



REGS, REGS AND NEW REGS !!!

South Carolina ANFP

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Objectives:

- Understand Long Term Care regulation changes in Phase III and the implementation time-line.
- Describe CMS's regulatory emphasis and focus areas.
- Discuss staff training and competencies.
- Participants will understand how the regulation changes impact the role of the Certified Dietary Manager in Long Term Care communities.

Agenda

- Long Term Care Regulatory Changes
- Overview of Survey Process
- Focus Areas
- Highlights of the Changes Impacting Food and Nutrition Services
- Staff Training & Competencies
- Q & A





Changes to LTC Requirements of Participation

- First regulations 1989 – OBRA Regs
- Last comprehensive review & update 1991, since then
 - Significant innovations in resident care, evidence-based research
 - LTC residents more clinically complex and diverse
 - Focus: person-centered care, individual choice, outcomes management
- The revisions reflect advances in the theory and practice of service delivery and safety, and implement sections of the Affordable Care Act (ACA).



Phased in Implementation Schedule

- Regulations will be implemented in 3 phases:
- Phase 1: Existing requirements, those requirements relatively straightforward to implement, and those that require minor changes to survey process (*November 28, 2016*)
- Phase 2: All Phase 1 requirements, those that providers need more time to develop, foundational elements, and a new survey process that can assess compliance. (*November 28, 2017*)
- **Phase 3**: All Phase 1 and 2, and those requirements that need more time to implement - personnel hiring & training, implementation of systems approaches to quality
(November 28, 2019)

Phased Implementation



Phase

Primary Implementation

Phase 1

(this section is partially implemented in Phase 2 and/or in Phase 3)*

- Resident Rights and Facility Responsibilities*
- Freedom from Abuse, Neglect, and Exploitation*
- Admission, Transfer, and Discharge*
- Resident Assessment
- Comprehensive, Person-Centered Care Planning*
- Quality of Life
- Quality of Care*
- Physician Services
- Nursing Services*
- Pharmacy Services*
- Laboratory, radiology, and other diagnostic services
- Dental Services*
- Food and Nutrition*
- Specialized Rehabilitation
- Administration (Facility Assessment – Phase 2)*
- Quality Assurance and Performance Improvement* - QAA Committee
- Infection Control – Program*
- Physical Environment*



Phased Implementation

| Phase 2 | <ul style="list-style-type: none">• Behavioral Health Services*• Quality Assurance and Performance Improvement* - QAPI Plan• Infection Control – Facility Assessment and Antibiotic Stewardship *• Physical Environment- smoking policies * |
|---------|---|
| Phase 3 | <ul style="list-style-type: none">• Quality Assurance and Performance Improvement* - Implementation of QAPI• Infection Control – Infection Control Preventionist *• Compliance and Ethics*• Physical Environment- call lights at resident bedside *• Training * |

** This section is partially implemented in other phases.*

New Survey Protocol

- Computer-based
- Two parts
 - Sample Selection (pre-selected)
 - ✓ Based on facility census
 - ✓ 70% offsite using MDS algorithm
 - ✓ 30% selected onsite (surveyor-selected)
 - Investigation





New Survey Protocol

- Sample Selection Process:
 - ✓ Day 1 = Interview and observe
potential sample residents,
and review record/matrix as needed
 - ✓ Day 1/Day 2 = Finalize sample



New Survey Protocol

- Investigative Process:
 - ✓ Remainder of survey = investigating residents and tasks
- Facility Tasks:
 - ✓ Required/Concern specific tasks
 - ✓ Resident Council Meeting
 - ✓ New ABN Beneficiary Notice Survey Process

Federal Regulatory Groups for Long Term Care Facilities

* Substandard quality of care = one or more deficiencies with s/s levels of F, H, L, E, R, or I in Red

| | | | | | |
|--------|--|--------|---|--------|---|
| F140 | Definitions | 483.12 | Freedom from Abuse, Neglect, and Exploitation | 483.24 | Quality of Life |
| 483.10 | Resident Rights | F600 | Free from Abuse and Neglect | F670 | *Quality of Life |
| F510 | *Resident Rights/Exercise of Rights | F602 | Free from Abuse/neglect/exploitation | F670 | *Activities of Daily Living (ADLs)/ Instrumental Activities |
| F511 | Rights Derived by Reimbursement | F609 | Free from Restraints/Seclusion | F671 | *ADL Care Provided for Dependent Residents |
| F512 | Right to be Informed/Make Treatment Decisions | F604 | Right to be Free from Physical Restraints | F676 | *Cardio-Pulmonary Rehabilitation (CPR) |
| F513 | Right to Participate in Planning Care | F604 | *Held Involuntarily/Against Staff with Advance Notice | F676 | *Activities Most Impacts/Needs of Each Resident |
| F514 | Resident Self Admin Meds Clinically Appropriate | F607 | *Denial/Implement Abuse/Neglect, etc. Policies | F680 | *Qualifications of Activities Professional |
| F515 | Right to Choose/Be Informed of Attending Physician | F608 | Preventing of Reasonable Violation of a Crime | | |
| F517 | Respect, Dignity/Right to have Personal Property | F609 | *Battering of Atypical Violations | | |
| F518 | *Reasonable Accommodations of Needs/Preferences | F610 | *Investigative/Threats/Conduct Atypical Violation | | |
| F518 | *Access/Be Informed of Nursing Home's Policies | | | | |
| F540 | Right to Refuse Certain Treatments | 483.15 | Admission, Transfer, and Discharge | | |
| F541 | *Self Determination | F620 | Admission Policy | | |
| F542 | Immediate Access to Resident | F621 | Equal Practices Regardless of Payment Source | | |
| F543 | Right to Receive/Share Visitors | F622 | Transfer and Discharge Requirements | | |
| F544 | Right to Violation Rights/Local Violation Policies | F623 | Notice Requirements Before Transfer/Discharge | | |
| F545 | *Resident's Family/Visitors and Resources | F624 | Preparation for Safe/ orderly Transfer/Discharge | | |
| F546 | Right to Perform Facility Services as Refused | F625 | Notice of Bed Hold Policy Before/Upon Transfer | | |
| F547 | Protection/Management of Personal Funds | F626 | Permitting Residents to Return to Facility | | |
| F548 | Accounting and Security of Personal Funds | | | | |
| F549 | Notice and Consentance of Personal Funds | 483.30 | Resident Assessments | | |
| F550 | Surveys Based - Security of Personal Funds | F630 | Admission/Physician Orders for Immediate Care | | |
| F551 | Limitations on Changes to Personal Funds | F634 | Comprehensive Assessments & Timing | | |
| F552 | Notice of Rights and Rules | F637 | Consent/Refusal to Accept Significant Change | | |
| F553 | Right to Access/Purchase Copies of Records | F638 | Quarterly Assessment All Level Every 3 Months | | |
| F554 | Resident Notices and Contact Information | F639 | Minimum 25 Months of Resident Assessments | | |
| F555 | Resident Postings | F640 | Immediate/Transitional Resident Assessment | | |
| F556 | Right to Forms of Communication with Family | F641 | Accuracy of Assessments | | |
| F557 | Right to Surveys Results/Share Agency Info | F642 | Coordination/Certification of Assessment | | |
| F558 | Resident/Refusal/Discontinue Treatment/Permit/Refuse | F644 | Coordination of PHARM and Assessments | | |
| F559 | Posting/Notice of Medication/Refusal to Administer | F645 | PHARM Screening for MCI & D | | |
| F560 | Notice of Changes (Source/Location/Room, etc.) | F646 | MD/NO Significant Change Notification | | |
| F561 | Medication/Medication Confidentiality Notice | 483.35 | Comprehensive Resident-Centered Care Plans | | |
| F562 | Personal Property/Confidentiality of Records | F650 | Resident Care Plan | | |
| F563 | Transfers | F654 | Complex/Inpatient Comprehensive Care Plan | | |
| F564 | Resident Contact with External Entities | F657 | Care Plan Timing and Revision | | |
| | | F658 | Services Provided Meet Professional Standards | | |
| | | F659 | Qualified Persons | | |
| | | F660 | Discharge Planning Process | | |
| | | F661 | Discharge Summary | | |

F-Tag Numbering starts at F540 (Definitions) and goes to F949

Revised F-Tags and Federal Regulatory Groups

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

Federal Regulatory Groups for Long Term Care Facilities

* Substandard quality of care = one or more deficiencies with s/s levels of F, H, L, E, R, or I in Red

| | | | | | |
|--------|--|--------|--|--------|--|
| F700 | Nurse Aide Perform Review - 12th Year in Service | F809 | Resident Identities, Preferences and Substitutes | 483.85 | (PHASE-3) Compliance and Ethics Program |
| F701 | Waiver-Licensed Nurses 18th Day and 90th Coverage | F810 | Drinks Used to Meet Needs/Preferences/ Hydration | F850 | (PHASE-1) Compliance and Ethics Program |
| F702 | Food/Nutrition Staffing Information | F811 | Therapeutic Diet Prescribed by Physician | | |
| | | F812 | Frequency of Meals/ Snacks at Bedtime | | |
| 483.40 | Behavioral Health Services | F813 | Assistive Devices - Eating Equipment/Utensils | 483.90 | Physical Environment |
| F740 | Behavioral Health Services | F814 | Feeding Aid - Training/Supervision/Resident | F900 | Emergency Electrical Power System |
| F741 | Sufficient/Competent Staff-Behav Health Needs | F815 | Food Procurement, Storage/Preparation-Sanitary | F907 | Stairs and Equipment |
| F742 | *Treatment/On the Mental/Behavioral Concerns | F816 | Personal Food Policy | F908 | Essential Equipment, Safe Operating Condition |
| F743 | *No Pattern of Behavioral Difficulties/Unmanageable | F817 | Disposal Garbage & Refuse Properly | F909 | Resident Bed |
| F744 | *Treatment Services for Dementia | | | F910 | Resident Room |
| F745 | *Provision of Medication/Related Social Services | 483.65 | Specialized Rehabilitative Services | F911 | Bedroom Number of Residents |
| | | F825 | Provide/Clean Specialized Rehab Services | F912 | Bedroom Measure at Least 80 Square Ft/Resident |
| 483.45 | Pharmacy Services | F826 | Refill Services- Physician Order/Qualified Person | F913 | Bedrooms Have Direct Access to Corridor |
| F750 | Pharmacy Services/Procedures/Pharmacist/Records | | | F914 | Bedrooms Assure Full Visual Privacy |
| F751 | Drug Regimen Review, Report, Impair, Act On | 483.70 | Administration | F915 | Resident Room Window |
| F752 | *Drug Regimen is Free from Unnecessary Drugs | F830 | Administration | F916 | Resident Room Floor Above Drain |
| F753 | *Free from Unnecessary Medications/Drugs/Prescriptions | F831 | Licenses/Comply w/Fed/State/Local Law/Prof Std | F917 | Resident Room Bed/Paraphernalia/Closet |
| F754 | *Free of Medication Error Below 1% or More | F832 | Governing Body | F918 | Bedrooms Enclosed Near Lavatory/Toilet |
| F755 | *Residents Ask Free of Significant Med Errors | F833 | Facility Assessment | F919 | Resident Call System |
| F756 | Label/Store Drugs & Biologicals | F834 | Staff Qualifications | F920 | Requirements for Climate and Activity Rooms |
| | | F835 | Use of Outside Resources | F921 | Safety/Functional/Sanitary/Comfortable Environment |
| 483.50 | Laboratory, Radiology, and Other Diagnostic Services | F836 | Responsibilities of Medical Director | F922 | Procedures to Ensure Water Availability |
| F770 | Laboratory Services | F837 | Resident Records - Identifiable Information | F923 | Ventilation |
| F771 | Blood Bank and Transfusion Services | F838 | Transfer Agreement | F924 | Corridors Have Properly Secured Handrails |
| F772 | Lab Services Not Provided On Site | F839 | Disclosure of Ownership Requirements | F925 | Maintains Effective Pest Control Program |
| F773 | Lab Test Physician Order/Notify of Results | F840 | Facility Closure-Administrator | F926 | Smoking Policies |
| F774 | Assist with Transport Arrangements to Lab Sites | F841 | Facility Closure | | |
| F775 | Lab Results in Record-Lab Name/Address | F842 | Hazardous Services | | |
| F776 | Radiology/Other Diagnostic Services | F843 | *Qualifications of Social Worker >20 Beds | 483.95 | Training Requirements |
| F777 | Radiology/Diag. Tests Ordered/Notify Results | F844 | Payroll Based Journal | F940 | (PHASE-3) Training Requirements - General |
| F778 | Assist with Transport Arrangements to Radiology | | | F941 | (PHASE-3) Communication Training |
| F779 | *Any Diagnostic Result in Record-Sign/Date | | | F942 | (PHASE-1) Resident's Rights Training |
| | | 483.75 | Quality Assurance and Performance Improvement | F943 | Abuse, Neglect, and Exploitation Training |
| 483.55 | Dental Services | F860 | GAP Program/Plan, Disclosure/Good Faith Attempt | F944 | (PHASE-3) GAP Training |
| F780 | Routine/Emergency Dental Services in SNPs | F861 | GAP/GAP Data Collection and Monitoring | F945 | (PHASE-3) Infection Control Training |
| F781 | Routine/Emergency Dental Services in NFs | F862 | GAP/GAP Improvement Activities | F946 | (PHASE-3) Compliance and Ethics Training |
| | | F863 | GAP Committee | F947 | Required In-Service Training for Nurse Aides |
| 483.60 | Food and Nutrition Services | | | F948 | Training for Feeding Assistants |
| F800 | Provided Diet Meets Needs of Each Resident | 483.80 | Infection Control | F949 | (PHASE-3) Behavioral Health Training |
| F801 | Qualified Dietary Staff | F880 | Infection Prevention & Control | | |
| F802 | Sufficient Dietary Support Personnel | F881 | Antibiotic Stewardship Program | | |
| F803 | Menu Meet Res Needs/Prey in Advance/Followed | F882 | (PHASE-3) Infection Prevention/Qualifications/Role | | |
| F804 | Nutritive Value/Spacer - Palatable/Proper Temp | F883 | *Infection and Pneumonia/Immunizations | | |
| F805 | Food in Room to Meet Individual Needs | | | | |



Focus Areas of the Final Rule

- Person-Centered Care; Resident Preferences & Choice
- Changing Population
- Facility Assessment – increased monitoring of facility, staff & residents
- Staffing and Competency-Based Approach
- Quality of Care and Quality of Life
- Alignment with HHS Priorities



HHS Priorities:

- Reducing unnecessary Hospital Admissions
- Reducing the incidences of
Healthcare Acquired Infections
- Improving Behavioral Healthcare
- Safeguarding residents from the use of Unnecessary
Psychotropic (antipsychotic) Medications

Person-Centered Care

Residents & Representatives are Informed, Involved, and In Control

- ID Care Plan must include input from Nurse Aide & Food & Nutrition staff.
- Care Plans incorporate personal & cultural preferences in determining goals, with more emphasis on individual Choices.
- If resident & representative participation not possible, explanation must be documented in chart.
- Baseline Care Plans completed within 48 hours of admission.
- Discharge Planning – include resident preferences and potential for future discharge. Document if resident desires to return to community was assessed and / or any referrals to local agencies.



Facility Assessment

***Facilities need to know themselves, know their staff,
and KNOW their residents.***

- Not a one-size fits all approach to resident care
- Accounts for, and allows for, diversity in populations and facilities
- Focus on each resident achieving their highest practicable physical, mental, and psychosocial well-being



Facility Assessment

- To determine what resources are needed to competently care for residents
- Must be reviewed & updated:
 - ✓ As necessary, but at least annually
 - ✓ Whenever there is any change, or plans for a change, that would require major modification of the assessment

Results will be used to determine:

Staff Requirements

Services Provided

Staff Competency

Establishing QAPI Program



Facility Assessment

- Resident Population

- Number of actual residents
- Facility's resident capacity
- Care required by resident population taking into consideration
- Types of diseases
- Conditions
- Physical and cognitive disabilities
- Overall acuity
- Staff competencies needed to the level of care and type of care needed for resident population
- Physical environment, equipment, services, and other physical plant factors necessary to care for resident population
- Ethnic, cultural, and religious factors

- Facility Resources

- Buildings and/or other physical structures
- Vehicles
- Equipment (medical and non-medical)
- Services provided
- All personnel and their education/training and competencies related to care
- Any type of arrangement/agreement with third parties for services or equipment
- Health information technology



Quality

Quality of Care and Quality of Life--overarching principles for every service.

- Quality of Care – New Focus:
 - Restraints
 - Pain Management
 - Bowel Incontinence
 - **Dialysis Services**
 - Trauma-Informed Care



483.80 Infection Control

- F880- Infection Prevention & Control
- F881- Antibiotic Stewardship Program
- F882- {Phase-III} Infection Preventionist Qualifications/Role
- F883- Influenza and Pneumococcal Immunizations



483.80 Infection Control

- Most implemented in Phase I
- Phase II - Linked to Facility Assessment; Antibiotic Stewardship Program
- **Phase III - Infection Preventionist Qualifications/Role**
 - ✓ Infection Preventionist (IP) – must be at least one individual responsible for the facility's infection control program
 - ✓ IP participation on QAA committee



483.25 Quality of Care

- F684- Quality of Care
- F685- Treatment/Devices to Maintain Hearing/Vision
- F686- Treatment/Services to Prevent Heal/ Pressure Ulcers
- F687- Foot Care
- F688- Increase/Prevent Decrease in ROM/Mobility
- F689- Free of Accident Hazards/ Supervision/ Devices
- F690- Bowel/Bladder Incontinence, Catheter, UTI

- F691- Colostomy, Urostomy, or Ileostomy Care
- F692- Nutrition/Hydration Status Maintenance
- F693- Tube Feeing Management/Restore Eating Skills
- F694- Parenteral/IV Fluids
- F695- Respiratory/Tracheostomy care and Suctioning
- F696- Prostheses
- F697- Pain Management
- F698- Dialysis
- F699-Trauma Informed Care (Phase III)
- F700-Bedrails



483.25 Quality of Care

- Added special care issues, many of which were **previously cited under F309**, if there were care issues
 - Specific areas: restraints (F700), pain management (F697), bowel incontinence (F690), and **dialysis services (F698), (F699) trauma-informed care**
- All of this section was implemented in Phase I, **except for trauma-informed care which will be implemented in Phase III**



483.25 Quality of Care

Trauma Informed Care

- Consistent with goals of person-centered care
- Services must be “culturally-competent” and “trauma informed”
- Trauma survivors have special care needs
- Veterans
- Holocaust survivors
- Survivors of large scale natural and human-caused disasters
- Survivors of abuse
- Care must account for residents’ experiences and preferences to reduce triggers that may cause re-traumatization



483.75 Quality Assurance & Performance Improvement

- F865- QAPI Program/Plan, Disclosure/Good Faith Attempt
- F866- {Phase III} QAPI/QAA Data Collection and Monitoring
- F867- QAPI/QAA Improvement Activities
- F868- QAA Committee



483.75 QAPI

- Phase I- Participation in QAA Committee & maintain existing QAA requirements
- Phase II- QAPI Plan- must be provided to surveyor at annual survey
- Phase III- Full Implementation of QAPI & Integration of Infection Preventionist
 - Facilities must develop a plan that reflects an effective, comprehensive & data-driven QAPI program
 - QAPI program would monitor & evaluate performances of all services & programs of the facility
 - Facilities have flexibility to determine which issues should be prioritized based on the needs of the facility and the residents
 - Policies & Procedures needed that establish coordination with QAPI program



483.75 QAPI

- Facility **must have documentation** demonstrating its ongoing QAPI program
- Systems must be in place for **feedback, data collection, and adverse event & other monitoring**
- Facility must act to **improve performance & measure success**
- Governing body and/or executive leadership is responsible for ensuring the program is maintained & has adequate resources
- Facility must maintain a QAA committee; records disclosure is not required except to demonstrate compliance with the regulatory requirements. Good faith attempts to identify & correct quality deficiencies will not be used as a basis for sanctions.
- Program must be **ongoing, comprehensive, & address the full range of care & services** of the facility. **It Must:**
 - ✓ Address all care systems & management practices
 - ✓ Include clinical care, quality of life, & resident choice
 - ✓ Use evidence-based indicators of quality
 - ✓ Reflect the complexities, unique care & services of the facility



483.85 Compliance and Ethics Program

- Will be implemented in Phase III
- F895 {Phase III} Compliance and Ethics Program
- ✓ Includes at the least the components listed in 483.85 (c)
- ✓ Reasonably designed, implemented & enforced to be effective in preventing & detecting violations & promoting quality of care
- ✓ Must be capable of reducing the prospect of criminal, administrative & civil violations



Compliance Program – Fundamental Elements

- Written standards, policies & procedures, including designation of a contact to report violations; anonymous reporting; disciplinary standards for the entire staff – including volunteers
- Assignment of personnel to oversee the program – governing oversight should rest with high-level personnel with sufficient resources & authority
- Sufficient resources & authority to designated individuals to reasonably assure compliance
- Due care to avoid delegation of authority inappropriately
- Effective communication & training
- Reasonable steps to achieve compliance, including monitoring & auditing
- Consistent enforcement & discipline
- Enforcement of standards



Compliance and Ethics Program

- Requirements for five (5) or more facilities:
 - Annual Training is Mandatory
 - Designation of Compliance Officer who reports to governing body
 - Compliance Officer may not be subordinate to General Counsel, COO or CFO
 - Each facility must have a Compliance Liaison
 - Facilities should examine their current reporting structure and determine if changes are needed

- Review Compliance Program annually & update as needed

- Compare current Compliance Program with Final Rule



483.95 Training Requirements

- Phase I included:
 - ✓ Incorporates training requirements previously found elsewhere. Training in abuse, neglect, exploitation; dementia management & abuse prevention; care of cognitively impaired; training of feeding assistants
- Phase II included:
 - ✓ The only implementation is the addition of the Facility Assessment in Nurse Aide Training
- Phase III: Implementation of Majority of training requirements
 - ✓ Training requirements for all staff, contractors, and volunteers





483.95 Training Requirements

- F940- {Phase III} Training Requirements-General
- F941- {Phase III} Communication Training
- F942- {Phase III} Resident's Rights Training
- F943- Abuse, Neglect, and Exploitation Training
- F944- {Phase III} QAPI Training
- F945- {Phase III} Infection Control Training
- F946- {Phase III} Compliance and Ethics Training
- F947- Required In-Service Training for Nurse Aides
- F948- Training for Feeding Assistants
- F949- {Phase III} Behavioral Health Training



Staff Training

Required Topics include:

- ✓ Communication
- ✓ Resident's Rights & Facility Responsibilities
- ✓ Abuse, Neglect & Exploitation
- ✓ Dementia Management & Resident Abuse Prevention
- ✓ Quality Assurance & Performance Improvement
- ✓ Infection Control
- ✓ Compliance & Ethics
- ✓ Behavioral Health



Staff Training – Required Topics

Nurse Aide Training

- ✓ Dementia management & resident abuse prevention



Staff Training

The facility must develop, implement, and maintain an effective training program for:

- ✓ All existing staff
- ✓ All new staff
- ✓ Contract employees
- ✓ Volunteers



Phase III – what it means for Food & Nutrition Services?

Food and Nutrition Services is integrated in all aspects of Phase III programs:

- ✓ Staffing & Competency
- ✓ Quality of Care & Quality of Life
- ✓ Infection Control Program
- ✓ Quality & Performance Improvement Program
- ✓ Compliance & Ethics Program



483.60 Food & Nutrition Services

- F800- Provide Diet Meets Needs of each resident
- F801- Qualified Dietary Staff
- F802- Sufficient Dietary Support Personnel
- F803- Menus Meet Resident Needs/ Prep in Advance/ Followed
- F804- Nutritive Value/ Appear, Palatable/Prefer Temp
- F805- Food in Form to Meet Individual Needs
- F806- Resident allergies, Preferences, and Substitutes
- F807-Drinks Available to Meet Needs/ Preferences/ Hydrations
- F808- Therapeutic diet Prescribed by Physician
- F809- Frequency of Meals/Snacks at Bedtime
- F810- Assistive Devices- Eating Equipment/ Utensils
- F811- Feeding Asst. Training/Supervision/Resident
- F812- Food Procurement, Store/Prepare/Serve- Sanitary
- F813- Personal Food Policy
- F814- Dispose Garbage & Refuse Properly



F801: Qualified Dietary Staff

483.60(a) Staffing

- The facility must employ **sufficient staff** with the **appropriate competencies and skills sets** to carry out the functions of the food and nutrition service, taking into **consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population** in **accordance with the facility assessment** required at § 483.70(e)

§ 483.60(a)(1) This includes:

A **Qualified dietitian** or other clinically

qualified nutrition profession is one who:

- Holds a bachelor's or higher degree;
- Completed at least 900 hours of supervised dietetics practice;
- Is licensed or certified as a dietitian or nutrition professional by the State; and
- Meets the requirements of education
- If hired before November 28, 2016, have 5 years to meet the requirements



F801: Qualified Dietary Staff cont ...

§ 483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must **designate a person to serve as the director of food and nutrition services**

- Designated persons include:
 - **A certified dietary manager (or)**
 - A certified food service manager (or)
 - Someone who has similar national certification for food service management and safety from a national certifying body (or)
 - Someone who has an associate's or higher degree in food service management or in hospitality, if the course study includes food services or restaurant management, from an accredited institution of higher learning.
 - **For Designations hired prior to November 28, 2016, meets the requirements no later than 5 years after November 28, 2016, or not later than 1 year after November 28, 2016 if hired after November 28, 2016.**



F802: Staffing

- **483.60(a)(1)-(2) Staffing** – To ensure there is **sufficient and qualified staff** with the **appropriate competencies and skill sets** to carry out food and nutrition services.
- **483.60(a)(3) Staffing** -The facility must employ **sufficient staff** with the **appropriate competencies and skills sets** to carry out the functions of the food and nutrition service, taking into **consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment** required at § 483.70(e)
- **483.60(a)(3) Support Staff** – the facility must provide support personnel to **safely and effectively** carry out the functions of the food and nutrition service.
- **483.60(b)** - A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in 483.21 (b)(2)(ii).



F802: Staffing

Food and Nutrition Services Staff Competency Checklist:

- Professional Practice Standards serve as the basis for Quality Dietetic Practice for CDMs
- ✓ Practice Standard Estimating Staffing Needs / Practice Standard Calculating FTEs
(ANFP Resource)
- Job Descriptions for Food Service Director, RDN, Supervisors, Cooks, Dietary Aides
- Qualifications for each employee / contractor (resumes, training certificates)
- Inservice Schedule for Facility, for Food & Nutrition Department
- File of Completed Inservice Training – include outline – content, and attendance roster
- Completed job-related competencies for each staff member. Competencies updated annually.



Overview of Competencies

What is It? Competency is a measurable pattern of knowledge, skills, abilities, behaviors and other characteristics that an individual needs to perform work roles or occupational functions successfully.

What should a Competency include? The facility assessment forms the basis for everything a long term care facility does. As part of that assessment, facilities must address the staff competencies that are necessary to meet the needs of the facility's residents.

How to Demonstrate Competency? Demonstrating competency involves staff's ability to use and integrate the knowledge & skills that were the subject of the training, lecture or video. Competency should be evaluated by staff members already determined to be competent in these skill areas.

How is Competency Evaluated? Examples include – lecture with pre & post test; demonstrated ability to perform activities that is in the scope of practice an individual is licensed or certified to perform; computer based training modules which include post-test for critical thinking skills.



Overview of Competencies

How Often should Competencies be Completed? Competency evaluations & training should be completed upon hire, annually and on an as needed basis.

What Training is Needed? In addition to the general core competencies, Food & Nutrition Services staff training should include, but not be limited to these department specific competencies in the following areas:

- Food Safety & Sanitation
- Food Handling
- Food Storage
- Dishwashing
- Food Procurement
- Menus & Special Diets
- Meal Preparation
- Equipment Cleaning & Operations



F812: Infection Control for Food & Nutrition Services

Food and Nutrition Services Checklist for Infection Control Program:

- Food Safety & Sanitation Audits (F812) formerly F371 (Kitchen Observation CMS form 20055)
- Employee Training – **hand hygiene, hygienic practices, employee health.** (F880 which gives the guidance needed to implement an infection prevention & control program that specifies policies for employee health reporting)
- Policies & Procedures on personal health and activities as they relate to diseases that are transmissible through food, including what symptoms and diagnoses to report (*Employee Work Restrictions – Infectious Diseases Policy*)
- Hand Hygiene audits
- Policies & Procedures for Cleaning & Sanitizing Kitchen Equipment
- Policies & Procedures
- File of Completed Inservice Training – include outline – content, and attendance roster
- Completed job-related competencies for each staff member. Competencies updated annually.



F812: Infection Control

for Food & Nutrition Services

Food and Nutrition Services Checklist for Infection Control Program:

- Policies & Procedures including but not limited to the following areas:
 - Food Procurement – receiving & storage
 - Food Preparation – preparation, service, storage (food temperatures – cooking, holding, storage), thawing procedures
 - Dry Food Storage – food bins, rotate supplies FIFO, pest control, original packaging, chemical storage
 - Refrigerator/Freezer Storage – monitoring temps; cooling methods; raw food vs. ready-to-eat food storage; dating & labeling; leftover storage
 - Dishwashing Procedures – warewashing, dish machine, 3 compartment sink



F812: Infection Control for Food & Nutrition Services

Food and Nutrition Services Checklist for Infection Control Program:

Suggested Policies / Documents for this section:

- ✓ Food Safety & Sanitation Audit - Kitchen Observation Critical Element Pathway CMS 20055
- ✓ Monitoring Cooler / Freezer Temperature Policy & Forms
- ✓ Safe Handling Eggs Policy
- ✓ Food Safety Requirements Policy
- ✓ Date Marking for Food Safety Policy
- ✓ Sanitation Self-Inspection Report
- ✓ Food Temperature Policy
- ✓ Establish Monitoring Procedures
- ✓ Establish Corrective Actions
- ✓ Establish Verification Procedures



Suggested Resources:

- ANFP – Practice Standards – Food Safety Guidelines
- ANFP – Practice Standards – Food Storage Guidelines
- CDC's Guideline for Infection Control in Healthcare Personnel
- FDA's Foodborne Illness-Causing Organisms in the U.S.
- 2017 FDA Food Code
- FDA HACCP Manual



483.10 Resident Rights

- F550-Resident Right/Exercise of Rights
- F551-Rights Exercised by Representative
- F552-Right to be informed/Make Treatment Decision
- F553-Right to Participate in Planning Care
- F554-Resident Self-Admin Meds-Clinically Appropriate
- F555-Right to Choose/Be Informed of Attending Physician
- F557-Respect, Dignity/Right to have Personal Property
- **F558-Reasonable Accommodations of Needs/Preferences**
- F559-Choose/Be Notified of Room/Roommate Change
- F560-Right to Refuse Certain Transfers
- F561-Self Determination
- F562-Immediate Access to Resident
- F563-Right to Receive/Deny Visitors
- F564-Inform of Visitation Rights/Equal Visitation Privileges
- F565-Resident/Family Group and Response
- F566-Right to Perform Facility Services or Refuse
- F567-Protection/Management of Personal Funds
- F568-Accounting and Records of Personal Funds
- F569-Notice and Conveyance of Personal Funds
- F570-Surety Bond-Security of Personal Funds
- F571- Limitations on Charges to Personal Funds
- F572-Notice of Rights and Rules
- F573-Right to Access/Purchase Copies of Records
- F574-Required Notices and Contact Information
- F575-Required Postings
- F576-Right to Forms of Communication with Privacy
- F577-Right to Survey Results/Advocate Agency Info
- **F578-Request/Refuse/Discontinue Treatment; Formulate Avd. Directive**
- F579-Posting/Notice of Medicare/Medicaid on Admission
- F580-Notify of Changes (Injury/Decline/Room, Etc.)
- F582- Medicaid/Medicare Coverage/Liability Notice
- F583-Personal Privacy/Confidentiality of Records
- **F584-Safe/Clean/Comfortable/Homelike Environment**
- F585-Grievances
- F586-Resident Contact with External Entities





483.12 Freedom from Abuse, Neglect, and Exploitation

- F600- Free from Abuse and Neglect
- F602- Free from Misappropriation /Exploitations
- F603- Free from Involuntary Seclusion
- F604- Right to be Free from Physical Restraints
- F605- Right to be Free from Chemical Restraints
- F606- Not Employ/Engage Staff with Adverse Actions
- F607- Develop/Implement Abuse/Neglect, etc. Policies
- F608- Reporting of Reasonable Suspicion of a Crime
- F609- Reporting of Alleged Violations
- F610- Investigate/Prevent/correct Alleged Violation





483.15 Admission, Transfer, and Discharge Rights

- F620- Admissions Policy
- F621- Equal Practices Regardless of Payment Source
- F622- Transfer and Discharge Requirements
- F623- Notice Requirements Before Transfer/Discharge
- F624- Preparation for Safe-Orderly Transfer/Discharge
- F625- Notice of Bed Hold Policy Before/Upon transfer
- F626- Permitting Residents to Return to Facility





483.20 Resident Assessments

- F635: Admission Physician Orders for Immediate Care
- F636: Comprehensive Assessments & Timing
- F637: Comprehensive Assessment After Significant Change
- F638: Quarterly Review Assessment
- F639: Maintain 15 Months of Resident Assessments
- F640: Encoding/Transmitting Resident Assessment
- F641: Accuracy of Assessments
- F642: Coordination of PASARR and Assessments
- F644: Coordination of PASARR and Assessments
- F645: PASARR Screening for MD & ID
- F646: MD/ID Significant Change Notification

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483.21 Comprehensive Resident Centered Care Plans

- F655: Baseline Care Plan
- F656: Develop/Implement Comprehensive Care Plan
- F657: Care Plan Timing and Revision
- F658: Services Provided Meet Professional Standards
- F659: Qualified Persons
- F660: Discharge Planning Process
- F661: Discharge Summary





483.24 Quality of Life

- F675- Quality of Life
- F676- Activities of Daily Living (ADLs)/Maintain Abilities
- F677- ADL Care Provided for Dependent Residents
- F678- Cardio-Pulmonary Resuscitation (CPR)
- F679- Activities Meet Interest/Needs of Each Resident
- F680- Qualifications of Activity Professional





483.24 Quality of Life

- No brand new requirements
- Change in the language of “Highest Practicable Well-Being”
 - *Each resident to receive and the facility to provide the **necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident’s comprehensive assessment and plan of care***
- Implemented in Phase 1





483.30 Physician Services

- F710- Resident's Care Supervised by a Physician
- F711- Physician visits- Review Care/Notes/Order
- F712- Physician visits- Frequency/Timelines/Alternate NPPs
- F713- Physician for Emergency Care, Available 24 hours
- F714- Physician Delegation of Tasks to NPP
- **F715- Physician Delegation to Dietitian/Therapist**



483.35 Nursing Services

- F725- Sufficient Nursing Staff
- F726- Competent Nursing Staff
- F727- RN 8 Hrs/7days/Wk, Full Time DON
- F728- Facility Hiring and Use of Nurse
- F729- Nurse Aide Registry verification, Retraining
- F730- Nurse Aide Perform Review- 12 Hr/Year In-Service
- F731- Waiver-Licensed Nurses 24 Hr/Day and RN Coverage
- F732- Posted Nurse Staffing Information





483.40 Behavioral Health Services

- F740- Behavioral Health Services
- F741- Sufficient/Competent Staff-Behavioral Health Needs
- F742- Treatment/Services for Mental/Psychosocial Concerns
- F743- No Pattern of Behavioral Difficulties Unless Unavoidable
- **F744- Treatment/Service for Dementia**
- F745- Provision of Medically Related Social Services





483.45 Pharmacy Services

- F755: Pharmacy Services/Procedures/Pharmacist/Records
- F756: Drug Regimen Review, Report Irregular, Act On
- F757: Drug Regimen is Free From Unnecessary Drugs
- F758: Free from Unnecessary Psychotropic Meds/PRN Use
- F759: Free of Medication Error Rates of 5% or More
- F760: Residents Are Free of Significant Med Errors
- F761: Label/Store Drugs & Biologicals





483.50 Lab, Radiology, & Other Diagnostic Services

- F770- Laboratory Services
- F771- Blood Bank and Transfusion Services
- F772- Lab Services Not Provided On-Site
- F773- Lab Services Physician Order/Notify of Results
- F774- Assist with Transport Arrangements to Lab Services
- F775- Lab Reports in Record-Lab Name/Address
- F776- Radiology/Other Diag. Services
- F777- Radiology/Diag. Services Ordered/Notify Results
- F778-Assist with Transport Arrangements to Radiology
- F779- X-Ray/Diagnostic Report in Record-Sign/Dated





483.55 Dental Services

- F790- Routine/Emergency Dental Services in SNFs
- F791- Routine/Emergency Dental Services in NFs





F790: Routine/Emergency Dental Services in SNFs

- 483.55(a)(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;
- 483.55(a)(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.





F791: Routine/Emergency Dental Services in SNFs

- 483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. **If a referral does not occur within 3 days, the facility must provide documentation** of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.
- 483.55(a)(4) **Must have a policy** identifying those **circumstances when the loss or damage of dentures is the facility's responsibility** and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;



483.65 Specialized Rehabilitative Services

- F825- Provide/Obtain Specialized Rehab Services
- F826- Rehab Services- Physician Order/Qualified Person



483.70 Administration

- F835- Administration
- F836- License/Comply w/Fed/State/Local Law/Prof Std
- F837- Governing Body
- F838- Facility Assessment
- F839- Staff Qualifications
- F840- Use of Outside Resources
- F841- Responsibilities of Medical Director
- F842- Resident Records- Identifiable Information
- F843- Transfer Agreement
- F844- Disclosure of Ownership Requirements
- F845- Facility closure- Administrator
- F846- Facility closure
- **F849- Hospice Services**
- F850- Qualifications of Social Worker > 120 Beds



483.90 Physical Environment

- F906- Emergency Electrical Power System
- F907- Space and equipment
- F908- Essential Equipment, Safe Operating Condition
- F909- Resident Bed
- F910- Resident Room
- F911- Bedroom Number of Residents
- F912- Bedrooms Measure at Least 80 Sq. Ft Resident
- F913- Bedrooms Have Direct Access to Exit Corridor
- F914- Bedrooms Assure Full Visual Privacy
- F915- Resident room Window
- F916- Resident Room floor Above Grade
- F917- Resident Room Bed/Furniture/Closet
- F918- Bedrooms Equipped/Near Lavatory/Toilet
- F919- Resident Call System
- F920- Requirements for Dining And Activity Rooms
- **F921- Safe/Functional/Sanitary/ Comfortable Environment**
- F922- Procedures to Ensure Water Availability
- F923- Ventilation
- F924- Corridors Have Firmly Secured Handrails
- **F925- Maintains Effective Pest Control Program**
- F926- Smoking Policies





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Thank you!