

CMS Guidance Document	Department of Health & Human Services (DHHS)
Pub. 100-07 State Operations Manual Provider Certification	Centers for Medicare & Medicaid Services (CMS)
Executive Guidance Number 0010	Date: AUGUST 3, 2007
Planned Web Site Address http://www.cms.hhs.gov/manuals/	

PROGRAM AREA: Survey and Certification--Long Term Care

SUBJECT: Revisions to Appendix P and PP, "Survey Protocol for Long Term Care Facilities"

APPLIES TO: Skilled Nursing Facilities

I. SUMMARY OF DOCUMENT: Revised Appendix P, Task 2 Entrance Conference, and Task 5C Resident Review. New regulatory Tag F373, "Paid Feeding Assistants" is added to Appendix PP.

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix P/II – The Survey Process/IIB-The Traditional Survey/Task 2 – Entrance Conference/Onsite Preparatory Activities
R	Appendix P/II – The Survey Process/IIB – The Traditional Survey/Task 5/Subtask 5C – Resident Review
N	Appendix PP/Tag F373/Paid Feeding Assistants
N	Appendix PP/§483.75(e)/Required Training of Nurse Aides
N	Appendix PP/§483.75(q)/Required Training of Feeding Assistants

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
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IV. TYPE (Check appropriate boxes for type of guidance)

<input type="checkbox"/>	Audit Guide
<input checked="" type="checkbox"/>	Change Request
<input type="checkbox"/>	HPMS
<input type="checkbox"/>	Joint Signature Memorandum/Technical Director Letter
<input type="checkbox"/>	Manual Transmittal/Non-Change Request
<input type="checkbox"/>	State Medicaid Director Letters
<input type="checkbox"/>	Other

V. STATUTORY OR REGULATORY AUTHORITY: 42 CFR 483.35(h) - Paid Feeding Assistants

Appendix P

Task 2 - Entrance Conference/Onsite Preparatory Activities

(Rev.)

A. Entrance Conference

1. The team coordinator informs the facility's administrator about the survey and introduces team members.
2. After the introduction to the administrator, the other team members should proceed to the initial tour ([Task 3](#)), while the team coordinator conducts the entrance conference.
3. The team coordinator should:
 - Request a copy of the actual working schedules for licensed and registered nursing staff for this time period by the end of the tour or earlier if possible.
 - Inform facility staff that the survey team will be communicating with them throughout the survey and will ask for facility assistance when needed. (See [§2713.A](#) for further information about facility staff accompanying surveyors.) Advise them that they have the opportunity to provide the team with any information that would clarify an issue brought to their attention.
 - Explain the survey process and answer any questions from facility staff.
 - Give the Administrator copies of the QM/QI reports and the OSCAR 3 and 4 reports that are being used for the survey. Briefly explain these reports and how they were used by the survey team in Task 1. If there are discrepancies between the OSCAR information and the QM/QI Facility Characteristics report, ask the administrator, or person designated by the administrator, to explain the discrepancies.
 - Ask the administrator to describe any special features of the facility's care and treatment programs, organization, and resident case-mix. For example, does the facility have a special care unit for residents with dementia? Are residents with heavy care needs placed in particular units? If so, which ones?
 - *Ask the administrator if the facility utilizes paid feeding assistants. If yes, request further information about how and where the paid feeding assistants receive their training. Determine whether the training for the paid feeding assistant was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training.*

- *Request the names of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks;*

***NOTE:** Paid feeding assistants must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). Therefore, if a facility has a nursing waiver, that facility cannot use paid feeding assistants when a licensed nurse is not available.*

- Inform the administrator that there will be interviews with individual residents, groups of residents, family members, friends, and legal representatives, and that these interviews are conducted privately, unless the interviewees request the presence of a staff member. Ask the administrator to ensure that there are times during the survey when residents can contact the survey team without facility staff present and without having to ask facility staff to leave or to allow access to the team.
- Determine through interview with the administrator if the facility has a functioning QA&A committee. Determine:
 - Which staff participate on the committee;
 - Who leads the committee;
 - How often the committee meets; and
 - With whom should the survey team discuss QA&A concerns.
- Ask the administrator to provide the following information within 1 hour of the conclusion of the entrance conference (or later at the survey team's option):
 1. List of key facility personnel and their locations, e.g., the Administrator; directors of finance, nursing services, social services, and activities; dietitian or food supervisor; rehabilitation services staff; charge nurses; pharmacy consultant; plant engineer; housekeeping supervisor; persons responsible for infection control and quality assurance; health information management professional; and the medical director;
 2. A copy of the written information that is provided to residents regarding their rights;
 3. Meal times, dining locations, copies of all menus, including therapeutic menus that will be served for the duration of the survey;

4. Medication pass times (by unit, if variable);
5. List of admissions during the past month, and a list of residents transferred or discharged during the past 3 months with destinations;
6. A copy of the facility's layout, indicating the location of nurses' stations, individual resident rooms, and common areas, if not obtained in Task 1;
7. A copy of the facility admission contract(s) for all residents, i.e., Medicare, Medicaid, other payment sources;
8. Facility policies and procedures to prohibit and investigate allegations of abuse and the name of a person the administrator designates to answer questions about what the facility does to prevent abuse. (See [Task 5G](#), Abuse Prohibition Review, for further information);
9. Evidence that the facility, on a routine basis, monitors accidents and other incidents, records these in the clinical or other record; and has in place a system to prevent and/or minimize further accidents and incidents;

NOTE: At the discretion of the facility, this evidence could include or be a record of accident and incident reports.

10. The names of any residents age 55 and under; and
 11. The names of any residents who communicate with non-oral communication devices, sign language, or who speak a language other than the dominant language of the facility.
- Ask the facility to complete, to the best of their ability, the Roster/Sample Matrix (Form CMS-802), including all residents on bed-hold, by the end of the initial tour, or to provide this information in some other format, e.g., computer-generated list.

NOTE: This is an important source of resident information, which is crucial for the team to have for their sample selection meetings. Stress to the facility that this form should be completed first and given to the team coordinator by the end of the initial tour. After the Roster/Sample Matrix is delivered to the team, the facility may make modifications for accuracy or add additional information within 24 hours.

- Ask the facility to provide the following within 24 hours of the Entrance Conference:

1. A completed Long Term Care Facility Application for Medicare and Medicaid (Form CMS-671), (see [Exhibit 85](#)) and a Resident Census and Conditions of Residents (Form CMS-672), (See [Exhibit 86](#)); and
 2. A list of Medicare residents who requested demand bills in the last 6 months (SNFs or dually-participating SNF/NFs only).
- Also, ask the administrator the following questions:
 1. Which, if any, rooms have less square footage than required? Do you have a variance in effect and are you prepared to continue to request a variance for any such rooms? (F458)
 2. Which, if any, rooms are occupied by more than four residents? Do you have a variance in effect and are you prepared to continue to request a variance for any such rooms? (F457)
 3. Is there at least one window to the outside in each room? (F461)
 4. Which, if any, bedrooms are not at or above ground level? (F461)
 5. Do all bedrooms have access to an exit corridor? (F459)
 6. What are the procedures to ensure water is available to essential areas when there is a loss of normal supply? (F466)

- NOTE:** If the survey is commencing at times beyond the business hours of 8:00 a.m. to 6:00 p.m., or on a Saturday or Sunday, once onsite, announce the survey, ascertain who is in charge, ask the person to notify the administrator that a survey has begun. Modify the entrance conference in accordance with staff available and complete the task and the onsite preparatory activity as appropriate within the context of the survey.
4. For any survey conducted outside of the influenza season (October 1-March 31), obtain the name of the staff person who is responsible for coordinating and implementing the facility's immunization program to request a list of current residents who were in the facility during the previous influenza season, October 1 to March 31.

B. Onsite Preparatory Activities

1. In areas easily observable by residents and visitors, post, or ask the facility to post, signs announcing that a survey is being performed and that surveyors are available to meet with residents in private.

2. The team coordinator or designee should contact the resident council president after the Entrance Conference to introduce her/himself and to announce the survey. Provide the president with a copy of the group interview questions. Request the assistance of the president for arranging the group interview and to solicit any comments or concerns. Ask the council president for permission to review council minutes for the past 3 months (see [Task 5D, Section 3B](#), for further information). If there is not an active resident council, or if the council does not have officers, ask for a list of residents who attend group meetings, if any, and select a resident representative to assist in arranging the group interview. If the ombudsman has indicated interest in attending the group interview, ask the president if that is acceptable to the group; if it is, notify the ombudsman of the time/place of the meeting.

3. The team coordinator, the surveyor assigned to conduct the group interview, or a designee should arrange for date, time and private meeting space for the interview. Advise the facility staff that non-interviewable residents are not part of this meeting. (See [Task 5D](#) for further guidance.)

Sub-Task 5C - Resident Review

(Rev.)

A. General Objectives

The general objectives of the Resident Review are to determine:

- How resident outcomes and the resident's quality of life are related to the provision of care by the facility;
- If the care provided by the facility has enabled residents to reach or maintain their highest practicable physical, mental, and psychosocial well-being;
- If residents are assisted to have the best quality of life that is possible. The review will include aspects of the environment, staff interactions, and provision of services that affect sampled residents in their daily lives;
- If the facility has properly assessed its residents through the completion of the Resident Assessment Instrument (RAI), including accurate coding and transmitting of the Minimum Data Set (MDS) and has properly assessed care needs, conducted proper care planning, implemented the plan and evaluated care provided to the residents; and
- If there are additional areas of concern that need to be investigated in Phase II of the survey.

B. General Procedures

The team coordinator assigns specific residents in the sample to surveyors.

One surveyor should conduct the entire Resident Review for an assigned resident. If the resident has been chosen for a Quality of Life Assessment protocol ([Task 5D](#)), this same surveyor should also complete that protocol. If a surveyor has not passed the Surveyor Minimum Qualifications Test (SMQT) or if the complexity of a resident's care requires expertise of more than one discipline, surveyors should work jointly to complete the review. A surveyor must successfully complete the SMQT to survey independently.

To facilitate the Resident Review, ask the charge nurse for schedules of the following, as appropriate:

1. Meals;
2. Medications;
3. Activities;

4. Tube feedings and special treatments;
5. Specialized rehabilitation therapies; and
6. Physician visits or visits of other health professionals such as dentists, podiatrists, or nurse practitioners.

For all sampled residents except closed records, parts A, B, and C (Resident Room Review, Daily Life Review, and Assessment of Drug Therapies) on the Resident Review Worksheet ([Exhibit 93](#)) are completed. The difference between the two reviews is that the focus of the part D Care Review is more extensive for Comprehensive Reviews. Determine, as appropriate, if there has been a decline, maintenance or improvement of the resident in the identified focused care areas and/or Activities of Daily Living (ADL) functioning. If there has been a lack of improvement or a decline, determine if the decline or lack of improvement was avoidable or unavoidable.

C. Comprehensive Care Review

A Comprehensive Review includes observations, interviews, and a record review. After observing and talking with the resident, the surveyor conducts a comprehensive review, which includes the following:

- A check of specific items on the MDS for accurate coding of the resident's condition. The specific items to be checked will be based on QM/QIs identified for the resident on the Resident Level Summary. At least 2 of the QM/QIs identified for the resident must be matched against the QM/QI definitions (see [Exhibit 270](#)) and against evidence other than the MDS to verify that the resident's condition is accurately recorded in the MDS. What is being verified is that the resident's condition was accurately assessed at the time the MDS was completed;
- An overall review of the facility's completion of the RAI process including their:
 - Use of the Resident Assessment Protocols (RAPs);
 - Evaluation of assessment information not covered by the RAPs;
 - Identification of risks and causes of resident conditions;
 - Completion of the RAP Summary;
 - Development of a care plan that meets the identified needs of the resident;
- A review of the implementation of the care plan and resident response;
- A review of the relationship of the resident's drug regimen to the resident's condition (see the description of procedures for completing part C below);

- A thorough review of any of the following conditions that apply to the resident: weight loss, dehydration, pressure sores. This review is completed using the investigative protocols found below as a guide. (NOTE: All the residents selected for comprehensive reviews should have one or more of these concerns checked on the QM/QI reports [unless there are no residents with these concerns in the facility]); and
- An evaluation of the resident's dining experience (see Dining Observation Protocol below).

D. Focused Care Review Phase 1

This focused review includes observations, interviews, and a record review. This review focuses on care areas that were checked for the resident on the Resident Level Summary and any additional care items checked by the team as pertinent to the resident, e.g., all areas that are checked on the Roster/Sample Matrix by the team for the resident are reviewed, whether or not they have been highlighted as concerns for the survey. The dining observation is done for a resident if the resident has any checkmarks related to dining or the investigating team member has any concerns about the resident related to dining, e.g., such as weight loss.

The Phase 1 focused care review includes all care areas the team has checked for the resident: a review of the MDS, the facility's use of the RAPs, care planning, implementation of the care plan, and the resident's response to the care provided.

E. Focused Care Review Phase 2

This focused review includes observations, interviews and a record review, which concentrates only on those areas of concern for which the team requires additional information. For example, if the team needs additional information concerning facility compliance with the requirements for tube feeding, review only those RAI areas related to tube feeding; make observations of nutritional status, complications, and techniques of tube feeding, and interview residents, family and staff concerning related areas.

F. Closed Record Review

This includes a record review of the resident's care issues and transfer and discharge requirements. It may be possible to select some or all of the closed records from the preselected list of residents for the Phase 1 sample, if any of these preselected residents were noted onsite to be discharged or deceased.

Assess quality of care and quality of life requirements that relate to the identified care areas for the sampled resident. While assessing these, note and investigate concerns with any other requirements.

G. Conducting the Resident Review

The Resident Review consists of 4 main sections: Resident Room Review, Daily Life Review, Assessment of Drug Therapies, and Care Review. See Resident Review Worksheet and instructions (Form CMS-805, [Exhibit 93](#)) for specific areas to review.

1. Section A - The Resident Room Review assesses aspects of accommodation of needs, environmental quality, and quality of life in the resident's room. Through observations and interviews, evaluate how the resident's environment affects his/her quality of life.
2. Section B - The Daily Life Review is a review of the resident's daily quality of life, especially in the areas of staff responsiveness to resident grooming and other needs, staff interactions, choices, and activities. Through ongoing observations and interviews, evaluate the resident's daily life routines and interactions with staff.
3. Section C - The Assessment of Drug Therapies is a review of the medications the resident is receiving to evaluate whether the effectiveness of the therapeutic regimen, including all drugs that may play a significant role in the resident's everyday life, is being monitored and assessed. Record the information on the Resident Review Worksheet, Form CMS-805. Review and record, as pertinent, all non-prescription and prescription medications taken by the resident during the past 7 days. In addition follow the guidance in Appendix PP, Tag F329 for the determination of unnecessary medications.
4. Section D -- The care review is an assessment of those quality of care areas (see [42 CFR 483.25](#)) that are pertinent to the sampled resident. The survey team, through use of the Roster/Sample Matrix, determines what care areas will be reviewed for each sampled resident. Additional areas for evaluation may be identified during the review.

There are a designated number of comprehensive, focused and closed record care reviews completed, depending on the size of the sample.

H. Care Observations and Interviews -- Make resident observations and conduct interviews, which include those factors or care areas as determined by the Roster/Sample Matrix. For example, if the resident was chosen because he/she is receiving tube feedings, observe the care and the outcomes of the interventions, facility monitoring and assessment, and nutritional needs/adequacy related to tube feeding.

Complete the following tasks:

- Observe the resident and caregivers during care and treatments, at meals, and various times of the day, including early morning and evening, over the entire survey period. Observe residents in both informal and structured settings, e.g.,

receiving specialized rehabilitation services, participating in formal and informal activities. Also, observe staff-resident interactions;

- Gather resident-specific information, including information on the resident's functional ability, potential for increasing ability, and any complications concerning special care needs;
- Evaluate implementation of the care plan. Determine if the care plan is consistently implemented by all personnel at all times of the day, and if the care plan is working for the resident. If the care plan is not working, look for evidence that the facility has identified this and acted on it even if the care plan has not formally been revised;
- Determine if there is a significant difference between the facility's assessment of the resident and observations; and
- Evaluate the adequacy of care provided to the resident using the Guidance to Surveyors.

Do not continue to follow residents once enough information has been accrued to determine whether the resident has received care in accordance with the regulatory requirements.

If there are indicators to suggest the presence of a quality of care problem that is not readily observable, e.g., a leg ulcer covered with a dressing, or a sacral pressure sore, ask facility staff to assist in making observations by removing, for example, a dressing or bedclothes.

Resident care observations should be made by those persons who have the clinical knowledge and skills to evaluate compliance.

When observing residents, respect their right to privacy, including the privacy of their bodies. If the resident's genital or rectal area or female breast area must be observed in order to document and confirm suspicions of a care problem, a member of the nursing staff must be present at this observation, and the resident must give clear consent. If the resident is unable to give consent, e.g., is unresponsive, incompetent, and a legal surrogate (family member who can act on the resident's behalf or legal representative as provided by State law) is present, ask this individual to give consent.

An observation of a resident's rectal or genital area (and for females, the breast area) may be made without a resident's or legal surrogate's consent, under the following conditions:

1. It is determined that there is a strong possibility that the resident is receiving less than adequate care, which can only be confirmed by direct observation;
2. The resident is unable to give clear consent; and

3. A legal surrogate is not present in the facility.

Only a surveyor who is a licensed nurse, a physician's assistant or a physician may make an observation of a resident's genitals, rectal area, or, for females, the breast area.

I. Record Review

Conduct a record review to provide a picture of the current status of the resident as assessed by the facility; information on changes in the resident's status over the last 12 months for those areas identified for review; and information on planned care, resident goals, and expected outcomes.

Use the record review to help determine whether the assessments accurately reflect the resident's status and are internally consistent. An example of inconsistency may be that the facility assessed the resident's ADLs as being independently performed yet had indicated that the resident requires task segmentation for performing ADLs.

For sampled residents selected for either a comprehensive or a focused review, conduct a review of the RAI information including:

- The face sheet of the MDS for background information including customary routines and demographic information to provide an understanding of the resident prior to admission. This assists in assessing the quality of life of the resident.
- The latest MDS to determine which RAPS were triggered. For a sampled resident receiving a comprehensive review, note all triggered areas. Also, review the facility's assessment of the resident's level of functioning and note particularly drug therapy and cognitive, behavior, and ADL function. For a resident receiving a focused review in Phase I of the survey, review both the areas of concern specific to the resident and the other care areas that have been identified with the Roster/Sample Matrix. For Phase 2 residents, review only those areas that have been identified by the team as areas of concern.

If the RAI is less than 9 months old, review and compare with the previous RAI and the most recent quarterly review. If the RAI is 9 months or older, compare the current RAI with the most recent quarterly review. Review the following:

- The RAP summary sheet to see where the assessment documentation is located for any RAP triggered;
- The information summarizing the assessments (RAPS) and decision to proceed or not to proceed to care planning. Determine if the assessments indicate that the facility used the RAPs and considered the nature of the problem, the causal and risk factors, the need for referrals, complications, and decisions for care planning. If this is a reassessment, review whether the facility determined if the care plan required revision or was effective in moving the resident toward his/her goals;

- The care plan to identify whether the facility used the RAI to make sound care planning decisions. Determine whether the facility identified resident strengths, needs, and problems which needed to be addressed to assist the resident to maintain or improve his/her current functional status. Determine whether the facility identified resident-centered, measurable goals and specific interventions to achieve those goals. With observations, interviews, and record review, determine if the facility implemented the interventions defined; and
- Determine whether the facility documentation and resident status as observed indicate the decision to proceed or not to proceed to care planning was appropriate. This information will assist in determining whether a resident's decline or failure to improve was avoidable or unavoidable.
- It is not necessary to review the entire resident record. Review only those sections that are necessary to verify and clarify the information necessary to make compliance decisions. These sections may include, for example, laboratory reports, progress notes, and drug regimen review reports.
- In any care area in which it is determined that there has been a lack of improvement, a decline, or failure to reach highest practicable well being, assess if the change for the resident was avoidable or unavoidable. Note both the faulty facility practice and its effect on resident(s). Determine if a reassessment based on significant change should have been conducted, and if the absence of reassessment contributed to the resident's decline or lack of improvement.
- Verify that the information needed has been obtained to determine if the facility fulfilled its obligation to provide care that allowed the resident to attain or maintain the highest practicable physical, mental, and psychosocial well-being.

NOTE: When conducting either a focused or comprehensive review, if there are areas of concern which fall outside the care areas identified, investigate these, as necessary.

The following are special investigative protocols which should be used in Task 5C to gather information and in Task 6, to determine facility compliance in the care areas of pressure sore/ulcer(s), hydration, unintended weight loss, sufficient nursing staffing, and dining and food services.

NOTE: “Although the RAI assessments discussed in the following [investigative protocols] must occur at specific times, by Federal regulation, a facility's obligation to meet each resident's needs through ongoing assessment is not neatly confined to these mandated time frames. Likewise, completion of the RAI in the prescribed time frame does not necessarily fulfill a facility's obligation to perform a comprehensive assessment. Facility's are responsible for assessing areas that are relevant to individual residents regardless of whether these areas are included in the RAI.” (“CMS Long-

Term Care Facility Resident Assessment Instrument User's Manual,"
Version 2.0.)

Investigative Protocol

Hydration

Objectives:

- To determine if the facility identified risk factors which lead to dehydration and developed an appropriate preventative care plan; and
- To determine if the facility provided the resident with sufficient fluid intake to maintain proper hydration and health.

Task 5C: Use:

Use this protocol for the following situations:

- A sampled resident who flagged for the sentinel event of dehydration (QM/QI 7.3);
- A sampled resident who has one or more of the following QM/QI conditions:
 - 5.4 – Prevalence of fecal impaction;
 - 6.1 – Residents with a urinary tract infection;
 - 7.1 – Residents who lose too much weight;
 - 7.2 – Prevalence of tube feeding;
 - 9.1 – Residents whose need for help with daily activities has increased;
and
 - Any of the three pressure ulcer QM/QIs: 12.1, 12.2, or 13.3.
- A sampled resident who was discovered to have any of the following risk factors: vomiting/diarrhea resulting in fluid loss, elevated temperatures and/or infectious processes, dependence on staff for the provision of fluid intake, use of medications including diuretics, laxatives, and cardiovascular agents, renal disease, dysphagia, a history of refusing fluids, limited fluid intake or lacking the sensation of thirst.

Procedures:

- Observations/interviews conducted as part of this procedure should be recorded on the Forms CMS-805 and/or the Form CMS-807.
- Determine if the resident was assessed to identify risk factors that can lead to dehydration, such as those listed above and whether there were abnormal laboratory test values which may be an indicator of dehydration.

NOTE: A general guideline for determining baseline daily fluid needs is to multiply the resident's body weight in kilograms (kg) x 30ml (2.2 lbs = 1 kg), except for residents with renal or cardiac distress, or other restrictions based on physician orders. An excess of fluids can be detrimental for these residents.

- Determine if an interdisciplinary care plan was developed utilizing the clinical conditions and risk factors identified, taking into account the amount of fluid that the resident requires. If the resident is receiving enteral nutritional support, determine if the tube feeding orders included a sufficient amount of free water, and whether the water and feeding are being administered in accordance with physician orders?
- Observe the care delivery to determine if the interventions identified in the care plan have been implemented as described.
 - What is the resident's response to the interventions? Does staff provide the necessary fluids as described in the plan? Do the fluids provided contribute to dehydration, e.g., caffeinated beverages, alcohol? Was the correct type of fluid provided with a resident with dysphagia?
 - Is the resident able to reach, pour and drink fluids without assistance and is the resident consuming sufficient fluids? If not, are staff providing the fluids according to the care plan?
 - Is the resident's room temperature (heating mechanism) contributing to dehydration? If so, how is the facility addressing this issue?
 - If the resident refuses water, are alternative fluids offered that are tolerable to the resident?
 - Are the resident's beverage preferences identified and honored at meals?
 - Does staff encourage the resident to drink? Are they aware of the resident's fluid needs? Are staff providing fluids during and between meals?
 - Determine how the facility monitors to assure that the resident maintains fluid parameters as planned. If the facility is monitoring the intake and

output of the resident, review the record to determine if the fluid goals or calculated fluid needs were met consistently.

- Review all related information and documentation to look for evidence of identified causes of the condition or problem. This inquiry should include interviews with appropriate facility staff and health care practitioners, who by level of training and knowledge of the resident, should know of, or be able to provide information about the causes of a resident's condition or problem.

NOTE: If a resident is at an end of life stage and has an advance directive, according to State law, (or a decision has been made by the resident's surrogate or representative, in accordance with State law) or the resident has reached an end of life stage in which minimal amounts of fluids are being consumed or intake has ceased, and all appropriate efforts have been made to encourage and provide intake, then dehydration may be an expected outcome and does not constitute noncompliance with the requirement for hydration. Conduct observations to verify that palliative interventions, as described in the plan of care, are being implemented and revised as necessary, to meet the needs/choices of the resident in order to maintain the resident's comfort and quality of life. If the facility has failed to provide the palliative care, cite noncompliance with [42 CFR 483.25](#), F309, Quality of Care.

- Determine if the care plan is evaluated and revised based on the response, outcomes, and needs of the resident.

Task 6: Determination of Compliance:

- Compliance with [42 CFR 483.25\(j\)](#), F327, Hydration:
 - For this resident, the facility is compliant with this requirement to maintain proper hydration if they properly assessed, care planned, implemented the care plan, evaluated the resident outcome, and revised the care plan as needed. If not, cite at F327.
- Compliance with [42 CFR 483.20\(b\)\(1\) & \(2\)](#), F272, Comprehensive Assessments:
 - For this resident in the area of hydration, the facility is compliant with this requirement if they assessed factors that put the resident at risk for dehydration, whether chronic or acute. If not, cite at F272.
- Compliance with [42 CFR 483.20\(k\)\(1\)](#), F279, Comprehensive Care Plans:
 - For this resident in the area of hydration, the facility is compliant with this requirement if they developed a care plan that includes measurable objectives and timetables to meet the resident's needs as identified in the resident's assessment. If not, cite at F279.

- Compliance with [42 CFR 483.20\(k\)\(3\)\(ii\)](#), F 282, Provision of care in accordance with the care plan:
 - For this resident in the area of hydration, the facility is compliant with this requirement if qualified persons implemented the resident's care plan. If not, cite at F282.

Investigative Protocol

Unintended Weight Loss

Objectives:

- To determine if the identified weight loss is avoidable or unavoidable; and
- To determine the adequacy of the facility's response to the weight loss.

Task 5C: Use:

Utilize this protocol for a sampled resident with unintended weight loss.

Procedures:

- Observations/interviews conducted as part of this procedure should be recorded on the Form CMS-805 if they pertain to a specific sampled resident and on the Form CMS-807 if they relate to general observations of the dining service/dining room.
- Determine if the resident was assessed for conditions that may have put the resident at risk for unintended weight loss such as the following:
 - Cancer, renal disease, diabetes, depression, chronic obstructive pulmonary disease, Parkinson's disease, Alzheimer's disease, malnutrition, infection, dehydration, constipation, diarrhea, Body Mass Index (BMI) below 19, dysphagia, chewing and swallowing problems, edentulous, ill fitting dentures, mouth pain, taste/sensory changes, bedfast, totally dependent for eating, pressure ulcer, abnormal laboratory values (review in accordance with the facility's laboratory norms) associated with malnutrition (serum albumin, plasma transferrin, magnesium, hct/hgb, BUN/creatinine ratio, potassium, cholesterol), and use of medications such as diuretics, laxatives, and cardiovascular agents.

NOTE: Amputation of a body part will contribute to a significant decrease in previously targeted weight range. Once the new weight goals are established, the resident should be assessed

within the parameters of the unintended weight loss investigative protocol.

NOTE: Body Mass Index (BMI) estimates total body mass and is highly correlated with the amount of body fat. It provides important information about body composition, making it a useful indicator of nutritional status. BMI is easy to calculate because only information about height and weight are needed.

$$\text{BMI} = \text{weight (Kg)}/\text{height (M}^2\text{) or}$$

$$\text{BMI} = \text{weight (lbs.)}/\text{height (inches}^2\text{) X 705}$$

- Determine if the facility has assessed the resident's nutritive and fluid requirements, dining assistance needs, such as assistive devices, food cultural/religious preferences, food allergies, and frequency of meals.
- Review all related information and documentation to look for evidence of identified causes of the condition or problem. This inquiry should include interviews with appropriate facility staff and health care practitioners, who by level of training and knowledge of the resident should know of, or be able to provide information about the causes of a resident's condition or problem.
- Determine if the care plan was developed utilizing the clinical conditions and risk factors identified in the assessment for unintended weight loss. Were the care plan interventions, such as oral supplements, enteral feeding, alternative eating schedule, liberalized diet, nutrient supplements, adaptive utensils, assistance and/or increased time to eat developed to provide an aggressive program of consistent intervention by all appropriate staff?
- Determine if the care plan was evaluated and revised based on the response, outcomes, and needs of the resident.

NOTE: If a resident is at an end of life stage and has an advance directive according to State law, (or a decision has been made by the resident's surrogate or representative in accordance with State law) or the resident has reached an end of life stage in which minimal amounts of nutrients are being consumed or intake has ceased, and all appropriate efforts have been made to encourage and provide intake, then the weight loss may be an expected outcome and may not constitute noncompliance with the requirement for maintaining nutritional parameters. Conduct observations to verify that palliative interventions, as described in the plan of care, are being implemented and revised as necessary, to meet the needs/choices of the resident in order to maintain the resident's comfort and quality of life. If the facility has failed to provide the

palliative care, cite noncompliance with [42 CFR 483.25](#), F309, Quality of Care.

- Observe the delivery of care as described in the care plan, e.g., staff providing assistance and/or encouragement during dining; serving food as planned with attention to portion sizes, preferences, nutritional supplements, and/or between-meal snacks, to determine if the interventions identified in the care plan have been implemented. Use the Dining and Food Service Investigative Protocol to make this determination.

Task 6: Determination of Compliance:

- Compliance with [42 CFR 483.25\(L\)](#), F325, Nutrition
 - For this resident, the unintended weight loss is unavoidable if the facility properly assessed, care planned, implemented the care plan, evaluated the resident outcome, and revised the care plan as needed. If not, the weight loss is avoidable; cite at F325.
- Compliance with [42 CFR 483.25](#), F309, Quality of Care:
 - For the resident who is in an end-of-life stage and palliative interventions, as described in the plan of care, are being implemented and revised as necessary, to meet the needs/choices of the resident in order to maintain the resident's comfort and quality of life, then for this resident, in the area of palliative care, the facility is compliant with this requirement. If not, cite F309.
- Compliance with [42 CFR 483.20\(b\)\(1\) and \(2\)](#), F272, Comprehensive Assessments:
 - For this resident in the area of unintended weight loss, the facility is compliant with this requirement if they assessed the factors that put the resident at risk for weight loss. If not, cite at F272.
- Compliance with [42 CFR 483.20\(k\)\(1\)](#), F279, Comprehensive Care Plans:
 - For this resident in the area of unintended weight loss, the facility is compliant with this requirement if they developed a care plan that includes measurable objectives and timetables to meet the resident's needs as identified in the resident's assessment. If not, cite at F279.
- Compliance with [42 CFR 483.20\(k\)\(3\)\(ii\)](#), F 282, Provision of care in accordance with the care plan:

- o For this resident in the area of unintended weight loss, the facility is compliant with this requirement if qualified persons implemented the resident's care plan. If not, cite at F282.

Investigative Protocol

Dining and Food Service

Objectives:

- To determine if each resident is provided with nourishing, palatable, attractive meals that meet the resident's daily nutritional and special dietary needs;
- To determine if each resident is provided services to maintain or improve eating skills; and
- To determine if the dining experience enhances the resident's quality of life and is supportive of the resident's needs, including food service and staff support during dining.

Task 5C: Use

This protocol will be used for:

- All sampled residents identified with malnutrition, unintended weight loss, mechanically altered diet, pressure sores/ulcers, and hydration concerns; and
- Food complaints received from residents, families and others.

General Considerations:

- Use this protocol at two meals during the survey, preferably the noon and evening meals.
- Record information on the Form CMS-805 if it pertains to a specific sampled resident, or on the Form CMS-807 if it relates to the general observations of the dining service/dining room.
 - o Discreetly observe all residents, including sampled residents, during meals keeping questions to a minimum to prevent disruption in the meal service.
- For each sampled resident being observed, identify any special needs and the interventions planned to meet their needs. Using the facility's menu, record in writing what is planned in writing to be served to the resident at the meal observed.
- Conduct observations of food preparation and quality of meals.

Procedures:

1. During the meal service, observe the dining room and/or resident's room for the following:
 - Comfortable sound levels;
 - Adequate illumination, furnishings, ventilation; absence of odors; and sufficient space;
 - Tables adjusted to accommodate wheelchairs, etc.; and
 - Appropriate hygiene provided prior to meals.
2. Observe whether each resident is properly prepared for meals. For example:
 - Resident's eyeglasses, dentures, and/or hearing aids are in place;
 - Proper positioning in chair, wheelchair, gerichair, etc., at an appropriate distance from the table (tray table and bed at appropriate height and position); and
 - Assistive devices/utensils identified in care plans provided and used as planned.
3. Observe the food service for:
 - Appropriateness of dishes and flatware for each resident. Single use disposable dining ware is not used except in an emergency and, other appropriate dining activities. Except those with fluid restriction, each resident has an appropriate place setting with water and napkin;
 - Whether meals are attractive, palatable, served at appropriate temperatures and are delivered to residents in a timely fashion.
 - Did the meals arrive 30 minutes or more past the scheduled mealtime?
 - If a substitute was needed, did it arrive more than 15 minutes after the request for a substitute?
 - Are diet cards, portion sizes, preferences, and condiment requests being honored?
4. Determine whether residents are being promptly assisted to eat or provided necessary assistance/cueing in a timely manner after their meal is served.

- Note whether residents at the same table or in resident rooms, are being served and assisted concurrently.
 - *If you observe a resident who is being assisted by a staff member to eat or drink, and the resident is having problems with eating or drinking, inquire if the staff member who is assisting them is a paid feeding assistant. If so, follow the procedures at tag F373.*
5. Determine if the meals served were palatable, attractive, nutritious and met the needs of the resident. Note the following:
- Whether the resident voiced concerns regarding the taste, temperature, quality, quantity and appearance of the meal served;
 - Whether mechanically altered diets, such as pureed, were prepared and served as separate entree items (except when combined food, e.g., stews, casseroles, etc.);
 - Whether attempts to determine the reason(s) for the refusal and a substitute of equal nutritive value was provided, if the resident refused/rejected food served; and
 - Whether food placement, colors, and textures were in keeping with the resident's needs or deficits, e.g., residents with vision or swallowing deficits.

Sample Tray Procedure

If residents complain about the palatability/temperature of food served, the survey team coordinator may request a test meal to obtain quantitative 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 at about the time the last resident on the unit is served and begins eating.

6. Observe for institutional medication pass practices that interfere with the quality of the residents' dining experience. This does not prohibit the administration of medications during meal service for medications that are necessary to be given at a meal, nor does this prohibit a medication to be given during a meal upon request of a resident who is accustomed to taking the medication with the 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 to support the dining experience of the resident, such as:

- o Pain medications being given prior to meals so that meals could be eaten in comfort;
 - o Foods served are not routinely or unnecessarily used as a vehicle to administer medications (mixing the medications with potatoes or other entrees).
7. Determine if the sampled resident consumed adequate amounts of food as planned.
- Determine if the facility is monitoring the foods/fluids consumed. Procedures used by the facility may be used to determine percentage of food consumed, if available; otherwise, determine the percentage of food consumed using the following point system:
 - o Each food item served except for water, coffee, tea, or condiments equals one point. Example: Breakfast: juice, cereal, milk, bread and butter, coffee (no points) equals four points. If the resident consumes all four items in the amount served, the resident consumes 100% of breakfast. If the resident consumes two of the four food items served, then 50% of the breakfast would have been consumed. If three-quarters of a food item is consumed, give one point; for one-half consumed, give .5 points; for one-fourth or less, give no points. Total the points consumed x 100 and divide by the number of points given for that meal to give the percentage of meal consumed. Use these measurements when determining the amount of liquids consumed: Liquid measurements: 8 oz. cup = 240 cc, 6 oz. cup = 180 cc, 4 oz. cup = 120 cc, 1 oz. cup = 30 cc.
 - o Compare these findings with the facility's documentation to determine if the facility has accurately recorded the intake. Ask the staff if these findings are consistent with the resident's usual intake; and
 - o Note whether plates are being returned to the kitchen with 75% or more of food not eaten.
8. If concerns are noted with meal service, preparation, quality of meals, etc., interview the person(s) responsible for dietary services to determine how the staff are assigned and monitored to assure meals are prepared according to the menu, that the meals are delivered to residents in a timely fashion, and at proper temperature, both in the dining rooms/areas and in resident rooms.

NOTE: If concerns are identified in providing monitoring by supervisory staff during dining or concerns with assistance for residents to eat, evaluate nursing staffing in accord with [42 CFR 483.30\(a\)](#), F353, and quality of care at [42 CFR 483.25\(a\)\(2\) and \(3\)](#).

Task 6: Determination of Compliance:

- Compliance with [42 CFR 483.35\(d\)\(1\)\(2\)](#), F364, Food
 - The facility is compliant with this requirement when each resident receives food prepared by methods that conserve nutritive value, palatable, attractive and at the proper temperatures. If not, cite F364.
- Compliance with [42 CFR 483.35\(b\)](#), F362, Dietary services, sufficient staff
 - The facility is compliant with this requirement if they have sufficient staff to prepare and serve palatable and attractive, nutritionally adequate meals at proper temperatures. If not, cite F362.

NOTE: If serving food is a function of the nursing service rather than dietary, refer to [42 CFR 483.30\(a\)](#), F353.

- Compliance with [42 CFR 483.15\(h\)\(1\)](#), F252, Environment
 - The facility is compliant with this requirement if they provide a homelike environment during the dining services that enhances the resident's quality of life. If not, cite F252.
- Compliance with [42 CFR 483.70\(g\)\(1\)\(2\)\(3\)\(4\)](#), F464, Dining and Resident Activities
 - The facility is compliant with this requirement if they provide adequate lighting, ventilation, furnishings and space during the dining services. If not, cite F464.

Investigative Protocol

Nursing Services, Sufficient Staffing

Objectives:

- To determine if the facility has sufficient nursing staff available to meet the residents' needs.
- To determine if the facility has licensed registered nurses and licensed nursing staff available to provide and monitor the delivery of resident care.

Task 5C: Use:

NOTE: This protocol is not required during the standard survey, unless it is triggered in the event of care concerns/problems which may be associated with sufficiency of nursing staff. It is required to be completed for an extended survey.

This protocol is to be used when:

- Quality of care problems have been identified, e.g., residents not receiving the care and services to prevent pressure sore/ulcer(s), unintended weight loss and dehydration, and to prevent declines in their condition as described in their comprehensive plans of care, such as bathing, dressing, grooming, transferring, ambulation, toileting, and eating; and
- Complaints have been received from residents, families or other resident representatives concerning services, e.g., care not being provided, call lights not being answered in a timely fashion, and residents not being assisted to eat.

Procedures:

- Determine if the registered/licensed nursing staff are available to:
 - Supervise and monitor the delivery of care by nursing assistants according to residents' care plans;
 - Assess resident condition changes;
 - Monitor dining activities to identify concerns or changes in residents' needs;
 - Respond to nursing assistants' requests for assistance;
 - Correct inappropriate or unsafe nursing assistants techniques; and
 - Identify training needs for the nursing assistants.
- If problems were identified with care plans/services not provided as needed by the resident, focus the discussion with supervisory staff on the situations which led to using the protocol: how do they assure that there are adequate staff to meet the needs of the residents; how do they assure that staff are knowledgeable about the needs of the residents and are capable of delivering the care as planned; how do they assure that staff are appropriately deployed to meet the needs of the residents; how do they provide orientation for new or temporary staff regarding the resident needs and the interventions to meet those needs; and how do they assure that staff are advised of changes in the care plan?
- Determine if nursing assistants and other nursing staff are knowledgeable regarding the residents' care needs, e.g., the provision of fluids and foods for

residents who are unable to provide these services for themselves; the provision of turning, positioning and skin care for those residents identified at risk for pressure sore/ulcers; and the provision of incontinence care as needed;

- If necessary, review nursing assistant assignments in relation to the care and or services the resident requires to meet his/her needs;
- In interviews with residents, families and/or other resident representatives, inquire about the staff's response to requests for assistance, and the timeliness of call lights being answered; and
- Determine if the problems are facility-wide, cover all shifts or if they are limited to certain units or shifts, or days of the week. This can be based on information already gathered by the team with additional interviews of residents, families, and staff, as necessary.

Task 6: Determination of Compliance:

NOTE: Meeting the State-mandated staffing ratio, if any, does not preclude a deficiency of insufficient staff if the facility is not providing needed care and services to residents.

- Compliance with [42 CFR 483.30\(a\)](#), F353, Sufficient Staff:
 - The facility is compliant with this requirement if the facility has provided a sufficient number of licensed nurses and other nursing personnel to meet the needs of the residents on a 24-hour basis. If not, cite F353.

J. Closed Record Reviews

Closed records are included in the total resident sample. If possible, select closed records of residents who have been identified through the use of offsite information concerning a particular care issue. If there is a care area that is an identified concern, try to obtain the closed records of residents who had the same care needs before death, discharge, or transfer. Document information on the Form CMS-805, Sections C and D, as appropriate.

Look for information to determine compliance with quality of care and other requirements such as:

- Assessment and care of infections;
- Pressure sores;
- Significant weight loss;

- Restraints;
- Multiple falls or injuries;
- Discharge planning; and
- Transfer and discharge requirements.

Unless there is a reason to review the entire record, focus the review on the appropriateness of care and treatment surrounding the resident's discharge or transfer, and the events leading up to that discharge or transfer. For example, if the survey team has identified a concern with inadequate identification and care of residents with infections, and several residents have recently been hospitalized with serious infections, the review would be a focused review on the care and assessment these residents received before they were hospitalized. In addition:

- Look for documentation related to transfer, discharge, and bed-hold, including facility's discharge planning, notices, and reasons for facility-initiated moves, e.g., proper planning and transferring subsequent to a change in payor or care needs; and
- Determine if within 30 days of the death of a resident, the facility conveyed the deceased resident's personal funds and a final accounting to the individual or probate jurisdiction administering the individual's estate as provided by State law (see [42 CFR 483.10\(c\)\(6\)](#), F160).

K. Review of a Resident Receiving Hospice Care

When a facility resident has also elected the Medicare hospice benefit, the hospice and the nursing home must communicate, establish, and agree upon a coordinated plan of care for both providers which reflects the hospice philosophy, and is based on an assessment of the individual's needs and unique living situation in the facility. The plan of care must include directives for managing pain and other uncomfortable symptoms and be revised and updated as necessary to reflect the individual's current status.

The hospice must designate a registered nurse from the hospice to coordinate the implementation of the plan of care.

This coordinated plan of care must identify the care and services which the SNF/NF and hospice will provide in order to be responsive to the unique needs of the patient/resident and his/her expressed desire for hospice care.

The SNF/NF and the hospice are responsible for performing each of their respective functions that have been agreed upon and included in the plan of care. The hospice retains overall professional management responsibility for directing the implementation of the plan of care related to the terminal illness.

For residents receiving Hospice benefit care, evaluate if:

- The plan of care reflects the participation of the hospice, the facility, and the patient to the extent possible;
- The plan of care includes directives for managing pain and other uncomfortable symptoms and is revised and updated as necessary to reflect the individual's current status;
- Drugs and medical supplies are provided as needed for the palliation and management of the terminal illness and related conditions;
- The hospice and the facility communicate with each other when any changes are indicated to the plan of care;
- The hospice and the facility are aware of the other's responsibilities in implementing the plan of care;
- The facility's services are consistent with the plan of care developed in coordination with the hospice, (the hospice patient residing in a SNF/NF should not experience any lack of SNF/NF services or personal care because of his/her status as a hospice patient); and
- The SNF/NF offers the same services to its residents who have elected the hospice benefit as it furnishes to its residents who have not elected the hospice benefit. The patient/resident has the right to refuse any services.

NOTE: If there are concerns about the resident in relation to care provided by the hospice agency, refer the issue to the State Agency responsible for surveying hospices.

L. Review of a Resident Receiving Dialysis Services

When dialysis is provided in the facility by an outside entity, or the resident leaves the facility to obtain dialysis, the nursing home must have an agreement or arrangement with the entity in accordance with [42 CFR 483.75 \(h\)](#). This agreement/arrangement should include all aspects of how the resident's care is to be managed, including:

- Medical and non-medical emergencies;
- Development and implementation of the resident's care plan;
- Interchange of information useful/necessary for the care of the resident; and
- Responsibility for waste handling, sterilization, and disinfection of equipment.

If there is a sampled resident who is receiving dialysis care, evaluate the following, in addition to the standard Resident Review protocol:

- Whether medication is given at times for maximum effect;
- Whether staff know how to manage emergencies and complications, including equipment failure and alarm systems (if any), bleeding/hemorrhaging, and infection/bacteremia/septic shock;
- Whether facility staff are aware of the care of shunts/fistulas, infection control, waste handling, nature and management of end stage renal disease (including nutritional needs, emotional and social well-being, and aspects to monitor); and
- Whether the treatment for this (these) resident(s), affects the quality of life, rights or quality of care for other residents, e.g., restricting access to their own space, risk of infections.

M. Review of Influenza and Pneumococcal Immunizations

Use the Investigative Protocol contained at Tag F334 to complete a review of the implementation of the facility's immunization policies and procedures

Appendix PP

F373

(Rev.)

§483.35(h) - Paid Feeding Assistants

(1) State-approved training course. A facility may use a paid feeding assistant, as defined in §488.301 of this chapter, if—

(i) The feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and

(ii) The use of feeding assistants is consistent with State law.

(2) Supervision.

(i) A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).

(ii) In an emergency, a feeding assistant must call a supervisory nurse for help on the resident call system.

(3) Resident selection criteria.

(i) A facility must ensure that a feeding assistant feeds only residents who have no complicated feeding problems.

(ii) Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings.

(iii) The facility must base resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care.

NOTE: *One of the specific features of the regulatory requirement for this tag is that paid feeding assistants must complete a training program with the following minimum content as specified at §483.160:*

a. *Minimum training course contents. A State-approved training course for paid feeding assistants must include, at a minimum, 8 hours of training in the following:*

(1) Feeding techniques;

- (2) *Assistance with feeding and hydration;*
- (3) *Communication and interpersonal skills;*
- (4) *Appropriate responses to resident behavior;*
- (5) *Safety and emergency procedures, including the Heimlich maneuver;*
- (6) *Infection control;*
- (7) *Resident rights; and*
- (8) *Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.*

b. Maintenance of records. A facility must maintain a record of all individuals, used by the facility as feeding assistants, who have successfully completed the training course for paid feeding assistants.

Intent: §483.35(h)

The intent of this regulation is to ensure that employees who are used as paid feeding assistants are:

- *Properly trained (in accordance with the requirements at §483.160, including maintenance of records);*
- *Adequately supervised;*
- *Assisting only those residents without complicated feeding problems and who have been selected as eligible to receive these services from a paid feeding assistant; and*
- *Providing assistance in accordance with the resident's needs, based on individualized assessment and care planning.*

Definitions

“Paid feeding assistant” is defined in the regulation at 42 CFR 488.301 as “an individual who meets the requirements specified at 42 CFR 483.35(h)(1)(i) of this chapter and who is paid to feed residents by a facility, or who is used under an arrangement with another agency or organization.”

NOTE: *The regulation uses the term, “paid feeding assistant.” While we are not using any other term, facilities and States may use whatever term they*

prefer, such as dining assistant, meal assistant, resident assistant, nutritional aide, etc. in order to convey more respect for the resident. Facilities may identify this position with other titles; however, the facility must be able to identify those employees who meet the requirements under the paid feeding assistant regulation. These requirements do not apply to family and/or volunteers who may be providing the resident with assistance.

“Resident call system,” for the purposes of this requirement includes not only the standard hard-wired call system, but other means in an emergency situation by which a paid feeding assistant can achieve timely notification of a supervisory nurse (when not present in the room).

OVERVIEW

The intent behind the use of paid feeding assistants by nursing homes is to provide nutrition and hydration support to residents who may be at risk for unplanned weight loss and dehydration. These are residents with no complicated problems associated with eating or drinking, who cannot or do not eat independently due to physical or cognitive disabilities, or those who simply need cueing or encouragement to eat. The use of paid feeding assistants is intended to supplement certified nurse aides, not substitute for nurse aides or licensed nursing staff. Use of paid feeding assistants is an option for nursing homes if their state approves the use of paid feeding assistants and establishes a mechanism to approve training programs for paid feeding assistants.

Interpretive Guidelines §483.35(h)

NOTE: *The regulation at §483.30(a)(2) requires that "Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to service as a charge nurse on each tour of duty." In the paid feeding assistant regulation, the term charge nurse is used to identify who is responsible for assessing the eligibility of a resident to be assisted by a paid feeding assistant. The regulation also states that a paid feeding assistant must work under the supervision of an RN or LPN, and they must call the supervisory nurse in case of an emergency. Therefore, a facility that has received a waiver and does not have either an RN or LPN available in the building cannot use paid feeding assistants during those times.*

Charge Nurse Assessment of Resident Eligibility for Feeding Assistance

The facility must base resident selection on the charge nurse's (RN, or LPN if allowed by State law) current assessment of the resident's condition and the resident's latest comprehensive assessment and plan of care. Charge nurses may wish to consult with interdisciplinary team members, such as speech-language pathologists or other professionals, when making their decisions.

Paid feeding assistants are permitted to assist only those residents who have no complicated eating or drinking problems. This includes residents who are dependent in eating and/or those who have some degree of dependence, such as needing cueing or partial assistance, as long as they do not have complicated eating or drinking problems.

Paid feeding assistants are not permitted to assist residents who have complicated eating problems, such as (but not limited to) difficulty swallowing, recurrent lung aspirations, or who receive nutrition through parenteral or enteral means. Nurses or nurse aides must continue to assist residents to eat or drink who require the assistance of staff with more specialized training.

Facilities may use paid feeding assistants to assist eligible residents to eat and drink at meal times, snack times, or during activities or social events as needed, whenever the facility can provide the necessary supervision.

Supervision (by RN/LPN) of Paid Feeding Assistants

A paid feeding assistant must work under the supervision of an RN or LPN. While we are not prescribing the exact means by which facility RNs and LPNs assert their supervisory responsibilities, we expect that facilities will do so in a way that avoids negative outcomes for their residents. If a facility chooses to use paid feeding assistants, it is the facility's responsibility to ensure that adequate supervisory nursing staff are available to supervise these assistants.

The supervisory nurse should monitor the provision of the assistance provided by paid feeding assistants to evaluate on an ongoing basis:

- *Their use of appropriate feeding techniques;*
- *Whether they are assisting assigned residents according to their identified eating and drinking needs;*
- *Whether they are providing assistance in recognition of the rights and dignity of the resident; and*
- *Whether they are adhering to safety and infection control practices.*

Adequate supervision by a supervising nurse does not necessarily mean constant visual contact or being physically present during the meal/snack time, especially if a feeding assistant is assisting a resident to eat in his or her room. However, whatever the location, the feeding assistant must be aware of and know how to access the supervisory nurse immediately in the event that an emergency should occur. Should an emergency arise, a paid feeding assistant must immediately call a supervisory nurse for help on the resident call system.

The charge nurse and the supervisory nurse may or may not be the same individuals

Resident Call System

The regulatory language at this Tag states that, "in an emergency, a feeding assistant must call a supervisory nurse for help on the resident call system." Residents may be receiving assistance in eating or drinking in various locations throughout the facility, such as dining areas, activity rooms, or areas such as patios or porches in which a resident call system is not readily available. The resident call system requirement at §483.70(f), F463, only specifies that the call system be available in the residents rooms and bathrooms. Regardless of where a resident is being assisted to eat or drink, in the case of an emergency, the facility needs to have a means for a paid feeding assistant to obtain timely help of a supervisory nurse. Therefore, for the purposes of this requirement, a "resident call system" includes not only the standard hard-wired or wireless call system, but other means in an emergency situation by which a paid feeding assistant can achieve timely notification of a supervisory nurse.

Use of Existing Staff as Paid Feeding Assistants

Facilities may use their existing staff to assist eligible residents to eat and drink. These employees must have successfully completed a State-approved training course for paid feeding assistants, which has a minimum of 8 hours of training as required in §483.160. Staff may include, for example, administrative, clerical, housekeeping, dietary staff, or activity specialists. Employees used as paid feeding assistants, regardless of their position, are subject to the same training and supervisory requirements as any other paid feeding assistant.

Maintenance of Training Records

The facility must maintain a record of all employees used by the facility as paid feeding assistants. The record should include verification that they have successfully completed a State-approved training course for paid feeding assistants.

INVESTIGATIVE PROTOCOL

Use of Paid Feeding Assistants

Objectives

The objectives of this protocol are to determine, for a facility that uses paid feeding assistants:

- If individuals used as paid feeding assistants successfully completed a State-approved training course;*
- If sampled residents who were selected to receive assistance from paid feeding assistants were assessed by the charge nurse and determined to be eligible to receive these services based on the latest assessment and plan of care; and*

- *If the paid feeding assistants are supervised by an RN or LPN.*

Use

This protocol is used when a surveyor identifies concerns through observation; interview with residents, family, or staff; or record review, that the facility may not be following the requirements regarding paid feeding assistants, including proper training and supervision of feeding assistants, and proper selection of residents for feeding assistance.

Procedures

Briefly review the comprehensive assessment and interdisciplinary care plan to guide observations to be made. The team coordinator assigns one surveyor to obtain the facility's records of all employees, used by the facility as paid feeding assistants, for review for completion of the training course for paid feeding assistants.

Observations

If the concern was discovered through resident or family interview, observe the resident while they are being assisted to eat and drink by a paid feeding assistant. Determine if the assistant is using proper feeding technique and is providing the type of assistance specified in the resident's care plan. Note the resident's condition and observe for the presence of complicated feeding problems.

If the concern was discovered through observations that were already made, only conduct additional observations if necessary to complete the investigation.

Interviews

Resident and Family Interviews

If a resident is selected for this protocol through surveyor observation that they are having difficulties in eating or drinking and they are being assisted by a paid feeding assistant, interview the resident if the resident is interviewable. Ask questions to gain information about why the resident is receiving these services and the resident's experience with receiving assistance to eat and drink. If concerns are identified, inquire if they have reported these problems to a nurse. If the resident is not interviewable, ask these questions of a family member.

If the concern was discovered through resident or family interviews already conducted as part of Task 5D, focus any additional interview on questions specific to the investigation.

Paid Feeding Assistant Interviews

Interview the paid feeding assistant who was assisting the selected resident. Determine whether there are concerns with the paid feeding assistant's training, supervision, or the selection of the resident such as:

- *What training did you successfully complete in providing feeding assistance?*
- *What information did you receive about this resident's needs for assistance (type of assistance needed, any precautions)?*
- *In what manner and by whom are you supervised while assisting residents?*
- *What issues/problems do you report (such as coughing, choking, changes in the resident's usual responses, or level of alertness) and to whom do you report?*
- *What would you do if an emergency occurred while you were assisting a resident to eat or drink? Who would you contact and how would you contact them if you are not near the resident call system?*

Charge Nurse Interview

Interview the charge nurse who is responsible for assessing this resident as eligible to receive assistance by a paid feeding assistant. Ask:

- *How they determined that this resident has no complicated feeding problems and is eligible to be assisted by a paid feeding assistant;*
- *How they determine that each eligible resident remains free of emergent complicated feeding problems;*
- *Who supervises paid feeding assistants and how is the supervision accomplished;*
- *Describe the processes in place to handle emergencies when a supervisor is not present in the area where paid feeding assistants are assisting residents.*

Supervisory Nurse Interview

Interview the nurse who is supervising the resident during the meal or other times when the paid feeding assistant is assisting the resident to eat or drink. Ask how they supervise paid feeding assistants.

Review of Assessment of Eligibility to Receive Assistance from a Paid Feeding Assistant

Determine whether the charge nurse based her/his assessment of the resident's ongoing eligibility to be assisted by a paid feeding assistant on identification of the current condition of the resident and any additional or new risk factors or condition changes that may impact on the resident's ability to eat or drink. This information may be contained in the RAI or in other supporting documents such as progress notes, etc. The assessment of eligibility to receive assistance from a paid feeding assistant is ongoing and should be in place from the day of admission.

Requirements for Training of Paid Feeding Assistants

Determine how the facility identifies that paid feeding assistants have successfully completed a State-approved training course that meets the requirements at 42 CFR 483.160 before they are allowed to assist eligible residents with eating and drinking.

If the facility uses temporary (agency) staff as paid feeding assistants, request documentation that these staff have met the minimum training requirements specified by the State.

DETERMINATION OF COMPLIANCE (TASK 6, APPENDIX P)

The information below should be used by the survey team for their deficiency determination at Task 6 in Appendix P. The survey team must evaluate the evidence documented during the survey to determine if a deficiency exists due to a failure to meet a requirement, and if there are any negative resident outcomes or potential for negative outcomes due to the failure.

Synopsis of Regulation (42 CFR 483.35)

The paid feeding assistant requirement has five aspects:

- Staff who are used as paid feeding assistants must have completed a State-approved training course;*
- The facility must base resident selection to be fed by a paid feeding assistant on the charge nurse's assessment and resident's latest assessment and care plan;*
- Paid feeding assistants must work under the supervision of an RN or LPN, and, in an emergency, must call a supervisory nurse for help on the resident call system;*
- Paid feeding assistants assist only residents who have no complicated health problems related to eating or drinking that make them ineligible for these services; and*
- The facility must maintain a record of all individuals used by the facility as paid feeding assistants, and must maintain documentation of successful completion of a State-approved training course by these individuals.*

Criteria for Compliance

Compliance with 42 CFR 483.35(h), F373, Paid Feeding Assistants

The facility is in compliance with this requirement if all the following are met:

- *The facility only employs paid feeding assistants who have successfully completed a State-approved training course before providing assistance;*
- *The facility selected qualified residents based on the charge nurse's ongoing assessment and the latest assessment and plan of care;*
- *The facility provides supervision by an RN or LPN;*
- *The facility provides in cases of emergency a working call system (and other means for areas without a call system) for the paid feeding assistant to summon help in an emergency;*
- *The facility ensures that the paid feeding assistant only assists residents who have no complicated health problems related to eating or drinking that make them ineligible for these services; and*
- *The facility maintains a record of all individuals used by the facility as paid feeding assistants, and maintains documentation of each paid feeding assistant's successful completion of a State-approved training course.*

If not, cite F373.

Non-compliance for F373

After completing the investigative protocol, determine whether or not noncompliance with the regulation exists. Noncompliance for F373 may include, but is not limited to, one or more of the following:

- *An employee of the facility (permanent or temporary) who has not successfully completed the State-approved training course is assisting a resident to eat/drink;*
- *The facility allowed an employee who has completed a course that is not State-approved to assist a resident to eat or drink;*
- *A paid feeding assistant was observed assisting a resident in a location without a call system available or other means of emergency notification;*

- *A resident who was assessed by the charge nurse as ineligible for services due to complicated eating/drinking problems, or a resident who has not been assessed for eligibility, is being assisted by a paid feeding assistant;*
- *A paid feeding assistant was not being supervised by a RN or LPN;*
- *RN or LPN staff members assigned to supervise paid feeding assistants were observed to be unavailable (e.g., not in reach of contact);*
- *The clinical record of a resident being assisted by a paid feeding assistant did not show evidence that the resident was eligible to receive assistance from a paid feeding assistant;*
- *The facility did not maintain records of paid feeding assistants working in the facility; or*
- *The facility did not maintain documentation of a paid feeding assistant's successful completion of a State-approved paid feeding training course.*

Potential Tags for Additional Investigation

During the investigation of F373, the surveyor may have identified concerns with additional requirements related to outcome, process, and/or structure requirements. The surveyor is cautioned to investigate these related requirements before determining whether non-compliance may be present at these other tags. Examples of some of the related requirements that may be considered when non-compliance has been identified include the following (but are not limited to):

- *42 CFR 483.15(a), F241, Dignity*
 - *Determine if staff are attentive and responsive to the resident's requests, and if they provide assistance to eat in a manner that respects the resident's dignity, meets needs in a timely manner, and minimizes potential feelings of embarrassment, humiliation, and/or isolation related to inability to assist themselves with food or fluid intake.*
- *42 CFR 483.20(b), F272, Comprehensive Assessments*
 - *Review whether the facility initially and periodically conducted a comprehensive, accurate assessment of the resident's ability to eat and drink with or without assistance and/or identified a condition that makes the resident ineligible for this service.*
- *42 CFR 483.20(k)(1), F279, Comprehensive Care Plans*

- *Review whether the facility developed a comprehensive care plan that was based on the assessment of the resident's conditions, needs, and behaviors, and was consistent with the resident's goals in order to provide assistance with nutrition and hydration as necessary.*
- *42 CFR 483.20(k)(2)(iii), F280, Comprehensive Care Plan Revision*
 - *Determine if the care plan was reviewed and revised periodically, as necessary, related to eligibility to eat and drink with assistance of a paid feeding assistant.*
- *42 CFR 483.25(i)(1), F325, Nutritional Parameters*
 - *Review if the facility had identified, evaluated, and responded to a change in nutritional parameters, anorexia, or unplanned weight loss, dysphagia, and/or swallowing disorders in relation to the resident's ability to eat.*
- *42 CFR 483.25(i)(2), F327, Hydration*
 - *Review if the facility had identified, evaluated, and responded to a change in the resident's ability to swallow liquids.*
- *42 CFR 483.25 (a)(3) F312, ADL Assistance for Dependent Residents*
 - *Determine if staff identified and implemented appropriate measures to provide food and fluids for the resident who cannot perform relevant activities of daily living.*
- *42 CFR 483.30(a), F353, Sufficient Staff*
 - *Determine if the facility has qualified staff in sufficient numbers to provide assistance to eat or drink to those residents who require such assistance. For residents who are not eligible to receive assistance from paid feeding assistants, determine if there are sufficient CNAs to provide this assistance to these residents in a timely fashion.*
- *42 CFR 483.75(i)(2), F501, Medical Director*
 - *Determine whether the medical director collaborates with the facility to help develop, implement, and evaluate resident care policies and procedures based on current standards of practice, e.g., the use of paid feeding assistants, their supervision, and the criteria for determining which residents are eligible to receive assistance to eat or drink from paid feeding assistants.*

IV. DEFICIENCY CATEGORIZATION (Part IV, Appendix P)

Once the team has completed its investigation, analyzed the data, reviewed the regulatory requirement, and identified any deficient practice(s) that demonstrate that non-compliance with the regulation at F373 exists, the team must determine the severity of the deficient practice(s) and the resultant harm or potential for harm to the resident. The key elements for severity determination for F373 are as follows:

1. Presence of harm/negative outcome(s) or potential for negative outcomes because of lack of appropriate use of paid feeding assistants.

Non-compliance related to an actual or potential harm/negative outcome for F373 may include, but is not limited to:

- A resident who is not eligible to receive these services is assisted by a paid feeding assistant; or*
- A resident who is eligible to receive these services is assisted by a paid feeding assistant and develops coughing and/or choking episodes related to the paid feeding assistant using poor techniques indicating lack of appropriate supervision*

2. Degree of harm (actual or potential) related to the non-compliance:

Identify how the facility practices caused, resulted in, allowed, or contributed to the actual or potential for harm:

- If harm has occurred, determine if the harm is at the level of serious injury, impairment, death, compromise, or discomfort; or*
- If harm has not yet occurred, determine how likely is the potential for serious injury, impairment, death, or compromise or discomfort to occur to the resident.*

3. The immediacy of correction required:

Determine whether the non-compliance requires immediate correction in order to prevent serious injury, harm, impairment, or death to one or more residents.

The survey team must evaluate the harm or potential for harm based upon the following levels of severity for tag F373. First, the team must rule out whether Severity Level 4, Immediate Jeopardy to a resident's health or safety exists by evaluating the deficient practice in relation to immediacy, culpability, and severity. (Follow the guidance in Appendix Q, Guidelines for Determining Immediate Jeopardy.)

NOTE: *The death or transfer of a resident who was harmed or injured as a result of facility non-compliance does not remove a finding of immediate jeopardy. The facility is required to implement specific actions to*

correct the non-compliance which allowed or caused the immediate jeopardy.

Severity Level 4 Considerations: Immediate Jeopardy to Resident Health or Safety

Immediate Jeopardy is a situation in which the facility's non-compliance with one or more requirements of participation:

- Has allowed/caused/resulted in, or is likely to cause/allow/result in serious injury, harm, impairment, or death to a resident; and*
- Requires immediate correction as the facility either created the situation or allowed the situation to continue by failing to implement preventative or corrective measures.*

Examples of the facility's non-compliance that may cause or contribute to negative outcomes at severity level 4 include, but are not limited to:

- An eligible resident in an activity room who is being improperly assisted to eat by a paid feeding assistant, experiences choking, there was no call system readily available, and/or the supervising nurse was not available to assist, and the resident expired;*
- A resident who is not eligible to receive these services due to complicated feeding problems is assisted by a paid feeding assistant, whether or not the resident has experienced negative outcomes.*

NOTE: *If immediate jeopardy has been ruled out based upon the evidence, then evaluate whether actual harm that is not immediate jeopardy exists at severity level 3.*

Severity Level 3 Considerations: Actual Harm that is not Immediate Jeopardy

Level 3 indicates non-compliance that results in actual harm, and can include but may not be limited to clinical compromise, decline, or the failure to maintain and/or reach the resident's highest practicable well-being.

Examples of the facility's non-compliance that may cause or contribute to negative outcomes at severity level 3 include, but are not limited to:

- An eligible resident who was assessed to have the potential to improving their eating ability was assisted to eat by a paid feeding assistant. The assistant provided too much food, too quickly and the resident was pocketing the food in her cheeks. The resident experienced choking and coughing and subsequently vomited. As a result, the resident became fearful, refused solid foods, and would only consume liquid dietary supplements.*

NOTE: *If severity level 3 (actual harm that is not immediate jeopardy) has been ruled out based upon the evidence, then evaluate as to whether level 2 (no actual harm with the potential for more than minimal harm) exists.*

Severity Level 2 Considerations: No Actual Harm with potential for more than minimal harm that is Not Immediate Jeopardy

Level 2 indicates non-compliance that results in a resident outcome of no more than minimal discomfort and/or has the potential to compromise the resident's ability to maintain or reach his or her highest practicable level of well being. The potential exists for greater harm to occur if interventions are not provided.

Examples of the facility's non-compliance that may cause or contribute to negative outcomes at severity level 2 include, but are not limited to:

- Paid feeding assistants are assisting eligible residents to eat in an area with no call system, and the supervising nurses are not nearby, but there have been no resident outcomes; and*
- Eligible residents are being assisted to eat by employees who have not successfully completed a State-approved paid feeding assistant training course and who otherwise by State law would not be allowed to feed residents (such as RNs, LPNs or CNAs), and there were no resident negative outcomes.*

Severity Level 1: No actual harm with potential for minimal harm

Level 1 is a deficiency that has the potential for causing no more than a minor negative impact on the resident(s).

Examples of the facility's non-compliance that may cause or contribute to negative outcomes at severity level 1 include, but are not limited to:

- Facility did not maintain a record of employees who had completed a State approved paid feeding assistant training program and were used by the facility as paid feeding assistants.*

F493

§483.75(d) Governing Body

(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and

(2) The governing body appoints the administrator who is--

(i) Licensed by the State where licensing is required; and

(ii) Responsible for the management of the facility.

Interpretive Guidelines: §483.75(d)(2)(1)

The administrator must be licensed where required by the State.

§483.75(e) Required Training of Nursing Aides

(Rev.)

(1) Definitions

“Licensed health professional” means a physician; physician assistant; nurse practitioner; physical, speech, or occupational therapist; physical or occupational therapy assistant; registered professional nurse; licensed practical nurse; or licensed or certified social worker.

“Nurse aide” means any individual providing nursing or nursing-related services to residents in a facility who is not a licensed health professional, a registered dietitian, or someone who volunteers to provide such services without pay.

Nurse aides do not include those individuals who furnish services to residents only as paid feeding assistants as defined in §488.301 of this chapter.

F522

§483.75(p) Disclosure of Ownership

(1) The facility must comply with the disclosure requirements of [§§420.206](#) and [455.104](#) of this chapter.

(2) The facility must provide written notice to the State agency responsible for licensing the facility at the time of change, if a change occurs in--

(i) Persons with an ownership or control interest, as defined in [§§420.201](#) and [455.101](#) of this chapter;

(ii) The officers, directors, agents, or managing employees;

(iii) The corporation, association, or other company responsible for the management of the facility; or

(iv) The facility's administrator or director of nursing.

(3) The notice specified in the paragraph (p)(2) of this section must include the identity of each new individual or company.

§483.75(q) Required Training of Feeding Assistants

(Rev.)

A facility must not use any individual working in the facility as a paid feeding assistant unless that individual has successfully completed a State-approved training program for feeding assistants, as specified in §483.160 of this part.

Guidelines: §483.75(q)

Note: Refer to F373