



Regulations and Beyond: Maximizing the Power of Nutrition for Successful Outcomes

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Phase II /LTC Requirements of Participation (ROP) New Survey Process Introduced & effective 11/28/2017.

New Regulations: Food, nutrition, & dining integral components = keys to running successful facilities.

**New Survey Process: Current trends for regulatory compliance
"Choice and Voice" = successful regulatory outcomes**



Learning Objectives

Present an overview of the Regulatory Requirements related to Food, Nutrition, and Dining

Define the key focus areas for Food & Nutrition Services regulatory compliance

Identify how to incorporate "choice" and "voice" for successful regulatory outcomes



**"I hear and I forget.
I see and I remember.
I do and I understand."**

~Confucius



OVERVIEW

CMS LTC Regulations,



* CMS = Centers for Medicare and Medicaid Services



Implementation

Implementation Date	Type of Change	Details of Change
Phase 1: November 28, 2016 (Implemented)	Nursing Home Requirements for Participation	New Regulatory Language was uploaded to the Automated Survey Processing Environment (ASPEN) under current F Tags
Phase 2: November 28, 2017	F Tag numbering Interpretive Guidance (IG) Implement new survey process	New F Tags Updated IG Begin surveying with the new survey process
Phase 3: November 28, 2019	Requirements that need more time to implement	Requirements that need more time to implement



Phase 2: CMS Updates



Temp 18 month moratorium on Civil Monetary Penalties (CMPs) for:

- F655 Baseline Care Plan
- F740 Behavioral Health Services: Staffing
- F758 Psychotropic Meds (r/t PRN limitations)
- F838 Facility Assessment
- F881 Antibiotic Stewardship Program
- F865 QAPI Program (r/t QAPI Plan)
- F926 (smoking Policies)

Enforcement for other existing standards (including Phase 1 requirements) will follow the standard process.

The 1 year delay does not change requirement implementation but will be used to educate facilities.

* Source: CMS Memo S&C 18-04-NH 11/24/2017

Phase 2: CMS Updates



■ **Surveyors access this link: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>**

■ **Surveyors are instructed to Download these documents and use for surveys:**

- Appendix PP State Operations Manual (Revised 11/22/2017) [PDF]
- List of Revised FTags [Effective November 28, 2017] [PDF]
- S&C Memo: Revision to State Operations Manual Appendix PP for Phase 2 (Includes Training Information and Related Issues) [PDF]
- F-Tag Crosswalk [XLSX]
- Training for Phase 1 Implementation of New Nursing Home Regulations [PDF]
- New Long-term Care Survey Process – Slide Deck and Speaker Notes [PPTX]
- Entrance Conference Form Beneficiary Notice Worksheet (Updated 12/06/2017) [ZIP]
- LTC Survey Pathways - Updated 12/13/2017 [ZIP]
- LTCSP Procedure Guide [PDF]
- LTCSP Initial Pool Care Areas - Updated 11/17/2017 [PDF]
- Survey Resources - Updated 12/13/2017 [ZIP]
- Matrix with Instructions - Content Unchanged [PDF]
- LTCSP Mapping Document [PDF]



New Interpretive Guidance (IG) with Ftags Nutrition Focus and Comments



State Operations Manual:
Appendix PP
Final: 11-22-17

- F540, 550,571,578,584,635-638, 641, 655-658,660,661,686,689
- F692-694 §483.25 Quality of Care: Nutrition
- F698, 715,760

Download Appendix PP from:

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

New Interpretive Guidance (IG) with Ftags Nutrition Focus and Comments



State Operations Manual:
Appendix PP
Final: 11-22-17

- F800-814 §483.60 Food/Nutrition Services
- F838-839, 849, 920-922
- F943

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

Appendix PP Format



- Ftag
- Regulation and Intent
- Definitions
- Guidance
- **Key Elements of Non-compliance (*Boils the section down*)**
- Procedures/Critical Elements and Facility Tasks
- Deficiency Categorizations
- Potential Tags for Additional Investigation

483.25 Quality of Care F692: Nutrition/Hydration



F692 Nutrition/Hydration Status Maintenance

§483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastroscopic tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids).

Based on a resident's comprehensive assessment, the facility must ensure that a resident—

§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;

§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration & health;

483.25 Quality of Care F693 Tube Feeding



Guidance- The regulations at §483.25(g)(4) require that a feeding tube is **not used** unless

- there is a valid, clinical rationale, and the resident or if applicable, his/her representative has consented to its use.
- Consent implies that a discussion has occurred between the resident or representative and the physician, or other member of the treatment team, explaining the process of receiving the tube, and the risks and benefits.
- Monitoring-Facility policies and procedures regarding the technical aspects of feeding tubes must be developed/ implemented.

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483.30 Physician Services F715 Delegation to dietitian



- 483.30 Physician Services F715 (F390) Delegation to dietitian/therapist
- 483.30(e)(2) A resident's attending physician may delegate the task of writing dietary orders, consistent with §483.60, to a qualified dietitian or other clinically qualified nutrition professional who—
 - (i) Is acting within the scope of practice as defined by State law; and
 - (ii) Is under the supervision of the physician.

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483.30 Physician Services F715 Delegation to dietitian



- GUIDANCE §483.30(e)(2)-(3)
- Physicians and NPPs may delegate the task of writing orders to qualified dietitians or clinically qualified nutrition professionals and qualified therapists if the State practice act allows the delegation of the task, and the State practice act for the qualified individual being delegated the task of writing orders permits such performance.
- Delegation of this task does not relieve the physician of the obligation to supervise the medical care of his/her residents. Physician responsibilities related to physician supervision of resident care are located in §483.30(a), F710, and physician obligations for conducting resident visits are located at §483.30(b), F711.

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483.30 Physician Services F715 Delegation to dietitian: PROBES



- If the dietitian/other clinically qualified nutrition professional is writing dietary orders **did the attending physician delegate this task?**
- If State law allows dietitians or other clinically qualified nutrition professionals to write dietary orders, are they functioning within the scope of practice defined by State law?
- Do physicians cosign dietitian/other clinically qualified nutrition professional orders if required by State law?
- Is there evidence of physician supervision of dietitians/other clinically qualified nutritional professionals who write orders? Examples of supervision may include face-to-face encounters, clinical record reviews, telephone consults, e-mail, telehealth, and electronic health records.
- When facility policy and State law allows physicians to delegate the task of writing orders to qualified dietitians, other clinically qualified nutrition professionals **how does the facility ensure the physician supervision of individuals performing these tasks?**

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- Baseline Care Plan
- Therapeutic Diet/Liberalized Diet/Person-Centered Care
- 2 Gram Sodium Diet
- International Dysphagia Diet Standardization Initiative (IDDSI)
- "Best Practice": Standard of Practice: F658



PROCEDURES AND PROBES §483.21(b)(3)(i) There is no requirement for the surveyor to cite a reference or source (e.g., current textbooks, professional organizations or clinical practice guidelines) for the standard of practice that has not been followed related to care and services provided within professional scopes of practice, such as failure of nursing staff to assess a change in the resident's condition.
However, in cases where the facility provides a reference supporting a particular standard of practice for which the surveyor has concerns, the surveyor must provide evidence that the standard of practice the facility is using is not up-to-date, widely accepted, or supported by recent clinical literature. Such evidence should include a citation for the reference or source (e.g., current textbooks, professional organizations or clinical practice guidelines) for the current standard of practice from which facility deviated.

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OVERVIEW

CMS LTC Regulations, §483.60

Food and Nutrition Services

FEDERAL

SAFETY

PRIORITY

PENALTIES

PHILOSOPHY

SOCIAL REFORM

CRIMINAL

REGULATIONS

ENVIRONMENTAL

GOVERNMENT

ENFORCE

POLICIES

PERMITS

COURT

STATUTES

RDN

ANFP resources
<http://www.anfponline.org/become-a-cdm/new-regulations-for-cdm-cfpps>

Top 10 Facts CDMs Need to Know About the New CMS LTC Regulations

On September 28, the Centers for Medicare & Medicaid Services (CMS) issued its final regulations for long-term care facilities. The CDM, CFPP is listed first amongst qualifications for the newly designated Director of Food and Nutrition Services. Read below to learn what else CDMs need to know about the new regulations.

http://www.cbdmonline.org/docs/default-source/Top-10/Top10_CMSregs.pdf

\$483.60 Food & Nutrition Services Federal F-tags F801-F811 The Crosswalk

ANFP Association of Nutrition & Foodservice Professionals
 Phase 2 Top Crosswalk - Effective November 28, 2017
 Revised 7 Top for CDM, CFPP

FOOD AND NUTRITION SERVICES		
Old Tag #	Tag Title	New Tag #
F800	Provided Diet Meets Needs of Each Resident	F800
F801	Qualified Dietary Staff	F801
F802	Sufficient Dietary Support Personnel	F802
F803	Menus Meet Res Needs/Prep in Advance/Followed	F803
F804	Nutritive Value/Appear Palatable/Prefer Temp	F804
F805	Food in Form to Meet Individual Needs	F805
F806	Resident Allergies, Preferences and Substitutes	F806
F807	Drinks Available to Meet Needs/ Preferences/ Hydration	F807
F808	Therapeutic Diet Prescribed by Physician	F808
F809	Frequency of Meals/Snacks at Bedtime	F809
F809	Assistive Devices - Eating Equipment/Utensils	F809
F811	Feeding Asst - Training/Supervisor/Resident	F811
F811	Food Procurement - Store/Prepare/Serve - Sanitary	F811
F811	Personal Food Policy	F811
F814	Dispose Garbage & Refuse Properly	F814

F800
\$483.60 Food and nutrition services

§483.60/ F800

must provide each resident with a nourishing, palatable, well-balanced diet that meets his/her daily nutritional & special dietary needs, taking into consideration the preferences of each resident, ongoing communication and coordination among/between staff within all departments to ensure that...



- the resident assessment, care plan
- actual food and nutrition services

MEET each resident's daily nutritional/dietary needs & CHOICES

F801-802
\$483.60 Food and nutrition services



§483.60(a) Staffing / F801

facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food & nutrition services

- resident assessments,
- individual plans of care
- number, acuity & diagnoses of the facility's residents

(facility assessment requirement §483.70(e) res.-CMS Medicare Learning Network 9/7/17)



F801-802
\$483.60 Food and nutrition services

F801-F802 Staffing/Sufficient Dietary Support Personnel



- Detailed definition of a qualified dietitian or other clinically qualified nutrition professional
- Includes minimum qualifications for the Food and Nutrition Services Director (CDM requirement)
- A member of the Food and Nutrition Services staff must participate on the interdisciplinary team (IDT)

F803
\$483.60(c) Menus and nutritional adequacy

§483.60(c)(1)-(7)

Meet the nutritional needs of residents in accordance with established national guidelines

- Be prepared in advance
- Be followed
- reasonable efforts

reflect religious, cultural & ethnic needs and has input from residents/resident groups

- Be updated periodically
- Be reviewed by facilities RD* for nutritional adequacy

Resident's RIGHT to make personal dietary choices



F804-811
§483.60 Food and nutrition services

ANFP Association of Nutrition & Foodservice Professionals
 Phase 2 Tag Crosswalk - Effective November 28, 2017
 Relevant F Tags for CDM, CFPPS



F364	Nutritive Value/Appear, Palatable/Prefer Temp	F804
F365	Food in Form to Meet Individual Needs	F805
F366	Resident Allergies, Preferences and Substitutes	F806
F366	Drinks Avail to Meet Needs/ Preferences/ Hydration	F807
F367	Therapeutic Diet Prescribed by Physician	F808
F368	Frequency of Meals/Snacks at Bedtime	F809
F369	Assistive Devices - Eating Equipment/Utensils	F810
F373	Feeding Asst - Training/Supervision/Resident	F811

F812
§483.60 Food and nutrition services

§483.60(i)(1)(2) Food Safety Requirements

(1) Procure food from sources approved or considered satisfactory by federal, state or local authorities



- Added language to support:*
- obtaining food items from local producers and facility gardens*
 - resident's choice to consume food not procured by the facility*
 - require policies to address the use/ storage of foods brought to residents by family and visitors

(2) Store, prepare, distribute and serve food in accordance with professional standards for food service safety

**applicable State and local laws apply*

F813
§483.60 Food and nutrition services

§483.60(i)(3) –facility must have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.



- GUIDANCE §483.60(i)(3)**
- The facility must have a policy regarding food brought to residents by family and other visitors.
 - The policy must also include ensuring facility staff assists the resident in accessing and consuming the food, if the resident is not able to do so on his or her own.
 - The facility also is responsible for storing food brought in by family or visitors in a way that is either separate or easily distinguishable from facility food.
 - The facility has a responsibility to help family and visitors understand safe food handling practices (such as safe cooling/reheating processes, hot/cold holding temperatures, preventing cross contamination, hand hygiene, etc.). If the facility is assisting family or visitors with reheating or other preparation activities, facility staff must use safe food handling practices.

483.60 Food and Nutrition Services
F812 and F813: HOT TOPICS

- Director of Food and Nutrition Services
- Nutrition and Dietetics Technician, Registered (NDTR)
- ServSafe/Food Safety Certification Requirements
- Expiration dates vs Use By dates
- Hand hygiene with passing trays
- How long food should be left on the steam table
- Use of disposable gloves
- Cooking of unpasteurized eggs- all part must be firm
- Special Events
- Emergency Preparedness: Appendix Z (Source: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>)



Overview
New LTC Survey Process

- The new survey process builds on the best of both survey processes.
- Process is computer software-based.
- Survey process and software have been tested and validated.
- Three parts to new Survey Process:
 - Initial pool process
 - Sample Selection
 - Investigation

Facility Entrance

- Team Coordinator (TC) conducts an Entrance Conference
- Updated Entrance Conference Worksheet
- Updated facility matrix
- Brief visit to the kitchen
 - (See Kitchen Observation (Form CMS 20055 Dated 5/2017))
- Surveyors go to assigned areas



Facility Entrance



Team Coordinator (TC) conducts an Entrance Conference

- Within 1 hour the facility is to provide:
 - Schedule of Meal Times
 - Locations of dining rooms
 - Copies of all current Menus including Therapeutic Menus that will be served for the duration of the survey
 - Policy for food brought in from visitors



Updated Facility Matrix



MATRIX INSTRUCTIONS FOR PROVIDERS **Food & Nutrition Services Areas**

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

The facility completes the resident name, resident room number and column 1-26, which are described in detail below. Blank columns are for Surveyor Use Only.

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

For each resident mark all columns that are pertinent:

Resident Name	Resident Room Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26

Facility Assisted Protein (has any stage)	Warranted Protein (has any stage)	Essential Amino Acids (has any stage)	Essential Fatty Acids (has any stage)	Diets	End of Life Care/Comfort Care/End of Life Care	Trachostomy

<http://www.anfp.org/docs/default-source/legacy-docs/docs/cms-regulations/matrix-with-food-and-nutrition-instructions.pdf>

Dining – First Full Meal



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

Resident Investigation General Guidelines



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



LTC Survey Pathways



- **Mandatory:**
 - Kitchen Observation (Form CMS 20055 Dated 5/2017)
 - Dining Observation (Form CMS 20053 Dated 5/2017)
 - **Other CE Pathways if concerns:**
 - Nutrition Critical Element Pathway (20075)
 - Tube Feeding Status Critical Element Pathway (20093)

* More than 40 Critical Element Pathways that may be used

Kitchen observation Form CMS-20055 (5/2017)



Use the Survey CE Pathways as a guide to compliance tags



Kitchen Observation

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

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

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

k. During the initial brief tour, are foods stored and/or prepared under sanitary conditions? Yes No **FB02**

Dining observation Form CMS-20053 (5/2017)


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

Dining Observation

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

Meal Services

- Determine whether staff are using proper handling techniques, such as:
 - Preventing the eating surfaces of plates from coming in contact with staff clothing;
 - Handling cups/glasses on the outside of the container; and
 - Handling knives, forks, and spoons by the handles.
- Observe whether staff are using proper hygienic practices such as keeping their hands away from their hair and face when handling food.



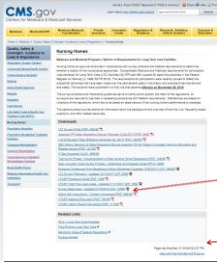
*ANFP resources
<http://www.anfponline.org/docs/default-source/legacy-docs/docs/cms-regulations/2017-cms-critical-pathways-dining-kitchen.pdf>

Survey Outcomes: Pathways for success

Use the Ftags Interpretive Guidance and CE pathways:

- Check Your Policies and Procedures
- Review Training/Skills/Competencies
- Review residents/facility matrix
- QAPI/Systems and Processes/Best Practice
- Facility Assessment
- Be a leader/team player: Collaboration is CRITICAL!!

CMS information



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

Click on Documents and Files (Some pdf and some ZIP files) to open. Then download.

Frequently Updated!!!!



Current F-tags Cited in US

SURVEY ACTIVITY 1/1/2018 THRU 3/5/18

National Total:

- Standard Surveys: 3,627
- Complaint Surveys: 16,883

Deficiencies by Scope and Severity:
 B- 438 C- 690 D- 17,128 E- 7,486 F- 1,908
 G- 884 H- 54 I- 0
 J- 256 K- 179 L- 63

Source: CMS/CASPER (03/05/2018) - Regions I-X

SURVEY ACTIVITY 1/12018 THRU 3/5/18

FTAG	Frequency Cited	# Citations	Total States
F0692 Nutrition/Hydration Status Maintenance	# 19	73	26
F0693 Tube Feeding Mgmt/Restore Eating Skills	# 39	41	16
F0801 Qualified Dietary Staff	# 93	9	8
F0802 Sufficient Dietary Support Personnel	# 136	4	4
F0803 Menus Meet Resident Nds/Prep In Adv/Followed	# 55	22	15
F0804 Nutritive Value/Appear, Palatable/Prefer Temp	# 44	35	17
F0805 Food In Form To Meet Individual Needs	# 85	10	9
F0812 Food Procurement, Store/Prepare/Serve Sanitary	# 3	217	36

Let's learn from our friends.... (Survey Experiences)



CHOICE & VOICE



Thank You
and
Questions