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STRATEGIC DINING 2026

Balancing nutrition, compliance and
operational excellence

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Photo: Healthcare Services Group

In the sensitive world of long-term care, the dining room has long been considered the “heart of the home.” However, today it is also rapidly becoming the center of a sophisticated operational and clinical strategy.

New federal nutrition guidance is not merely changing menus. It is redefining the intersection of compliance, resident satisfaction and financial stability for skilled nursing and senior living operators.



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— MELISSA BROWN, COO, GRAVITY CONSULTING

In a recent *McKnight's* Thought Leadership discussion, experts from Healthcare Services Group, Matrix-Care, and Gravity Consulting gathered to peel back the



implications of these evolving standards. The consensus was clear: Nutrition is no longer a peripheral kitchen task – it is a preventative care strategy that impacts the entire organization.

THE PARADIGM SHIFT

For decades, institutional dining followed a grain-heavy, low-fat foundation. That era is officially ending. The 2026 guidance recommends a whole-foods approach that prioritizes proteins and produce to combat chronic inflammation and frailty common in aging populations.

“The biggest thing to take away is that we’ve really shifted the food pyramid more or less upside down on its head,” explained Melissa Brown, Chief Operating Officer of Gravity Consulting. “We’re really getting away from this foundation of grains and moving more toward whole foods, focusing on consuming first your meat and your produce and then finishing meals with those grains, those carbs, things like that.”

This shift is not just about the ingredients themselves, but the pattern of eating. Brown noted that by changing the method of calorie consumption – starting with fiber and protein before advancing to carbohydrates – facil-



ities can help residents better manage glucose levels even if the specific food items remain the same.

For older adults, ensuring that “the quality of each calorie” counts is a clinical imperative.

NUTRITION AS PREVENTATIVE CARE

From a regulatory perspective, the stakes for 2026 are rising. The Centers for Medicare & Medicaid Services is increasingly viewing nutrition through the lens of outcomes-based care.

Operators must move beyond a “menu-only” mindset, emphasized Amy Wootton, RD, Head of Product for MealTracker and Director of Nutrition Management for MatrixCare.

“Nutrition in 2026 [is] not just about what’s on the menu,” she said. “It’s about the entire organization – how they’re identifying nutrition and addressing nutrition, and if they’re making improvements for resident care.” Wootton warned that surveyors are looking for robust systems that detect malnutrition early and monitor it continuously.

Failure to do so isn’t just a clinical risk; it’s a financial one. Malnutrition leads to higher rates of hospitalization, falls and pressure wounds – all of which are “low-hang-

ing fruit” for auditors and surveyors.

“Nutrition is not just peripheral, right? It’s central – central to prevent disease, prevent malnutrition, to prevent poor care,” Wootton said. “It just supports the whole-person health.”



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— AMY WOOTTON, RD, HEAD OF PRODUCT, MEALTRACKER; DIRECTOR OF NUTRITION MANAGEMENT, MATRIXCARE



THE STAFFING PUZZLE

Perhaps the greatest challenge facing operators is how to implement these high-quality standards amid a historic labor crisis.

The solution lies in “smart efficiency” and professionalizing the culinary workforce, said Scott Shontz, National Director of Dining Services for Healthcare Services Group.

One major strategy discussed was the use of “smart convenience” items – pre-portioned proteins or high-quality ready-to-assemble components that maintain nutritional integrity while reducing back-of-house labor.

“The nutritional kind of integrity of the convenience items still remains very critical, and I think we have to put some focus on that,” Shontz noted.

However, he also urged a shift in how operators view their staff.

“I’d really like to see us move from this ‘kitchen employee’ to cook discussion in order to [move it] toward culinary professionals,” he said. By providing tiered training – moving staff from “line cook” to “sous chef,” for example, facilities can improve morale, reduce turnover, and elevate the resident experience, he added.

He called for industrywide advocacy, and for operators to work with group purchasing organizations and manufacturers to demand products specifically tailored to the long-term care space that are healthy, labor-saving and cost-effective.



Photo: Healthcare Services Group

Whole foods should take center stage under new nutrition guidelines, especially for seniors, experts say.



Photo: Healthcare Services Group

Dining capabilities are seen as a sales and marketing differentiator that deserves special attention.

THE ‘SLOW TITRATION’ MODEL

To avoid the chaos of a rushed rollout, which often leads to “costly remediation efforts,” the panel recommended a phased approach. Brown endorsed a strategy of “slowly titrating up” the quality of offerings.

“Maybe today you have zero whole foods meals on your menu. ... Could you add one every month or every couple of months over the next year?” she asked. Small swaps also can make a significant difference without increasing labor costs, such as offering yogurt or cottage cheese as snacks instead of graham crackers to increase protein intake.

The panel also touched on the “rent-free” thought occupying many operators’ minds: residents’ own preferences. Shontz noted that while guidelines push for health, residents still want their favorite snacks.

“I do believe we need to continue to honor those preferences of the residents, but ... we have an obligation to be mindful of these guidelines,” he observed. “So we educate around it. But at the end of the day, it’s still the resident’s choice.”

MARKETING DIFFERENTIATOR

In a competitive senior living market, the dining program often serves as the most “consistently observable” indicator of overall facility quality. For prospective residents and their families, the dining experience is a proxy for clinical excellence.

“In a very highly competitive market that we all operate in, I’d say the dining program is really a decisive factor in the sales and marketing process,” Shontz offered. A poor dining experience suggests a rushed or indifferent culture, whereas an exceptional program signals “attention to detail and compassion.”

Success in 2026 requires breaking down silos, panelists agreed.

Occupational therapists, for example, can use scratch-cooking as a functional therapy task while activity directors can swap boxed mixes for raw ingredients in baking clubs to create a “wonderful sense of community,” Brown said.

Wootton stressed that accurate nursing documentation of intake is vital for dietitians to create effective, reimbursable care plans under the Patient Driven Payment Model. As operators look ahead, the goal is to see dining programs move from being a simple budget line item to a central driver of positive resident experiences, panel members agreed.



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– SCOTT SHONTZ, NATIONAL DIRECTOR OF DINING SERVICES, HEALTHCARE SERVICES GROUP



By embracing such strategic shifts today, providers can ensure their residents thrive, that regulators remain satisfied, and that their organizations remain stable in the face of change. ■

Note: This discussion recap was assisted by Gemini, which used artificial intelligence to help capture key points. It has been reviewed and updated by an editor for accuracy.