

DECLARATION OF DINING INDEPENDENCE

Everyone working and living here wants you to know your right to choose where, when and what you want to eat is fully supported. You also have the following rights:

I. YOU HAVE THE RIGHT TO REQUEST, REFUSE, AND/OR DISCONTINUE TREATMENT SUCH AS RESTRICTED DIETS.

II. YOU HAVE THE RIGHT TO BE SUPPORTED BY THE COMMUNITY IN THE EXERCISE OF THESE RIGHTS.

III. YOU HAVE THE RIGHT TO MAKE AN INFORMED CHOICE

To exercise your right to make an informed choice about your diet, you and your care plan team will meet to discuss your wishes:

Your Care Plan Team includes:

- You and/or your designated representative
- Your physician
- The nurse aide that has responsibility for your daily care
- Registered nurse
- Member of Food and Nutrition Services
- Social service personnel
- Other appropriate health professionals

If you have diet recommendations, we will discuss with you the consequences and benefits of choosing a diet that may or may not have restrictions. Together, we customize your meals and snacks according to what matters to you.

IV. YOU HAVE THE RIGHT TO BE PART OF A RESIDENT OR FAMILY GROUP THAT MAKES RECOMMENDATIONS REGARDING YOUR DINING SERVICE

It is our responsibility and pleasure to listen and act upon recommendations of residents and families.

DATE _____

RESIDENT SIGNATURE _____