

ROOM SERVICE AUDIT

INSTRUCTIONS: *Observe three rooms for meal service at the start of the mealtime and continue until people have finished eating. Your goal is to see if proper infection control and person-directed dining procedures are used. Prior to completing this form, review the Care Plan of each of the three residents regarding his or her dining goals and approaches.*

Code: Mark Yes or No (Answer all 18 questions)

ROOM NUMBER/ WHICH MEAL OBSERVED (B=Breakfast, L= Lunch, D=Dinner)	Example: 32 B			
1. Ask resident if his or her hands are washed before and after each meal.				
2. Bed table is free from debris, clean and sanitized before and after each meal.				
3. Resident positioned correctly and sitting in his or her preferred location. ^{1*}				
4. Ask resident if he or she is aware of food and beverage options for each meal.				
5. Trays are served within 20 minutes of delivery from kitchen.				
6. Dishes, glasses, condiments, warmer cover, silverware, trays are clean and properly handled while serving and removing a meal. ^{2*}				
7. Is the choice of a napkins and/or clothing protector offered?				
8. Ice water accessible, and beverage of choice offered.				
9. Ask resident if food and beverage temperatures are served to his or her preference.				
10. The resident is properly assisted with meal; all containers are opened when needed or requested, no bare handling of food, condiments are offered if not included on tray.				
11. Residents received correct diet orders, including correct consistencies.				
12. Ask resident if preferences are honored for meals and snacks. ^{3*}				
13. Assistive devices are available and used appropriately by the resident. ^{4*}				
14. Ask if food and beverage portions are appropriate sizes for the person eating the meal.				
15. Proper infection control is practiced during meal service. (Staff sanitize hands after touching resident and personal items and wash hands when hands are soiled.) ^{5*}				
16. Check care plans for high-risk residents and ask resident and care partner if planned interventions are effectively working.				
17. Look for loss of liquids/solids from mouth, holding food in mouth, coughing or complaints of difficulty swallowing.				
18. Is resident satisfied with meal? Ask resident if they are happy with meal service. ^{6*} Ask for comments:				

In order to be compliant with the Agency of Health Care Administration (AHCA), correct any NO answers.

Monitor's comments regarding meal service:

* Numbers correspond to numbered documents on the resources page along with CMS Infection Control Guidance.

MONITOR NAME:

DATE: