

Centers for Medicare & Medicaid Services  
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Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations/Survey and Certification Group

DEC 31 2008

Katherine Church, RD  
Certified Board for Dietary Managers  
406 Surrey Woods Drive  
St. Charles, Illinois 60174

Dear Ms. Church:

Thank you for your commitment to support our goal for promoting quality care and services to our nursing home residents. We appreciate your interest in the regulation language established to ensure that our residents receive the highest possible quality care. To address your questions regarding the roles and responsibilities of Certified Dietary Managers (CDM) and Certified Food Protection Professionals (CFPP) who serve as part of nursing homes interdisciplinary teams, I will begin by describing the intent of the updated surveyor interpretive guidance for F tag 325. The intent of the updated guidance is to assist surveyors in interpreting the regulatory language for F325 "Nutrition." It is also important to note, however, that the Federal Regulatory language for §483.25 (F325) has not changed. The language is stated as follows:

**§483.25(i) Nutrition (F325)**

**Based on a resident's comprehensive assessment, the facility must ensure that a resident--**  
**(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and**  
**(2) Receives a therapeutic diet when there is a nutritional problem.**

The following are my answers to your specific questions:

- Q1. "May a CDM, CFPP continue to document nutrition related RAPs under the new guidance?"
- A1. Yes, as long as the preparer has the knowledge and skill to do so. See 483.20(g) below.

**§483.20(g) Accuracy of Assessment (F278)**

**The assessment must accurately reflect the resident's status.**

**Intent §483.20(g):**

**To assure that each resident receives an accurate assessment by staff that are qualified to assess relevant care areas and knowledgeable about the resident's status, needs, strengths, and areas of decline.**

- Q2. “May a CDM, CFPP continue to write a care plan and initiate such care.”
- A2. Yes, the discipline of the individual developing the care plan is not specified in the regulatory language. However the registered nurse is responsible for conducting or coordinating the assessment and certifying the assessment, and the results of the assessment are used to develop the comprehensive care plan §483.20(d).

**§483.20(k) Comprehensive Care Plans (F279)**

**(1) The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident’s medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the following:**

- (i) The services that are to be furnished to attain or maintain the resident’s highest practicable physical, mental, and psychosocial well-being as required under §483.25; and**
- (ii) Any services that would otherwise be required under §483.25 but are not provided due to the resident’s exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).**

- Q3. “May a CDM, CFPP complete and document a quarterly assessment of a resident.”
- A3. Yes, as long as the assessment is signed by the Registered Nurse who is responsible for conducting and coordination the assessment. See 483.20(h) below.

**§483.20(h) Coordination (F278)**

**A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.**

**Intent §483.20(h):**

**The registered nurse will conduct and/or coordinate the assessment, as appropriate. Whether conducted or coordinated by the registered nurse, he or she is responsible for certifying that the assessment has been completed.**

- Q4. “Does CMS intend for each RAI document prepared by a CDM or CFPP to be signed by a registered dietitian (RD)?”
- A4. No, CMS does not require that a registered dietitian sign the resident assessment instrument (RAI).
- Q5. “Does CMS condone having an RD complete an assessment via fax using data collected by the CDM or CFPP and/or other members of the healthcare team?”
- A5. CMS expects that an assessment be completed at the facility in order to properly evaluate the resident.

Q6. “In defining a qualified professional does CMS require documentation of the professional competency beyond certification?”

A6. No, not unless there is an identified negative outcome that results in questioning the professional’s qualifications.

Regarding your two interpretations on page three of your letter, neither of the two (A or B) is accurate. Please see the answers provided in the above text.

We hope that this answers your questions and that you continue to work in collaboration with the other members of the nursing homes multidisciplinary team to provide optimum care and services for our residents.

For further information contact Debra Swinton-Spears at (410)-786-7506 or e-mail at [debra.swinton-spears@cms.hhs.gov](mailto:debra.swinton-spears@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Thomas E. Hamilton". The signature is written in a cursive style with a long horizontal flourish extending to the left.

Thomas E. Hamilton  
Director