

LeadingAge California

# engage™

8

## FOOD FOR THOUGHT:

Designing for Healthy Aging



- 11 | Ten Minutes with David Morikawa,  
Program Director for Meals on Wheels
- 13 | Joyful Dining by Cordula Dick-Muehlke
- 18 | The Complexities of Food Safety  
Requirements by Brenda Klütz



inspire...serve...advocate

Founded in 1961, LeadingAge California is the state's leading advocate for quality, not-for-profit senior living and care. The association's advocacy, educational programs and public relations help its members best serve the needs of more than 100,000 of the state's older adults. LeadingAge California represents more than 600 nonprofit providers of senior living and care – including affordable housing, continuing care retirement communities, assisted living, skilled-nursing, and home and community- based care.

**Mission**

It is the mission of LeadingAge California to advance housing, care and services for older adults.

**Vision**

To be the champion for older adults.

**Shared Values**

The values shared by LeadingAge California members include:

- Long term commitment to the security of older adults
- Mission driven
- Mutual support and assistance among members
- Respect of all peoples
- Commitment to socioeconomic and multicultural diversity
- Advocate for not-for-profit status
- Consumer focused
- Dignity and quality of life for older adults
- Community-based



1315 I Street, Suite 100  
Sacramento, CA 95814

Copyright © 2017 by LeadingAge California. All rights reserved. The *engage magazine* logotype is a trademark of LeadingAge California. Byline articles express the opinions of the authors and do not necessarily reflect those of LeadingAge California and its members. Advertisements within *engage magazine* do not imply LeadingAge California endorsement of the product or service.

Permission is granted to reprint articles written by LeadingAge California staff and to reproduce pages (in same, unaltered format) for educational, noncommercial purposes only. A copy of any publication including a reprinted *engage magazine* article should be forwarded to LeadingAge California.

The *engage magazine* Editorial Board encourages submission of original articles for consideration.

Subscription to *engage magazine* is paid through LeadingAge California membership dues.

ISSN 2159-3515 (online)

**Editor-in-Chief:** Eric Dowdy

**Editor:** Robin Douglas

**Art Director:** Darren Lindsey

**Advertising**

*Engage Magazine* reaches more than 4,000 readers in the senior living field. For information on how to advertise email [dilindsey@leadingageca.org](mailto:dilindsey@leadingageca.org).

**Editorial and Design Staff**



**Robin Douglas**  
[rdouglas@leadingageca.org](mailto:rdouglas@leadingageca.org)



**Jan Guiliano**  
[jguilian@leadingageca.org](mailto:jguilian@leadingageca.org)



**Jedd Hampton**  
[jhampton@leadingageca.org](mailto:jhampton@leadingageca.org)



**Brenda Klütz**  
[bklutz@leadingageca.org](mailto:bklutz@leadingageca.org)



**Darren Lindsey**  
[dilindsey@leadingageca.org](mailto:dilindsey@leadingageca.org)



**Jeanne P. Martin**  
[jpmartin@leadingageca.org](mailto:jpmartin@leadingageca.org)



**Melany Ripley**  
[mripley@leadingageca.org](mailto:mripley@leadingageca.org)



**Meghan Rose**  
[mrose@leadingageca.org](mailto:mrose@leadingageca.org)

# A Note From The Editor

---

## The Importance of Food to Communities

Everyone knows that if you want to draw a large crowd to any type of gathering, you must include food. Food stimulates social connections like nothing else and, for many, it embodies our cultural heritage, sense of identity and personal history. For older adults, the attachments can be strong. After years of accumulating memories of dinners with friends, family, and colleagues, food takes on a special importance. This makes the business of food delivery and dining a serious one.

In this issue of *Engage Magazine*, we are happy to focus on the importance of food in the aging services field. Our feature article discusses the architectural considerations that go into the design and functionality of eating spaces. Tom Brutting with HKIT Architects in Oakland, Calif. shares his insights that stem from a group of architects focusing on improving dining room design. Dr. Cordula Dick-Muehlke provides recommendations for adopting relationship-enhancing practices with food specifically for residents with dementia.

Also, our editorial staff visited LeadingAge California member Mt. San Antonio Gardens to follow executive chef Robert Betros as he shares, firsthand, the experiences that drew him to cooking and the personal satisfaction he receives from his work. The video interview also provides insight into Sodexo's work to integrate innovative practices that enhance the dining experience.

We are also excited to announce that LeadingAge California (and its partner CAHF) has been awarded a \$1.4 million grant by CMS and CDPH to promote improved dietary practices in California's skilled nursing facilities. Brenda Klütz outlines the goal of the grant in this issue.

We hope you enjoy this "Food Issue" and that it encourages you to think about the dining experience in a new way. Much more than a source of nutrition, food connects communities and builds relationships.

Bon appétit!

**Eric Dowdy**

Editor-in-Chief

[edowdy@leadingageca.org](mailto:edowdy@leadingageca.org)





## Feature



### Food for Thought: Designing for Healthy Aging

Our relationship with food goes far beyond basic sustenance. What, when and how we eat can impact our emotional and physical health and play a huge role in how we connect with others socially and culturally. This remains constant as we age, even while dietary needs and individual preferences evolve over time. In senior care settings, the dining environment also plays a huge role in how those needs are met so older adults can continue to thrive.



### From the CEO

Quarterly topic from Jeanne Parker Martin: Food, Glorious Food



### Have you Heard?

Members in their Community; Members in the News; Anniversaries & Milestones



### Meals on Wheels

Interview with David Morikawa, Program Director for Meals on Wheels by ACC

## Sections



### Dear Brenda

Advice column with questions on compliance or care issues from the expert.



### People in Focus

Robert Betros is the executive chef at Mt. San Antonio Gardens.



### The Complexities of Food Safety Requirements

Article by Brenda Klütz on food safety requirements.

# We Enrich The Lives of Seniors Every Day.

We are the industry's leading senior living contract management services company. Current trends indicate a dramatic shift toward more modern, active and engaged lives that look very different from what we've come to think of as "aging." Morrison Community Living experts conducted a broad analysis

of the top industry's trends and from them formulated ten "super" trends that have the most potential to significantly alter the trajectory of senior residential communities and services in the near future. Our intensive reasearch will allow you to focus on your priorities – serving residents and leading your company.



CALL TODAY TO SEE HOW OUR NONPROFIT TRUST CAN HELP YOU

**EXPAND** Employee Benefit Options,  
**REDUCE** Administrative Inefficiencies,  
and **SAVE** Money?

We help LeadingAge communities like yours streamline daily HR tasks, be ERISA /ACA compliant, and implement robust benefit programs while reducing costs

One community saved over \$120,000 with no plan changes by partnering with us!

TUAN NGUYEN  
Ascension Benefits &  
Insurance Solutions  
925.322.6441  
tnguyen@ascensionins.com



# From The CEO

## Food, Glorious Food

This classic song from *Oliver* evokes many emotions. "...closing our eyes and imagining... three banquets a day ... fried, roasted or stewed ...gulped, swallowed or chewed ... magical food, wonderful food, marvelous food, glorious food." These young boys couldn't imagine today's Farm to Table movement, dining 24/7, or even that the dining venue made a difference in how and perhaps what they ate.

*"More recently, we've had the opportunity to attend small gatherings with Attorney General Xavier Becerra, Lt. Governor Gavin Newsom, and several policy makers."*

And, as we learn from the articles in this issue, our eating habits and nutritional needs change as we age, we all like a good meal, and we want it our way. I thoroughly enjoyed the articles and the video online with the Executive Chef at Mt. San Antonio Gardens.

Food and eating aside, the last several months have been action-oriented. True to our goal to **Lead Policy**, we've been working hard on myriad policy issues impacting our members – advocating for improvements in our Governor's budget, winning on the outcome of a major BRE issue as well as a California prevailing wage issue for affordable housing, and looking ahead to issues facing SNFs, RCFEs, and Housing. We are grateful that many of you attended our annual Policy & Leadership Summit to meet with our state representatives and cultivate their thinking on housing, care and services for older adults. And, we are grateful to those who traveled to D.C. for PEAK. We met with more than 17 U.S. congressional representatives, influencing policy agendas related to the AHCA impacting all of our members and residents, and HUD funding impacting so many of our housing members. More recently, we've had the opportunity to

attend small gatherings with Attorney General Xavier Becerra, Lt. Governor Gavin Newsom, and several policy makers. These meetings are critical to setting the tone as they consider critical laws and decisions influencing you.

We also have been true to our goals to **Provide Leading Education** during our strong Policy & Leadership Summit and to **Cultivate Leadership** through our 2nd Tuesday Executive Leadership Webinar Series and our EMERGE program. Congratulations to our 2017 class of EMERGE Fellows!

We look forward to seeing you in Monterey at our 56th Annual Conference where we will expand our commitment to **Strengthen Member Value**.

**Check out Oliver's food venue:**  
<https://youtu.be/t9ZoZhfd0A>







# Have you Heard?

**American Baptist Homes of the West (ABHOW)** becomes [HumanGood](#) on June 1st.


**Retirement Housing Foundation (RHF)** held a [groundbreaking ceremony](#) in Los Angeles for Crenshaw Gardens and Crenshaw Villas. These communities are expected to be completed in late spring 2018.


**Openhouse** celebrated the [grand opening](#) of the Openhouse Community at 55 Laguna and the Bob Ross LGBT Senior Center at 65 Laguna.

**Valle Verde** named longtime team member Yvette Duarte – also an EMERGE program alumni – as their new [health services](#) director.


**Northern California Presbyterian Homes and Services (NCPHS)** named James Robinson as their new [Vice President](#) of Operations.

**Christian Church Homes (CCH)** unveiled a new look for their [website](#).

In Partnership with  **LeadingAge CA**  
Inspire...serve...advocate



**CHEX**  
eLearning  
by Corridor



**Corridor**  
Bookstore

---

**CHEX eLearning by Corridor** provides your organization courses that will assist you in meeting **annual mandatory education and orientation training**. With a catalog that is designed specifically for senior care professionals, CHEX has over **700 courses** offered in management, leadership, HR compliance and many other categories. Corridor offers CEs for nursing and select courses offer social work CEs.

**CHEX eLearning for Senior Care Professionals Offers the Following Benefits:**

- 700+ Online Courses
- Accessible On All Devices (Laptops, Tablets, etc.)
- Annual Mandatories & Orientation Training

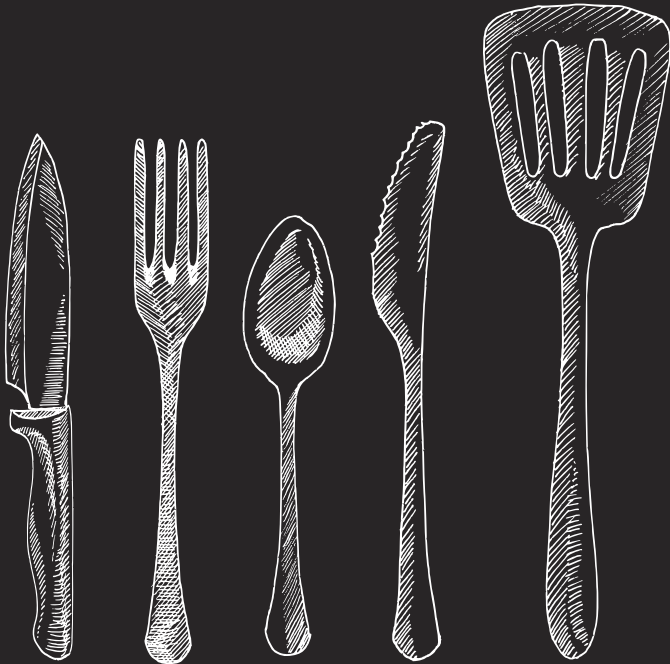
**Discount Code for Bookstore: AGING**

**Corridor Bookstore**  
Explore Corridor's line of products to help your organization stay educated and compliant in revenue cycle management, coding, advisory & compliance and operations & education. Corridor offers policy & procedure manuals, operational and clinical resources, webinars and much more.

**Visit the Corridor Bookstore at [www.corridorbookstore.com](http://www.corridorbookstore.com) or call us at 1-866-263-3795.**

BON APPETIT

# FOOD FOR THOUGHT: Designing for Healthy Aging



## STARTERS

### SMOKED SALMON

Ipsum dolor est nostrud minim dolore ut cupidatat ad. Sint dolor in consequat. Minim magna mollit aute nostrud laboris. Exercitation dolore aute ad in. EXERCITATION.....0.00\$

ADD EXTRA SPICY SAUCE 0.00\$

### SMOKED SALMON

Ipsum dolor est nostrud dolore ut cupidatat ad. Exercitation dolore aute ad in. Sint dolor in consequat. EXERCITATION.....0.00\$

### GARLIC BREAD

Ipsum dolor est nostrud minim dolore ut cupidatat ad. Exercitation dolore aute ad in. EXERCITATION.....0.00\$



## BEVERAGES

### BOTTLED WATER

Minim magna mollit aute nostrud. EXERCITATION.....0.00\$



### BOTTLED WATER

Minim magna mollit aute nostrud. EXERCITATION.....0.00\$

## HOUSE SPECIAL

### SPAGHETTI

Ipsum dolor est nostrud dolore ut cupidatat ad. Exercitation dolore aute ad in. Sint dolor in consequat. EXERCITATION.....0.00\$



### CRISPY SHRIMP

Ipsum dolor est nostrud minim dolore ut cupidatat ad. Sint dolor in consequat. Minim magna mollit aute nostrud laboris. EXERCITATION.....0.00\$



### CHICKEN WINGS

Ipsum dolor est nostrud minim dolore ut cupidatat ad. Sint dolor in consequat. Minim magna mollit aute nostrud laboris. Exercitation dolore aute ad in. EXERCITATION.....0.00\$



### BBQ BURGER

Ipsum dolor est nostrud dolore ut cupidatat ad. Exercitation dolore aute ad in. Sint dolor in consequat. EXERCITATION.....0.00\$



MAKE BURGER A DOUBLE 0.00\$



## DESSERTS

### CHEESECAKE

Minim magna mollit aute nostrud laboris. Exercitation dolore aute ad in. EXERCITATION.....0.00\$



### CHEESECAKE

Exercitation dolore aute ad in. Sint dolor in consequat. EXERCITATION.....0.00\$



Our relationship with food goes far beyond basic sustenance. What, when and how we eat can impact our emotional and physical health and play a huge role in how we connect with others socially and culturally. This remains constant as we age, even while dietary needs and individual preferences evolve over time. In senior care settings, the dining environment also plays a huge role in how those needs are met so older adults can continue to thrive.

Located in Oakland, Calif., HKIT Architects is a firm of 44 professionals. Since its founding in 1948, one of their prime areas of practice is housing, with a specialization in senior living. HKIT Architects are recognized nationally for their award-winning designs in all types and levels of senior living models.





**T**om Brutting, Principal, is the founder and Chair of the AIA Northern California Design for Aging Committee, which has been in existence for 10 years and has monthly meetings under the umbrella of the National AIA Design For Aging Knowledge Community in Washington D.C. They cover a vast array of topics related to aging and senior living, and fostering better design principals related to aging. Our editorial staff spoke with Brutting about how many aspects of the dining environment can influence the physical and emotional health of older adults in senior living communities, and where emerging trends and technologies will take us into the future.

## HOW DOES THE DINING ENVIRONMENT IMPACT NUTRITION AND GOOD HEALTH FOR OLDER ADULTS?

Older adults eat better when the environment is conducive to stimulate and provide comfort. As an example, two of the biggest complaints heard about communal dining rooms are noise (bad acoustics) and poor lighting. When the environment is not comfortable, older adults tend to avoid going to eat on a regular basis or eat quickly or less just to be done with the meal.

As we age, we eat less and need less calories, especially if becoming more sedentary. Eating less means having to choose the variety of food one eats more carefully, so creating a stimulating environment will encourage more interest in selecting food wisely and more thought goes into what's being consumed. If one is not interested, enthused or inspired, the experience becomes routine and the result is poor nutritional habits.

Smaller dining areas/venues

creating a more intimate setting where people have a selection of seating types and dining companions will contribute to a more congenial experience that is more pleasing in contributing to better eating habits, leading to better health. Larger open rectangular dining rooms often feel institutional and cafeteria-like, regardless of the level of furnishings and most often where the acoustic and lighting problems are found. An environment fostering good interaction with other residents and staff will contribute to better patterns of eating.

Those who eat in isolation often eat poor diets. A study from the University of Cambridge notes that the ability to maintain healthy habits "is influenced by a person's social environment – including factors such as marriage, cohabitation, friendship and general social interaction...when older people are living alone their diet often suffers."

Additionally, glare from large unprotected windows is uncomfortable while eating, and poor ventilation along with improper cooling and heating adds to the lack of comfort and creates a tendency to avoid eating properly.

Lastly, simple things in the dining environment, like being served a fixed standard meal on a tray as opposed to having options and choice in a more 'home like' setting can impact a person's enjoyment of a meal.

## CAN YOU TELL US ABOUT THE TREND RELATED TO EXIBLE CHOICE AND ALTERNATIVE DINING?

It has become evident in many senior living communities that residents prefer to choose the times they eat – sometimes beyond the specified typical time frames

– and to have a variety of venues. Cafes or "bistros," 24-hour dining programs, comfortable 'al fresco' areas, demonstration kitchens, and 'grab and go' alternatives are becoming popular and desired. Not everyone wants three fixed meals a day at the specified time. Allowing seniors to choose the place, time, and type of food will allow more appealing eating habits. This can also apply to assisted living and skilled nursing communities, with some caveats pertaining to licensing and specific dietary needs.

## HOW DOES COLOR CHOICE IN A DINING AREA AFFECT APPETITE?

Studies have shown that the color red stimulates appetite. However, it should be used judiciously – it's a good color to use for place mats and accent color. Soothing, yet energetic colors, are best, including yellows and greens as a primary palette. Orange is also often used in smaller accent areas. Color experts claim that the colors blue and gray both act as an appetite suppressant. It's not surprising that many people find the color gray depressing.

## HOW DOES THE GROWING "FARM TO TABLE" MOVEMENT GURE INTO HKIT'S WORK?

We are seeing, and currently working with, senior communities that wish to grow more of their own produce on-site to use for the preparation of meals. Residents may even participate

in the gardening and become actively involved in the process. In one community, for example, we have simply included large raised planters that will grow fresh herbs for use in the kitchen and served in the prepared meals for the various dining venues. In some cases, if there is easy access to a Farmer's Market it can be a resident activity to go and assist in selecting produce to be used in meals that day. We have seen this in some of our work for schools and this is now crossing over into senior living.

Locally grown food products, especially in certain areas of the country like California, are at the forefront of resident interest and requests related to sustainability.

## HOW WILL SOME OF THE NEWER TECHNOLOGY EMERGING, SUCH AS ROBOTICS AND HYDROPONIC GROWING OF FOOD, CHANGE DINING IN SENIOR LIVING COMMUNITIES?

Some of the newer technology, still quite new in the offering, is breaking new ground in how meals are prepared, served, and how eating venues are operated. Flexibility and cost effectiveness is key, as well as the careful examination of the overall maintenance of any technological product. As an example, there is a company out of Great Britain that has developed robotics to prepare food. Using computer technology, the robotic 'arms' can create any meal a person can make in a kitchen.

Many years ago, Disney experimented with hydroponics (the process of growing plants in sand, gravel, or liquid, with added

nutrients but without soil) at Epcot, including creating an eating venue related to the growing of that produce. Now that trend is becoming used within residential communities to grow food indoors as was previously done in any climate in greenhouses. Dining venues are even being incorporated into the hydroponic growing areas as a unique place to eat, displaying the growing of food being consumed.

## WHAT ARE SOME OF THE FACTORS CONSIDERED WHEN PLANNING A NEW PROJECT?

As I mentioned, poor acoustics and lighting are two factors often mentioned by senior living providers. Access to view and natural light is high on the priority list as well. A variety of seating, including table size options is desired. Lastly, there is always discussion about how to place and store walkers, and not have them obviously visible, obtrusive or an obstacle. Carefully placed, convenient storage areas are key.

## DO YOU RECEIVE MUCH FEEDBACK FROM COMMUNITIES AFTER A DINING AREA PROJECT IS COMPLETED?

At Channing House in Palo Alto, Calif. there was a lot of positive feedback after a dining room renovation improved the acoustics and improved lighting. A new, prominent buffet area was also created and highly successful, affording a variety of choices for resident dining. The dining area was also opened to the greater lobby area by the use of a moveable

partition, which became more inviting and flowed better for resident use and access. We've been told there is better attendance at holidays as residents more readily invite family members for those types of special occasions because of the changes and improvements. At Heritage on the Marina in San Francisco, there is a proposed Garden Room addition off the main dining room, which is intended as a flexible area affording alternative dining opportunities – including casual snacks – as well as an overflow space that will add a new vibrancy to the dining experience by having direct views to the adjacent courtyard and garden.

## WHAT ARE SOME FUTURE GOALS ON THE HORIZON FOR THE COMMITTEE?

The committee is always looking to expand upon topics of interest. We usually launch something and see what people wish to explore further. With food and dining, it's a matter of it being an ever-changing, evolving area of senior living. Food and eating well have become a huge part of our culture. Part of the challenge is bringing together the logistics of what senior living providers, food service providers, and kitchen staff need to do to provide appropriate nutritional meals with the structures in place, including economically and efficiently. As people grow older their needs change, and in particular Boomers will have higher expectations for variety than ever before.



# Ten Minutes with David Morikawa, Program Director for Meals on Wheels by ACC

## **Tell us about ACC's Meals on Wheels program.**

Meals on Wheels by ACC started in 2010 when Sacramento County discontinued its senior nutrition services due to budget constraints. Meals on Wheels provides home delivered meals to approximately 1,400 seniors and another 500 seniors with meal service at our 21 All Season Café (congregate nutrition) Centers. Meals on Wheels also started its home delivered services in Placer County in 2014 when their provider could no longer provide services where we now serve an additional 200 seniors with home delivered meals.

Today, 10,000 meals are served each week. Over three million meals have been served since 2010. However, we are more than just a meal. We also provide safety checks, resource information and referrals, friendship and social contact.

## **What "safety net" services do you offer in addition to meal delivery?**

Safety net services include a number of items. First and foremost, is checking on the health and well-being of our participants during visits and meal deliveries. Any signs of concern, abuse, health, neglect or other unsafe situations are handled with the participant and/or emergency contacts. If the person does not open their door during meal deliveries, we conduct follow-ups to make sure the participant is safe. If no repeated answers including phone calls, we notify the emergency contacts and let them know the situation to see if they may have forgotten to inform us that the participant is at a doctor's visit, visiting relatives, or other matter. If no one knows, family members are

requested to make a home check or we contact the sheriff or police to do a health and welfare check. Sometimes we find the person on the floor, sick, or other serious situation that requires assistance.

## **Who are the people who typically use your services?**

Though our program is for seniors 60 years old or better, the average age of participants are in their mid-70s. For our home delivered meal participants, they are homebound, frail and unable to prepare adequate meals to maintain their nutrition. There are more women than men in the program and over half of our participants self-report that they live at or below poverty income levels. There are over 300,000 seniors in the greater Sacramento area and one-in-seven seniors facing hunger. By the *2014 USDA Hunger in America Report*, there are more seniors nowadays facing hunger than children in California.

Most participants never thought they would need our program, but when their spouse passes away, their children are busy with their jobs or have moved to another city, they're no longer able to drive or stand long enough to cook a meal, they needed help to be able to continue living at home. Even if they could walk to a store, they don't have the strength to shop and carry their groceries home.

## **Is Meals on Wheels in danger of losing its federal funding?**

Every year, there is a risk in losing funds and we do depend upon government grants to cover a majority of our expenses. We count on donations to cover our shortfalls. There is a tremendous amount of required reporting when accepting government funds to insure that we are serving the people with

**meals** on  
**wheels**  
by acc

the greatest need and making the greatest impact possible. Many of our seniors would have to determine other living arrangements if we could no longer serve them.

## **Have you seen a surge in donations and volunteer applications since this issue has been in the news?**

We do have a number of participants, volunteers and donors concerned about our program. We appreciate that, however, we are looking at the longer term needs for seniors in need of good nutrition. Regardless of our current funding dilemma. Meals on Wheels will need additional help to serve the growing number of seniors that are and will need home delivered meals. The Silver Tsunami is upon us and we need to stay ahead of the tide to help seniors be able to live in their home independently and safely rather than in more costly nursing home facilities.

We will continue to help seniors be able to live in their home, improve their nutrition, help them stay safe and maintain connections with people. We hope to be able to serve over 2,000 people a day. How many people we can serve depends on how much support we receive.

## **What does this program mean to you?**

I have served in human service organizations all my life. During my 40-plus years in service, I can think of no other organization that touches so many lives, every day, in such meaningful ways.





## Advertise in Engage Magazine!

- Reaches the entire not-for-profit spectrum of providers
- Over 5,000 readers including top management, Presidents and CEOs

Contact Darren Lindsey at 916-469-3369 or [dlindsey@leadingageca.org](mailto:dlindsey@leadingageca.org)



LeadingAge California  
 Political Action Committee

## Thank You to Our 2016-2017 LeadingAge California PAC Contributors\*

### Gold Level (\$1,000 - \$2,499)

- Jerry Brown, Bethany Center
- Jasmine Borrego, TELACU
- Ken Enns, Peer Services Inc.
- Mike Manley, Institute for Senior Living
- Melvin Matsumoto, Channing House
- Tuan Nguyen, Ascension
- Sheri Peifer, Eskaton
- David Reimer, Palm Village Retirement Community
- Scot Sinclair, O'Connor Woods

### Silver Level (\$500 - \$999)

- Tom Briody, Institute on Aging
- Victoria Harris Brosnan, Therapy Specialists
- Suzanne Fairley, University Village Thousand Oaks
- David Ferguson, Cornerstone Affiliates
- Riki Medak, Mt. San Antonio Gardens
- Ted Morales, Pilgrim Place
- Todd Murch, Eskaton
- Tuan Nguyen, Ascension Benefits & Insurance Solutions
- Scott Peifer, Aging2.0
- Lauri Small
- Marvirich Torcedo, Paradise Valley Estates
- Cheryl Wilson, St. Paul's Senior Homes & Services
- Joyce Yarborough, Pilgrim Place

### Bronze Level (\$250 - \$499)

- Linda Bloxham, LeadingAge
- Jasmine Borrego, TELACU

- Nan Boyd, The Forum at Rancho San Antonio
- Jack Cumming, Carlsbad by the Sea
- Dwayne Gabrielson, The Samarkand
- Joanne Handy, LeadingAge California
- Debbie Herbert, Monte Vista Grove Homes
- Claude Lowen, San Francisco Towers
- Kevin Hogan, Nazareth Health Care Inc.
- Tiffany Karlin Exline, Mueller Prost
- Jeannee Parker Martin, LeadingAge California
- Lauren Moulton-Beaudry, Front Porch
- Frank Rockwood, Rockwood Pacific

### Supporter Level (\$100 - \$249)

- Farron Bernhardt, Farron Bernhardt Consulting
- Christina Cerrato, Episcopal Communities and Services
- Linda Coleman, Beacon Communities
- Mary Contois, Masonic Home of California - Union City
- John Cumming, Carlsbad by the Sea
- Grant Edelstone, Episcopal Senior Communities
- Mary Forrest, Sheffield Convalescent Hospital
- Sarkis Garabedian, Ziegler
- Vito Genna, Sierra View Homes
- Jeff Glaze, Cornerstone Affiliates
- James W. Graunke, Solheim Lutheran Home
- Travis Hanna, Beacon Communities
- Linda Hibbs, Webster House

- Jane Hopper, St. Paul's Senior Homes & Services
- Roberta Jacobsen, Front Porch
- Priscilla Haynes, Santa Clara Methodist Retirement
- Kim P. Houser, Monte Vista Grove Homes
- Bob Howell, Covenant Retirement Communities
- Keith Kasin, Plymouth Village
- Linda Keefe, Sodexo
- Allan Manning, PointClickCare
- Cindy McCreary, MatrixCare
- Matthew Neal, Pacific Retirement Services
- Cheryl Phillips, LeadingAge
- Chrys Nguyen, Hollenbeck Palms
- Joseph Pritchard, Masonic Home of California - Union City
- Michael Raffee, ONR Inc.
- Kendra Roberts, Beacon Communities
- Lisa Rodriguez, Therapy Specialists
- Bill Scharbach, Palm Village Retirement Community
- Eric Sholty, Pacific Retirement Services
- Mary Stompe, PEP Housing
- Brobbie Thao
- Ron Wall, Axiom Healthcare Group
- Justin Weber, Casa de Manana
- Angelique Williams, TELACU Residential Management

*\*Organization names shown for identification purposes only.*

# MENU

## Joyful Dining

by Cordula Dick-Muehlke

Meal and snack times – like other aspects of daily life – offer an opportunity to create joy for residents with dementia. While many long-term care settings have adopted the term “dining” to elevate the mealtime experience, eating as well as personal care activities are often treated as just tasks to be accomplished. In too many communities, mealtimes in memory care remain solemn occasions. No matter how many are seated at a table, residents with dementia too often eat in isolation from each other even when a caregiver is near to assist with cues or physical support.

Multiple factors – ranging from cognitive limitations to comorbid illnesses and sensory impairments – contribute to eating difficulties in people with dementia, placing them at heightened risk for malnutrition (Tamura et al., 2013). So, it's no surprise that memory care staff focus on reducing the cognitive and physical barriers that interfere with eating through a wide variety of health-related (e.g., adjustment of appetite-suppressing medications, treatment of comorbidities), environmental (e.g., homelike dining areas, high contrast table settings, and adequate lighting), behavioral (e.g., verbal and/or physical prompts, praise, and positioning), and assistive (e.g., modified cutlery and tableware) interventions (Bunn et al., 2017; Stone, 2014). Although critical, supporting food and drink intake through such interventions is insufficient to achieve nutritional, no less psychosocial goals. Certainly, a person-centered approach that ensures access to favorite foods which

respect generational, cultural, and religious influences at preferred meal and snack times can enhance both pleasure and the desire to eat. Yet, this too is not enough to transform solemn mealtimes into pleasurable dining experiences.

Admittedly, achieving just this much – tailored dining that accommodates cognitive or physical needs – can be particularly challenging in memory care settings. Even when residents are able to express themselves and have close others who can share likes and dislikes, information gathering and sharing systems designed to support person-centered dining frequently break down. When resident preferences are not readily available because the person has lost the ability to communicate them and lacks close others who can do so, staff must piece together likes and dislikes by listening to the nature and tone of any words spoken, non-verbal signals (e.g., facial expressions, gestures), and behaviors.

As senior living communities continue to work through the complexities of offering person-centered flexibility in meal choices and times, they must not to lose sight of how the social aspects of the dining experience – or lack thereof – play in the well-being of residents with dementia. It only takes reflecting on one's own mealtime experiences to recognize how eating alone can reduce interest in food and heighten feelings of loneliness, while eating with friends can do just the opposite. For people with dementia, who gradually lose the ability to initiate conversations, eating alone can happen when seated among other residents. And when staff like waiters in

restaurants routinely stop in, or even sit down alongside a resident to provide cues, the individual is eating alone. Truly eating together involves connecting with others verbally and emotionally. It's a laugh together that can make one feel both hungry and loved!

A socially supportive environment which enwraps people with dementia in caring, loving relationships is a key aspect of person-centered care (Brooker, 2007). While memory care staff are far and away genuinely concerned about those they care for, creating joy among residents is often thought of solely as a life enrichment responsibility. An opportunity to create joy exists in every moment, including during dining, if staff are empowered to focus on relationships through an organizational commitment to person-centered care. In terms of dining, this involves transforming task-oriented mealtimes to relationship-focused dining experiences by changing performance expectations, rewarding person-centered interactions with residents during meals and otherwise, establishing effective systems to share knowledge about resident backgrounds, interests, and preferences on an ongoing basis, and enhancing skills in resident engagement during mealtimes and otherwise through training.

*To continue reading the extended article, visit our [blog](#).*

Brenda Klütz has 30 years of experience in California state service; with over eight years of working in the Legislature as a consultant on Aging and Long-Term Care issues and 15 years with the Department of Health Services serving as the Assistant Deputy Director and Deputy Director. Currently, she provides LeadingAge California members technical support on issues related to reimbursement, licensing, and regulation interpretation.

Dear  
**BRENDA**

***LeadingAge California is pleased to announce that a \$1.4 million federal Dietary Grant has been approved by the Centers for Medicare and Medicaid Services (CMS) and the California Department of Public Health (CDPH) to promote improved dietary practices in California skilled nursing facilities. The grant will span four years.***

Leveraging our association's respective strengths, LeadingAge California – primary author of the grant – will be a subcontractor/partner to the California Association of Health Facilities (CAHF) in the development, production and implementation of grant deliverables.

**The grant monies will be used to:**

- Analyze dietary deficiencies issued during the past three years to better understand the specific areas of noncompliance
- Identify and share dietary best practices
- Provide on-site technical assistance/training to communities
- Hold regional in-person trainings
- Develop a series of educational materials (written, short topical videos and webinar) specifically geared for staffs who prepare, handle and/or serve food; dietary supervisors/managers; registered dietitians; nursing staff and nursing home administrators.

These materials, onsite technical assistance and other trainings will be made available free of charge to any California skilled nursing facility.

Between 2013 and 2016, there were 3,634 dietary-related deficiencies issued in California. The most frequently-issued deficiency (F371) was for failure to store, prepare, distribute and serve food under sanitary conditions.

***(F-371) §483.60(i) Food safety requirements.***

*The facility must – §483.60(i)(1) – Procure food from sources approved or considered satisfactory by federal, state or local authorities.*

*(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.*

*(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food- handling practices.*

*(iii) This provision does not preclude residents from consuming foods not procured by the facility.*

*§483.60(i)(2) – Store, prepare, distribute and serve food in accordance with professional standards for food service safety.*

*§483.60(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.*

LeadingAge California member communities will benefit from this grant by sharing best practices, using the materials/trainings, and taking advantage of onsite technical assistance. We will keep you up to date as this grant is implemented, and opportunities to participate are available.

LeadingAge California will continue to explore ways in which we can highlight the quality of care provided in our communities, provide direct benefit to our members and the residents served, as well as partner with other stakeholders.

***If you have any questions about this, or any other regulatory issue, please contact Brenda Klütz at: [bklutz@leadingageca.org](mailto:bklutz@leadingageca.org) or (916) 469-3377.***





We partner with our clients to ensure the  
**QUALITY OF LIFE**  
for your residents and employees  
*while optimizing the performance and efficiency of your organization*



SENIORS

[www.sodexoUSA.com](http://www.sodexoUSA.com)

To learn more about our services, contact Linda Keefe:  
[Linda.Keefe@sodexo.com](mailto:Linda.Keefe@sodexo.com) • 858.226.0998

**sodexo**  
QUALITY OF LIFE SERVICES



People Connected.

**WORLD-CLASS**  
CONSULTATION, DESIGN, INSTALLATION & SUPPORT

- Emergency Call
- Campus WiFi & IT Infrastructure
- Wander Management & Access Control
- Phone Systems
- Video Surveillance

**SCHEDULE A CONSULTATION**

855-5SALIENT | [www.salientnetworks.com](http://www.salientnetworks.com)



## Robert Betros

**Executive Chef of Dining Services  
at Mt. San Antonio Gardens**

Robert Betros is the executive chef of Dining Services at Mt. San Antonio Gardens. Working in the food service industry since he was 16 years old, he opened his first restaurant in 1993 and eventually opened a catering company. Bob has been with Mt. San Antonio Gardens for about seven years. [Watch the video interview here](#)

### **Bob, who are some of your biggest influences?**

My mother – she was a very good cook. I've always enjoyed Wolfgang Puck-style cooking, California cuisine, and being able to create my own type of food by going to different restaurants and seeing what the current trends are in the local areas.

### **What are some of the big trends in dining that you're experimenting with here?**

Through Sodexo we have implemented a "Mindful Menu," which is a more healthy way of eating for the residents. Sustainability is a very big trend right now – using local and organic products as much as we can. We also have a Farm to Table night we've been doing for the past two years where we use some of the local vendors.

# People In Focus

### **What are the most important factors in managing a successful kitchen?**

Working for a good company like Sodexo – they offer you so many opportunities to continue your education and develop your skills. And having a very good general manager like Jack Forrest – he gives me a blank palette to do whatever I can to be successful in our kitchen. Also having great chefs that work around you that share the same love of cooking and working with the residents.

### **What are some plans and goals you have for the next year?**

One new thing we've implemented in the last year that we want to continue is we do a special dinner called "Chefs of the Future", where we partner with some of the local culinary schools, bring in the young chefs and allow them to cook a dinner for the residents. We have some ideas for this summer of doing some pasta nights or an artisan burger night. We also do a Chef's Table once a month where we set up a table in our kitchen and do a six-course dinner for a selected group of residents. We're always looking to do new things – that's part of the fun of being a chef.

### **Do the residents give you feedback?**

Usually at dinner time I come out just after service and walk the floor, talk to the residents and see how things are. That's part of the one-on-one feedback I get. Whether there are 50 tables or 20, I try to make sure I visit everybody and see how everything is.

### **Could you imagine doing anything else?**

I really love what I do – I love being around food, I love being in the kitchen, being around the other chefs and the residents. It's just amazing how food and people come together so easily. Being able to be a chef and cook and to have 300 friends every night having dinner in the dining room – what more could you ask for? I can only say, if you don't love what you do, maybe you shouldn't be doing it! Coming to Mt. San Antonio Gardens and cooking for the residents is a great time in life for me.

# AGING<sup>2.0</sup> Regional Summits

Aging2.0 is bringing the show on the road in 2017! Join them for their inaugural Summit Series – conference-style events that focus on regional priorities in three distinct markets around the world. Held in Canada, Belgium and Japan, each Regional Summit is designed to educate and inspire innovators in the aging industry. Entrepreneurs, providers, investors and seniors themselves will benefit from rich networking, presentations on important trends and spotlights on some of the most interesting new tech companies.

## Summit attendees will have access to:

- Keynote presentations focused on regional topics;
- Panel discussions on investment, distribution & consumer perspectives;
- Spotlights from the Aging2.0 Global Startup Search;
- Rich networking opportunities;
- Optional Pre-Conference Startup Bootcamp (additional registration required)

## Pre-Conference Startup Bootcamp

Aging2.0 seeks to find the best aging-focused startups from around the world and prepare them to work with the industry through their Startup Bootcamp. Supported by Google for Entrepreneurs, the Startup Bootcamp:

- will bring founders from around the world together to learn from and connect with fellow entrepreneurs, senior care executives, investors and seniors themselves;
- provide carefully curated speakers and experiences;
- equip startup founders with the insights and relationships they need to succeed in the aging space;
- will include educational tours of multiple senior care communities and an evening networking reception.

## Why Attend the Regional Summits?

- It's a chance to build critical relationships within Aging2.0's global community to support your growth and collaboration
- Network with the decision makers and investors that can help you grow your business
- Hear from thought leaders about important trends both inside and adjacent to senior care that will transform the aging experience
- Interact with innovators and products from around the world.

Visit [www.aging2.com/summit](http://www.aging2.com/summit) for more details and to register.



**FACT 1** Malnourished individuals can come in all sizes  
• You can be underweight or overweight and still be malnourished

**FACT 2** Malnutrition affects all groups of people  
• 9 million older adults can't afford nutritious food  
• Up to 60% of older adults in healthcare settings are malnourished

**FACT 3** Malnutrition can come from a number of factors  
• Chronic conditions • Medication side effects • Depression

**FACT 4** You can't always prevent or treat malnutrition by just eating more  
• Adjust your diet to get all the nutrients your body needs  
• Exercise to build muscle and improve strength

**FACT 5** Malnutrition has many warning signs  
• Muscle weakness • Fatigue • Unplanned weight loss



# The Complexities of Food Safety Requirements

Think about the important role that food plays in all our lives. So many of our social events and celebrations revolve around food; family and friends gather around the table; work meetings include food to sustain the discussion; and giving food as gifts is particularly valued. Food provides social, cultural, and nutritional value for most every person.

Ensuring food safety is something that we don't usually talk or think about as we enjoy food. All of us are vulnerable if foods are contaminated or stored or prepared in an unsafe or unhygienic manner. Residents served by our communities can be particularly vulnerable to foodborne illness and are more likely to have a lengthier illness, undergo hospitalization or worse.

Below is an overview of the laws, regulations, oversight responsibilities, and resources to help ensure compliance with food safety and other related requirements.

## U. S. Food and Drug Administration (FDA)

The [Food Code](#) is a model for safeguarding public health and ensuring food is unadulterated and honestly presented. It constitutes the FDA's best advice for a uniform system of requirements that address the safety and protection of food.

This model is offered for adoption (and has been adopted) by local, state, and federal governmental jurisdictions for administration by jurisdictions that have been delegated compliance responsibilities for food service, retail food stores, or food vending operations.


The Food Code, in and of itself, carries no mandates or enforcement authority. Most states, including California, have adopted state requirements using the Food Code model requirements.

## California Retail Food Code

The purpose of the [California Retail Food Code](#) is to safeguard public health and provide to consumers food that is safe, unadulterated, and honestly presented through adoption of science-based standards.

The California Department of Public Health (CDPH) Food Safety Program plays a supporting role by providing technical assistance to the 62 local environmental health [regulatory agencies](#), as these local entities enforce the provisions of the Retail Food Code. Some LeadingAge California members provide food service that is included under the definition of a "food facility," and are subject to inspection by the local agency.

Licensed health facilities are considered to be a "food facility," **with the exception of** intermediate care facilities for the developmentally disabled (ICF/DD), as



defined under Health and Safety Code §1250(e)(h) & (m). However, the ICF/DD facilities must report any foodborne illness or outbreak to the local health department and CDPH within 24 hours of the occurrence ([AFL 12-53](#)). Also included in the definition of a "food facility" is the use of vending machines.

Also exempt from the requirements under the CRFC are: Community care facilities (CCF); residential care facilities for the elderly (RCFE); and Residential Care Facilities for the Chronically-Ill (RCFCI).<sup>1</sup>

Although LeadingAge California member facilities are subject to the licensing and certification requirements under state and federal laws (as applicable), any facility that meets the definition of a "food facility" is subject to inspection by the local environmental health agency, under the CRFC. The local agency will charge a fee for the inspection. CDPH Licensing and Certification issued All-Facilities Letter [11-48](#), on this subject in 2011.

## Skilled Nursing Facilities

Skilled nursing facilities are subject to additional requirements related to dietary services, under state and federal laws.

### State Licensing Requirements

Dietary Services is one of the required services to be provided by a licensing skilled nursing facility. Title 22, §72333 through §72351 contains the [licensing requirements](#) for dietary services.

### Federal Medicare/Medi-Cal Certification

Facilities choosing to become certified for Medicare and/or Medi-Cal must meet more stringent requirements than under state regulations. The State Operations Manual, Appendix PP contains the text of the regulatory requirement, the intent of the regulations, the interpretive guidelines, and the procedures for state surveyors to follow to determine compliance.

The Centers for Medicare and Medicaid Services (CMS) changed several provisions related to Food and Nutrition

[1] See Health and Safety Code § 113789 (California Retail Food Act)

Service in S & C Letter: 17-07. The requirements under 42 CFR 483.60 related to Food and Nutrition Services can be found on pages 484 through 516 of the [S&C Letter](#). Changes are indicated by red text. The changes include:

- Adding more emphasis on consideration of resident preferences *throughout* the Food and Nutrition Services requirements. Consideration of resident's religious, cultural and ethnic needs, as well as input received from residents or resident groups.
- Sufficient staff with appropriate skills and competencies taking into consideration resident assessments, individual plans of care, and the number, acuity and diagnosis of the resident population.
- Requirement for a qualified dietician or clinically-qualified nutritional professional (as specified). If the qualified dietician

is not full-time, facilities have a short period of time to ensure that their full-time Director of Food and Nutrition Services meets specific qualifications.

- Food and Nutrition Services staff must participate on the interdisciplinary team.

### **Assisted Living Facilities**

Residential Care Facilities for the Elderly (RCFE) are subject to state licensing requirements related to Food Service. The provision of Food Service is one of the basic services required to be provided by RCFEs. [Requirements](#) include:

- Three nutritionally well-balanced meals and snacks made available daily, including low salt or other modified diets prescribed by a doctor as a medical necessity, as specified in Title 22, Section 87555, Food Service Requirements. Exceptions may be made for weekends and holidays

as long as the required daily food needs are met.

- The total daily diet shall be of the quality and in the quantity necessary to meet the needs of the residents and shall meet the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council. All food shall be selected, stored, prepared and served in a safe and healthful manner.

Many LeadingAge California communities offer multiple levels of care (LOC). The different requirements associated with the different LOC, related to food safety, nutrition and dietary services can be confusing, given the different federal, state and local requirements, and jurisdictions involved in oversight.

*This article does not constitute legal advice. Questions? Contact [Jedd Hampton](#) or [Brenda Klütz](#)*



## **A New Era in Group Purchasing**

*Value First is a Group Purchasing Organization of LeadingAge and its State Affiliates*

**Shawn McCann**  
Business Development Manager

916.469.3364  
smccann@aging.org  
valuefirstonline.com/CA







inspire...serve...advocate

1315 I Street, Suite 100  
Sacramento, CA 95814

# 2017 Webinars

## **Executive Leadership Webinar Series: Through 2017**

LeadingAge California's 2nd Tuesday Leadership Series: A Robust Dialogue with Thought Leaders is a complimentary webinar series that takes place on the 2nd Tuesday of each month from 11:30 a.m.-12:30 p.m. throughout the year. Exciting thought leaders will discuss current events and topics of interest to executive leaders throughout California. These webinars can be used as a starting point for further discussion with your leadership team on how these issues will impact your respective communities.

## **MDS Essentials: An Introduction to the MDS 3.0 - a 10-Session Virtual Workshop Series**

New resident assessment coordinators with fewer than six months experience and staff interested in the MDS process can take advantage of this new education program. The workshop moves through the Resident Assessment Instrument (RAI) User's Manual, helping staff understand the intent, rationale, and coding requirements of each MDS item set, Care Area Assessments, care plans and scheduling. The program will help the MDS coordinator perform his or her job duties skillfully and with confidence.

## **Driving 5-Star & RoP Implementation Through a QAPI Approach - Webinar Series: Through 2017**

LeadingAge California has partnered with Proactive Medical Review and several other LeadingAge state associations to offer a 13-part webinar series throughout 2017 to assist California nursing homes with implementing the new nursing home Requirements of Participation (RoPs) and with quality improvement.

The series will approach and review the new rules through the lens of QAPI (Quality Assurance and Performance Improvement), with the goal of promoting understanding of the new rules while improving both quality and 5-star performance.

**[For more details and to register](#)**