

Process Reliability – Mealtime Assistance

Date: ____/____/____

Meal: Breakfast ____

Lunch ____

Dinner ____

Observer: _____

Staff Member (observed): _____

Resident: _____

Unit/Dining Location: _____

Meal Begin Time: _____

Meal End Time: _____

Total Time of Meal: _____ Mins

DID THE STAFF MEMBER...	YES	NO	N/A
1. Greet the resident by name?			
2. Introduce Self			
3. Orient the resident to the meal (breakfast, lunch, dinner)?			
4. Orient resident to items on the tray (list what is being served)?			
5. Seat themselves either beside or across from the resident to provide assistance?			
6. Ensure that the served meal is in accordance with resident's prescribed diet?			
7. Ensure that the resident is sitting upright, to the greatest extent possible?			
8. Provide social stimulation intermittently throughout the meal period?			
9. Provide verbal instruction or orientation (includes prompts to eat for residents who eat independently and, if physically dependent, letting the resident know what food or fluid is being offered)?			
10. Offer a substitution of food/fluid items if the resident is eating less than half of the meal or complains about the served items?			
11. Food and food items are kept separate (does not mix food/fluid items in an unappealing manner)? Note: mixing foods with sauces is appropriate.			
12. Provide small, manageable bites of food for the resident?			
13. Offer an oral liquid nutrition supplement during meal (e.g., ensure, resource)?			
14. Spend <i>at least</i> 20 minutes providing assistance?			
15. Orient the resident that the meal is complete?			
Total Percent of Meal Eaten:			%