Update! CMS LTC Survey Citations and New Revisions Webinar

Course Description:

The new Long Term Care Survey Process and Phase II Requirements for Nutrition, effective 11/28/17, encompassed extensive changes to survey procedures, survey forms, F-tags, and surveyor guidance. This webinar will review the most recent CASPER data including the most common deficiencies related to food/nutrition/dining areas being cited across the nation along with Enforcement Actions that have occurred 1/1/2018 thru 8/2018.

Course Objectives:

After completing this continuing education course the learner should be able to:

1. Identify the most current commonly CMS cited FTags related to Food, Nutrition and Dining.
2. Describe updated revisions to LTC Survey System Forms/Critical Pathways related to nutrition.
3. Explain current CMS initiatives impacting LTC and nutrition.

Professional Approvals:

Becky Dorner & Associates, Inc. has been a Continuing Professional Education (CPE) Accredited Provider (NU004) with the Commission on Dietetic Registration (CDR) since 2002. Details on professional approvals for this course can be found in the product description on our website. You may also wish to visit this page: beckydorner.com/continuing-education/professional-approvals/

Course CPE Hours: 1.5	**CDR Level:** 2
Suggested CDR Learning Needs Codes: 1010, 5040, 7100, 7160	**Suggested CDR Performance Indicators:** 1.2.1, 1.5.1, 6.1.3, 8.3.6

Note: Numerous Other Learning Needs Codes and Performance Indicators May Apply.

Expiration Date: September 19, 2021

How to Complete a CPE Course: https://www.beckydorner.com/continuing-education/how-to-complete-cpe/

Questions? Please contact us at info@beckydorner.com or 1-800-342-0285.

Update! CMS LTC Survey Citations and New Revisions Webinar

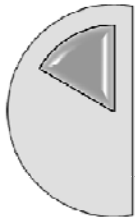
SEPTEMBER 20, 2018

PRESENTER
BRENDA RICHARDSON, MA, RDN, LD, CD, FAND

Objectives:

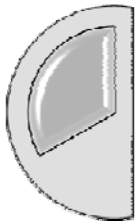
- Identify current commonly cited deficiencies related to Food, Nutrition and Dining.
- Describe updated revisions to LTC Survey System Forms/Critical Pathways related to nutrition.
- Explain CMS initiatives impacting LTC and nutrition and resources for success.

Overview of LTC Requirements



Law/Legislation

- 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities - Revised Requirements of Participation
- The Patient Protection and Affordable Care Act/Affordable Care Act
- Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act)



Regulations CMS

- Revised State Operations Manual (SOM)- Appendix PP
- Resident Assessment Instrument (RAI/MDS)
- Quality Measures
- Payroll Based Journal (PBJ)
- Emergency Preparedness – Appendix Z
- Payment: VBP

Survey & Compliance

- Survey Process
- Ftags
- Compliance
- Noncompliance- deficiencies
- Penalties- Civil Money Penalties/ Denial of Admissions/ etc.

LTC Survey Facility Entrance

- Team Coordinator (TC) conducts an Entrance Conference
  - Updated Entrance Conference Worksheet
  - Updated facility matrix
- **Brief visit to the kitchen**
- Surveyors go to assigned areas
- NOTE: If an RD is the Team Leader they are instructed to introduce themselves and then go immediately to the kitchen for the brief review. They will resume the Entrance Conference after the visit.

Facility Entrance

- Team Coordinator (TC) conducts an Entrance Conference
- **Within 1 hour the facility is to provide:**
  - Schedule of Meal Times
  - Locations of dining rooms
  - Copies of all current Menus including Therapeutic Menus that will be served for the duration of the survey
  - Policy for food brought in from visitors

Updated Facility Matrix CMS-802 (Rev 1/2018)

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MATRIX FOR PROVIDERS

	Resident Room Number	Date of Admission if Admitted within the Past 30 Days	Alzheimer's / Dementia	MD, ID or RC & No PASARR Level II	Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), Respiratory (RESP)	Facility Acquired Pressure Ulcer(s) (any stage)	Worsened Pressure Ulcer(s) (any stage)	Excessive Weight Loss Without Prescribed Weight Loss Program	Tube Feeding	Dehydration	Physical Restraints	Fall (F), Fall with Injury (FI), or Fall w/Major Injury (FMI)	Indwelling Catheter	Dialysis: Peritoneal (P), Hemo (H), in facility (F) or offsite (O)	Hospice	End of Life Care / Comfort Care / Palliative Care	Tracheostomy	Ventilator	Transmission-Based Precautions	Intravenous therapy	Infections (M,WI, P, TB, VH, C, UTI)	Other
Resident Name		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

MATRIX INSTRUCTIONS FOR PROVIDERS

The Matrix is used to identify pertinent care categories for: 1) newly admitted residents in the last 30 days who are still residing in the facility, and 2) all other residents.

The facility completes the resident name, resident room number and columns 1–20, which are described in detail below. Blank columns are for Surveyor Use Only.

All information entered into the form should be verified by a staff member knowledgeable about the resident population. Information must be reflective of all residents as of the day of survey.

Dining – First Full Meal

- Dining – Surveyors will observe first full meal
  - Cover all dining rooms and room trays
  - Observe enough to adequately identify concerns
  - If feasible, observe initial pool residents with weight loss
  - If concerns identified, observe another meal
  - Dining Observation and Critical Element Pathway (CMS-20053 5/2017)

Resident Investigation – General Guidelines

Surveyors will:

- Conduct investigations for all concerns that warrant further investigation for sampled residents
- Continuous observations, if required
- Interview representative, if appropriate, when concerns are identified
- Majority of time spent observing and interviewing with relevant review of record to complete investigation
- **Use Appendix PP and critical elements (CE) pathways**

NATIONAL REPORT

Source: CASPER
01/01/2018 thru 08/27/2018)

Citation Frequency Report

Selection Criteria

Display Options: Display all results

Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only

National

Survey Focus: Health

Year Type: Calendar Year

Year: 2018

Month: Full Year

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
	Totals represent the # of providers and surveys that meet the selection criteria specified above.		Active Providers = 15677	Total Number of Surveys = 38580
F0880	Infection Prevention & Control	3,621	21.8%	9.4%
F0689	Free of Accident Hazards/Supervision/Devices	3,100	16.8%	8.0%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	2,724	15.7%	7.1%
F0656	Develop/Implement Comprehensive Care Plan	2,678	15.7%	6.9%
F0684	Quality of Care	2,347	13.1%	6.1%
F0761	Label/Store Drugs and Biologicals	1,772	10.9%	4.6%
F0657	Care Plan Timing and Revision	1,738	10.4%	4.5%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	1,506	8.5%	3.9%
F0758	Free from Unnec Psychotropic Meds/PRN Use	1,445	8.0%	3.8%
F0842	Resident Records - Identifiable Information	1,438	8.3%	3.7%
F0677	ADL Care Provided for Dependent Residents	1,423	8.0%	3.7%
F0550	Resident Rights/Exercise of Rights	1,380	8.2%	3.6%
F0641	Accuracy of Assessments	1,366	8.3%	3.5%
F0755	Pharmacy Srvcs/Procedures/Pharmacist/Records	1,311	7.7%	3.4%
F0690	Bowel/Bladder Incontinence, Catheter, UTI	1,208	7.1%	3.1%
F0609	Reporting of Alleged Violations	1,206	6.7%	3.1%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	1,175	6.8%	3.0%
F0658	Services Provided Meet Professional Standards	1,165	6.8%	3.0%
F0584	Safe/Clean/Comfortable/Homelike Environment	1,101	6.4%	2.9%
F0610	Investigate/Prevent/Correct Alleged Violation	916	5.2%	2.5%
F0695	Respiratory/Tracheostomy Care and Suctioning	867	5.3%	2.2%

Source: CASPER (08/27/2018)

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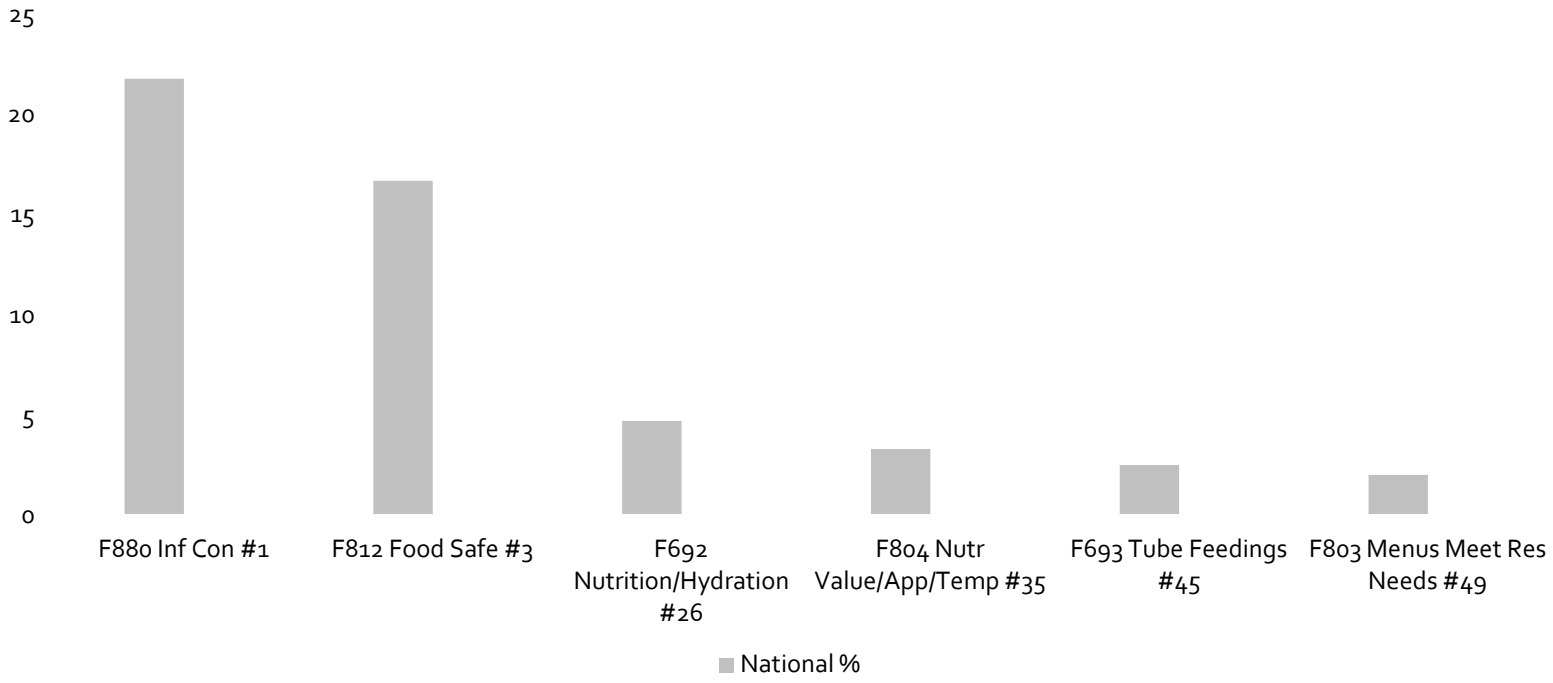
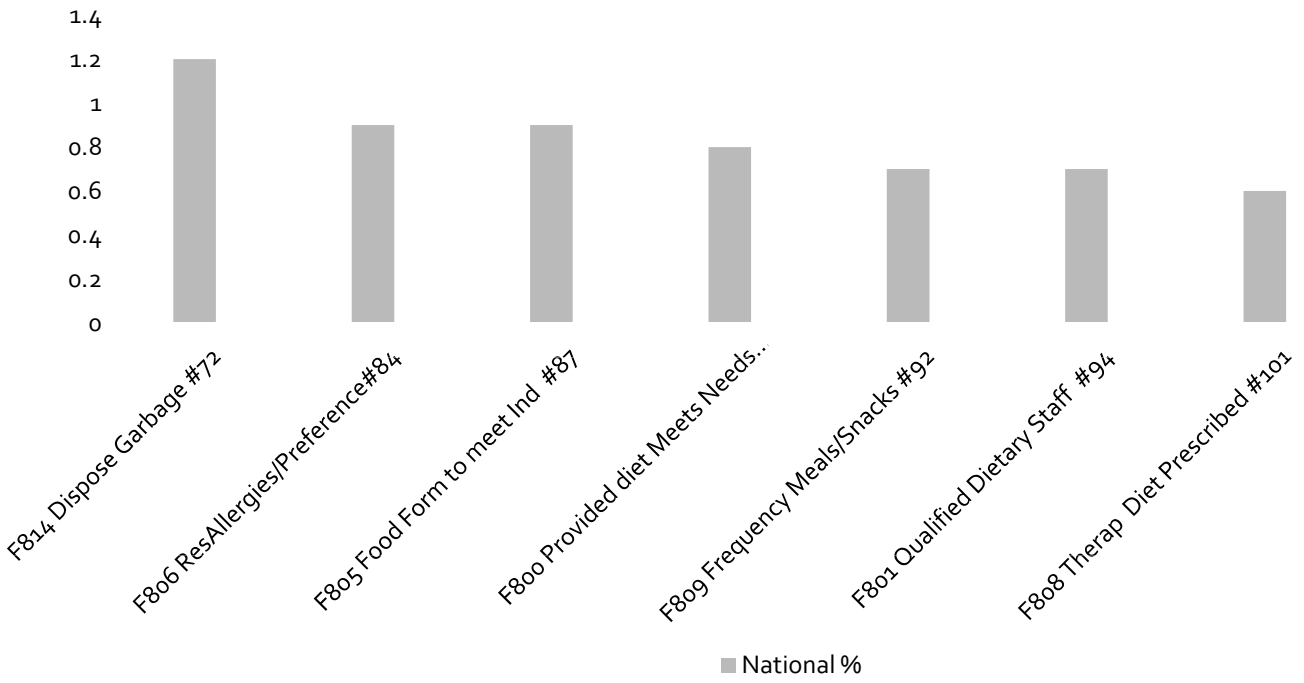
Cited Food and Nutrition Tags in Top 50 : US



(CASPER 01/01/18 THRU 08/27/18)

Cited Food/Nutrition Tags in Top 50-100 : US



(CASPER 01/01/18 thru 08/27/18)

How Surveyors Rank Deficiencies

Level 4 Immediate jeopardy to resident health or safety CMPs Required!	**J** POC Category 3 Required Cat. 1 & 2 Optional	**K** POC Category 3 Required Cat. 1 & 2 Optional	**L** POC Category 3 Required Cat. 1 & 2 Optional
Level 3 Actual harm that is not immediate	**G** POC Category 2 Required Cat. 1 Optional	**H** POC Category 2 Required Cat. 1 Optional	**I** POC Category 2 Required Cat. 1 & Temporary Management Optional
Level 2 No actual harm with potential for more than minimal harm that is not immediate jeopardy	**D** POC Category 1 Required* Cat. 2 Optional	**E** POC Category 1 Required* Cat. 2 Optional	**F** POC Category 2 Required* Cat. 1 Optional
Level 1 No actual harm with potential for minimal harm	**A** No POC No Remedies Not on 2567	**B** POC No Remedies	**C** POC No Remedies
	Isolated	**Pattern**	**Widespread**

*Required only when imposing remedy/remedies instead of or in addition to termination

Substantial Compliance

SQC – Any deficiency in § 483.13, § 483.15, or § 483.25 that constitutes: immediate jeopardy; pattern or widespread actual harm that is not immediate jeopardy; or no actual harm with widespread potential for more than minimal harm that is not immediate jeopardy

Category 1	Category 2	Category 3
Directed PoC State Monitoring Directed In-Service Training	Denial of Payment for New Admissions Denial of Payment for All Individuals (imposed by CMS) Termination Temporary Management Civil Monetary Penalties	Temporary Management Termination Civil Monetary Penalties

IMPACT of Civil Money Penalties (CMPs) in US 1/1/18-8/27/18

Total # of CMPs Per Diem	Total # of CMPs Per Instance	Average Dollar Amount Per Diem	Average Dollar Amount Per Instance	Total Dollar Amount Per Diem	Total Dollar Amount Per Instance
478	870	$71,568	$9,629	$34,209,575	$8,377,492

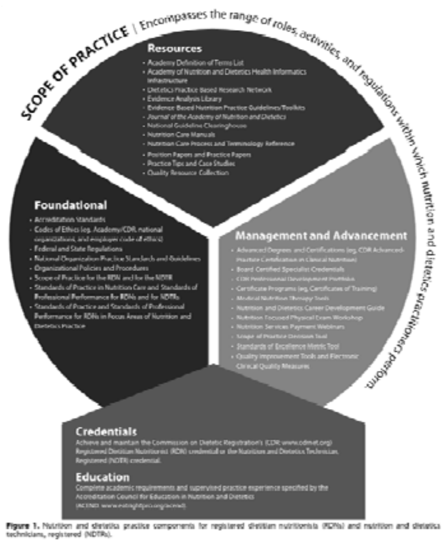
***CMP Varies per CMS Region**:

Per Diem: High: Philadelphia $159,034
Low: Seattle: $43,387

Per Instance: High: Chicago $11,466
Low: New York: $6,308

Enforcement Actions in US 1/1/18-8/27/18

Total # Enforcement Actions	Deny New Admits	Directed In-Service Training	Civil Money Penalties (CMPs)	Termination
1,863	296	133	1,346	5



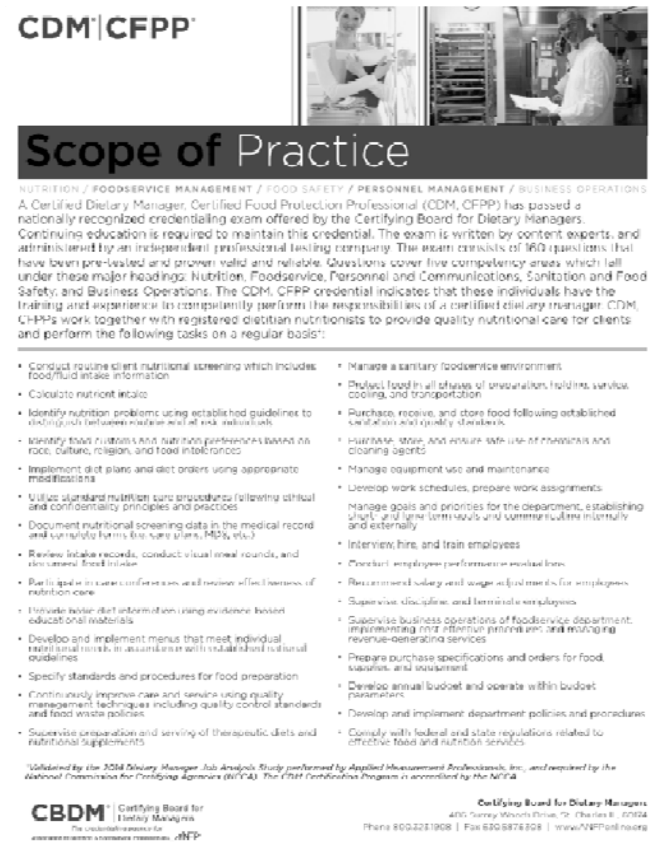
Key Areas of Focus

- Having Adequate staff
- Skills/Competencies
- Scope of Practice and

"Best Practice"

With Positive Outcomes :

- Person-Centered Care
- Food Safety
- Food Service and Delivery Systems
- Nutrition and Hydration



General Guidelines for Resident Investigations

Surveyors will conduct investigations for all concerns that warrant further investigation for sampled residents with continuous observations, if required and Interviews as appropriate, when concerns are identified

- Majority of time spent observing and interviewing with relevant review of record to complete investigation

- **Will Use Appendix PP and Critical Elements (CE) pathways**

LTC Survey Pathways

- **Mandatory:**
  - Kitchen Observation (Form CMS 20055 Date:5/2017)
  - Dining Observation (Form CMS –20053 Date: 1/2018)
- **Other CE Pathways if concerns:**
  - Nutrition Critical Element Pathway (20075 Date: 5/2017)
  - Tube Feeding Status Critical Element Pathway (20093 Date: 5/2017)
  - More than 40 Critical Element Pathways that may be used.

Some Recent CMS clarification

Question regarding:

- Resident declining to be weighed or has asked that weights be discontinued;
- Staff not crushing and combining medication and then give medications all at once either orally (e.g., in pudding or other similar food) or via feeding tube;
- *Melatonin* consideration as a hypnotic drug to be reduced every ninety days;
- Food covered during transportation and distribution to residents.

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Kitchen Observation

Kitchen/Food Service Observation: *Complete the initial brief kitchen tour upon arrival at the facility, with observations focused on practices that might indicate potential for foodborne illness. Make additional observations throughout the survey process in order to gather all information needed. Refer to the current FDA Food Code as needed.*

Initial Brief Tour of the Kitchen: Review the first two CEs to ensure practices prevent foodborne illness.

- ☐ Potentially hazardous foods, such as beef, chicken, pork, etc., have not been left to thaw at room temperature.
- ☐ Food items in the refrigerator(s) are labeled or dated.
- ☐ Potentially hazardous foods such as uncooked meat, poultry, fish, and eggs are stored separately from other foods (e.g., meat is thawing so that juices are not dripping on other foods).
- ☐ Hand washing facilities with soap and water are separate from those used for food preparation.
- ☐ Staff are practicing appropriate hand hygiene and glove use when necessary during food preparation activities, such as between handling raw meat and other foods, to prevent cross-contamination.
- ☐ Cracked or unpasteurized eggs are not used in foods that are not fully cooked (per observation or interview).
- ☐ Food is prepared, cooked, or stored under appropriate temperatures and with safe food handling techniques.
- ☐ Staff are employing hygienic practices (e.g., not touching hair or face without hand washing) and then handling food.

1. **During the initial brief tour, are foods stored and/or prepared under sanitary conditions?** ☐ Yes ☐ **No F812**

2. **During the initial brief tour, does the facility handle, prepare, and distribute food in a manner that prevents foodborne illness to the residents?** ☐ Yes ☐ **No F880**

Follow Up Visits to the Kitchen: If staff are preparing food during the initial brief tour, proceed with observations. If not, answer the remaining items in future trips to the kitchen.

Storage Temperatures

- ☐ Refrigerator temperatures that are at or below 41 degrees Fahrenheit (°F) (check temperatures between meal service activities to allow for stable temperatures).
- ☐ Freezer temperatures maintained at a level to keep frozen food solid.
- ☐ Internal temperatures of 41°F or lower for potentially hazardous, refrigerated foods (e.g., meat, fish, milk, egg, poultry dishes) that are not within acceptable ranges:
  - What are the temperatures?
  - What foods are involved?

FORM CMS–20055 (5/2017) Page 1

Kitchen observation Form CMS-20055 (5/2017)

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Kitchen/Food Service Observation

3. Is the food stored at the appropriate temperatures? ☐ Yes ☐ No F812

Food Storage

- ☐ Frozen foods are thawing at the correct temperature.
- ☐ Foods in the refrigerator/freezer are covered, dated, and shelved to allow circulation.
- ☐ Foods are stored away from soiled surfaces or rust.
- ☐ Canned goods have an uncompromised seal (e.g., punctures).
- ☐ Staff are only using clean utensils when accessing bulk foods and/or ice.
- ☐ Containers of food are stored off the floor, on surfaces that are clean or protected from contamination (e.g., 6 inches above the floor, protected from splash).
- ☐ There are no signs of water damage from sewage lines and/or pipelines.
- ☐ There are no signs of negative outcome (e.g., freezer burn, foods dried out, foods with a change in color).
- ☐ Raw meat is stored so that juices are not dripping onto other foods.
- ☐ Food products are discarded on or before the expiration date.
- ☐ Staff are following the facility's policy for food storage, including leftovers.

4. During follow-up visits to the kitchen, are foods stored under sanitary conditions? ☐ Yes ☐ No F812

Food Preparation and Service

- ☐ Hot foods are held at 135°F or higher on the steam table.
- ☐ Cold foods are held at 41°F or lower.
- ☐ Food surfaces are thoroughly cleaned and sanitized after preparation of fish, meat, or poultry.
- ☐ Cutting surfaces are sanitized between uses.
- ☐ Equipment (e.g., food grinders, choppers, slicers, and mixers) are cleaned, sanitized, dried, and reassembled after each use.
- ☐ If staff is preparing resident requests for soft cooked and undercooked eggs (i.e., sunny side up, soft scrambled, soft boiled), determine if a pasteurized egg product was used.
- ☐ Proper final internal cooking temperatures (monitoring the food's internal temperature for 15 seconds determines when microorganisms can no longer survive and food is safe for consumption). Foods should reach the following internal temperatures:
  - Poultry and stuffed foods: 165°F;
  - Ground meat (e.g., ground beef, ground pork, ground fish) and eggs held for service: at least 155°F;

FORM CMS-20055 (5/2017) Page 2

Kitchen observation Form CMS-20055 (5/2017)

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Kitchen/Food Service Observation

- Fish and other meats: 145°F for 15 seconds;
- When cooking raw animal foods in the microwave, foods should be rotated and stirred during the cooking process so that all parts of the food are heated to a temperature of at least 165°F, and allowed to stand covered for at least 2 minutes after cooking to obtain temperature equilibrium; and
- Fresh, frozen, or canned fruits and vegetables: cooked to a hot holding temperature of 135°F to prevent the growth of pathogenic bacteria that may be present.

☐ Food items that are reheated to the proper temperatures:

- The potentially hazardous food (PHF) or time/temperature controlled for safety (TCS) food that is cooked and cooled must be reheated so that all parts of the food reach an internal temperature of 165°F for at least 15 seconds before holding for hot service; and
- Ready-to-eat foods that require heating before consumption are best taken directly from a sealed container (secured against the entry of microorganisms) or an intact package from an approved food processing source and heated to at least 135°F for holding for hot service.

☐ Food is covered during transportation and distribution to residents.
☐ Food is cooked in a manner to conserve nutritive value, flavor, appearance, and texture.
☐ Nourishments and snacks that are held at room temperature are served within 4 hours of delivery. Potentially hazardous foods (e.g., milk, milk products, eggs) must be held at appropriate temperatures.
☐ Staff properly wash hands with soap and water to prevent cross-contamination (i.e., between handling raw meat and other foods).
☐ Staff utilize hygienic practices (e.g., not touching hair, face, nose, etc.) when handling food.
☐ Staff wash hands before serving food to residents after collecting soiled plates and food waste.
☐ Opened containers of potentially hazardous foods or leftovers are dated or used within 7 days in the refrigerator or according to facility policy.
☐ Proper cooling procedures were observed, such as cooling foods in shallow containers, and not deep or sealed containers, facilitating foods to cool quickly as required.
☐ Potentially hazardous foods are cooled from 135°F to 70°F within 2 hours; from 70°F to 41°F within 4 hours; the total time for cooling from 135°F to 41°F should not exceed six hours.
☐ Food procured from vendors meets federal, state, or local approval.
☐ Review the policies and procedures for maintaining nursing home gardens, if applicable.
☐ The time food is put on the steam table and when meal service starts. If unable to observe, determine per interview with the cook.
☐ How staff routinely monitors food temperatures on the steam table (review temperature logs).
☐ When staff starts cooking the food. If unable to observe, determine per interview with the cook.
☐ What cooking methods are available and used (e.g., steamer, batch-style cooking).
☐ Ensure staff do not compromise food safety when preparing modified consistency (e.g., pureed, mechanical soft) PHF/TCS foods.
☐ Ask staff about their knowledge of the food safety practice and facility policy around the particular concern identified.
☐ Does the facility have written policies (e.g., eggs) that honor resident preferences safely?

FORM CMS–20055 (5/2017) Page 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Kitchen/Food Service Observation

- ☐ Does the facility have a written policy regarding food brought in by family or visitors?
- ☐ Ask staff what the facility practice is for dealing with employees who come to work with symptoms of contagious illness (e.g., coughing, sneezing, nausea, fever, vomiting) or open wounds.
- ☐ If a foodborne illness outbreak occurred, did you report the outbreak to the local health department?
- ☐ Was the facility food service identified as the cause of the outbreak and what remediation steps were taken?

5. Does the facility provide each resident with a nourishing, palatable, well-balanced diet that meets his/her daily nutritional and dietary needs, taking into consideration the preferences of each resident? ☐ Yes ☐ **No F800**

6. Does the facility provide food prepared by methods that conserve nutritive value, flavor, and appearance and provide food and drink that is palatable, attractive, and at a safe and appetizing temperature? ☐ Yes ☐ **No F804**

7. Is food prepared in a form to meet individual needs of the residents? ☐ Yes ☐ **No F805**

8. Was food procured from approved or satisfactory sources and was food stored, prepared, distributed, and served in accordance with professional standards for food service safety? ☐ Yes ☐ **No F812**

9. Does the facility 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? ☐ Yes ☐ **No F813**

10. During follow-up visits to the kitchen, does the facility handle, prepare, and distribute food in a manner that prevents foodborne illness to the residents? ☐ Yes ☐ **No F880**

Dinnerware Sanitization and Storage

☐ Staff ensure dishwasher temperatures are:

- For a stationary rack, single temperature machine, 74°C (165°F);
- For a stationary rack, dual temperature machine, 66°C (150°F);
- For a single tank, conveyor, dual temperature machine, 71°C (160°F);
- For a multi-tank, conveyor, multi-temperature machine, 66°C (150°F); or
- For the wash solution in spray-type washers that use chemicals to sanitize, less than 49°C (120°F).
- Sanitizing solution must be at level required per manufacturer's instructions.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Kitchen/Food Service Observation

☐ Manual water temperature solution shall be maintained at no less than 110°F. After washing and rinsing, dishes are sanitized by immersion in either:

- Hot water (at least 171°F) for 30 seconds; or
- A chemical sanitizing solution. If explicit manufacturer instructions are not provided, the recommended sanitation concentrations are as follows:
  - Chlorine: 50 – 100 ppm minimum 10 second contact time
  - Iodine: 12.5 ppm minimum 30 second contact time
  - QAC space (Quaternary): 150 – 200 ppm concentration and contact time per manufacturer's instructions (Ammonium Compound)

☐ Dishes, food preparation equipment, and utensils are air dried. (Drying food preparation equipment and utensils with a towel or cloth may increase risks for cross-contamination.).
☐ Wet wiping cloths are stored in an approved sanitizing solution and laundered daily.
☐ Clean and soiled work areas are separated.
☐ Dishware is stored in a clean, dry location and not exposed to splash, dust, or other contamination, and covered or inverted.
☐ Ask staff how they test for proper chemical sanitization (observe them performing the test).
☐ Ask staff how they monitor equipment to ensure that it is functioning properly. (Review temperature/chemical logs.)

11. Were dishes and utensils cleaned and stored under sanitary conditions? ☐ Yes ☐ **No F812**

Equipment Safe/Clean

☐ Refrigerators, freezers, and ice machines are clean and in safe operating condition.
☐ Fans in food prep areas are clean.
☐ Utensils/equipment are cleaned and maintained to prevent foodborne illness.
☐ Food trays, dinnerware, and utensils are clean and in good condition (e.g., not cracked or chipped).
☐ Appropriate equipment and supplies to evaluate the safe operation of the dish machine and the washing of pots and pans (e.g., maximum registering thermometer, appropriate chemical test strips, and paper thermometers).
☐ How does the facility identify problems with time and temperature control of PHF/TCS foods and what are the processes to address those problems.
☐ Whether the facility has, and follows, a cleaning schedule for the kitchen and food service equipment.
☐ If there is a problem with equipment, how staff informs maintenance and follows up to see if the problem is corrected.

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Kitchen/Food Service Observation

12. Is the food preparation equipment clean? ☐ Yes ☐ **No F812**

13. Is essential kitchen equipment maintained in safe operating condition? ☐ Yes ☐ **No F908**

Refuse/Pest Control

☐ Is there evidence of pests in the food storage, preparation, or service areas?
☐ Is the facility aware of the current problem?
☐ If the facility is aware of the current problem, what steps have been taken to eradicate the problem?
☐ Is garbage and refuse disposed of properly?
☐ Is there documentation of pest control services that have been provided?
☐ Notify team of observations and review other areas of the environment for pest concerns under the Environment task.

14. Was garbage and refuse disposed of properly? ☐ Yes ☐ **No F814**

15. Was food storage, preparation, and service areas free of visible signs of insects and/or rodents? ☐ Yes ☐ **No F925**

Unit Refrigerators

☐ Snack/nourishment refrigerators on the unit are maintained to prevent the potential for foodborne illness.
☐ Proper snacks/nourishment refrigerators' temperatures are maintained and food items are dated and labeled.

16. Are snack/nourishment refrigerators on the unit maintained with the proper temperature and food items are dated and labeled so as to prevent the potential for foodborne illness? ☐ Yes ☐ **No F812**

Menus

☐ Ensure staff are following the menus.
☐ Menus meet the nutritional needs of the residents.

17. Does the facility follow the menus and does the menu meet the nutritional needs of the residents? ☐ Yes ☐ **No F803**

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Kitchen/Food Service Observation

Dietary Staff

☐ Interview dietary staff members to ensure the facility has a full-time qualified dietitian or other clinically qualified professional either full-time, part-time, or on a consultant basis (refer to the regulation for qualification details).

☐ If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, interview staff to ensure the person designated as the director of food and nutrition services is qualified (refer to the regulation for qualification details).

☐ Interview staff to ensure they have appropriate competencies and skill set to carry out functions of the food and nutrition services, taking into account resident assessments, care plans, number, acuity, and diagnoses of the facility's population in accordance with the facility assessment.

18. Does the facility have a qualified dietitian, other clinically qualified nutrition professional, and/or director of food and nutrition services who met the required qualifications in the timeframe allowed? ☐ Yes ☐ **No F801**

19. Does the facility have a sufficient number of competent staff to safely and effectively carry out the functions of the food and nutrition services? ☐ Yes ☐ **No F802**

7 pages

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Dining Observation

Dining Observation - *Each survey team member will be assigned a dining area. If there are fewer surveyors than dining areas, observe the dining areas with the most dependent residents. The team is responsible for observing the first meal upon entrance into the facility. Additional observations may be required if the team identifies concerns. The surveyor assigned primary responsibility will answer all CEs. Any other surveyor assigned a dining location will complete the observations and answer CEs of concern. While it is not mandatory, the team member responsible for the Kitchen task should also consider completing the Dining task. Potential nutrition or hydration concerns should be investigated under the resident.*

Meal Services

☐ Determine whether staff are using proper handling techniques, such as:

- Preventing the eating surfaces of plates from coming in contact with staff clothing;
- Handling cups/glasses on the outside of the container; and
- Handling knives, forks, and spoons by the handles.

☐ Observe whether staff are using proper hygienic practices such as keeping their hands away from their hair and face when handling food.

1. Does staff distribute and serve food under sanitary conditions? ☐ Yes ☐ **No F812**

Infection Control

☐ Determine whether staff have any open areas on their skin, signs of infection, or other indications of illness.

☐ Appropriate hand hygiene must be practiced between residents after direct contact with resident's skin or secretions.

2. Did the facility provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections? ☐ Yes ☐ **No F880**

Dignity: Observe whether staff (list is not all-inclusive):

☐ Provide meals to all residents at a table at the same time.

☐ Provide napkins and nondisposable cutlery and dishware (including cups and glasses).

☐ Consider residents' wishes when using clothing protectors.

☐ Wait for residents at a table to finish their meals before scraping food from plates at that table.

☐ Sit next to residents while assisting them to eat, rather than standing over them.

☐ Talk with residents for whom they are providing assistance rather than conducting social conversations with other staff.

☐ Allow residents adequate time to complete their meal.

☐ Speak with residents politely, respectfully, and communicate personal information in a way that maintains confidentiality.

☐ Respond to residents' requests in a timely manner?

Dining observation Form CMS-20053 (Updated 1/2018)

Guidance to Surveyors:
Dining Observation - Each survey team member will be assigned a dining area. If there are fewer surveyors than dining areas, observe the dining areas with the most dependent residents. The team is responsible for observing the first meal upon entrance into the facility. Additional observations may be required if the team identifies concerns. The surveyor assigned primary responsibility will answer all CEs. Any other surveyor assigned a dining location will complete the observations and answer CEs of concern. While it is not mandatory, the team member responsible for the Kitchen task should also consider completing the Dining task. Potential nutrition or hydration concerns should be investigated under the resident.

Dining observation Form CMS-20053 (1/2018)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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3. Does the facility promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality?
☐ Yes ☐ **No F550**

Homelike Environment: A "homelike environment" is one that de-emphasizes the institutional character of the setting, to the extent possible. A determination of "homelike" should include, whenever possible, the resident's or representative of the resident's opinion of the living environment.

☐ Determine the presence of institutional practices that may interfere with the quality of the residents' dining experience, such as:

- Meals served on trays in a dining room;
- Medication administration practices that interfere with the quality of the residents' dining experience.
  Note: Medication administration during meal service is not prohibited for:
  - Medications that must be taken with a meal.
  - Medication administration requested by a resident who is accustomed to taking the medication with a meal, as long as it has been determined that this practice does not interfere with the effectiveness of the medication.

☐ Has the facility attempted to provide medications at times and in a manner that does not distract from the dining experience of the resident, such as:

- Pain medications being given prior to meals so that meals can be eaten in comfort;
- Foods served are not routinely or unnecessarily used as vehicles to administer medications (mixing the medications with potatoes or other entrees)

4. Did the facility provide a homelike dining environment? ☐ Yes ☐ **No F584**

Resident Self-Determination or Preferences

☐ Determine staff response to a resident who refuses to go to the dining area, refuses the meal or meal items offered, or requests a substitute. If concerns are identified, interview the resident to determine whether:

- The resident was involved in choosing when to eat;
- The resident was involved in choosing where to eat; and/or
- The food offered takes into account the resident's food preferences.

☐ Interview staff regarding the facility protocol to identify where and when a resident eats, how staff knows whether a specific resident eats in a specific dining room or other location, and how food preferences are identified and submitted to the dietary department.

5. Does the facility honor the resident's right to make choices about aspects of his/her life in the facility that are significant to the resident? ☐ Yes ☐ **No F561**

Dining Assistance

☐ Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:

- Provision of cueing, prompting, or assisting a resident to eat in order to improve, maintain, or prevent the decline in eating abilities;
- How meals and assistance to eat is provided to those residents who wish to eat in their rooms;

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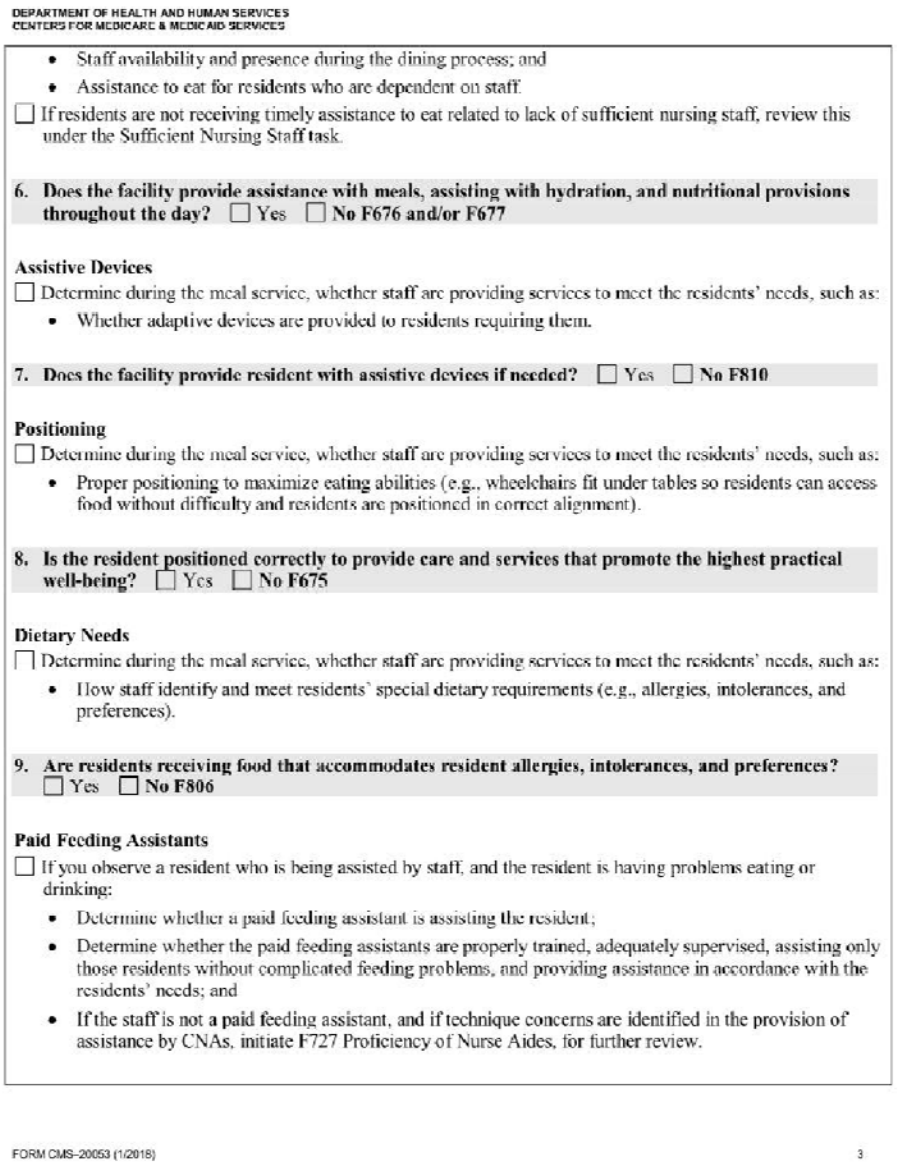
Dining observation Form CMS-20053 (1/2018)



DEPARTMENT OF HEALTH AND HUMAN SERVICES
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- Staff availability and presence during the dining process; and
- Assistance to eat for residents who are dependent on staff.

☐ If residents are not receiving timely assistance to eat related to lack of sufficient nursing staff, review this under the Sufficient Nursing Staff task.

6. Does the facility provide assistance with meals, assisting with hydration, and nutritional provisions throughout the day? ☐ Yes ☐ No F676 and/or F677

Assistive Devices

☐ Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:

- Whether adaptive devices are provided to residents requiring them.

7. Does the facility provide resident with assistive devices if needed? ☐ Yes ☐ No F810

Positioning

☐ Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:

- Proper positioning to maximize eating abilities (e.g., wheelchairs fit under tables so residents can access food without difficulty and residents are positioned in correct alignment).

8. Is the resident positioned correctly to provide care and services that promote the highest practical well-being? ☐ Yes ☐ No F675

Dietary Needs

☐ Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:

- How staff identify and meet residents' special dietary requirements (e.g., allergies, intolerances, and preferences).

9. Are residents receiving food that accommodates resident allergies, intolerances, and preferences? ☐ Yes ☐ No F806

Paid Feeding Assistants

☐ If you observe a resident who is being assisted by staff, and the resident is having problems eating or drinking:

- Determine whether a paid feeding assistant is assisting the resident;
- Determine whether the paid feeding assistants are properly trained, adequately supervised, assisting only those residents without complicated feeding problems, and providing assistance in accordance with the residents' needs; and
- If the staff is not a paid feeding assistant, and if technique concerns are identified in the provision of assistance by CNAs, initiate F727 Proficiency of Nurse Aides, for further review.

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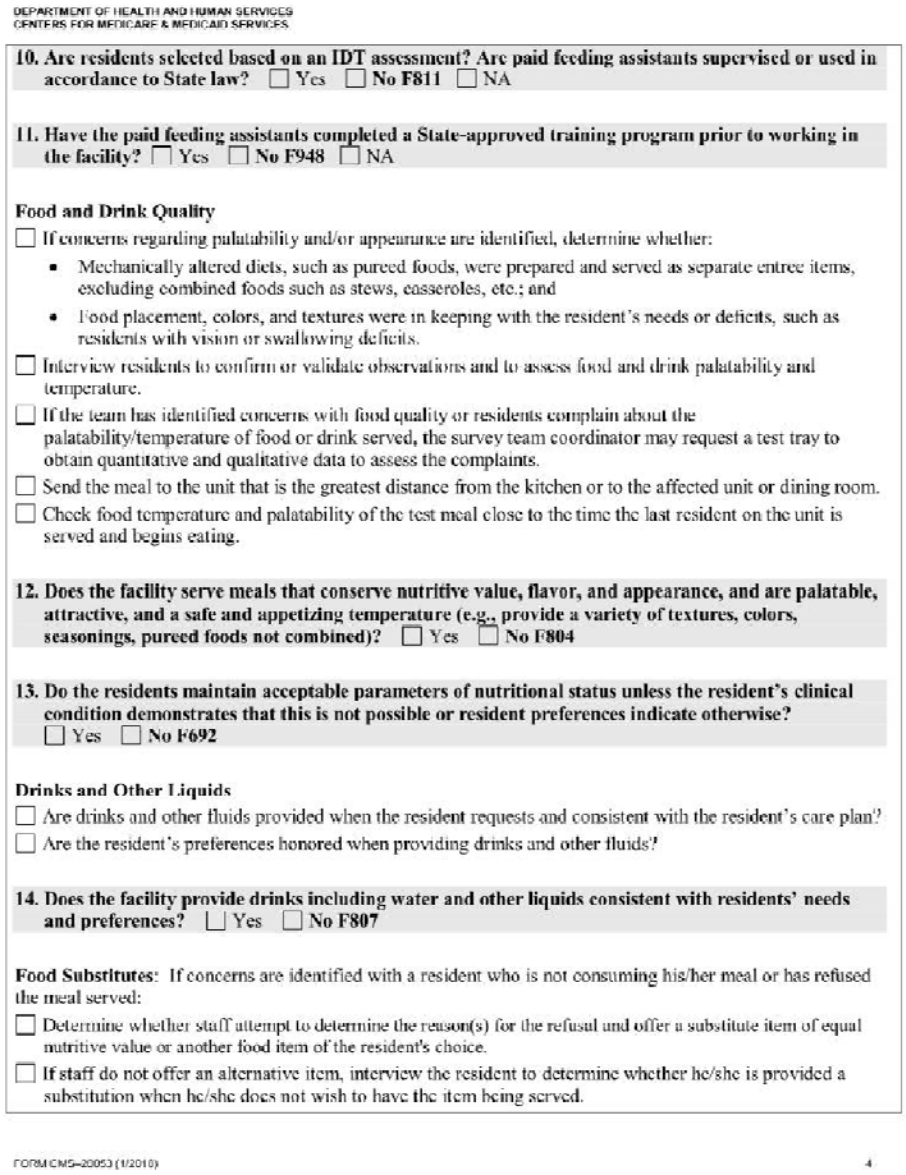
Dining observation Form CMS-20053 (1/2018)



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10. Are residents selected based on an IDT assessment? Are paid feeding assistants supervised or used in accordance to State law? ☐ Yes ☐ **No F811** ☐ NA

11. Have the paid feeding assistants completed a State-approved training program prior to working in the facility? ☐ Yes ☐ **No F948** ☐ NA

Food and Drink Quality

☐ If concerns regarding palatability and/or appearance are identified, determine whether:

- Mechanically altered diets, such as pureed foods, were prepared and served as separate entree items, excluding combined foods such as stews, casseroles, etc.; and
- Food placement, colors, and textures were in keeping with the resident's needs or deficits, such as residents with vision or swallowing deficits.

☐ Interview residents to confirm or validate observations and to assess food and drink palatability and temperature.

☐ If the team has identified concerns with food quality or residents complain about the palatability/temperature of food or drink served, the survey team coordinator may request a test tray to obtain quantitative and qualitative data to assess the complaints.

☐ Send the meal to the unit that is the greatest distance from the kitchen or to the affected unit or dining room.

☐ Check food temperature and palatability of the test meal close to the time the last resident on the unit is served and begins eating.

12. Does the facility serve meals that conserve nutritive value, flavor, and appearance, and are palatable, attractive, and a safe and appetizing temperature (e.g., provide a variety of textures, colors, seasonings, pureed foods not combined)? ☐ Yes ☐ **No F804**

13. Do the residents maintain acceptable parameters of nutritional status unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise? ☐ Yes ☐ **No F692**

Drinks and Other Liquids

☐ Are drinks and other fluids provided when the resident requests and consistent with the resident's care plan?

☐ Are the resident's preferences honored when providing drinks and other fluids?

14. Does the facility provide drinks including water and other liquids consistent with residents' needs and preferences? ☐ Yes ☐ **No F807**

Food Substitutes: If concerns are identified with a resident who is not consuming his/her meal or has refused the meal served:

☐ Determine whether staff attempt to determine the reason(s) for the refusal and offer a substitute item of equal nutritive value or another food item of the resident's choice.

☐ If staff do not offer an alternative item, interview the resident to determine whether he/she is provided a substitution when he/she does not wish to have the item being served.

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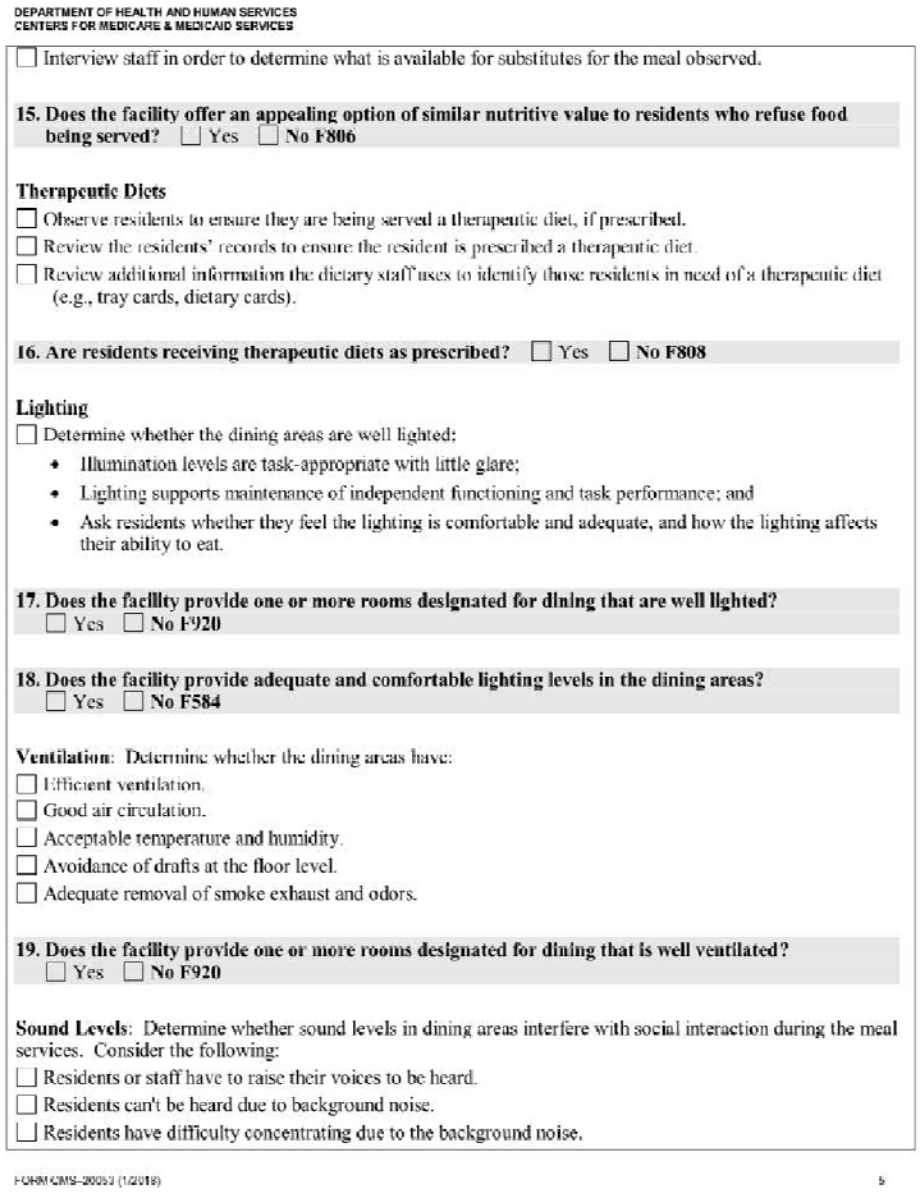

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☐ Interview staff in order to determine what is available for substitutes for the meal observed.

15. Does the facility offer an appealing option of similar nutritive value to residents who refuse food being served? ☐ Yes ☐ **No F806**

Therapeutic Diets

☐ Observe residents to ensure they are being served a therapeutic diet, if prescribed.
☐ Review the residents' records to ensure the resident is prescribed a therapeutic diet.
☐ Review additional information the dietary staff uses to identify those residents in need of a therapeutic diet (e.g., tray cards, dietary cards).

16. Are residents receiving therapeutic diets as prescribed? ☐ Yes ☐ **No F808**

Lighting

☐ Determine whether the dining areas are well lighted:

- Illumination levels are task-appropriate with little glare;
- Lighting supports maintenance of independent functioning and task performance; and
- Ask residents whether they feel the lighting is comfortable and adequate, and how the lighting affects their ability to eat.

17. Does the facility provide one or more rooms designated for dining that are well lighted?
☐ Yes ☐ **No F920**

18. Does the facility provide adequate and comfortable lighting levels in the dining areas?
☐ Yes ☐ **No F584**

Ventilation: Determine whether the dining areas have:

☐ Efficient ventilation.
☐ Good air circulation.
☐ Acceptable temperature and humidity.
☐ Avoidance of drafts at the floor level.
☐ Adequate removal of smoke exhaust and odors.

19. Does the facility provide one or more rooms designated for dining that is well ventilated?
☐ Yes ☐ **No F920**

Sound Levels: Determine whether sound levels in dining areas interfere with social interaction during the meal services. Consider the following:

☐ Residents or staff have to raise their voices to be heard.
☐ Residents can't be heard due to background noise.
☐ Residents have difficulty concentrating due to the background noise.

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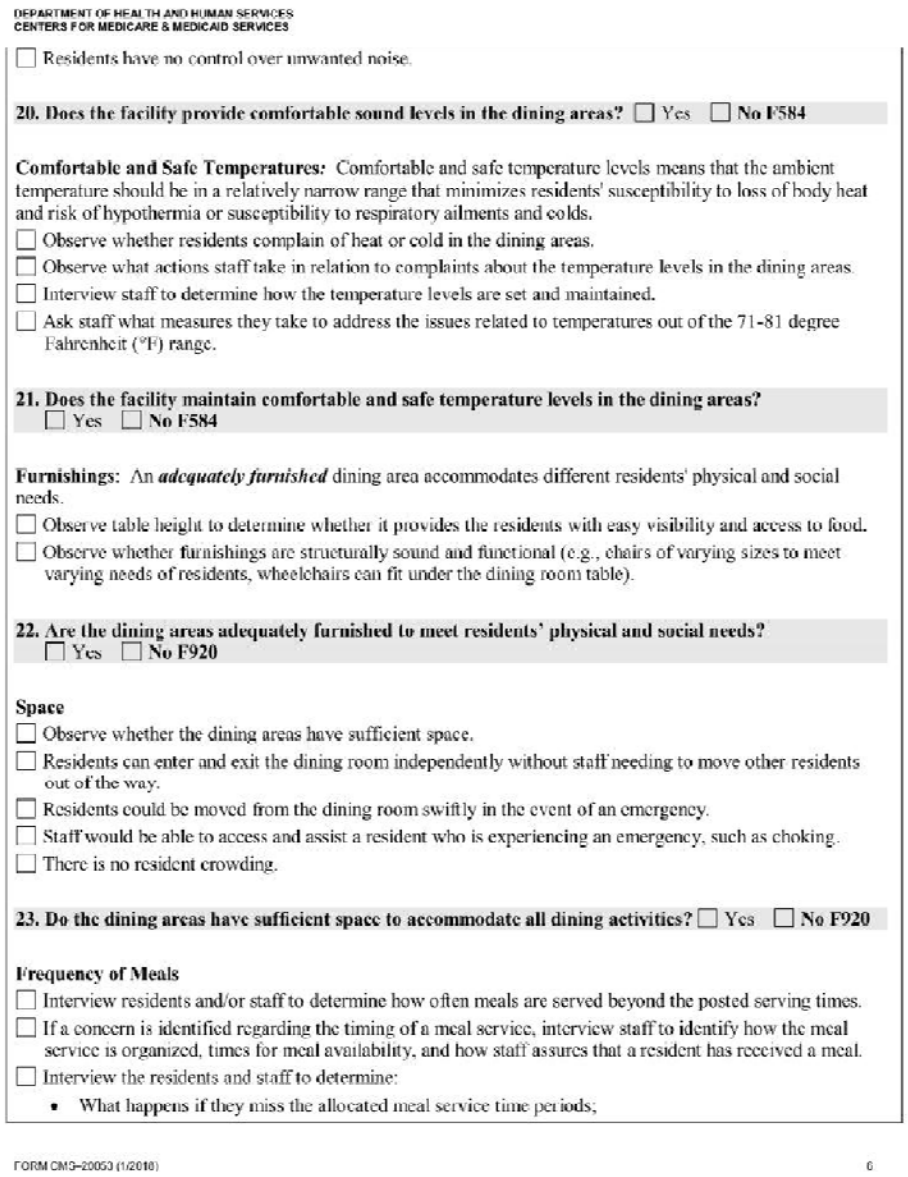

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☐ Residents have no control over unwanted noise.

20. Does the facility provide comfortable sound levels in the dining areas? ☐ Yes ☐ **No F584**

Comfortable and Safe Temperatures: Comfortable and safe temperature levels means that the ambient temperature should be in a relatively narrow range that minimizes residents' susceptibility to loss of body heat and risk of hypothermia or susceptibility to respiratory ailments and colds.

☐ Observe whether residents complain of heat or cold in the dining areas.
☐ Observe what actions staff take in relation to complaints about the temperature levels in the dining areas.
☐ Interview staff to determine how the temperature levels are set and maintained.
☐ Ask staff what measures they take to address the issues related to temperatures out of the 71-81 degree Fahrenheit (°F) range.

21. Does the facility maintain comfortable and safe temperature levels in the dining areas?
☐ Yes ☐ **No F584**

Furnishings: An ***adequately furnished*** dining area accommodates different residents' physical and social needs.

☐ Observe table height to determine whether it provides the residents with easy visibility and access to food.
☐ Observe whether furnishings are structurally sound and functional (e.g., chairs of varying sizes to meet varying needs of residents, wheelchairs can fit under the dining room table).

22. Are the dining areas adequately furnished to meet residents' physical and social needs?
☐ Yes ☐ **No F920**

Space

☐ Observe whether the dining areas have sufficient space.
☐ Residents can enter and exit the dining room independently without staff needing to move other residents out of the way.
☐ Residents could be moved from the dining room swiftly in the event of an emergency.
☐ Staff would be able to access and assist a resident who is experiencing an emergency, such as choking.
☐ There is no resident crowding.

23. Do the dining areas have sufficient space to accommodate all dining activities? ☐ Yes ☐ **No F920**

Frequency of Meals

☐ Interview residents and/or staff to determine how often meals are served beyond the posted serving times.
☐ If a concern is identified regarding the timing of a meal service, interview staff to identify how the meal service is organized, times for meal availability, and how staff assures that a resident has received a meal.
☐ Interview the residents and staff to determine:
- What happens if they miss the allocated meal service time periods;

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- Whether snacks are available, types, and when available;
- If suitable, nourishing alternative meals and snacks are provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, and they are consistent with the residents' plan of care.

24. Does the facility provide at least three meals daily at regular times comparable to mealtimes in the community or in accordance with residents' needs? ☐ Yes ☐ **No F809**

25. Does the facility provide sufficient staff to safely and effectively carry out the functions of the food and nutrition services, including preparing and serving meals, in the scheduled time frames?
☐ Yes ☐ **No F802**

26. Does the facility provide meals with no greater than a 14 hour lapse between the evening meal and breakfast, or 16 hours with approval of a resident group and provision of a substantial evening snack? ☐ Yes ☐ **No F809**

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Nutrition Critical Element Pathway

Use this pathway for a resident who is not maintaining acceptable parameters of nutritional status or is at risk for impaired nutrition to determine if facility practices are in place to identify, evaluate, and intervene to prevent, maintain, or improve the resident's nutritional status, unless the resident's clinical status demonstrates that this is not possible, or resident preferences indicate otherwise.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C – Cognitive Patterns, D – Mood, G – Functional Status-eating ability (G0110H), K – Swallowing/Nutritional Status, L – Oral/Dental Status, and O – Special Treatment/Proc/Prog-SLP (O0400A) and OT (O0400B).
- ☐ Physician's orders (e.g., food allergies/intolerances and preferences, nutritional interventions [e.g., supplements], assistance with meals, type of diet [e.g., mechanically altered], therapeutic diet [e.g., low sodium diet], weight monitoring, meds [e.g., psychotropic meds, diuretics], and labs).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., nutritional interventions, assistance with meals, assistive devices needed to eat, type of diet, therapeutic diet, food preferences, or pertinent labs).

Observations:

- ☐ Observe the resident at a minimum of two meals:
  - Are the resident's hands cleaned before the meal if assisted by staff;
  - Is the diet followed (texture, therapeutic, and preferences);
  - Are proper portion sizes given (e.g., small or double portions);
  - Is the resident assisted (with set-up and eating, positioning, supervision, etc.), cued, and encouraged as needed;
  - Are assistive devices in place and used correctly (e.g., plate guard, modified utensils, sippy cups);
  - If the resident isn't eating or refuses: What does staff do (e.g., offer substitutes, encourage, or assist the resident); and
  - How is the dignity of the resident maintained?
- ☐ Are care-planned and ordered interventions in place?
- ☐ Is the call light in reach if the resident is eating in their room?
- ☐ Are there environmental concerns that may affect the resident during meals, such as loud or distracting noises, the inability to reach snacks kept in their room, or other concerns?
- ☐ Does the resident's physical appearance indicate the potential for an altered nutritional status (e.g., cachectic, dental problems, edema, no muscle mass or body fat, decreased ROM, or coordination in the arms/hands)?
- ☐ How physically active is the resident (e.g., pacing or wandering)?
- ☐ Are supplements provided and consumed at times that don't interfere with meal intake (e.g., supplement given right before the meal and the resident doesn't eat the meal)?
- ☐ Are snacks given and consumed as care planned?
- ☐ Is the resident receiving OT, SLP, or restorative therapy services? If so, are staff following their instructions (e.g., head position or food placement to improve swallowing)?
- ☐ Is there any indication that the resident could benefit from therapy services that are not currently being provided (difficulty grasping utensils, difficulty swallowing)?
- ☐ If a resident is receiving nutrition with a feeding tube, observe for positioning, type of tube feeding, whether a pump or gravity is being used, and the rate and amount being provided.

Nutrition Form CMS-20075 5/2017

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Nutrition Critical Element Pathway

Resident, Resident Representative, or Family Interview:

- ☐ How did the facility involve you in the development of your care plan and goals?
- ☐ Have you lost weight in the facility? If so, why do you think you've lost weight (e.g., taste, nausea, dental, grief, or depression issues)?
- ☐ What is the facility doing to address your weight loss? (Ask about specific interventions – e.g., supplements.)
- ☐ Do they give you the correct diet, snacks, supplements, and honor your food preferences/allergies? If not, describe.
- ☐ If you don't want the meal, does staff offer you a substitute?
- ☐ Does staff set up your meal, assist with eating, or encourage you as needed? If not, describe.
- ☐ Do you have difficulty chewing or swallowing your food? If so, how is staff addressing this?
- ☐ Do they give you assistive devices so you can be as independent as possible? If not, describe.
- ☐ Do they give you enough time to eat? If not, describe.
- ☐ Do your care plan interventions reflect your choices, preferences, fluid restrictions, allergies, or intolerances? If not, describe.
- ☐ How does staff involve you in decisions about your diet, food preferences, and where to eat?
- ☐ If you know the resident has refused: What did the staff tell you about what might happen if you don't follow your plan to help maintain your weight?
- ☐ Are you continuing to lose weight? If so, why do you think that is?

Nutrition Form CMS-20075 5/2017

Nursing Aide, Dietary Aide or Paid Feeding Assistant:

- ☐ Are you familiar with the resident's care?
- ☐ Where does the resident eat?
- ☐ How much assistance does the resident need with eating?
- ☐ How do you encourage the resident to feed him/herself when possible?
- ☐ Are any supplements given with the meal?
- ☐ How are meal intakes, supplements and weights monitored?
- ☐ Does the resident refuse? What do you do if the resident refuses?
- ☐ Do you know if the resident has lost weight? Has the treatment plan changed?
- ☐ Have you reported any changes in the resident's weight or intake? Who would you report this to?
- ☐ Ask about identified concerns.

Nurse:

- ☐ Are you familiar with the resident's care?
- ☐ How much assistance does the resident need with eating?
- ☐ How are meal intakes, supplements, and weights monitored? Where is it documented?
- ☐ Does the resident refuse? What do you do if the resident refuses?
- ☐ Has the resident lost weight? If so, did you report it (to whom and when) and did the treatment plan change?
- ☐ How do you monitor staff to ensure they are implementing care-planned interventions?
- ☐ If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current care plan.
- ☐ Ask about identified concerns.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Nutrition Critical Element Pathway

Registered Dietitian or Dietary Manager:

- ☐ Who is involved in evaluating and addressing any underlying causes of nutritional risks or impairment?
- ☐ Does the resident require any assistance with meals?
- ☐ Is the resident at risk for impaired nutritional status? If so, what are the risk factors?
- ☐ Has the resident had a loss of appetite, or any GI, or dental issues? If so, what interventions are in place to address the problem?
- ☐ Has the resident lost any weight recently? When did the weight loss occur? What caused it?
- ☐ If the resident's weight loss is recent: Who was notified and when were they notified?
- ☐ Were any interventions in place before the weight loss occurred?
- ☐ Have you seen the resident eat? What meal? Did he/she eat all the meal?
- ☐ What are you doing to address the weight loss?
- ☐ How often is the resident's food/supplement intake, weight, eating ability monitored? Where is it documented?
- ☐ How did you identify that the interventions were suitable for this resident?
- ☐ Do you involve the resident/representative in decisions regarding treatments? If so, how?
- ☐ Does the resident refuse? What do you do if the resident refuses?
- ☐ Is the resident continuing to lose weight? If so, did you report it (to whom and when) and did the treatment plan change?
- ☐ How do you communicate nutritional interventions to the staff?
- ☐ Ask about identified concerns.
- ☐ Who from the Food and Nutrition staff attends the interdisciplinary team meetings?

Nutrition Form CMS-20075 5/2017

Practitioner or other Licensed Health Care Practitioner Interviews: If the interventions defined, or the care provided, appear to be inconsistent with current standards of practice, orders, or care plan, interview one or more practitioners or other licensed health care practitioners who can provide information about the resident's nutritional risks and needs.

- ☐ What was the rationale for the chosen interventions?
- ☐ How is the effectiveness of the current interventions evaluated?
- ☐ How have staff managed the interventions?
- ☐ How does the interdisciplinary team decide to maintain or change interventions?
- ☐ What is the rationale for decisions not to intervene to address identified needs?

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Nutrition Critical Element Pathway

Record Review:

- ☐ Review the MDS and CAAs, nursing notes, nutritional assessment and notes, rehab, social service, and physician's progress notes.
  - o Have the resident's nutritional needs been assessed (e.g., calories, protein requirement, UBW, weight loss, desired weight range);
  - o Was the cause of the weight loss identified; and/or
  - o Is the rationale for chosen interventions or no interventions documented?
- ☐ Are the underlying risk factors identified (e.g., underlying medical, psychosocial, or functional causes)?
- ☐ Have the medications been reviewed for any impact affecting food intake?
- ☐ Have relevant care plan interventions been identified and implemented to try to stabilize or improve nutritional status?
- ☐ Does the care plan identify the resident's individualized goals, preferences, and choices?
- ☐ How often are food/supplement intakes monitored and documented? Are deviations identified?
- ☐ How often are weights monitored and documented? Are deviations identified?
- ☐ Are preventative measures documented prior to the weight loss?
- ☐ Was a health care provider's order obtained for a therapeutic diet, if applicable?
- ☐ Review laboratory results pertinent to nutritional status (e.g., albumin and pre-albumin) if ordered or available.
- ☐ Has the care plan been revised to reflect any changes in nutritional status?
- ☐ Do your nutritional observations match the description in the clinical record? If no, interview pertinent staff to investigate the potential discrepancy(ies).
- ☐ Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? If so, was a significant change comprehensive assessment conducted within 14 days?
- ☐ Review the facility policy with regard to nutritional status.
- ☐ If there is a pattern of residents who have not maintained acceptable parameters of nutritional status without adequate clinical justification, determine if Quality Assurance and Performance Improvement (QAPI) activities were initiated to evaluate the facility's approaches to nutrition and weight concerns.

Nutrition
Form
CMS-20075
5/2017

Critical Element Decisions:

1) Did the facility provide care and services to maintain acceptable parameters of nutritional status unless the resident's clinical condition demonstrates that this is not possible, and did the facility ensure that the resident is offered and ordered a therapeutic diet if there is a nutritional problem?
   If No, cite F692

2) If there was a change in the resident's nutritional status, did the physician evaluate and address medical and nutritional issues related to the change?
   If No, cite F710

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Nutrition Critical Element Pathway

3) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?
If No, cite F655
NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.

4) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?
If No, cite F636
NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.

5) If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?
If No, cite F637
NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.

6) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?
If No, cite F641

7) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?
If No, cite F656
NA, the comprehensive assessment was not completed.

8) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident's needs?
If No, cite F657
NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Nutrition Critical Element Pathway

Other Tags, Care Areas (CA), and Tasks (Task) to Consider: Right to Refuse F578, Notification of Change F580, Choices (CA), Accommodation of Needs (Environment Task), Parenteral/IV fluids F694, Physician Delegation to a Dietitian F715, Social Services F745, Admission Orders F635, Professional Standards F658, Advance Directives (CA), ADLs (CA), Behavioral-Emotional Status (CA), Accidents (CA), Tube Feeding (CA), Hydration (CA), Unnecessary/Psychotropic Medications (CA), Provides Diet to Meet Needs F800, Qualified Dietary Staff F801, Food in Form to Meet Needs F805, Therapeutic Diet Ordered F808, Assistive Devices F810, Paid Feeding Assistant F811, Physician Services F710, Facility Assessment F838, Resident Records F842, QAA/QAPI (Task).

Nutrition
Form
CMS-20075
5/2017

CMS Website

Regulations:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html

Payroll Based Journal (PBJ): Staffing
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html

Five-Star Quality Rating:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/FSQRS.html

Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html

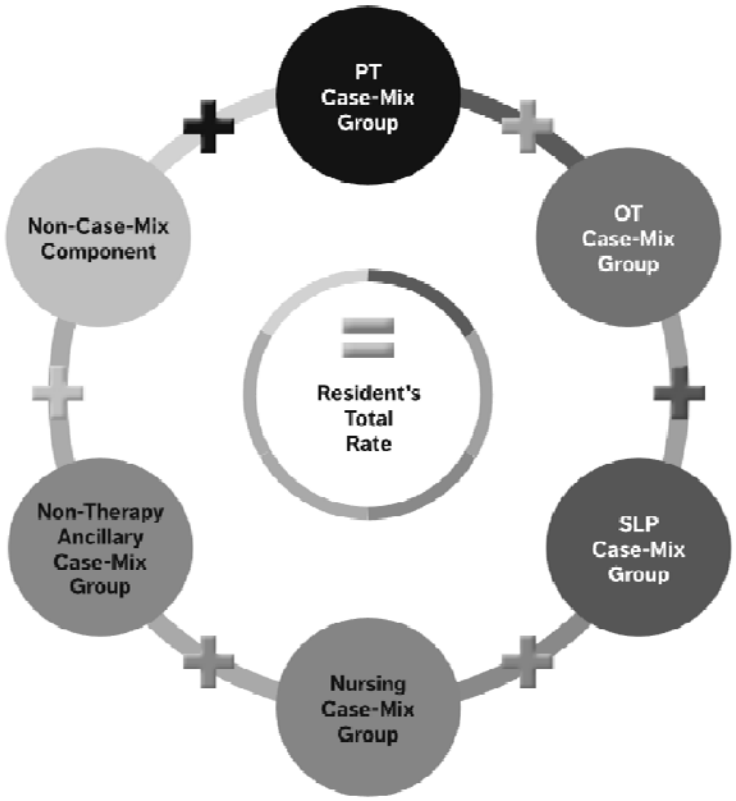
Emergency Preparedness
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html

- New Payment System (Patient-Driven Patient Model - PDPM)

SUCCESS = Planning Ahead for Efficiency and Outcomes

Patient-Driven Payment Model (PDPM): At-a-Glance

- The proposed PDPM establishes a Per Diem rate on the 5-day MDS for the entire stay by combining five different case-mix components (PT, OT, SLP, Nursing, and Non-Therapy Ancillary) with the non-case-mix component.
- The rate may be changed during the Medicare Part A stay by completing the Interim Payment Assessment (IPA) for substantial changes.

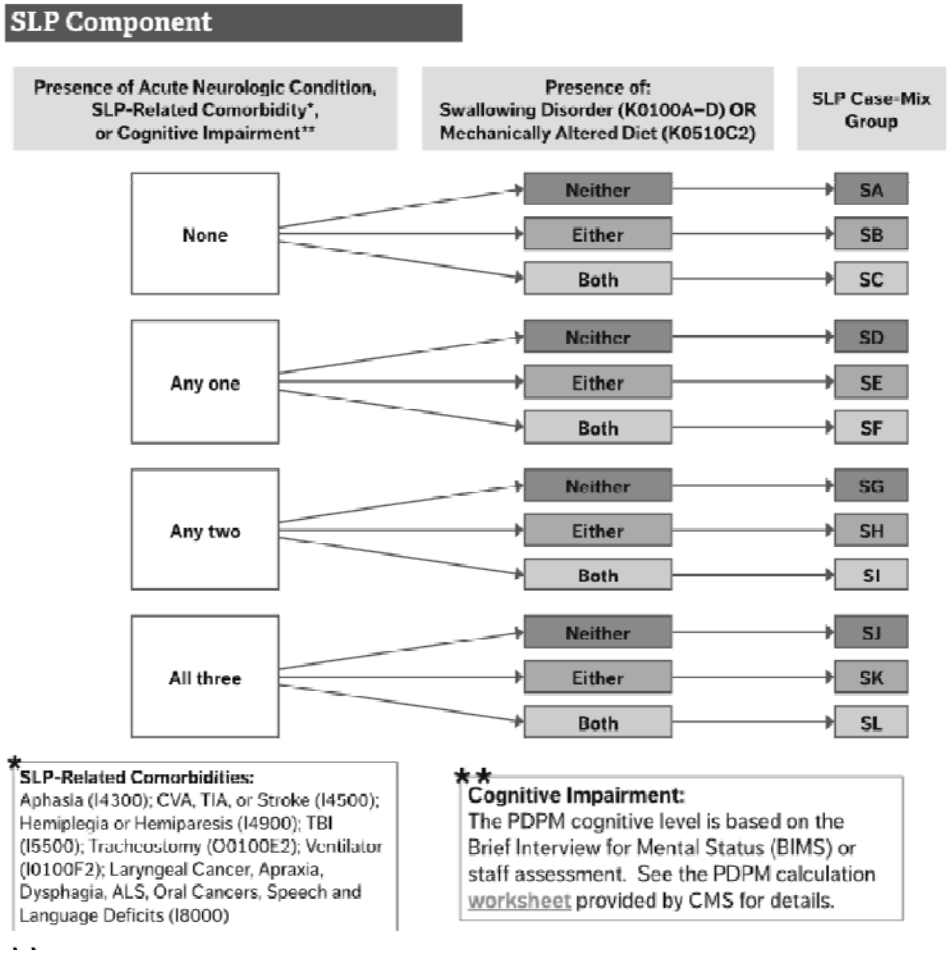


No more RUGs – PDPM – 6 Components for Payment

- The PDPM provides a *per diem* payment based on five case-mix adjusted components and one non-case-mix adjusted component

  - Physical Therapy (PT) component
  - Occupational Therapy (OT) component
  - Speech-Language Pathology (SLP) component
  - Nursing component : MDS Section GG-based - Function Score
  - Non-Therapy Ancillary (NTA) component
  - Non-Case-Mix component (room and board, administrative costs, capital-related costs) + wage adjustment

PDPM- SLP Component: Swallow Disorder/Mechanically Altered Diet



Non-Therapy Ancillary (NTA) Component

Non-Therapy Ancillary (NTA) Component

Condition/Extensive Service	Source	Points
HIV/AIDS	SNF Claim	8
Parenteral IV Feeding: Level High	MDS Item K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS Item O0100H2	5
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	MDS Item O0100F2	4
Parenteral IV Feeding: Level Low	MDS Item K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	MDS Item I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0100I2	2
Major Organ Transplant Status, Except Lung	MDS Item I8000	2
Active Diagnoses: Multiple Sclerosis Code	MDS Item I5200	2
Opportunistic Infections	MDS Item I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	MDS Item I6200	2
Bone/Joint/Muscle Infections/Necrosis—Except Aseptic Necrosis of Bone	MDS Item I8000	2
Chronic Myeloid Leukemia	MDS Item I8000	2
Wound Infection Code	MDS Item I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	MDS Item I2900	2
Endocarditis	MDS Item I8000	1
Immune Disorders	MDS Item I8000	1
End-Stage Liver Disease	MDS Item I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1
Narcolepsy and Cataplexy	MDS Item I8000	1
Cystic Fibrosis	MDS Item I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	MDS Item O0100E2	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	MDS Item I1700	1
Special Treatments/Programs: Isolation Post-admit Code	MDS Item O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	MDS Item I8000	1
Morbid Obesity	MDS Item I8000	1

Condition/Extensive Service	Source	Points
Special Treatments/Programs: Radiation Post-admit Code	MDS Item O0100B2	1
Highest Stage of Unhealed Pressure Ulcer—Stage 4	MDS Item M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	MDS Item I8000	1
Chronic Pancreatitis	MDS Item I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code (M1040B)	MDS Item M1040A, M1040C	1
Complications of Specified Implanted Device or Graft	MDS Item I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	MDS Item H0100D	1
Inflammatory Bowel Disease	MDS Item I8000	1
Aseptic Necrosis of Bone	MDS Item I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	MDS Item O0100D2	1
Cardio-Respiratory Failure and Shock	MDS Item I8000	1
Myelodysplastic Syndromes and Myelofibrosis	MDS Item I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	MDS Item I8000	1
Diabetic Retinopathy—Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Nutritional Approaches While a Resident: Feeding Tube	MDS Item K0510B2	1
Severe Skin Burn or Condition	MDS Item I8000	1
Intractable Epilepsy	MDS Item I8000	1
Active Diagnoses: Malnutrition Code	MDS Item I5600	1
Disorders of Immunity—Except: RxCC97: Immune Disorders	MDS Item I8000	1
Cirrhosis of Liver	MDS Item I8000	1
Bladder and Bowel Appliances: Ostomy	MDS Item H0100C	1
Respiratory Arrest	MDS Item I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	MDS Item I8000	1

*__High level__: K0710A2 = 3. 51% or more (while a resident)
**__Low level__: K0710A2 = 2. 26–50% (while a resident) AND K0710B2 = 2. 501cc/day or more (while a resident)

Patient-Driven Payment Model

- Therapy minutes delivered has no impact on reimbursement
- Incentivizes lower therapy utilization
- PT/OT rates decline 2% every 7th day after the 20th day of a patient's stay
- NTA rates decline by 2/3 after the 3rd day of a patient's stay

PDPM elements

- Group and concurrent therapy combined is capped at 25% per patient, per discipline
- Based on group and concurrent caps, at least 75% of therapy must be individualized
- 1 scheduled assessment
  - 5-Day
- 2 unscheduled assessments:
  - PPS Discharge
  - New – Interim Payment Assessment (IPA) – IPAs are expected to be very limited due to criteria specified to trigger such an assessment

Quality Measures will Continue!!

IMPACT Act's Quality Reporting Program (QRP) measures

Measured for FY2020

- Pressure ulcer
- Pressure ulcer/Injury
- Application of falls
- Application of functional assessment/care plan
- Change in self-care
- Change in mobility
- Discharge self-care score
- Drug regimen review
- Medicare spend per beneficiary
- Discharge to community
- Potentially preventable 30-day post discharge readmission

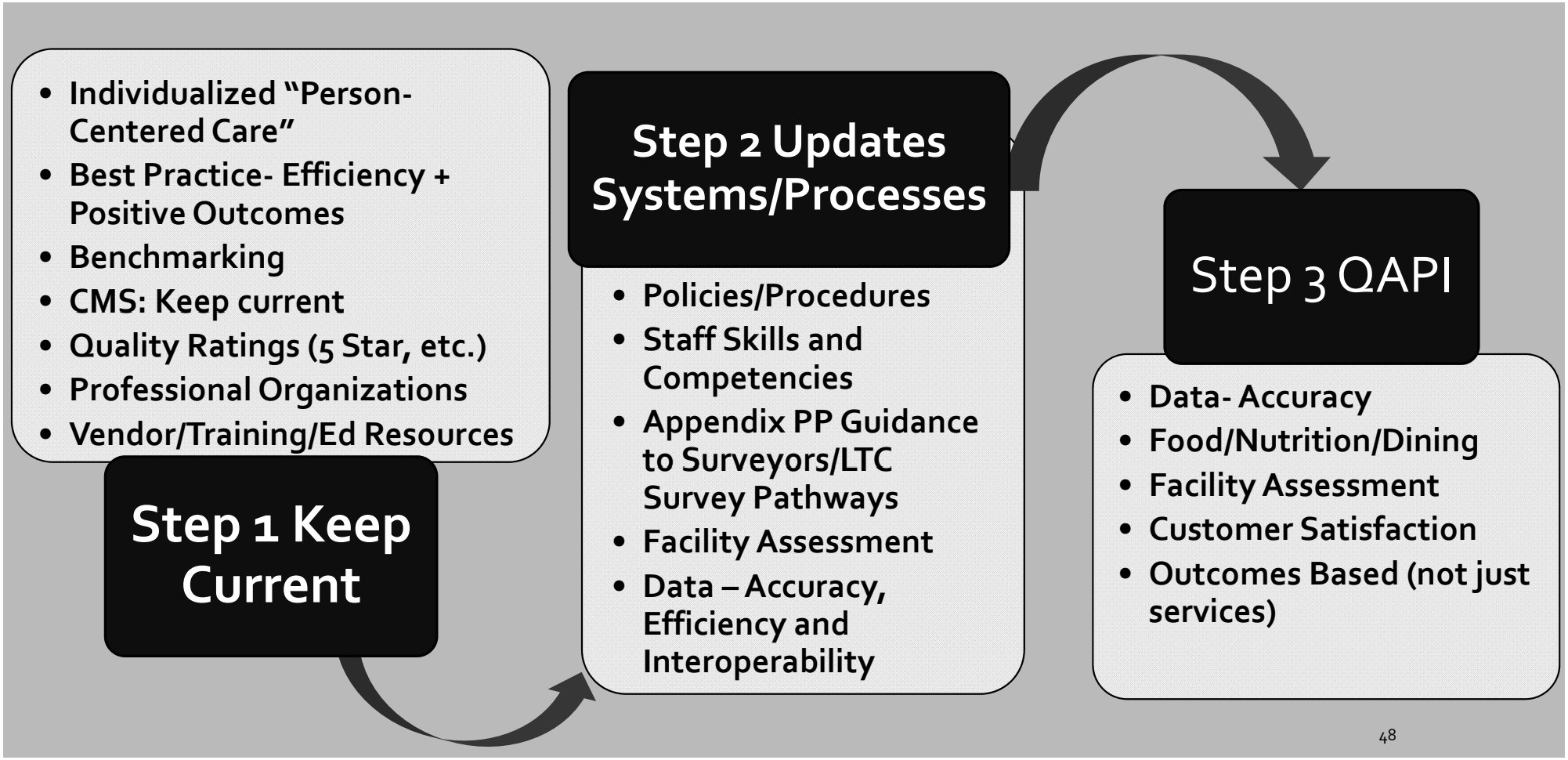
Looking Ahead "Big Picture"

Unified Prospective Payment System for Post-Acute Care

- Congress mandated MedPAC develop a prototype design and estimate the impacts of a unified PAC PPS.

- MedPAC says:
  - Feasible to design a PAC PPS that spans the four settings
  - Uniformly base payments on patient characteristic
  - Recommend to begin to phase-in for 2019
  - Significant reform on regulations must take place to level the playing field

KEYS TO SUCCESS



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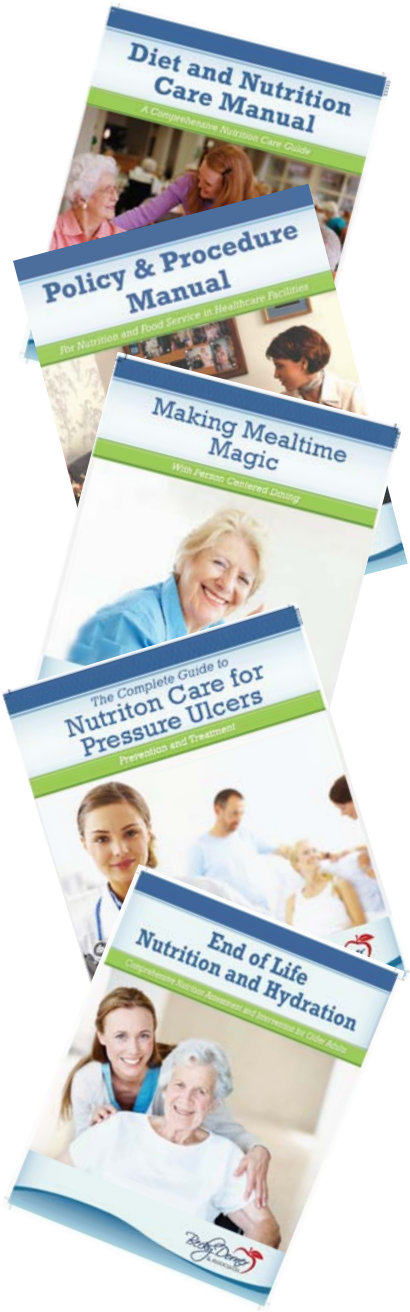

Our most popular publications include:

- Diet and Nutrition Care Manuals (2016 Comprehensive or Simplified – 2019 coming soon!)
- Policy and Procedure Manual (2017 – 2018 coming soon!)
- End of Life Nutrition and Hydration (2017)
- Making Mealtime Magic with Person Centered Dining (2017)
- The Obesity Challenge (2015)
- Disaster/Emergency Plan for Food and Dining Services (2018)

More titles:

Making Nutrition Your Business, Nutrition Counseling and Education Skills, ADA Standards of Medical Care, Essential Pocket Guide for Clinical Nutrition, Nutrition Care of the Older Adult, Nutrition Focused Physical Exam, ADA Guide to Nutrition Therapy for Diabetes, Hands on Nutrition Education, Pocket Guide to Nutrition Assessment, Nutrition for the Older Adult, The Alzheimer's Prevention Food Guide, Inspiring & Supporting Behavior Change, Gluten Free: The Definitive Resource Guide, and more!

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