food
- Consists of moist and soft foods
- Ground meats are preferred - usually served with gravy or sauce to keep the meat moist
- Cooked, peeled vegetable & peeled and seedless fruits are recommended



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### Mechanically Altered Diets

#### Thickened Liquids




**Did you know?**  
It is very important to achieve the correct consistency if thickening foods/beverages with an instant thickener. Having a thin product or a person on honey can be very harmful if consumed.

Liquid consistencies can vary from person to person and are determined by a Speech Therapist

Examples include:

- Thin
- Nectar-like - somewhat runny
- Honey-like - a soft gel
- Spoon-thick - pudding consistency, thickest

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### Mechanically Altered Diets


Thickened liquid options:

Pre-thickened beverages are available in nectar and honey consistency from commercial food suppliers, ensuring the proper consistency of thickened beverages.

Gel and powder thickening agents can be used at the point of service or for beverages not available in a pre-thickened product.



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### Mechanically Altered Diets

#### Newest Gold Standard for Dysphagia Diets (IDDSI)

- Developed to have a consistent and international standard for dysphagia diet modification
  - Emphasis on safety and consistency
  - Practical point of service testing methods
- Evidence-based framework
- Residents will have a food and drink label to define their diet restriction



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Product Resources

Hormel Health Labs – thickening agents, pre-thickened beverages, pureed food products.

[Nourishment When You Need It Most® - Hormel Health Labs](#)

Simply Thick – gel thickening agents, other products and resources for dysphagia related food/beverages.

[SimplyThick Gel Food and Beverage Thickener for Dysphagia.](#)

Food Vendor – inquire about resources, recipes, menu spreadsheets, other educational materials available through your food vendor.



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References

[Chapter 3701-16 - Ohio Administrative Code | Ohio Laws](#)

ohca.org

Diet and Nutrition Care Manual, Becky Dorner & Associates, 2024

Gordon Food Service



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THANK YOU!



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