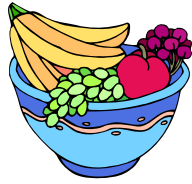


**Nutrition Ink  
Consultant Dietitian Report**



**ICFDDH (N)**

Date \_\_\_\_\_ Time in \_\_\_\_\_ Time out \_\_\_\_\_

Total Hours \_\_\_\_\_

Consultant Book Signed \_\_\_\_\_

Recommendations left with:

QMRP  Facility Manager

Nurse  Copy sent to Nutrition Ink



Facility \_\_\_\_\_

Parent Facility \_\_\_\_\_

Dietitian \_\_\_\_\_

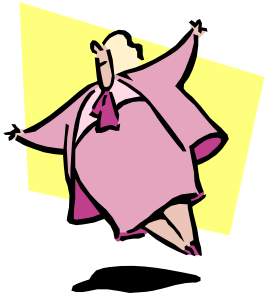
RD # \_\_\_\_\_

S = Satisfactory	NI = Needs Improvement	NOB = Not Observed	Comments
			Meal Service (quarterly minimum)
			Portion Control
			Diets & Food Preference Posted –not visible
			Consumers assisted as needed
			Adaptive Equipment Provided
			Recipes Followed
			Menu Followed
			Substitutes Documented / Appropriate
			Adequate Food on Hand
			Prepared to Conserve Nutrient Value
			Taste and Appearance of Food
			Nourishments
			Disaster Food on Hand
			Disaster Water on Hand
			Disaster Food and Water Rotated on Time
			Equipment
			Floors
			Sack Lunches
			Dishwashing Methods
			Temperature of Freezer/Refrigerator
			Temperature Logs
			Food Covered, Labeled and Dated
			Handling of Leftovers
			Thawing Methods
			Waste and Trash Removal
			Pest Control
			Food Handling
			Thermometers Available & Calibrated
			Cleaning supplies separate from food
			Current Diet Manual
			Policy & Procedure Manual
			Approval page signed yearly:
			Approval page signed yearly:

Follow-up on RD recommendations
Weights/Heights
Notification of Diet Changes
Change of Status/Problem Notification
Inservice



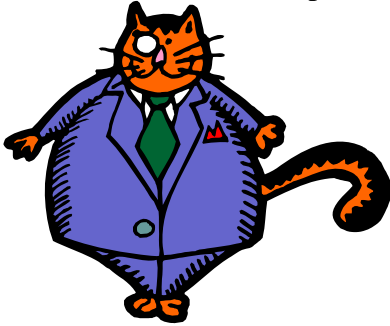
# How Did We Do This Month in Dietary Efforts?



Super



Keep on Trying



You Guys are the Greatest



Great Idea \_\_\_\_\_



Super Team Work \_\_\_\_\_



Best Money Saving Idea of the Month \_\_\_\_\_



Remember to Call us with

problems and or questions



Best Shopping Idea

Month \_\_\_\_\_ Year \_\_\_\_\_ Facility \_\_\_\_\_