



## Ohio Administrative Code

### Rule 3701-16-10 Dietary services; supervision of therapeutic diets.

Effective: July 12, 2024

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(A) Each residential care facility is obligated to specify in its residential care facility policies and the resident agreements, established by rule 3701-16-07 of the Administrative Code, the amount and types of dietary services it provides. 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;

Each residential care facility that provides meals is obligated to include a variety of food accommodating religious restrictions and ethnic and cultural preferences of residents in accordance with the residential care facility's policy

(B) Each residential care facility that agrees to provide three daily meals for a resident is obligated to make available at least three nourishing, palatable, attractive and appetizing meals at regular hours comparable to normal mealtimes in the community. The meals will provide the dietary referenced intake of the "Food and Nutrition Board" of the "National Academy of Science", be based on a standard meal planning guide from a diet manual published by a dietitian, approved by a dietitian, or both. Food will be prepared and served in a form that meets the resident's individual needs based on the assessment conducted pursuant to rule 3701-16-08 of the Administrative Code. There will be no more than sixteen hours between the evening meal and breakfast. Each residential care facility that provides meals is obligated to offer a nourishing snack, consisting of a choice of



beverages and a food item from a basic food group, after the evening meal. Food substitutes of similar nutritive value will be offered to residents who refuse the food served and serving size may be adjusted according to resident preference. The residential care facility is obligated to accommodate a resident's preference or medical need to eat at different intervals.

(C) All residential care facilities are obligated to provide safe drinking water that is accessible to residents at all times.

(D) Each residential care facility that does not provide any meals is obligated to ensure that each resident unit is appropriately and safely equipped with food storage and preparation appliances which the facility maintains in safe operating condition or that each resident has access to an appropriately and safely equipped food storage and preparation area. Each residential care facility that does not provide any meals is obligated to permit residents to store and prepare food in a safe manner in their resident units or in a resident food storage and preparation area.

(E) Each residential care facility that provides one or more meals and that does not permit residents to have food in their resident units is obligated to make snacks available twenty-four hours a day.

(F) Each residential care facility is obligated to have a kitchen and other food service facilities that are adequate for preparing and serving the amount and types of meals the facility agrees to provide.

(G) If applicable, the residential care facility is obligated to have a food service operation license issued under Chapter 3701-21 of the Administrative Code.

(H) Each residential care facility that provides meals is obligated to:

(1) Procure, store, prepare, distribute, and serve all food in a manner that protects it against contamination and spoilage;

(2) Maintain at least a week supply of staple foods and a two-day supply of perishable foods for residents at all times and the amount of such supplies is to be based on the number of residents and meals the facility provides daily;



(3) Plan all menus for meals at least one week in advance, provided food that varies in texture, color and include seasonal foods. Records of dated menus, including therapeutic diets, as served, are to be maintained for at least three months and make the records available to the director upon request and indicate any food substitutions from the menu;

(4) Observe, supervise, and assist a resident in consuming meals if the resident needs observation, supervision, or assistance;

(5) Ensure that food texture is appropriate to the individual needs of each resident, except that residential care facility staff are not allowed to perform syringe feedings;

(6) Ensure that the kitchen and dining areas are cleaned after each meal and :

(a) Transport meals in a sanitary manner to prevent contamination;

(b) Provide handwashing facilities, including hot and cold water, soap and individual paper towels in the food preparation and service area;

(c) Provide and maintain clean and sanitary kitchen and dining areas and a clean, sanitary and adequate supply of eating and drinking utensils, pots, and pans for use in preparing, serving, and eating appetizing meals and snacks; and

(d) Place food scraps and trash in garbage cans with tightfitting lids and bag liners and empty garbage cans daily, or more often if needed. Nondisposable containers are to be cleaned frequently enough to maintain sanitary conditions. Disposable bags of garbage may be stored outside only in a non-absorbent container with a close-fitting cover. Liquid wastes resulting from compacting are to be disposed of as sewage;

(7) Provide any format of meal service, which otherwise meets the criteria established by this rule, with input from residents; and

(8) Provide a dining environment as natural and independent as possible, comparable with eating at home, with choices from a wide variety of food items tailored to the residents' wants and needs,



which otherwise meet the criteria established by this rule.

(I) 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 a 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.

(J) Each residential care facility which elects to supervise therapeutic diets is obligated to make available three daily meals in accordance with paragraph (B) of this rule and provide or arrange for a dietitian to plan, direct and implement dietary services that meet the residents' nutritional needs and comply with the criteria established by this rule and for residents on therapeutic diets on an ongoing basis:

(1) Determine that the diet ordered is appropriate according to the resident's individual nutritional assessment;

(2) Monitor the resident's nutritional intake and acceptance of the diet;

(3) Evaluate the home's compliance in the provision of the diet; and

(4) Adjust nutritional assessments and diets as needed.

(K) If obligated by paragraph (J) of this rules, 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 and consult quarterly with the food service staff. Trained unlicensed staff, including the dietary manager, may perform routine tasks that:

(1) May be assigned pursuant to Chapter 4759. of the Revised Code and this rule; and



(2) Do not necessitate professional judgment or knowledge.

(L) Residential care facilities are barred from administering parenteral nutrition and a residential care facility may administer enteral tube feedings on a part-time intermittent basis in accordance with rule 3701-16-09.1 of the Administrative Code.

(M) A hospice patient's diet is obligated to be planned by a dietitian, the hospice program, or both, as appropriate for that individual.