



**QUALITY
IMPROVEMENT REPORT**
**DINING AND MEAL
SERVICE REVIEW**

Reviewed By: _____

Facility: _____

Date: _____

<i>DIRECTIONS: Observe a sample of residents at mealtime.</i>	Meets Stds.	Needs Impv.	COMMENTS
1. Tableware is clean and attractive.			
2. Dining environment is pleasant and is at a comfortable temp.			
3. Lighting is adequate for visibility.			
4. Dining environment is clean and free of disagreeable odors.			
5. Residents are seated and ready for meal when trays arrive.			
6. Residents are appropriately and comfortably positioned.			
7. Meal arrives within five (5) minutes of posted mealtime.			
8. Trays are passed in a timely manner.			
9. Residents at the same table are served together.			
10. Residents are assisted with tray set-up, as needed.			
11. The meal served conforms with the posted daily menu.			
12. Meal is attractive.			
13. Tray card information reflects what is served.			
14. Appropriate assistive devices are available and used correctly.			
15. Residents are receiving the assistance they need to optimize intake.			
16. Staff are positive about the food and encourage the residents to eat.			
17. Staff who feed residents identify all foods.			
18. Residents are grouped according to feeding ability, compatibility, i.e., feeders, assisted, independent, etc.			
19. Adequate and appropriate staff is present during the meal.			
20. Staff communicates appropriately with the residents.			

Problem or Positive Areas Identified: _____

Plan of Correction: _____

This CQI Report has been reviewed with: _____

R.D. Signature: _____