Dining is a key element in a culture change transformation. BY GRACE HOYER



order dining program developed by a team of nursing and dining staff that allowed each resident to receive a made to order meal when they were ready to eat.

Doug Motter, Homestead Village's CEO, and members of the Cura Hospitality dining team worked with Cornerstone Design Architects to create three state-of-the-art country kitchens with custom cherry cabinetry, modern appliances and granite counters. Residents can eat at breakfast bars or dine at more intimate table settings.

Farm-fresh foods are made to order, improving temperature and quality, as well as giving residents more meal choices. Two of the country kitchens are located on either side of a small commercial kitchen. "We have created the best of both worlds, allowing cooked to-order items in the small commercial kitchen, while baking and meal preparation for other areas of the community are all done in our main kitchen," says John Lush, general manager of dining services.

ulture change continues to inspire today's leaders to transform the way older adults live in long-term care communities. Homestead Village, a non-profit retirement community in the heart of Lancaster, Pa., is in its fourth year of the culture change journey.

Homestead's goal was to create a personcentered care experience where skilled care residents receive personal care while living in a space that is more reminiscent of home.

Using the existing footprint of the nursing facility, Homestead constructed three smaller households to replace a traditional 60-bed nursing home. These households accommodate 17 to 22 residents per household.

Skilled care residents who live in the Fickes House, Young House and Radcliffe House, which are named after the major donors who supported Homestead's capital campaign, enjoy private rooms and baths where household staff members work together as a team (or family unit) to meet the needs of the residents.

DINING RETHOUGHT

One of the major changes to Homestead's household experience is how residents dine. Prior to culture change, residents ate in a large, institutional-style dining room where food was prepared in the main kitchen and delivered on trays via carts to the dining room or the residents' rooms.

The institutional dining was replaced in 2007 with a made-to-

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OFFERING CHOICE

With this new style of dining, residents have multiple choices at every meal. At breakfast, for example, residents may dine any time between 7:30 a.m. and 9:30 a.m. They can order items such as pancakes, waffles, eggs, ham, bacon, and hot and cold cereals. Two or three entrées are prepared for lunch and dinner, while an always-available menu

features a variety of sandwiches, soups and salads. The new country kitchens also serve as lounge and activity centers for residents, family and friends. Residents may sit in front of the fireplace, watch TV or participate in a dining activity. Recently, Fickes House residents and their families made a lasagna dinner, says Lush. Other activities include musical groups, crafts, cards, chess

and even folding laundry.

"It's been our model and culture that if a skilled care resident wants something, we will make it happen for them," said Motter. Homestead Village has certainly accomplished its goal and residents have embraced the culture changes with positive feedback.

MEADOWS NURSING AND REHAB

At the Meadows Nursing and Rehabilitation Center in Dallas, Pa., breakfast was decentralized for the residents in early August. Since lunch and dinner was decentralized about a year ago, staff was on board with the change.

There is no set menu. Residents can order any breakfast item they desire, which is then cooked to-order in the dining room. Residents may select from pancakes, waffles, French toast, eggs to-order, variety of toast, bacon, sausage, hot and cold cereals, as well as beverages. Breakfast is served from 7:30 a.m. to 8:45 a.m.

There is also a table featuring continental breakfast items available from 7:30 a.m. to 9:30 a.m., where residents may select from fresh fruit, assorted cold cereals, oatmeal, breads and beverages.

The biggest challenge was getting residents to come to breakfast, since the majority of them ate in their rooms. "This was a big culture change for staff and residents since adjustments had to be made to the dining room process," said Rebecca Sims, RD/ LDN, Cura Hospitality regional dietitian. Breakfast is also the most challenging meal to keep temperature standards.

Since the start of decentralized dining for breakfast, there has been only positive feedback from the residents regarding food temperature and variety. "Since offering this style of breakfast service, resident participation has increased by 24 percent," says Arnie Black, Cura director of dining services. ■

Grace Hoyer is public relations manager, Cura Hospitality, Orefield, Pa.





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