

Nutrition Critical Element Pathway

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

Review the following to guide your observations and interviews:

- Review the most current comprehensive (i.e., admission, annual, significant change, or a significant correction to a prior comprehensive) and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAS for C - cognitive status, D - mood, G - eating ability, K - signs of a swallowing disorder, nutritional approaches, weight loss/gain, L - dental status, and O - SLP and OT,
- Care plan (e.g., nutritional interventions, assistance with meals, assistive devices needed to eat, type of diet, therapeutic diet, food preferences, or pertinent labs),
- Physician's orders (e.g., nutritional interventions [e.g., supplements], assistance with meals, type of diet [e.g., mechanically altered], therapeutic diet [e.g., low sodium diet], weight monitoring, meds [e.g., psychoactive meds, diuretics], labs [e.g., albumin, infections]), and
- Pertinent diagnosis and food allergies/intolerances and preferences.

Observation

Make observations as appropriate, over various shifts to corroborate the information obtained during the record review. You may also find it important to observe for information obtained from staff interviews. Potential pertinent observations are listed below.

- Observe the resident at a meal (observe as soon as possible)
 - Is the diet followed (texture, therapeutic, and preferences)?
 - Are proper portion sizes given (e.g., small or double portions)?
 - Is the resident assisted (with set-up and eating), cued, and encouraged as needed?
 - Are assistive devices in place and used correctly (e.g., plate guard, modified utensils, sippy cups, cues, hand-over-hand)?
 - If the resident isn't eating or refuses: What does staff do (e.g., offer substitutes, encourage, or assist the resident)?
 - Is the call light in reach if eating in their room?
- Are care-planned interventions in place?
- Does the resident's physical appearance indicate the potential for an altered nutritional status (e.g., cachectic, dental problems, edema, no muscle mass or body fat, decreased ROM or coordination in the arms/hands)?
- How physically active is the resident (e.g., pacing or wandering)?
- Are supplements provided at times that don't interfere with meal intake and consumed (e.g., supplement given right before the meal and the resident doesn't eat)?
- Are snacks given and consumed as care-planned?
- Is the resident receiving OT, SLP, or restorative therapy services? If so, are staff following their instructions (e.g., head position or food placement to improve swallowing)?
- Is there any indication that the resident could benefit from therapy services that are not currently being provided?

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Interview

As part of the investigation, surveyors should attempt to initially interview **the most appropriate direct care staff member**. Your interview questions should be specific to the investigation at hand and based on findings from the record review and observations. Consider interviewing the DON, MD, CNP or PA to complete the investigation.

Resident and/or representative:

- Have you lost weight in the facility? If so, why do you think you've lost weight (e.g., taste, nausea, dental, grief, or depression issues)?
- What is the facility doing to address your weight loss? (Ask about specific interventions – e.g., supplements.)
 - Do they give you the correct diet, snacks, supplements, and honor your food preferences/allergies?
 - If you don't want the meal, does staff offer you a substitute?
 - Does staff set-up your meal, assist with eating, or encourage you as needed?
 - Do they give you enough time to eat?
- Do they give you assistive devices so you can be as independent as possible?
- Did you have a choice in your diet, food preferences, and where to eat?
- If you know the resident has refused: Did the staff talk to you about what might happen if you don't follow your plan to help maintain your weight?
- Are you continuing to lose weight? If yes, why do you think that is?

Nurse Aide, Dietary Aide and/or Paid Feeding Assistant:

- Are you familiar with the resident's care?
- Where does the resident eat?
- How much assistance does the resident need with eating?
- How do you encourage the resident to feed themselves when possible?
- Are meal intakes, any supplements given with the meal, and weights documented? If so, where?
- Does the resident refuse? What do you do if the resident refuses?
- Is the resident continuing to lose weight? If so, did you report it (to whom and when) and did the treatment plan change?
- Ask about concerns based on your investigation.

Nurse:

- Are you familiar with the resident's care?
- How much assistance does the resident need with eating?
- Are meal intakes, supplements, and weights monitored? If so, where is it documented?
- Does the resident refuse? What do you do if the resident refuses?
- Is the resident continuing to lose weight? If so, did you report it (to whom and when) and did the treatment plan change?
- How do you monitor staff to ensure they are implementing care-planned interventions?
- Ask about concerns based on your investigation.

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Registered Dietitian or Dietary Manager:

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

Record Review

You may need to return to the record to corroborate information from the observations and interviews. Potential pertinent items in the record are listed below.

- Review nursing notes, nutritional assessment and notes, rehab, social service, and physician's progress notes.
 - Have the resident's nutritional needs been assessed (e.g., calories, protein requirement, UBW, weight loss, desired weight range)?
 - Was the cause of the weight loss identified?
 - Is the rationale for chosen interventions or no interventions documented?
- Are the underlying risk factors identified (e.g., underlying medical, psychosocial, or functional causes)?
- Have the medications been reviewed for any impact affecting food intake?
- How often are food/supplement intakes monitored and documented? Are deviations identified?
- How often are weights monitored and documented? Are deviations identified?
- Are preventative measures documented prior to the weight loss?
- Have nutrition interventions been put in place?
- Review laboratory results pertinent to nutritional status (e.g., albumin and pre-albumin). Has the care plan been revised to reflect any changes in nutritional status?
- Do your nutritional observations match the description in the clinical record?
- Review facility policies and procedures with regard to nutritional status.

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Make compliance decisions below by answering the five Critical Elements.

Note: Remember if the facility failed to complete a comprehensive assessment resulting in a citation at F272, surveyors should not cite F279 and F280 as the facility could not have developed or revised a plan of care based on a comprehensive assessment they did not complete. If further guidance is needed, surveyors should refer to the regulation, IG, and investigative protocol as they conduct the investigation.

Critical Element

1. If the condition or risks were present at the time of the required assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes (to the extent possible) for the resident's potential decline or lack of improvement in nutritional parameters, and the impact upon the resident's function, mood, and cognition?
If No, cite F272
NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR a comprehensive assessment is not required yet.
2. Did the facility develop a plan of care with interventions and measurable goals, in accordance with the assessment, resident's wishes, and current standards of practice, to maintain acceptable nutritional parameters or prevent the development of impaired nutritional status?
If No, cite F279
NA, the comprehensive assessment was not completed OR a comprehensive care plan is not required yet.
3. Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care?
If No, cite F282
NA, no provision in the written plan of care for the concern being evaluated.
4. Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident?
If No, cite F280
NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.
5. Based on observation, interviews, and record review, did the facility provide care and services to maintain acceptable parameters of nutritional status unless the resident's clinical condition demonstrates that this is not possible and receive a therapeutic diet when there is a nutritional problem?
If No, cite F325

Other Tags and Care Areas to consider: F150, F155, Notification of Change (F157), Choices (F155, F242, F246), Social Services (F250), F271, F274, F278, F281, F309 (General Pathway), ADLs (F310, F311, F312), Behavioral/Emotional Status (F309, F319, F320), Tube Feeding (F322, F328), Hydration (F327), Unnecessary Medications (F329, F428), Sufficient Staffing (F353, F354), F361, Dining Observations (F362, F366), F360, F365, F367, F369, F373, F385, Infection Control (F441), F498, F501, F500, F514, QA&A (F520).

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Notes: