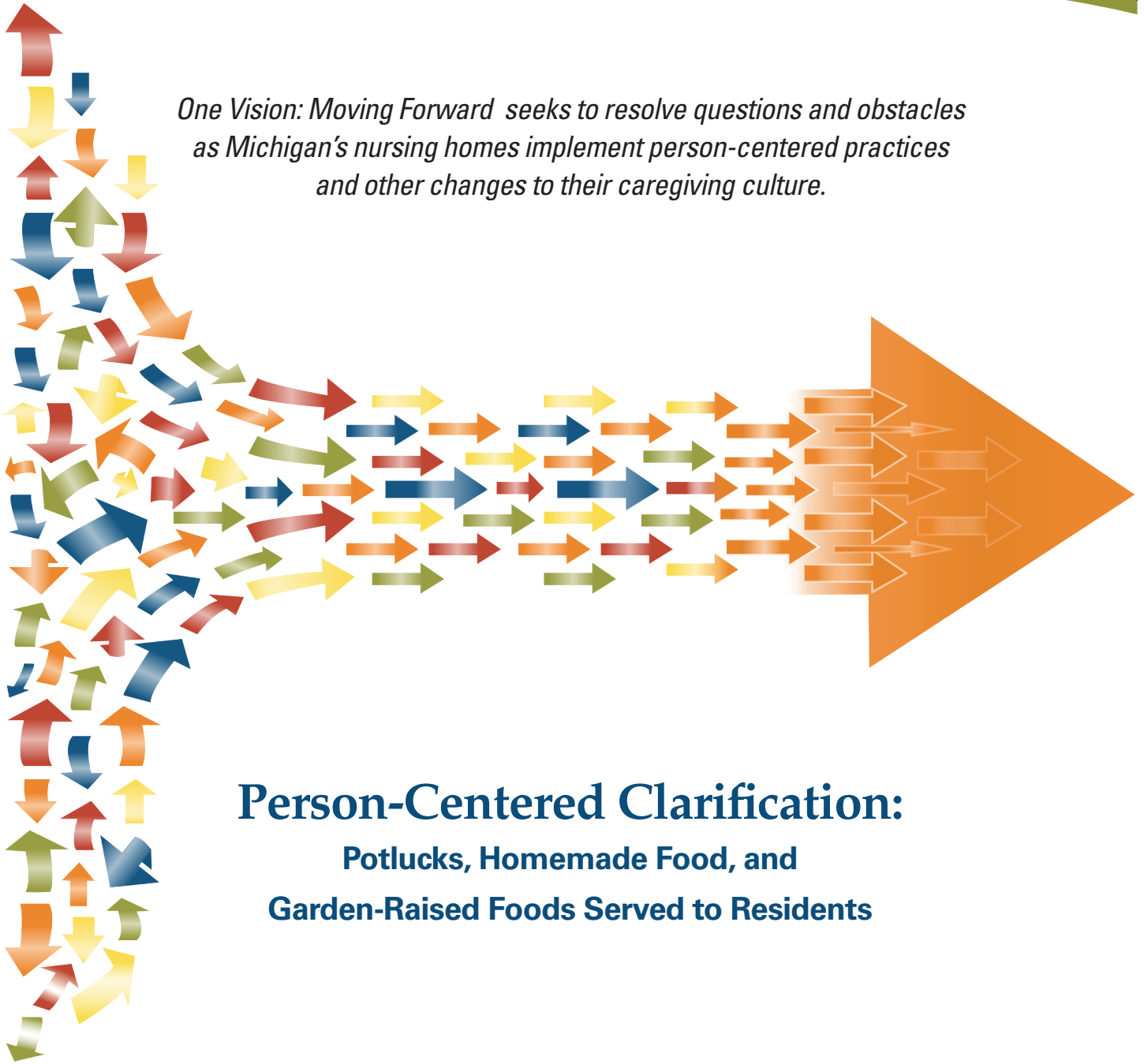


One Vision: Moving Forward

One Vision: Moving Forward seeks to resolve questions and obstacles as Michigan's nursing homes implement person-centered practices and other changes to their caregiving culture.



Person-Centered Clarification: **Potlucks, Homemade Food, and** **Garden-Raised Foods Served to Residents**

One Vision: Moving Forward

OneVision: Moving Forward Stakeholders:

Advancing Excellence in
America's Nursing Homes,
Michigan LANE

Alzheimer's Association –
Greater Michigan Chapter and
Michigan Great Lakes Chapter

Health Care Association of
Michigan

LeadingAge Michigan

Medical Services Administration
Michigan Department of
Community Health

Michigan Department of
Licensing and Regulatory
Affairs

The Bureau of Health Systems
The Bureau of Fire Services

Michigan Alliance for Person
Centered Communities

Michigan Campaign for Quality
Care

Michigan County Medical Care
Facilities Council

Michigan Office on Services to
the Aging

Michigan Star Forum

Michigan State Long Term Care
Ombudsman

MPRO

NADONA-Michigan Chapter

“They all wanted to move the field forward, but no one wanted to take the risks of doing it.”

– University of Pennsylvania Alzheimer's researcher

One Vision: Moving Forward seeks to resolve questions and obstacles to implementation of person-centered practices and other culture change initiatives in Michigan's nursing homes, and address aspects of the wide array of culture change initiatives that pose challenges to the state's regulatory roles and responsibilities.

With the support of civil monetary penalty funding granted by the Michigan Department of Community Health, PHI¹ has been facilitating a work group of committed stakeholders — representing resident advocates, government agencies, provider associations, employee organizations, and culture change champions.

The stakeholders have, through consensus, developed a framework that is being used to address, clarify, and resolve current and future challenges to a person-centered approach in Michigan's nursing homes. As the results of this effort unfold, the stakeholder group is sharing them with the larger long-term supports and services community in documents such as this.

The ultimate goal of the One Vision: Moving Forward initiative is to make it possible for all Michigan's nursing home residents to experience more person-centered caregiving practices and for homes to improve the quality of care, exceeding the already high regulatory standards established by the State of Michigan.

¹ PHI (www.PHInational.org) is a national nonprofit working to transform eldercare and disability services. We foster dignity, respect, and independence – for all who receive care, and all who provide it. The nation's leading authority on the direct-care workforce, PHI promotes quality direct-care jobs as the foundation for quality care.

Person-Centered Clarification: Potlucks, Homemade Food and Garden-Raised Foods Served to Residents

Date of Consensus Agreement: July 16, 2012

This clarification seeks to resolve questions and obstacles to implementation of person-centered practices and other culture change initiatives in Michigan's nursing homes. It was developed through a consensus process involving Michigan state agencies, nursing home organizations, resident advocates, organizations that serve nursing home staff and organizations promoting person-centered services and culture change. This document is not meant or designed to cover every possible example or scenario. This information is shared with the intent of supporting and promoting high-quality person-centered services in Michigan's nursing homes.

Topic or question from resident's point of view:

The giving and receiving of food has long been an expression of well wishes, friendship and love. Food is often the central activity of communal and family events. Great meals (tasty food, companionship, in comfortable settings) contribute to our happiness, connections, and general well-being. The entire community (staff, residents, family, friends, and visitors) can contribute to creating great meals.

There is a perception that federal and state regulations prevent the sharing of homemade food items within a nursing home. Specific questions have come forward that include the following:

Clarification of person-centered practices and approaches:

- 1. Can birthday cake that is brought in by visitors, family members, or staff for a resident or fellow staff member be shared with other residents?** Yes. See the explanation below.
- 2. Can skilled nursing homes host potluck meals (food prepared outside the facility's kitchen) for residents?** Yes. See the explanation below.
- 3. Can residents eat the food they grow in a facility garden?** Yes. See the explanation below.

There is no federal or state law that prohibits nursing home residents from accepting food(s) provided by visitors, friends, family members, staff members or resident guests. This includes food served at facility-sponsored activities, such as a community potluck (see Reference #1 & Reference #2 below).

Foods that are obtained by the facility must come from sources approved by federal, state and local authorities. Food procurement requirements for facilities are not intended to restrict resident choice.

Foods that are accepted by residents from visitors, family, friends, staff members or other guests are also permissible. All residents have the right to accept food brought to the facility by any visitor(s) for any residents.

In a broad context, the federal requirement for Resident Self-Determination and Participation (Reference #2) supports every resident's rights to make choices about aspects of their lives in the facility that are significant to them. This includes their right to accept food from visitors, family members, friends, staff members or other guests.

Though residents can accept food items from visitors, family members, friends, staff members and other guests, the facility has the responsibility to help visitors to understand safe food handling practices and to assist visitors with reheating or other preparation activities using methods that minimize risks. Facility staff must use safe food handling practices and encourage visitors and residents who are contributing to food preparation in the facility to use these safe practices as well. Facility responsibilities to assist residents and visitors to prepare and serve food safely must not be used as a reason to discourage residents from accepting food from visitors or to discourage visitors from bringing in foods for the residents.

The facility is responsible to ensure that residents who require mechanically altered diets (the texture of a diet is altered) are assisted per the resident's plan of care.

Nursing home staff must develop and implement written policies and procedures that pertain to safe food handling practices when foods are brought in to serve to the residents from the community or harvested from the facility's garden and brought to the kitchen for preparation. This should include policies and procedures related to the maintenance of the garden. All outbreaks of food-borne illness must be reported to the local health department whether the cause is attributed to the facility's primary food source or otherwise supplied. (See Reference Source #3 below.)

Resources and tools to better actualize resident preferences or needs within the intent of the regulatory standards:

Definition of Person-Centered Planning

“Person-centered planning’ means a process for planning and supporting the individual receiving services that builds upon the individual’s capacity to engage in activities that promote community life and that honors the individual’s preferences, choices, and abilities.” MCL 330.1700(g)

The Michigan Department of Community Health (MDCH) and the Department of Licensing and Regulatory Affairs (LARA) hope to facilitate innovation that will increase individual quality of life and satisfaction with service delivery by implementing person-centered planning across all long-term care supports and services. The elements of Person-Centered Planning (PCP) as adopted by the departments are:

- **Person-Directed** – The individual controls the planning process.
- **Capacity Building** – Planning focuses on an individual's gifts, abilities, talents, and skills rather than deficits.
- **Person-Centered** – The focus is continually on the individual's life with whom the plan is being developed and not on fitting the person into available services and supports in a standard program.
- **Outcome-Based** – The planning process focuses on increasing the experiences identified as valuable by the individual during the planning process..
- **Presumed Competence** – All individuals are presumed to have the capacity to actively participate in the planning process (even individuals with cognitive and/or mental disabilities are presumed to have capacity to participate).
- **Information** – A PCP approach must address the individual's need for information, guidance, and support.

- **Facilitation** – Individuals may choose to have an independent advocate/champion to act as facilitator. Facilitation may include pre-planning and conducting the planning meetings. This may be done more effectively by someone outside of the provider organization.
- **Participation of Allies** – For most individuals, person-centered planning relies on the participation of allies chosen by the individual, based on who they feel is important to be there to support them.
- **Health and Welfare** – The needs of the individual must be addressed in a person-centered manner; strategies to address identified health and welfare needs must be supported to allow the individual to maintain his/her life in the setting of his/her choice.
- **Documentation** – The planning results should be documented in ways that are meaningful to the individual and useful to people with responsibilities for implementing the plan.

More clarifications about residents' right to participate in meaningful activities and maintain control are available to assist residents, their families and advocates, facilities and others are available. Go to: www.phinational.org/onevision.

SOURCES

Federal Regulation:

- #1. CMS Manual system
Pub. 100-07 State Operations
Provider Certification
Transmittal 66 Date: October 1, 2010
Appendix PP
- #2. Center for Medicaid & State Operations/Survey and Certification Group. (CMS)
Memo: Ref: S & C-09-39
Posting Date: May 29, 2009
From: Director, Survey and Certification Group
Subject: Food Procurement at 43 CFR 483,35(i)(1)(2), Tag F371, and Self Determination and Participation at 42 CFR 483.15, Tag F242
<https://www.cms.hhs.gov/SurveyCertificationGenInfo>
- #3 Center for Medicaid & State Operations/Survey and Certification Group. (CMS)
Memo: Ref: S & C 11-38-NH
Posting Date: Sept. 7, 2011
From: Director, Survey and Certification Group
Subject: Compliance with Food Procurement Requirements for Nursing Homes with Gardens Producing Food for Residents
<https://www.cms.hhs.gov/SurveyCertificationGenInfo>

State Rule:

State of Michigan
Survey Manual
Nursing Homes and Nursing Care Facilities - 7/28/1986
Part 8. Dietary Services: Rules 801-806
M0401-M0420 (pp 105-108).
Rule 1322 Kitchen and Dietary Area:
M)421-0436 (pp 140-141).

References provided by:

Barbara E. Phillips, MS, RD
Survey Monitor, UpNorth Team
400 Main St. Ste. 108
Gaylord, MI 49735