



PROVIDERS STIR UP COM

The goal of Genesis' Culinary Competition was to encourage food service staff to "continually improve the quality and presentation" of their food.

As Cindy Dahl, head of quality nutritional services for Plum Healthcare, San Diego, traveled to each of her company's 18 facilities to educate them about culture change in 2007, she took the opportunity to assess the kitchen and dining programs.

What she found were "very institutional" kitchens with small refrigerators and freezers, very large store rooms for canned goods, and cooking utensils that were of limited quantity and quality.

"Basically," she says, "the residents were getting just the kind of food we allowed the cooks to serve."

That's when Dahl came up with an idea to create a culinary competition inspired by television's "Top Chef." She thought it would be an excellent way to introduce the cooks to new methods of cooking and give them ideas for new recipes.

"The daily job of the cook was very consistent," she says. "It's the same menu, same foods, different day."

Dahl, who is also a nutritionist, licensed nursing home administrator, and former restaurateur, was acutely aware of the negative impact that bland, tasteless, and predictable meals can have on residents. And the sight of the cooks caught in a daily routine that didn't allow innovation or creativity saddened her.

So, as she progressed with her plan, she did several things to ensure that the facilities had adequate support. "I made sure they had the right equipment, and I sent them training videos on how to make purees," she says.

Dahl also sent the chefs to cooking school in 2008 in preparation for



Genesis residents cheer for their chefs.



Winning dishes from the Genesis competition.

the Top Plum Chef event. She and a well-known local chef created cooking classes that addressed the specific needs of skilled nursing facility residents.

More Challenges Crop Up

Other contests, such as Genesis' Culinary Competition, Cura's Chefs Challenge, and Brookdale's Ultimate Chef America, have all been produced in the past several years, and all were inspired either by "Top Chef" or "Iron Chef America."

The goal of Genesis' Culinary Competition was to encourage food service staff to "continually improve the quality and presentation" of their food.

In order to compete, the company's nursing and assisted living facilities were encouraged to submit their "very best recipes" to the companywide cook-off. Facility chefs competed with each other and were judged on originality; menu criteria; taste; use of textures, colors, and plate presentation, including garnish; appropriateness for patient population; and use of readily available ingredients.

Three finalists were chosen from each of Genesis' regions, and three regional winners competed for one grand prize. The winning teams from Perring Parkway, Baltimore; Madison Center, Matawan, N.J.; and Heritage Hall North, Agawan, Mass., wooed the judges with stuffed chicken with caramelized sweet potatoes and peach soufflé, pretzel-coated chicken with baked sweet potato wedges and roasted asparagus, and savory sausage and cheese gritt bake with fried egg in a bird nest.

Chefs from Brookdale Senior Living showcased their culinary talents to compete for the Ultimate Chef



Plum chefs were proud of their dishes.

PETITION

America title. Two teams of four dining service staff members from the company's senior living communities competed to create the best healthy cooking for seniors.

Perhaps the most glitzy among the competitions, the Ultimate Chef America tour also featured gourmet food



Plum chefs prepared by taking cooking classes.

tastings, wine and seasoning seminars, and a “Food for the Soul” presentation by Medical Director Kevin O’Neil, MD. “Food-inspired art”

by Brookdale residents was available through the event’s silent auction, with all proceeds benefiting the Leeza Gibbons Memory Foundation. Gibbons herself took part in judging the chefs’ creations, which included Asian-style grilled scallops with somen noodle salad and cilantro vinaigrette and silky white and dark chocolate creme with raspberry Chambord coulis.

Residents Cheer Chefs On

Another “Top Chef” look-alike was Cura’s Chefs Challenge at the Fahrney-Keedy Home & Village in Boonsboro, Md. Unlike the other competitions, residents of the senior living community competed alongside Cura’s executive chefs, using a secret ingredient in each course.

Genesis’ Culinary Competition proved to be a very popular ticket. As the competitors were narrowed down, the events, which took place in three different cities between January and March this year, drew crowds from the chefs’ nursing centers. Staff and residents cheered them on with signs, festive hats, pins, and T-shirts.

stringent regulations and a regimen of highly efficient systems of tray-served meals, as well as the rationale of “because that’s the way it’s always been done,” have contributed to this perception.

With the momentum of culture change at an all-time high, however, and strong support from the Centers for Medicare & Medicaid Services (CMS) for resident-centered care initiatives, providers are rethinking many aspects of facility operations.

The results are new dining programs that deliver delicious meals, attractive dining areas, and a broader range of choices for residents.

For many facilities, one of the first steps to making this shift is the elimination of trays, which have been ubiquitous in nursing facilities for decades. Although the system has been relatively efficient, tray-served meals delivered to residents in their rooms hinder socialization and interactions that are so vital to quality of life.

What’s more, trays represent an institutional vestige that harkens back 50 years or more.

CMS’ support for more homelike options has been touted by culture change advocates as a signal that the agency means business when it comes to resident-centered care.

Among other things, the guidance instructs surveyors to identify compliance and noncompliance in areas of resident choices about “daily schedule, visitation issues, homelike environments, food procurement, and lighting.”

With regard to dining, CMS’ new guidance suggests that providers consider doing away with the following: trays during meal services, plastic cutlery and paper or plastic dishware, staff standing over residents while assisting them to eat, and staff interacting and conversing only with each other rather than with residents while assisting them.

The guidance also promotes certain practices, such as the use of dishware that contrasts with the table and a

tablecloth color to aid residents with impaired vision to see their food.

Evidence Backs It Up

In addition to support from stakeholders and the federal government, some limited research on the topic indicates that providers are headed in the right direction.

As it happens, culture change adopters are more likely to deinstitutionalize their dining programs, according to a 2007 survey conducted by the Commonwealth Fund.

Nearly half (46 percent) of facilities that have adopted culture change have changed how meals are served, while only 22 percent of traditional homes reported they were making such alterations.

Compared with earlier research, these data indicate providers are moving forward with new dining programs. Figures from a 2004 survey of nursing facilities conducted by the Centers for Disease Control and Prevention show that 89 percent of facilities in the United States used a preplated, tray-style food delivery service—that is, food prepared in kitchens, placed on trays, and delivered to residents.

Six years later, the Commonwealth survey revealed that 29 percent, or three out of 10 nursing facilities, had implemented less institutional approaches to dining, such as restaurant, family, and buffet styles, and provided more dining times.

Research on the impact of different dining styles also gives credence to the need for change. A study of family-style dining that also focused on staff giving encouragement and praise to people with dementia, resulted in higher participation in eating and improvement in appropriate communication.

Another family-style dining study of persons without cognitive impairment reported improvements in quality-of-life measures, fine-motor functioning, and body weight.

A Canadian study that examined the combination of steam table/buffet-style

food service and a homelike dining environment found that it optimized energy intake in individuals at high risk for malnutrition, particularly those with low body mass index and cognitive impairment.

True Choices

Not surprisingly, proponents of culture change view dining as an essential ingredient to resident-centered care in nursing facilities. The Pioneer Network, a national culture change advocacy organization, deemed the topic important enough to host a day-long symposium focused solely on dining and culture change last February.

In addition, the organization's state coalitions offer workshops that walk facilities through the process of enhancing the dining experience for all residents "using multiple approaches to focus on their needs and preferences." Titled "Food For Thought," the workshops are presented by Action Pact, a consulting company that specializes in culture change.

Linda Bump, a licensed nursing home administrator, registered dietitian, and Action Pact consultant, advocates "true choice" when it comes to resident-centered dining. She discussed her philosophy and her recent paper, "The Deep-Seated Issue of Choice," at the Pioneer Network's dining symposium: "Simply speaking, it is all about choice. It is as simple as asking, 'What does the resident want?' 'How did they do it at home?' 'How can we do it here?'" Bump says.

Giving residents a choice of what to eat, when to eat it, where to eat, whom to eat with, and how leisurely to eat is a true choice, she says, "not the win-lose choice between a hot breakfast and sleeping to the rhythm of your day. Not simply the choice of hot or cold cereal, but also the raisins and brown sugar that make oatmeal a daily pleasure."

Bump contends that true choice in dining is exemplified in "point-of-service choice," because, "how often do we know what foods will appeal most

Dining Interventions: Factors To Consider Before Making A Change

- Review medications affecting residents' appetite and absorption
- Assess residents' risk of drug and food interactions
- Evaluate residents who have diet orders and/or restrictive and modified diets
- Review facilities' use of supplements and their effectiveness
- Educate staff in safe food preparation and handling
- Train staff on proper positioning and socialization of residents
- Monitor and evaluate outcomes.

Source: "Home-style Dining Interventions in Nursing Homes: Implications for Practice," Robin Remsburg, associate dean, George Mason University College of Health and Human Services, for Creating Home in the Nursing Home II Symposium, February 2010

to us tomorrow, next week, in three weeks?"

From Dull To Delectable

Bump's position is reflected in Medi-Lodge of Sterling Heights' approach to resident-centered dining. The facility, located just outside Detroit, offers buffet meals and hotel-like room service that dishes up a range of meals and beverages throughout the day and night.

Nabil Hawatmeh, the facility's executive director of food service, began revamping the dining program about four years ago. Having worked in the restaurant and catering industries, he took a less conventional approach to creating better tasting and better looking cuisine for his residents.

"When I saw the food here I knew I had to change it," he says. "Every day, it was either chicken or beef, and it was

slapped on a plate and put in front of you."

Hawatmeh says he went to the administrator to ask if he could test a buffet-style meal during the weekend. "So I moved the old steam table out of the kitchen and into the dining room and covered it with a nice skirt," he says.

He knew that buffet-style meals would bring enticing aromas into the dining room and whet residents' appetites. A dining room makeover provided additional temptation with new flooring and wall hangings and a plasma television.

Hawatmeh first tested his buffet plan during lunch and breakfast mealtimes. "For breakfast, residents had a choice of eggs cooked several different ways—scrambled, sunny side up, or poached," he says. "We also had doughnuts, Danishes, bagels, muffins, pancakes, sausage, bacon, fresh fruit, and three hot cereals."

Before the buffet began, however, Hawatmeh had to convince staff and residents that the idea was a good one. "I went to the resident council meetings, the directors of nursing, nurse assistants, and nurses to explain it to them. I went to the day and night shifts to convince them that it was the right thing to do," he says.

In an effort to make the plan run as smoothly as possible, Hawatmeh also created a book that listed each of the 335 residents' names and any information about their dietary restrictions, allergies, and assistance needs, if any, so staff could monitor them as they entered the dining room.

In addition to creating a buffet for every meal and keeping the kitchen open 24 hours per day, Hawatmeh launched an always-available room service program, which, he says, "adds to resident satisfaction by allowing night owls to satisfy a sweet tooth or request a midnight snack."

Meals are served on china dishes and delivered to residents on a cloth-covered tray.

DINING OPTIONS



A facility that adopts a buffet style of dining may also encourage staff to dine with residents and implement room service simultaneously.

There are many ways to make the shift away from institutional, centralized dining to more resident-centered models, such as family-style, buffet-style, or tableside dining. Such options also need not be mutually exclusive. For example, a facility that adopts a buffet style of dining may also encourage staff to dine with residents and implement room service simultaneously.

A paper prepared for the Pioneer Network's 2010 dining symposium describes a range of resident-centered dining models that have been implemented and, in some cases, tested:

■ **Family-style.** Providing food in serving bowls, thus enabling residents to serve themselves as they did in their own homes. This model is used in Green House homes and many nursing facilities, as it enables residents the opportunity to serve themselves what they want and as much as they want.

■ **Buffet-style.** This type of dining entails the use of steam tables or chafing dishes that are set up in the dining room where residents select their items and, in many cases, are served meals at the table after staff have plated them.

■ **Home-style.** Designed to resemble experiences residents had when they lived in their own homes. Features of home-style dining include the use of small tables that seat four to eight residents; tablecloths, table decorations, china, and eating utensils that are not plastic or disposable; the reduction of



Presbyterian Village at Hollidaysburg offers family-style dining so residents can invite loved ones over for a meal.

background noise, clutter, and activities that distract from the dining experience; and the addition of soothing or person-appropriate background music.

■ **Tableside.** In a tableside dining approach, residents are seated at tables of five to eight people, where they choose their meal from a menu of items. Orders are taken, and the resident is served by facility staff.

■ **Café or bistro.** This style of dining can be accomplished either as a facility begins its transformation process or as an add-on to an existing program. In either case, an area of the facility is used to place small tables and chairs, and a counter is installed where residents order items such as coffee, tea, bagels, sandwiches, or salads.

■ **Room service.** Similar to a hotel, room-service dining typically complements another dining style but can be used to serve residents who are unable to travel to the dining room or do not wish to dine with others. Some facilities

maintain room service 24 hours per day, seven days a week, while others deploy the service during all mealtimes.

■ **Neighborhood.** Residents eat in smaller dining rooms in their neighborhoods and are supported to sleep until they wake and eat when they want. In some cases, kitchenettes and even full kitchens with shared decentralized production kitchens placed between two neighborhoods are installed.

■ **Convivium.** Bill Thomas, MD, founder of the Eden Alternative, has resurrected this concept from an old Roman word that describes the pleasure that accompanies the sharing of good food with people one knows well.

Instead of fast food such as soup from large cans warmed

up, soup is made from scratch and cooked slowly. It simmers on the stovetop all day for all to experience, from the preparation, if they so choose, to the aromas, to enjoying it for the evening meal.

■ **Staff dining with residents.** Staff dining with residents is a culture change practice that has been implemented to build relationships between staff and residents. It opens up the opportunity for friendships to form and grow among residents in a nursing facility and those caring for them.

Source: "The Food and Dining Side of the Culture Change Movement: Identifying Barriers and Potential Solutions to Furthering Innovation in Nursing Homes," pre-symposium paper to the Feb. 11, 2010, Creating Home in the Nursing Home II: A National Symposium on Culture Change and the Food and Dining Requirements. Prepared by Carmen Bowman.

Recognizing that presentation is almost as important as taste, Hawatmeh taught the cooks how to garnish plates with parsley, fruit, and other items to make the meals more appetizing.

After ironing out a few glitches, the new system now runs smoothly and efficiently, Hawatmeh reports.

More importantly, residents are happy with the new options and delicious food. A minimum of three to four entrees are served each day, in addition to standard items such as pizza, grilled Panini sandwiches, homemade soups, and chili. "All of our soups are homemade," says Hawatmeh, "as are most of the desserts."



Photos were taken to illustrate MediLodge's before and after breakfasts that were beautified by a makeover.

He also serves some upscale dishes on special occasions. For example, he served lobster bisque, shrimp cocktail, and filet mignon for Valentine's Day.

Mixing It Up

Like MediLodge, nursing centers run by Genesis HealthCare, Kennett Square, Pa., have taken on similar changes, such as new flooring, curtains,

and homelike décor, in addition to decentralizing their dining programs.

As part of a companywide adoption of culture change that began several years ago, nursing centers were given the green light to embrace trayless dining programs as well as other initiatives that

have reportedly had a dramatic impact on residents' quality of life.

As a result, most centers have tossed the trays in favor of utilizing steam tables in the dining room; preparing and cooking meals outside the kitchen, where residents can see cooks work; and hiring chefs to create palatable selections.

"In a traditional model, you prepare

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Genesis did not dictate a model for its centers to follow. The Wilmington facility, left, chose elegance for its dining room. A remodeled Genesis kitchen at Brightwood Rehabilitation invites residents to sit or cook.

the food, put it on a tray, put it on food carts, and send them down the halls,” says David Almquist, Genesis’ regional executive vice president. “Our goal is to take the food out to the patient, and whether it’s a café or whether it’s a place that does strictly trayless dining and serves all the food right there in the dining rooms, we wanted to create environments that are different.”

Genesis did not dictate a model for its centers to follow; rather, they were free to make the changes at their own discretion. The result is a variety of programs that reflect the individual needs of the centers. Some have built cafes and remodeled their dining rooms, while others have created a tableside service that enables residents to sit at tables and socialize while staff wait on them.

Another key component of Genesis’ dining transformation has been the hiring of culinary-trained chefs. “We felt like being culinary trained, knowing how to prepare and use fresh ingredients, would improve the quality of the food,” says Almquist. Ninety-nine culinary-trained chefs have been hired to serve 74 Genesis centers in 13 states. The company now boasts a total of 144 chef managers.

Everything But The Kitchen

Hammonds Lane nursing center in Brooklyn Park, Md., opened its newly

renovated dining room about eight months ago. The modifications began with the idea that kitchen staff and food preparation should not be hidden away inside the kitchen walls.

“We all agreed that everyone would be better served to get the kitchen staff out from behind the doors,” says Bill Tian, Genesis’ southern area director for food and nutrition.

One of many positive outcomes of Hammonds’ efforts is that residents and dining staff members have developed relationships that could not have been possible before. “It has changed the role of staff from being in the kitchen and now are outside interacting with residents and asking them what they want,” says Tian.

Meals are served in a restaurant-style manner, with staff taking orders from residents, who choose from a generous menu of dishes that could rival a five-star restaurant.

Hammonds’ menus change daily, but standard options such as sandwiches and soup are always available. Breakfast, which runs from 7:00 a.m. to 11:00 a.m., is made to order.

“Residents can have whatever they want for breakfast: waffles, pancakes, omelets, or eggs sunny side up or poached,” says Tian.

The move to the dining room from the kitchen was made smoother with the purchase of matching culinary

uniforms for the dining staff. “It made a tremendous difference,” says Chuck Diffenderffer, Genesis’ southern area executive chef for food and nutrition. “It really brought them out as a team.”

Tian says there is an additional benefit of the new system—meals in the dining rooms take no longer to turn around than the previously noisy and chaotic tray system did.

Residents are happy with the change as well. “We have thousands of people coming to breakfast now across our southern region,” says Tian.

The residents’ satisfaction is also reflected in the facility’s positive clinical outcomes: Weight at Hammonds has stabilized, “and it’s getting people moving around, which helps reduce pressure sores,” Tian says.

Staff are also buying lunch and dinner at the facility, another bonus that has brought in additional revenue. Before the change, says Tian, staff were not interested in staying in for lunch.

What’s more, the surveyors are happier and less focused on food service F-tags, while survey outcomes are consistently good.

Fine Dining On A Dime

Beaumont Rehabilitation and Skilled Nursing Center in Northbridge, Mass., took a simpler, less expensive approach to altering its dining program, says Darrold Endres, the center’s food ser-

vice director. “We got rid of all trays, and it’s now as near to restaurant style as a nursing home can get,” he says.

Some areas around the central dining room were also remodeled to improve the work flow.

Endres rolled the steam carts from the kitchen to the edge of the dining spaces, where staff now plate the meals as residents select them.

The menu was expanded, and the dining room tables are now decorated with tablecloths, silverware, and china, while residents enjoy calming music as they dine.

Endres notes that he and another staff member designed “from scratch” new clothing protectors, formerly referred to as bibs, and hired a tailor to make them. “The protectors were made with a high-quality cloth,” he says, adding that they resemble “something you would tuck into your shirt at a high-class restaurant.”

“There’s a certain elegance to things,” he says.

Another plus is the fact that the facility’s budget has remained virtually unchanged. “We did not have to change or advance our budget by much at all,” he says.

Making It Work

Among the challenges for Endres was fitting all the pieces together. “To organize all the people, times, transportation, change rooms, and breakdown tables and making sure that it all goes smoothly was the biggest challenge.”

Residents dine in seven different places, which makes the system somewhat complicated. Adding to the intricate process are meals that are individually tailored to meet the needs of residents with Alzheimer’s.

Endres says his food service contractor, Newton, Mass.-based Unidine, was instrumental in helping him transition to the new program. “Unidine helped us prepare the food items, menus, and orchestrate the system to make it flow well,” he says.

Food serve vendors are a com-

DINING WITH DIGNITY

The Dining With Friends program is not just about eating the meal, it’s how do we incorporate people in the preparation of the meal?

“Food does a lot of different things for a lot of people,” a voice says at the beginning of a new video, produced by the Alzheimer’s Resource Center (ARC), titled “Dining With Friends.” The

utilize to help their patients have an enjoyable, relaxing, dignified meal.

Kelly Smith Papa, director of education, research, and dementia care, consulting for ARC, describes Dining With Friends as an approach “to ensure that mealtime is as meaningful as possible for folks with Alzheimer’s disease.”

Among other things, the program stresses the importance of maximizing independence for the resident, recognizing that people with Alzheimer’s may lose awareness of how to use utensils and how to swallow safely, and creating an environment that is conducive to relaxation and socialization.

ARC Executive Director

Michael Smith stresses that Dining With Friends is “not just about eating the meal, it’s how do we incorporate people in the preparation of the meal? How do we make this person as independent and engaged as possible?”

One component of the program, Caring Hands Cuisine, offers good-tasting and attractive recipes that are safe for individuals with choking hazards and dysphagia. “It’s a way of making food’s texture and consistency look appetizing,” says Papa, “because you eat with your eyes first.”

View the video, and get more information about the program at: www.alzheimersresourcecenter.org.

Source: *Alzheimer’s Resource Center, Plantsville, Conn.*



Stephan Puzoski, Designer, Peter Wnek, Photography

Caring Hands Cuisine offers safe, appetizing meals.

narrator is making the point that food and dining are an important part of life and should not be abandoned just because someone has been afflicted with Alzheimer’s disease or other form of dementia.

ARC, based in Plantsville, Conn., is giving the 20-minute video away to anyone interested in learning how to help residents with Alzheimer’s dine with dignity.

ARC created the program to educate caregivers and others about the importance of making the dining experience a positive one for people with cognitive disabilities.

The video, which was released in January, explains the program in detail and walks the audience through some of the techniques that caregivers can

mon presence in the health care industry. Menus, meal preparation, and dining management are integral to a facility's operation, and vendors offer a range of services that help the buildings run smoothly and free up time to focus on other tasks.

The new dining trend has sparked some innovative responses from vendors, many of whom now offer consulting services, technical assistance, and fresh foods and ingredients that have never before been in the vernacular of health care facility food service.

Cura Hospitality, a food service and consulting company based in Orefield, Pa., assisted Presbyterian Village at Hollidaysburg, a continuing care retirement community in Pennsylvania, in decentralizing its dining program about two years ago. A renovation of the campus included the construction of two additional kitchens in order to serve the different levels of care within the community, says Deb Larkin, director of food service at Hollidaysburg.

The installation of country kitchens—a kitchen that opens up to the dining area—in the assisted living and skilled nursing levels “allows residents to see and smell the cooking as it happens,” she says.

Also new are two dining rooms. Larkin says the company changed the dining style entirely and had staff trained in ServSafe, a food service safety training program.

“Residents come in and dine whenever they choose,” says Larkin. “They can either seat themselves or a staff member will seat them. They are given a menu, which includes the special features for the day and the standard items available every day.”

As she began procuring new items such as china and silverware for the dining rooms, Larkin also enlisted the residents' help. “We had them sample the china and silverware to see how



Pureed meals can be reconstituted to resemble "real" food.

they held it, if it worked for them,” she says. The community purchased red Fiesta Dinnerware because it stimulates appetite and blue plates so that residents with visual impairments could better see the food.

Pilot Offers Useful Advice

Culture change advocates in the state of California have been on board with resident-centered approaches to dining since 2007. Eager to test some models in a pilot project, a coalition that includes the California Association of Health Facilities (CAHF) and the California Culture Change Coalition theorized that motivating providers to alter their dining programs to more resident-centered approaches would promote the adoption of additional culture change initiatives within facilities.

Jocelyn Montgomery, director of education for CAHF, was able to convince CMS' Region IX to back a Culture Change Dining Pilot, which launched in February 2008. The 11 participating facilities were asked to adopt at least one of the following dining practices: restaurant-style, buffet-style, or an expanded snack program.

At the conclusion of the pilot, which ran for eight months, the coalition released a guide, “The Person-Directed Dining Package,” which contains information about the pilot, a list of participants, and sample policies and forms.

Plum Healthcare's White Blossom Care Center in San Jose participated in the pilot and took on buffet-style dining. According to a summary of the facilities' experiences, White Blossom's installation of buffet dining improved residents' socialization, encouraged them to participate in other activities, and stabilized their weight.

Among the lessons learned: Teamwork is essential to setting up and cooking the meals, and support from the administrator and the director of nursing was imperative to getting the program off the ground.

Lessons Learned

As word has spread about the success of MediLodge's buffet- and room service-style programs, Hawatmeh has been asked to speak to facilities and organizations in Michigan and surrounding states about his experience.

State surveyors are also interested in what Hawatmeh has to say. Since he launched the dining program, he has presented at several of Michigan's joint surveyor/provider training sessions.

Some of Hawatmeh's take-home advice about making the transformation is aimed at getting providers to understand that residents need to have greater control over their meal-time choices; they should be offered a variety of appetizing, nutritional food choices; and they should be given an enjoyable, upscale dining experience.

Hawatmeh also emphasizes that excellent customer service is vital to the success of this program, just as it is to any business. He recommends listening to residents, quickly responding to any complaints, and training staff on the program's importance.

One testimonial about his program speaks to the importance of pleasing the residents: “The new dining program brought back the glamour of the resident's younger days.” ■