



**BEACON**  
Specialized Living

**Training Acknowledgment**

Employee Name: Michaela Ray Policy/Procedure/Topic: IL Pressure Food  
Trained By: Beth Pierce Date Trained: 6/8/2020

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

I understand that it is my responsibility to adhere to the requirements of the training fully, and if I do not understand my responsibility or need clarification, I will seek immediate assistance from a Home Manager in order to act in accordance with state policy, procedures and company expectations.

I understand that this Training Acknowledgment will become part of my permanent employment record, and that failure to apply the principles I was taught in my training will result disciplinary action, up to and including my termination of employment for failure to follow company policy.

Michaela Ray  
Employee Signature

6/8/2020  
Date

Beth Pierce  
Home Manager Signature

6/8/2020  
Date

Copy to Employee  
Copy to Employee Personnel File/HR

Jeffery Lehman #1852



Challenge: Jeff receives the majority of his nutrition and medications via peg tube. Jeff is allowed to have pleasure foods when he requests them, per speech-language pathologist report (4/15/16). Pleasure foods need to be pureed and liquids need to be honey-thick. Jeff is not able to feed himself and is dependent on staff to feed him following safe feeding guidelines. He should not consume more than ¼ cup (measured prior to being pureed) of food and the SLP recommended that his oral intake be limited as much as possible, as he is at high risk of aspirating.

**Objective: Staff will follow safe feeding guidelines when Jeff requests pleasure foods with 100% completion of monthly data sheets.**

**Methods: When Jeff requests to eat; Staff make sure requested food is of puree texture and liquids are honey thick.** Staff will then feed Jeff by following these guidelines:

Jeff should be sitting upright in his chair.

Feed Jeff small bites (small tsp) at a slow rate. Jeff needs to swallow twice after each bite before being given another bite or a sip of his drink. Promote chin tuck during the swallow. Mouth should be clear/empty before next bite or sip.

Liquids by spoon in amounts (approximately 1 tsp.)

Alternate bites and sips.

Encourage throat clearing when his voice develops wet quality at any time during the feeding and at any other time throughout the day. **Aspiration can be silent and Jeff could be aspirating without any external signs or symptoms.**

Oral care/hygiene after every meal.

Challenge: Jeff has limited active range of motion which hinders his ability to fully participate and complete functional tasks. Jeff would like to have the opportunity to perform those parts of an activity which he is able to. This allows Jeff to feel more independent in task completion as he is assisting staff, not just having staff do for him. The other benefit of this objective is to have Jeff use what active range of motion he has to engage in activities.

**Objective: By 12/23/20, Jeff will assist staff with 3 functional tasks per day as evidenced by 100% completion of monthly data sheets.**



Experience •  
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Supplement Acceptance

Name: Jeff Lehman

"PLEASURE FOODS"

Month: June Year: 2020  
Case #: 1852

\* "Pleasure Foods" are intended to improve a consumer's quality of life, while the bulk of nutrition is still provided with tube feeding. Examples of "Pleasure Foods" are puddings, cream soups, thickened applesauce, and soft fruits. They can also be appropriately pureed items from the home's menu and pudding-thickened or honey-thickened liquids. They are not meal substitutes. **Please make sure that left double-swallows between bites/sips.**

SUPPLEMENT CHOICE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
"Pleasure Food" 1/4 cup	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																										
Initials	ML	ML	ML			ML																										
"Pleasure Food" 1/4 cup	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																										
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Mark with "A" for accepted