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State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN, JR.
Governor

December 4, 2014

AFL 14-32
(Supersedes AFL 13-11)

TO: Acute Psychiatric Hospitals
Chemical Dependency Recovery Hospitals
Congregate Living Health Facilities
Correctional Treatment Facilities
General Acute Care Hospitals
Intermediate Care Facilities
Intermediate Care Facilities/Developmentally Disabled
Intermediate Care Facilities/Developmentally Disabled – Habilitative
Intermediate Care Facilities/Developmentally Disabled – Nursing
Intermediate Care Facilities/Developmentally Disabled - Continuous
Nursing
Nursing Facilities
Pediatric Day Health and Respite Facilities
Skilled Nursing Facilities
Special Hospital

SUBJECT: Diet Manuals, Orders, Menus, and Disaster Menu Planning Must Meet
Patient's Nutritional Needs

AUTHORITY: Title 22 California Code of Regulations (CCR) Sections 70273(a) and
(d), 70741(b), 71243(a) and (d), 71539(b), 72335(a), 72337, 72551(b),
73325(a), 73329, 73549(b), 76363(a), 76367, 76563(b), 76882(a),
76884, 76928(b), 79213 (a), 79685(a) and (i)

Title 42 Code of Federal Regulations (CFR) Sections 482.28, 483.35,
483.75(m)

This All Facilities Letter (AFL) supersedes AFL 13-11 and reminds facilities that the nutritional needs of patients/residents/clients must be met through menu development in accordance with the physician's diet orders, as delineated in the facility diet manual. In addition to menu planning, this AFL clarifies the intent of disaster menu planning.

Diet manuals establish a common language and practice for physicians and other health care professionals to use when providing nutrition care to patients, residents, and/or clients. The diet manual includes the purpose and principles of each diet, the meal pattern, the foods allowed and not allowed, and the nutritional adequacy and inadequacy of each diet. The facility's diet manual and the diets ordered by the physician should mirror the nutritional care provided by the facility.

The analysis of the menu is the foundation of meal planning to assure that the nutritional needs of the patient/resident/client are in accordance with the physician order and the Recommended Dietary Allowances (RDAs). Menu analysis includes all life stages and gender groups based on the specific population of each facility.

For menus and diets that do not meet the RDAs, facilities must have an established system that addresses any nutritional inadequacies of the diet. Although the RDA may serve as the basis for such guidance, qualified medical and nutritional personnel should make adaptations for specific situations.

In addition, state regulations require facilities to have detailed written plans and procedures to meet all potential emergencies and disasters. These written procedures should include plans for the availability of adequate basic utilities and supplies, including food and water, with consideration for the special needs of the patients/residents/clients treated at the facilities.

Special needs can be attributed to age (e.g., pediatrics), therapeutic diet (e.g., renal, diabetic), or mechanically altered diets (e.g., mechanically chopped, puree). Facilities should develop disaster menu plans that can be mobilized in the event of the lack of essential utilities (e.g., gas, electricity, water), that can be easily served by disaster response personnel, and that mirror the nutritional adequacy of the meals routinely served at the facilities.

Facilities are responsible for following all applicable laws. The California Department of Public Health's failure to expressly notify facilities of statutory or regulatory requirements does not relieve facilities of their responsibility for following all state and federal laws and regulations. Facilities should refer to the full text of all applicable regulatory sections.

If you have any questions, please contact your respective Licensing and Certification District Office.

Sincerely,

Original signed by Jean Iacino

Jean Iacino
Interim Deputy Director