



Ohio Administrative Code Rule 3701-17-18 Food and nutrition.

Effective: August 16, 2025

(A) Each nursing home will have a kitchen and other food service facilities which are adequate for preparing and serving food for all residents and develop and implement a policy addressing its method for accommodating religious, ethnic and cultural and personal preferences.

(B) The nursing home will store, prepare, distribute and serve food under sanitary conditions and in a manner that protects it against contamination and spoilage in accordance with food service standards of Chapter 3717-1 of the Administrative Code.

(C) Each nursing home will provide at least three nourishing, palatable, and appetizing meals daily to all residents at regular hours comparable to normal mealtimes in the community that are varied and meet the nutritional needs of the residents and be capable of providing the dietary referenced intake of the "Food and Nutrition Board" of the "National Academy of Science." Food will be prepared and served in a form that meets the resident's individual needs based on the assessment conducted pursuant to rule 3701-17-10 of the Administrative Code, the plan of care set forth in rule 3701-17-14 of the Administrative Code, allow for resident choice, and accommodate religious, ethnic, cultural and personal preferences. There can be no more than sixteen hours between the evening meal and breakfast. Each nursing home will 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 are to be offered to residents who choose the alternate food served and serving size may be adjusted according to resident preference. The nursing home will accommodate a resident's preference or medical need to eat at different intervals.

(D) A nursing home may provide any alternate format of meal service that otherwise meets the provisions of this rule, if the residents agree to participate in the meal service and the home:

- (1) Ensures safe food handling practices to prevent contamination of food being served; and
- (2) Assists residents when necessary.



(E) Each nursing home will maintain at all times sufficient food supplies for residents including at least two days' supply of perishable food items and at least one week's supply of staple food items. The amount of such supplies will be based on the number of meals that the nursing home provides and the nursing home's census.

(F) Each nursing home will have planned menus for all meals that are approved by the dietitian set forth by paragraph (J) of this rule, for all meals at least one week in advance. The nursing home will maintain records for all meals, including therapeutic diets, as served. The meal records will be kept on file in the nursing home for at least three months after being served and made available to the director upon request and indicate the date that each meal was served along with any food substitutions from the menu.

(G) The nursing home will provide safe, fresh, and palatable drinking water that is accessible to residents at all times.

(H) All diets will be:

- (1) Ordered by a physician or other licensed health professional acting within their scope of practice;
- (2) Prepared and provided in accordance with the instructions of a dietitian pursuant to the diet order; and
- (3) Adjusted as ordered by a physician, dietitian or other licensed health professional acting within their scope of practice.

(I) The nursing home will monitor each resident's nutritional intake and make adjustments in accordance with the resident's needs. Notification of any significant unplanned or undesired weight change will be made to the resident's attending physician and the dietitian set forth by paragraph (J) of this rule. "Significant unplanned or undesired weight change" means a five per cent weight gain or loss over a one month period, a seven and one-half per cent or more weight gain or loss over a three month period, or a ten per cent or more weight gain or loss over a six month period.



(J) Each nursing home will employ a dietitian, who may be hired on a full-time, part-time or consultant basis, to plan, direct and implement dietary services that meet the residents' nutritional needs and comply with the standards of this rule. If the home does not have the full-time equivalent of a dietitian, the nursing home will designate a person who meets the qualifications specified in paragraph (H) of rule 3701-17-07 of the Administrative Code, to serve as the food service manager. The part-time or consultant dietitian, at a minimum, will consult monthly, or sooner, if needed, with the food service manager. Each nursing home will ensure that the dietitian performs the following functions:

- (1) Assesses, plans, monitors and evaluates nutritional services that meet the needs of the residents;
- (2) Oversees the development and implementation of policies and procedures which assure that all meals are prepared and served as ordered and that food service personnel maintain safe and sanitary conditions in procurement, storage, preparation, distribution and serving of food;
- (3) Monitors food preparation staff and staff responsible for carrying out the duties specified in this rule;
- (4) For each resident receiving a therapeutic diet, on an on-going basis:
 - (a) Determine that the diet ordered is appropriate according to the resident's individual nutritional care plan;
 - (b) Monitor the resident's nutritional intake and acceptance of the diet;
 - (c) Evaluate the home's compliance in the provision of the diet; and
 - (d) Adjust nutritional care plans and diets as needed.
- (5) Oversees, or arranges for, the training of staff in performing the duties specified in this rule and in the preparation of foods for all diets. Trained unlicensed staff, including the dietary manager, may perform routine tasks that:



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

(b) Do not need professional judgment or knowledge.

(K) Tube feedings and parenteral nutrition will be ordered by a physician or other licensed health professional acting within their scope of practice and administered by the appropriate licensed health professionals in accordance with acceptable standards of practice. Tube feedings are not authorized to be used for convenience or when in conflict with treatment decisions, or a resident's advance directive, in accordance with applicable provisions of Chapters 1337. and 2133. of the Revised Code.