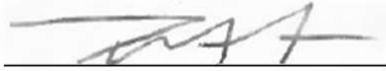


POLICY TITLE: THERAPEUTIC DIETS AND HEALTH CARE FOOD RESTRICTIONS POLICY NUMBER: 18.14 (AF) CHAPTER 18: HEALTH CARE SERVICES		PAGE <u>1</u> OF <u>5</u>
 STATE of MAINE DEPARTMENT of CORRECTIONS Approved by Commissioner: 		PROFESSIONAL STANDARDS: See Section VIII
EFFECTIVE DATE: August 15, 2003	LATEST REVISION: August 28, 2026	CHECK ONLY IF APA []

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Adult Facilities

III. POLICY

It is the policy of the Department of Corrections to provide therapeutic diets to residents as prescribed by facility health care providers and reviewed by a qualified dietitian to ensure the diets meet nutritional needs. A therapeutic diet manual shall be available in the health services and food services areas for reference and information.

5-ACI-5C-06 & 5-ACRS-4A-02/4-ACRS-4A-02

IV. DEFINITIONS

1. Health care provider – for purposes of this policy, physician (including, if applicable, a doctor with a limited license, e.g., dentist, etc.), physician assistant, or practitioner.
2. Therapeutic diet – a diet based on the dietary modifications needed as a result of a medical condition (e.g., diabetes, a food allergy, etc.) or a dental condition (e.g., lack of teeth).

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Procedure E:	Discontinuation of Therapeutic Diets
Procedure F:	Canteen/Commissary and Annex Food and Drink Item Restrictions

VI. ATTACHMENTS

- Attachment A: [Types of Regular and Therapeutic Diets](#)
Attachment B: [Therapeutic Diet Order \(paper/fillable\)](#)
Attachment C: [Refusal of Treatment \(paper/fillable\)](#)

VII. PROCEDURES

Procedure A: Therapeutic Diets, General

1. The Department's contracted dietitian shall:
 - a. develop a master menu for regular and therapeutic diets, which are listed in the Types of Regular and Therapeutic Diets (Attachment A); and
 - b. serve as a consultant to all Department adult facilities, evaluating regular and therapeutic diets for nutritional adequacy.
2. Therapeutic diets shall be prescribed by facility health care providers when medically or dentally indicated.
3. Each facility Food Service Manager, or designee, shall ensure that sufficient quantities of food are available to provide therapeutic diets. In determining the quantities of food needed to meet this requirement, the Food Service Manager, or designee, shall review the Therapeutic Diet Order forms (Attachment B) provided by health care staff.

Procedure B: Therapeutic Diet Orders

1. Therapeutic diets shall be prescribed by a health care provider only when, due to a medical or dental condition, it is clinically indicated that the resident's diet be modified from the one prepared for the general population.
2. If the diet is to avoid an allergic reaction, the health care provider shall review the resident's prior health care records or, as necessary, order confirmatory testing for the allergy. A therapeutic diet shall not be based on a food aversion, intolerance, or preference.
3. If the health care provider determines that a therapeutic diet is necessary, the provider shall prescribe the diet using the Therapeutic Diet Order form (Attachment B). The order shall be specific and complete, including the type of diet, the duration of the diet, and any special instructions, and the provider shall also document the specifics of the diet prescribed and the reason for the order in the resident's electronic health care record (EHCR).
4. A therapeutic diet may be one of those listed in the Types of Therapeutic Diets, may be a combination of the diets listed (e.g., cardiac and gluten free), or, if medically necessary, a diet not listed.
5. The resident shall be informed by the provider of the benefits of the diet and the risks of not complying with the diet. This shall be documented in the resident's EHCR.
6. Designated health care staff shall educate the resident using the relevant diet education materials provided by the dietitian on appropriate food selections and shall document

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the education in the resident's electronic health care record (EHCR) and on the Therapeutic Diet Order form.

7. As soon as possible, designated health care staff shall forward the Therapeutic Diet Order to the facility Food Service Manager, or designee, who shall institute the therapeutic diet as soon as practicable or, in the case of a diet with food restrictions due to allergies, immediately.
8. If a therapeutic diet order is for a diet not listed in the Types of Therapeutic Diets, the Food Service Manager, or designee, shall contact the prescribing health care provider and consult with the Dietitian on providing a diet as close as possible to a diet listed in the Types of Therapeutic Diets that meets the health care needs of the resident.
9. If the resident indicates at the time of the order that they will not comply with the therapeutic diet, the provider shall counsel the resident and attempt to gain the resident's agreement to comply with the diet.
10. If the resident continues to refuse a therapeutic diet, the resident shall be asked to sign a Refusal of Treatment form (Attachment C), and it shall be uploaded in the resident's EHCR.
11. If the resident refuses to sign the refusal form, the health care provider and a witness shall document the refusal on the form. It shall also be documented in the EHCR that the resident refuses the diet and refuses to sign the Refusal of Treatment.
12. If the resident continues to refuse the therapeutic diet, the diet shall not be provided, unless the exception for a resident in an infirmary applies as set out in Department Policy (AF) 18.10, Infirmary Services.
13. By refusing the therapeutic diet order at a particular time, the resident does not necessarily waive their right to subsequently request the diet or other health care.
14. A therapeutic diet order is valid for a maximum of one (1) year unless it expires earlier by its own terms, is discontinued by a facility health care provider, a new Therapeutic Diet Order is issued by the health care provider, or the diet is refused in writing by the resident in accordance with this policy.
15. Unless it is an allergy, if the resident is enrolled in a chronic care clinic for the condition that necessitates a therapeutic diet, the diet order shall be reviewed at each chronic care clinic appointment.
16. The health care provider shall review and rewrite as appropriate a Therapeutic Diet Order annually or more often as clinically indicated.

5-ACI-5C-06 & 5-ACRS-4A-02/4-ACRS-4A-02

Procedure C: Monitoring Therapeutic Diets

1. The facility Chief Administrative Officer, or designee, in consultation with the Director of Culinary & Food Sustainability, or designee, shall ensure that reasonable efforts are made to monitor therapeutic diet compliance, either through electronic monitoring or observation by staff.

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Procedure D: Non-Compliance with the Therapeutic Diet

1. If staff discover that a resident is failing to comply with a therapeutic diet, the staff shall notify the health care staff. The health care staff shall refer the resident to the health care provider, who shall explain the risks of non-compliance to the resident and attempt to persuade the resident to accept the diet.
2. The referral and counseling shall be documented in the resident's electronic health care record (EHCR).
3. If the resident continues to not comply with the diet and the health care provider determines that the health consequences of this refusal are potentially serious (e.g., an unstable diabetic), the provider shall notify the facility Food Service Manager, or designee, who shall notify the Department's Director of Culinary & Food Sustainability.
4. The facility Food Service Manager, or designee, the Director of Culinary & Food Sustainability, and the Department's contracted dietitian, if needed and available, shall:
 - a. meet with the resident to address the non-compliance;
 - b. provide educational materials to ensure the resident has a better understanding of the diet; and/or
 - c. offer alternative meal options that may be more acceptable while still meeting the therapeutic diet order.
5. If the resident continues to not comply with the diet, the health care staff shall provide the resident with a Refusal of Treatment form (Attachment C) and upload it into the resident's EHCR.
6. If the resident refuses to sign the form, the health care provider and a witness shall document the refusal on the form. It shall also be documented in the EHCR that the resident refuses the diet and refuses to sign the Refusal of Treatment.
7. If the resident continues not to comply with the therapeutic diet order, the diet shall not be provided, unless the exception for a resident in an infirmary applies as set out in Department Policy (AF) 18.10, Infirmary Services.
8. By not complying with the therapeutic diet order at a particular time, the resident does not necessarily waive their right to subsequently request the diet or other health care.

Procedure E: Discontinuation of Therapeutic Diets

1. A facility health care provider shall discontinue the therapeutic diet when:
 - a. the medical or dental need is no longer present;
 - b. the resident refuses the diet (unless the exception for a resident in an infirmary applies as set out in Department Policy (AF) 18.10, Infirmary Services); or
 - c. diet compliance is so poor as to negate any benefits of the diet (unless the exception for a resident in an infirmary applies as set out in Department Policy (AF) 18.10, Infirmary Services).

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2. If the therapeutic diet is discontinued, the health care provider shall document the discontinuation in the resident's electronic health care record (EHCR) with the reason for discontinuation, and notification of the discontinuation shall be made to the facility Food Services Manager, or designee.

Procedure F: Canteen/Commissary and Annex Food and Drink Item Restrictions

1. If the health of a resident is being significantly compromised by morbid obesity, uncontrolled diabetes, hyperphagia (abnormally extreme, insatiable hunger), or pica (consumption of non-food items), the resident may be placed on dietary restrictions with respect to food and drink items that would otherwise be available for them to order from the canteen/commissary and annex.
2. In particular, access to the canteen/commissary and annex food and drink items may be prohibited in their entirety or may be restricted to only those that are healthy in nature, or other restrictions may be imposed, such as limits on quantity, removal of packaging, etc.
3. These dietary restrictions may be imposed by the facility Chief Administrative Officer, or designee, after consultation with the Regional Medical Director, or designee, and shall be documented in the Department's resident and client records management system, as well as in the resident's electronic health care record (EHCR).
4. The documentation shall specify how the resident's health is being compromised and how the restrictions address the issue. It shall also specify the dietary restrictions imposed.
5. Before these dietary restrictions are imposed, a facility health care provider shall inform the resident in person of the reasons for the restrictions. The resident shall also be offered access to behavioral health care staff for counseling.
6. The restrictions shall be reviewed every three (3) months by the Chief Administrative Officer, or designee, after consultation with the Regional Medical Director, or designee, and continued, modified, or discontinued as appropriate.

VIII. PROFESSIONAL STANDARDS

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| 5-ACI-5C-06 | Therapeutic diets are provided, as prescribed, by appropriate clinicians. A therapeutic diet manual is available in health services and food services for reference and information. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food service manager, and rewritten annually, or more often, as clinically indicated. |
| 4-ACRS-4A-02/
5-ACRS-4A-02 | Therapeutic diets are provided as prescribed by appropriate clinicians. A therapeutic diet manual is available in health services and food services for reference and information. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food service manager, and rewritten annually, or more often as clinically indicated. |

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