



**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES**  
**Office of Licensing**

**NUTRITION GUIDANCE DOCUMENT**  
**12 VAC 35-105-600.**

*A. A provider preparing and serving food shall:*

- 1. Implement a written plan for food services, which ensures access to nourishing, well-balanced, varied, and healthful meals;*
- 2. Make reasonable efforts to prepare meals that consider cultural background, personal preferences, and food habits and that meet the dietary needs of the individuals served; and*
- 3. Assist individuals who require assistance feeding themselves in a manner that effectively addresses any deficits.*

*B. Providers of residential and inpatient services shall implement a policy to monitor each individual's food consumption and nutrition for:*

- 1. Warning signs of changes in physical or mental status related to nutrition; and*
- 2. Compliance with any needs determined by the individualized services plan or prescribed by a physician, nutritionist or health care professional.*

*The policy on nutrition should include the following:*

- 1. Any assessment of the individual should include a brief nutritional assessment;*
- 2. ISP's should address assessed nutritional needs;*
- 3. Available food should be consistent with planned menus;*
- 4. Available food should be consistent with the needs of any individual on a special diet;*
- 5. If an individual is on a special diet, there should be a physician's order;*
- 6. The policy should include a written plan to complete shopping to include:
  - a. A general shopping list*
  - b. Who and when shopping occurs,*
  - c. How much is budgeted for weekly food supplies.**
- 7. Regularly obtaining the weights of individuals served;*
- 8. There should be a minimum (3-day) supply of all types of foods: meat, dairy, vegetables, fresh foods;*
- 9. There should be an emergency supply of food (that can be prepared without heat) and water;*
- 10. Personnel records should document staff training in nutrition; to include:
  - a. Monitoring individuals for changes in eating habits;*
  - b. Documentation requirements of individual's food consumption;*
  - c. Physical and mental status symptoms that may be nutritionally related,**

**Simple documentation of monitoring nutrition, which could be incorporated into progress notes:**



Department of Behavioral Health and Developmental Services

Nutrition Monitoring Form

Office of Licensing

Name:					
Diet:	Portion eaten each meal:				Noted Change(s):
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Date	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Weight	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Diet:	Portion eaten each meal:				Noted Change(s):
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Date	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Weight	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Diet:	Portion eaten each meal:				Noted Change(s):
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Date	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Weight	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Diet:	Portion eaten each meal:				Noted Change(s):
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Date	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Weight	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Diet:	Portion eaten each meal:				Noted Change(s):
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Date	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Weight	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Diet:	Portion eaten each meal:				Noted Change(s):
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Date	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Weight	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Diet:	Portion eaten each meal:				Noted Change(s):
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Date	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Weight	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Diet:	Portion eaten each meal:				Noted Change(s):
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Date	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Weight	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Diet:	Portion eaten each meal:				Noted Change(s):
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Date	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Weight	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Diet:	Portion eaten each meal:				Noted Change(s):
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Date	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None
Weight	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None