

# DINING AREA & EATING ASSISTANCE WORKSHEET

PROVIDER NUMBER

SURVEY DATE

## INSTRUCTIONS

- TASKS 1. Observe Dining Area  
2. Note Meals Served/Review Physicians Orders.

3. Note Assistance Provided  
4. Note Deficiencies on Survey Summary Form.  
➡ \* SAMPLE A MINIMUM OF FIVE (5) RESIDENTS \*

### 1. DINING AREA AND MEALS

- a. Size does not restrict movement.
- b. Accommodates all residents.
- c. Cleanliness.
- d. Adequate/comfortable lighting.
- e. Adequate/comfortable ventilation.

### 2. SERVING OF MEALS \*

- a. Number of meals/time span between meal.
- b. Conformance to physicians order.
- c. Nutritional adequacy.
- d. Adequacy of portions.
- e. Residents eat approximately 75% of meals.
- f. Puree dishes served individually.
- g. Food cut, chopped or ground for individual resident needs.
- h. Acceptable taste.
- i. Proper temperature.
- j. Plates covered.