State Operations Manual
Appendix PP - Guidance to Surveyors for Long Term Care Facilities

Table of Contents
(Rev. 211, 02-03-23)

Transmittals for Appendix PP

INDEX

NOTE: In the regulation text that is noted under the following-Tags : F540, F584, F620-623, F625, F757, F774, F842, and F868, there were minor, technical inaccuracies (spelling, cross-references, etc.) in the 2016 Final Rule that updated the Requirements of Participation. In an effort to ensure clarity of understanding of the guidance, the instructions to surveyors, and the determining of compliance, we have made the appropriate correction in this guidance document. This document is not intended to replace, modify or otherwise amend the regulatory text. Such revisions, modifications or amendments can only be made through a Correction Notice or other rulemaking that would be published in the Federal Register.

F540

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.5 Definitions.

As used in this subpart, the following definitions apply:

Abuse. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

Adverse event. An adverse event is an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof.

Common area. Common areas are areas in the facility where residents may gather together with other residents, visitors, and staff or engage in individual pursuits, apart from their residential rooms. This includes but is not limited to living rooms, dining rooms, activity rooms, outdoor areas, and meeting rooms where residents are located on a regular basis.

Composite distinct part.

(1) Definition. A composite distinct part is a distinct part consisting of two or more non-contiguous components that are not located within the same campus, as defined in §413.65(a)(2) of this chapter.

(2) Requirements. In addition to meeting the requirements of specified in the definition of "distinct part" of this section, a composite distinct part must meet all of the following requirements:

(i) A SNF or NF that is a composite of more than one location will be treated as a single distinct part of the institution of which it is a distinct part. As such, the composite distinct part will have only one provider agreement and only one provider number.

(ii) If two or more institutions (each with a distinct part SNF or NF) undergo a change of ownership, CMS must approve the existing SNFs or NFs as meeting the requirements before they are considered a composite distinct part of a single

institution. In making such a determination, CMS considers whether its approval or disapproval of a composite distinct part promotes the effective and efficient use of public monies without sacrificing the quality of care. If there is a change of ownership of a composite distinct part SNF or NF, the assignment of the provider agreement to the new owner will apply to all of the approved locations that comprise the composite distinct part SNF or NF.

(iii) To ensure quality of care and quality of life for all residents, the various components of a composite distinct part must meet all of the requirements for participation independently in each location.

(iv) To ensure quality of care and quality of life for all residents, the various components of a composite distinct part must meet all of the requirements for participation independently in each location.

(v) Use of composite distinct parts to segregate residents by payment source or on a basis other than care needs is prohibited.

Distinct part

(1) Definition. A distinct part SNF or NF is physically distinguishable from the larger institution or institutional complex that houses it, meets the requirements of this paragraph and of paragraph (2) of this definition, and meets the applicable statutory requirements for SNFs or NFs in sections 1819 or 1919 of the Act, respectively. A distinct part SNF or NF may be comprised of one or more buildings or designated parts of buildings (that is, wings, wards, or floors) that are: In the same physical area immediately adjacent to the institution's main buildings; other areas and structures that are not strictly contiguous to the main buildings but are located within close proximity of the main buildings; and any other areas that CMS determines on an individual basis, to be part of the institution's campus. A distinct part must include all of the beds within the designated area, and cannot consist of a random collection of individual rooms or beds that are scattered throughout the physical plant. The term "distinct part" also includes a composite distinct part that meets the additional requirements specified in the definition of "composite distinct part" of this section.

(2) Requirements. In addition to meeting the participation requirements for long-term care facilities set forth elsewhere in this subpart, a distinct part SNF or NF must meet all of the following requirements:

(i) The SNF or NF must be operated under common ownership and control (that is, common governance) by the institution of which it is a distinct part, as evidenced by the following:

(A) The SNF or NF is wholly owned by the institution of which it is a distinct part.

(B) The SNF or NF is subject to the by-laws and operating decisions of common governing body.

(C)The institution of which the SNF or NF is a distinct part has final responsibility for the distinct part's administrative decisions and personnel policies, and final approval for the distinct part's personnel actions.

(D) The SNF or NF functions as an integral and subordinate part of the institution of which it is a distinct part, with significant common resource usage of buildings, equipment, personnel, and services.

(ii) The administrator of the SNF or NF reports to and is directly accountable to the management of the institution of which the SNF or NF is a distinct part.

(iii) The SNF or NF must have a designated medical director who is responsible for implementing care policies and coordinating medical care, and who is directly accountable to the management of the institution of which it is a distinct part.

(iv) The SNF or NF is financially integrated with the institution of which it is a distinct part, as evidenced by the sharing of income and expenses with that institution, and the reporting of its costs on that institution's cost report.

(v) A single institution can have a maximum of only one distinct part SNF and one distinct part NF.

(vi) (A) An institution cannot designate a distinct part SNF or NF, but instead must submit a written request with documentation that demonstrates it meets the criteria set forth above to CMS to determine if it may be considered a distinct part.

(B) The effective date of approval of a distinct part is the date that CMS determines all requirements (including enrollment with the fiscal intermediary (FI)) are met for approval, and cannot be made retroactive.

(C) The institution must request approval from CMS for all proposed changes in the number of beds in the approved distinct part.

Exploitation. Exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.

Facility defined. For purposes of this subpart, facility means a skilled nursing facility (SNF) that meets the requirements of section s1819(a), (b), (c), and (d) of the Act, or a nursing facility (NF) that meets the requirements of sections 1919(a), (b), (c), and (d) of the Act. "Facility" may include a distinct part of an institution (as defined in paragraph (b) of this section and specified in §440.40 and §440.155 of this chapter), but does not include an institution for individuals with intellectual disabilities or persons with related conditions described in §440.150 of this chapter. For Medicare and Medicaid purposes (including eligibility, coverage, certification, and payment), the "facility" is always the entity that participates in the program, whether that entity is comprised of all of, or a distinct part of, a larger institution. For Medicare, an SNF (see section 1819(a)(1) of the Act), and for Medicaid, and NF (see section 1919(a)(1) of the Act) may not be an institution for mental diseases as defined in §435.1010 of this chapter.

Fully sprinklered. A fully sprinklered long term care facility is one that has all areas sprinklered in accordance with National Fire Protection Association 13 "Standard for the Installation of Sprinkler Systems" without the use of waivers or the Fire Safety Evaluation System.

Licensed health professional. A licensed health professional is 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; or registered respiratory therapist or certified respiratory therapy technician.

Major modification means the modification of more than 50 percent, or more than 4,500 square feet, of the smoke compartment.

Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.

Mistreatment means inappropriate treatment or exploitation of a resident.

Neglect is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.

Nurse aide. A nurse aide is any individual providing nursing or nursing-related services to residents in a facility. This term may also include an individual who provides these services through an agency or under a contract with the facility, but 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.

Person-centered care. For purposes of this subpart, person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.

Resident representative. For purposes of this subpart, the term resident representative means any of the following:

- **(1) An individual chosen by the resident to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications;**
- **(2) A person authorized by State or Federal law (including but not limited to agents under power of attorney, representative payees, and other fiduciaries) to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications; or**
- **(3) Legal representative, as used in section 712 of the Older Americans Act; or**
- **(4) The court-appointed guardian or conservator of a resident.**
- **(5) Nothing in this rule is intended to expand the scope of authority of any resident representative beyond that authority specifically authorized by the resident, State or Federal law, or a court of competent jurisdiction.**

Sexual abuse is non-consensual sexual contact of any type with a resident.

Transfer and discharge includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.

- Determine whether the assessment accurately reflected the dental condition of the resident at the time of the assessment.

- §483.21(b)(1), F656, Comprehensive Care Plan
  - Determine if the facility developed a care plan based on the comprehensive assessment to address the resident's dental/oral condition.
- §483.25(g)(1)-(3), F692, Assisted Nutrition and Hydration
  - Determine if the staff ensured the resident maintained or did not experience an avoidable decline in nutritional status related to the resident's oral/dental condition.
- §483.25(k), F697, Pain Management
  - Determine whether staff have assessed, care-planned, and provided services to manage a resident's oral/dental pain.
- §483.35(a), F725, Sufficient and Competent Nursing Staff
  - Determine whether based on the resident's needs the facility had qualified staff in sufficient numbers and with the required competencies to identify dental concerns and provide necessary routine resident dental care.
- §483.40(d), F745, Social Services
  - Determine whether the facility provided medically-related social services by addressing any unmet needs related to dental/denture or oral care.
- §483.45(d), F757, Unnecessary Medications
  - Determine if the resident is experiencing an adverse dental/oral consequence of a medication which indicated the dose should have been reduced or discontinued, or any combination of the reasons stated in §§483.45(d)(1)-(5).
- §483.70(f)(5), F842, Medical Records
  - Determine whether the resident's records accurately and completely document the resident's dental/oral status and the care and services provided in accordance with current professional standards and practices.
- §483.70(g), F840, Use of Outside Resources
  - Determine whether dental services provided met professional standards and principles and the timeliness of those services.
- §483.70(h), F841, Medical Director
  - Determine if the medical director was involved in the development of dental/oral health policies/procedures and the coordination of care both on-site as well as availability of off-site providers and addressed any quality concerns.

F800

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.60 Food and nutrition services.

The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.

INTENT §483.60 - To ensure that facility staff support the nutritional well-being of the residents while respecting an individual's right to make choices about his or her diet.

GUIDANCE §483.60
This requirement expects that there is ongoing communication and coordination among and between staff within all departments to ensure that the resident assessment, care plan and actual food and nutrition services meet each resident's daily nutritional and dietary needs and choices.

While it may be challenging to meet every residents' individual preferences, incorporating a residents' preferences and dietary needs will ensure residents are offered meaningful choices in meals/diets that are nutritionally adequate and satisfying to the individual. Reasonable efforts to accommodate these choices and preferences must be addressed by facility staff.

Also, cite this Tag if there are overall systems issues relating to how the facility manages and executes its food and nutrition services.

F801
(Rev. 207; Issued: 09-30-22; Effective: 09-30-22; Implementation: 10-01-22)

§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)

This includes:

§483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who—

- **(i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.**

- **(ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.**
- **(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the**

Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.

(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.

§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.

(i) The director of food and nutrition services must at a minimum meet one of the following qualifications—

(A) A certified dietary manager; or
(B) A certified food service manager; or
(C) Has similar national certification for food service management and safety from a national certifying body; or
D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or
(E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and

(ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and
(iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.

INTENT §483.60 (a)(1)-(2) - To ensure there is sufficient and qualified staff with the appropriate competencies and skill sets to carry out food and nutrition services.

DEFINITIONS §483.60(a)(1)-(2)
"Full-time" means working 35 or more hours a week.

"Part-time" employees typically work fewer hours in a day or during a work week than full-time employees. The U.S. Department of Labor, Bureau of Statistics uses a definition of 34 or fewer hours a week as part-time work. Part-time workers may also be those who only work during certain parts of the year.

"Consultants" means an individual who gives professional advice or services. They are generally not direct employees of the facility and may work either full or part-time.

GUIDANCE §483.60(a)(1)-(2)
Cite F801 for concerns regarding the qualifications of the dietitian, other clinical nutrition professionals, or the food services director. For concerns regarding support personnel refer to F802, Sufficient Dietary Support Personnel.

In addition, cite F801 if staff, specifically the qualified dietitian or other clinically qualified nutrition professional did not carry out the functions of the food and nutrition services. While these functions may be defined by facility management, at a minimum they should include, but are not limited to:

- Assessing the nutritional needs of residents;
- Developing and evaluating regular and therapeutic diets, including texture of foods and liquids, to meet the specialized needs of residents;
- Developing and implementing person centered education programs involving food and nutrition services for all facility staff;
- Overseeing the budget and purchasing of food and supplies, and food preparation, service and storage; and,
- Participating in the quality assurance and performance improvement (QAPI), as described in §483.75, when food and nutrition services are involved.

The qualified dietitian or other clinically qualified nutrition professional can decide to oversee and delegate some of the activities listed above to the director of food and nutrition services.

PROBES §483.60(a)(1)-(2)
If the survey team finds concerns regarding a resident's food and/or nutritional status determine:

- If the practices of the dietitian, nutrition professional, and/or food services director contributed to the identified concerns. If so how?
- How facility management ensures that staff have the appropriate competencies and skills sets to carry out the functions of the food and nutrition service?
- If a food services director is employed by the facility, do they have frequent consultations with the dietitian or other nutrition professionals or consultants employed by the facility?

POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION §483.60(a)(1)-(2)
During the investigation of F801, the surveyor may have identified concerns with additional requirements related to outcome, process, and/or structure requirements. The surveyor is advised 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, but are not limited to, the following but are not limited to:

- §483.25(b)(1), F686, Pressure Injury

- Determine if the facility identified, evaluated, and responded to a change in a resident's skin integrity.
- §483.25(g)(1)-(3), F692, Nutrition/Hydration Status
  - Determine if the facility 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.
- §483.25(g)(4)-(5), F693, Tube Feeding Management
  - Determine if the facility identified, evaluated, and responded to the use of a naso-gastric and gastrostomy tubes.

F802

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§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)(3) Support staff.
The facility must provide sufficient 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).

DEFINITION §483.60(a)(3)-(b)
"**Sufficient support personnel**" means having enough dietary and food and nutrition staff to safely carry out all of the functions of the food and nutrition services. This does not include staff, such as licensed nurses, nurse aides or paid feeding assistants, involved in assisting residents with eating.

PROCEDURES §483.60(a)(3) and (b)
- Through observations and interviews determine if there are sufficient support personnel to safely and effectively carry out the meal preparation and other food and nutrition services as defined by facility management.
- Observe and interview residents to determine if their needs and preferences are met, if the food is palatable, attractive, served at the proper temperatures and at appropriate times? If concerns are identified, determine if they may be related to insufficient or inadequately trained personnel.
- Do observations and/or interviews indicate there are sufficient staff to prepare and serve meals in a timely manner and to maintain food safety and temperature?
- Determine who represents food and nutrition services at interdisciplinary team meetings.

When evaluating timeliness, factors that should be considered include but may not be limited to:

- Meals or nutritional supplements are provided in accordance with a resident's medication requirements;
- Meals intended to be "hot" are served as such and are maintained at the desired temperature when provided to the resident;
- Meals or nutritional supplements are provided to residents within 45 minutes of either a residents request or less depending on the facility's scheduled time for meals.

If a concern with having sufficient staff is identified, determine if the staffing levels provided were based on the facility assessment. If a concern with the facility assessment is identified, see §483.70(e), F838, Facility Assessment.

F803

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.60(c) Menus and nutritional adequacy.
Menus must-

§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines;

§483.60(c)(2) Be prepared in advance;

§483.60(c)(3) Be followed;

§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;

§483.60(c)(5) Be updated periodically;

§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and

§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices.

INTENT §483.60(c)(1)-(7) - To assure that menus are developed and prepared to meet resident choices including their nutritional, religious, cultural, and ethnic needs while using established national guidelines.

DEFINITIONS §483.60(c)(1)-(7)
"Reasonable effort" means assessing individual resident needs and preferences and demonstrating actions to meet those needs and preferences, including reviewing

availability of procurement sources of such food items, identifying preparation methods and approaches, and determining whether purchasing and serving such items can occur.

"Periodically" means that a facility should update its menus to accommodate their changing resident population or resident needs as determined by their facility assessment. See F838. This includes ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

GUIDANCE §483.60(c)(1-7)
The facility must make reasonable efforts to provide food that is appetizing to and culturally appropriate for residents. This means learning the resident's needs and preferences and responding to them. For residents with dementia or other barriers or challenges to expressing their preferences, facility staff should document the steps taken to learn what those preferences are.

It is not required that there be individualized menus for all residents; however, alternatives aligned with individual needs and preferences should be available if the primary menu or immediate selections for a particular meal are not to a resident's liking. Facilities must make reasonable and good faith efforts to develop a menu based on resident requests and resident groups' feedback.

PROCEDURES §483.60(c)(1-7)
If during meal observations, a resident's dietary intake appears inadequate determine through interviews and record review if facility staff made reasonable efforts to review and/or adjust the menu and/or the individual resident's food plan to meet the nutritional, religious, cultural, and ethnic needs, and preferences of the resident.

If the survey team observes deviation from a resident's planned menu, review documentation, i.e., diet card, medical record and interview the resident, food service manager or dietitian to support reason(s) for deviation from the planned menu.

PROBES §483.60(c)(1-7)
Through interviews, observations and record reviews determine if:

- Residents are receiving food in the amount, type, consistency and frequency to maintain normal body weight and acceptable nutritional values.
- Resident preferences and needs are incorporated into the development of the individual food plan?
- A resident chooses not to consume certain foods or food groups such as the resident is a vegetarian or does not eat dairy, how does the facility ensure the resident's menu and/or the individual resident's food plan meets his or her nutritional needs?
- Menus meet basic nutritional needs by providing meals based on individual nutritional assessment, the individualized plan of care, and established national guidelines and are periodically updated to mitigate the risk of menu fatigue?

- Menus are reviewed and revised as needed by a qualified dietitian or other qualified nutrition professional?

NOTE: Standard meal planning guides may be used for menu planning and food purchasing. They are not intended to meet the nutritional needs and preferences of residents and must be adjusted to consider individual differences. Some residents will need more due to age, size, gender, physical activity, and state of health. There are many guides , i.e., American Diabetes Association, Academy of Nutrition and Dietetics, American Medical Association, or U.S. Department of Agriculture, that are available and appropriate for use when adjusted to meet each resident's needs.

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- **Examples of Level 4, immediate jeopardy to resident health and safety, include, but are not limited to:**
  - The facility only maintains a one day supply of foods and drink on hand to prepare and serve their planned menus. This supply did not include foods to meet the nutritional needs or choices of residents. Several residents reported that they were often hungry and were told by staff that no snacks or other food was available.
  - Facility staff failed to follow a menu for a resident on a puree diet. The wrong texture of diet was provided which resulted in a choking incident for this resident. This placed the resident at risk for potential death or brain damage due to lack of oxygen from choking.

- **An example of Level 3, Actual harm (physical or psychological) that is not immediate jeopardy, includes, but is not limited to:**
  - Based on a resident's current comprehensive assessment, the resident's nutritional needs changed; however facility staff did not change or updated a menu to meet the nutritional needs of this resident. As a result this resident experienced significant weight loss.

- **Examples of Level.2 - No actual harm with a potential for more than minimal harm (physical or psychological) that is not immediate jeopardy, include but are not limited to:**
  - The facility failed to ensure the resident's menus and/or the individual resident's food plan met her/his nutritional needs and preferences.
  - A repetitive menu was provided to the residents resulting in complaints about the lack of variety in food options.

- **An example of Level 1 - No actual harm with a potential for minimal harm includes but is not limited to:**
  - While no resident complaints were received during survey, it was observed that food items were being substituted with equally nutritious foods, but not noted or updated on the menu and residents were not notified of the change.

F804

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.60(d) Food and drink
Each resident receives and the facility provides—

§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;

§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.

INTENT §483.60(d)(1)-(2) - To assure that the nutritive value of food is not compromised and destroyed because of prolonged:

(1) Food storage, light, and air exposure; or
(2) Cooking of foods in a large volume of water; or
(3) Holding on steam table.

DEFINITIONS §483.60(d)(1)-(2)
"Food attractiveness" refers to the appearance of the food when **served** to residents.

"Food palatability" refers to the taste and/or flavor of the food.

"Proper (safe and appetizing) temperature" means both appetizing to the resident and minimizing the risk for scalding and burns.

GUIDANCE §483.60(d)(1)-(2)
Food should be palatable, attractive, and at an appetizing temperature as determined by the type of food to ensure resident's satisfaction, while minimizing the risk for scalding and burns.

Providing palatable, attractive, and appetizing food and drink to residents can help to encourage residents to increase the amount they eat and drink. Improved nutrition and hydration status can help prevent, or aid in the recovery from, illness or injury.

PROCEDURES §483.60(d)(1)-(2)
If there are complaints concerning food temperatures, palatability, or attractiveness from residents or through group interviews, observations of food not being eaten, or delay in passing of food trays, request a test tray from the dining area, floor or unit of most concern. In addition;

- Review recipes, if needed, to determine if non-compliance exists.
- If a test tray was obtained, how did it support resident or observed concerns?

PROBES §483.60(d)(1)-(2)

- Does food have a distinctly appetizing aroma and appearance, which is varied in color and texture?

- Is food generally well-seasoned (use of spices, herbs, etc.) and acceptable to residents? If not, did the facility ensure all ingredients were available to make recipes as instructed for palatability?
- Is food prepared in a way to preserve vitamins? Method of storage and preparation should cause minimum loss of nutrients. For example, foods are prepared as directed or not held at hot temperatures for hours prior to meal service because prolonged hot temperatures can result in a loss of vitamins.
- Is food served at preferable temperature for the resident (hot foods are served hot and cold foods are served cold and in accordance with resident preferences). (Not to be confused with the proper holding temperature. Refer to §483.60(i) food safety requirements.
- Was the facility aware of the resident(s) complaint(s) about the food through resident council, the grievance/complaint process at the facility, or communication directly with staff? What did facility do to address the complaint(s)?

F805

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§483.60(d) Food and drink
Each resident receives and the facility provides—

§483.60(d)(3) Food prepared in a form designed to meet individual needs.

PROCEDURES §483.60(d)(3)

- Observe meals and food preparation to assure the food is prepared and appropriate to meet resident's needs and according to their assessment and care plan.
- Are there any observations of residents having difficulty chewing or swallowing their food?
- Is the food cut, chopped, ground, or pureed for individual resident's needs?

F806

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.60(d) Food and drink
Each resident receives and the facility provides—

§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;

§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; and

GUIDANCE §483.60 (d)(4)-(5)
Facilities should be aware of each resident's allergies, intolerances, and preferences, and provide an appropriate alternative. A food substitute should be consistent with the usual and/or ordinary food items provided by the facility. For example, the facility may, instead of grapefruit juice, substitute another citrus juice or vitamin C rich juice the resident likes.

PROCEDURES §483.60(d)(4)-(5)
Observe meal services. If a resident appears to refuse food or drink items, determine if he or she is offered the opportunity to receive substitutes.

PROBES §483.60(d)(4)-(5)
- Ask residents how the food meets their preferences, allergies and/or intolerances.
- If residents who refuse food or drinks, ask them if they are offered substitutes.
- Interview residents or staff to determine how alternate food choices are communicated to the residents?
- How are food textures, allergies, intolerances, and preferences accommodated per a resident's assessment, care plan and choice and how is this information communicated to staff?

POTENTIAL TAGS FOR FURTHER INVESTIGATION §483.60(d)(4)-(5)
During the investigation of F806, the surveyor may have identified concerns with additional requirements related to outcome, process, and/or structure requirements. The surveyor is advised 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, but are not limited to, the following:
- §483.20(b), F636, Comprehensive Assessments
  - Determine if the resident's allergies, intolerances, preferences, or need for a therapeutic diet were comprehensively assessed.
- §483.21(b)(1), F656, Comprehensive Care Plans
  - Determine if a comprehensive care plan was developed to include the resident's allergies, intolerances, preferences, or need for a therapeutic diet.
- §483.21(b)(2), F657, Comprehensive Care Plan Revision
  - Determine if the care plan was reviewed and revised by appropriate staff, in conjunction with the interdisciplinary team and with input from the resident or his/her legal representative, to try to address any allergies, intolerances, preferences, or need for a therapeutic diet.
- §483.21(b)(3)(i), F658, Care provided by Qualified Persons in Accordance with the Plan of Care
  - Determine whether the care plan for a resident with allergies, intolerance, preferences, or a therapeutic diet is adequately and/or correctly implemented.
- §483.25(g)(1)-(3), F692, Nutrition/Hydration
  - Determine if the facility has managed the resident's nutritional interventions to meet the resident's nutritional needs, while accommodating the resident's allergies, intolerances, preferences, or need for a therapeutic diet.

F807
(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.60(d) Food and drink
Each resident receives and the facility provides—

§483.60(d)(6) Drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration.

GUIDANCE §483.60(d)(6)
Proper hydration alone is a critical aspect of nutrition among nursing home residents. Individuals who do not receive adequate fluids are more susceptible to urinary tract infections, pneumonia, decubitus ulcers, skin infections, confusion and disorientation. [1, 2, 3]

Other food items may also include items that become a liquid at room temperature, such as popsicles and ice cream.

If a concern is identified regarding maintaining a resident's hydration status or about a resident's fluid restriction, see §483.25(g)(1)-(3), F692, Nutrition/Hydration Status.

PROBES §483.60(d)(6)
- Are drinks and other fluids provided when the resident requests and consistent with the resident's care plan, preferences and choices?
- Does facility staff provide sufficient drinks that the resident prefers to maintain hydration?
- Are other liquids, such as broth, popsicles, or ice cream, offered to the resident to encourage fluid intake?
- What action does facility staff take to ensure resident hydration is maintained if a resident refuses the fluids offered?

POTENTIAL TAGS FOR FURTHER INVESTIGATION §483.60(d)(6)
During the investigation of F807, the surveyor may have identified concerns with additional requirements related to outcome, process, and/or structure requirements. The surveyor is advised to investigate these related requirements before determining whether non-compliance may be present at these other tags. Examples of some of the related

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1 Chidester, J.C., and Spangler, A.A, "Fluid Intake in the Institutionalized Elderly," Journal of the American Dietetic Association 97 (1991):23-30.

2 Feinsod, F., Levenson, S., Rapp, K., Rapp, M., Beechinor, E., Liebmann, L. (2004). "Dehydration in frail, older residents in long-term care facilities." Journal of the American Medical Directors Association, 5(2 Suppl), S35-S41.

3 Gasper, P.M. "Water Intake of Nursing Home Resident." Journal of Gerontologic Nursing. 1999; 25(4):22-29.

requirements that may be considered when non-compliance has been identified include, but are not limited to, the following:

- §483.10(c), F552, Right to Make Treatment Decisions
  - Determine if the facility addressed the resident's right to refuse treatment, including drinks and thickened fluids.
- §483.20(b), F636, Comprehensive Assessments
  - Determine if the resident's hydration status was comprehensively assessed.
- §483.21(b)(1), F656, Comprehensive Care Plans
  - Determine if a comprehensive care plan was developed to address a resident's hydration needs and fluid preferences.
- §483.21(b)(2), F657, Comprehensive Care Plan Revision
  - Determine if the care plan was periodically reviewed and revised by appropriate staff, in conjunction with the practitioner and with input from the resident or his/her legal representative, to address resident hydration needs and preferences.
- §483.25(g)(1)-(3), F692, Assisted Nutrition and Hydration
  - Determine if the facility has managed the resident's hydration needs.
- §483.35(a), F725, Sufficient Staffing
  - Determine if the concerns related to providing residents with sufficient liquids is related to having sufficient nursing assistant staff to meet these needs.
- §483.10(c), F552, Right to Make Treatment Decisions
  - Determine if the facility addressed the resident's right to refuse treatment, including drinks and thickened fluids.
- §483.20(b), F636, Comprehensive Assessments
  - Determine if the resident's hydration status was comprehensively assessed.
- §483.21(b)(1), F656, Comprehensive Care Plans
  - Determine if a comprehensive care plan was developed to address a resident's hydration needs and fluid preferences.
- §483.21(b)(2), F657, Comprehensive Care Plan Revision
  - Determine if the care plan was periodically reviewed and revised by appropriate staff, in conjunction with the practitioner and with input from the resident or his/her legal representative, to address resident hydration needs and preferences.
- §483.25(g)(1)-(3), F692, Assisted Nutrition and Hydration
  - Determine if the facility has managed the resident's hydration needs.
- §483.35(a), F725, Sufficient Staffing
  - Determine if the concerns related to providing residents with sufficient liquids is related to having sufficient nursing assistant staff to meet these needs.

F808

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.60(e) Therapeutic Diets

§483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.

§483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law.

INTENT §483.60(e)(1)-(2) - To assure that residents receive and consume foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician, and/or assessed by the interdisciplinary team to support the resident's treatment, plan of care, in accordance with his her goals and preferences.

GUIDANCE §483.60(e)(1)-(2)
If the residents' attending physician delegates this task he or she must supervise the dietitian and remains responsible for the resident's care even if the task is delegated. The physician would be able to modify a diet order with a subsequent order, if necessary.

NOTE: The terms "attending physician" or "physician" also includes a non-physician provider (physician assistant, nurse practitioner, or clinical nurse specialist) involved in the management of the resident's care.

DEFINITIONS §483.60(e)(1)-(2)
"**Therapeutic Diet**" means a diet ordered by a physician or delegated registered or licensed dietitian as part of treatment for a disease or clinical condition, or to eliminate or decrease specific nutrients in the diet, (e.g., sodium) or to increase specific nutrients in the diet (e.g., potassium), or to provide food the resident is able to eat (e.g., a mechanically altered diet).

"**Mechanically altered diet**" means one in which the texture of a diet is altered. When the texture is modified, the type of texture modification must be specific and part of the physicians' or delegated registered or licensed dietitian order.

PROBES §483.60(e)(1)-(2)
- If a resident is receiving a therapeutic diet, is the diet prescribed by the attending physician or delegated registered or licensed dietitian?
- If a registered or licensed dietitian has written the order, is this delegation by the physician allowed by State law?
- If a resident has inadequate nutrition or nutritional deficits that manifest into and/or are a product of weight loss or other medical problems, determine if there is a therapeutic diet that is medically prescribed.

POTENTIAL TAGS FOR FURTHER INVESTIGATION §483.60(e)(1)-(2)
During the investigation of F808, the surveyor may have identified concerns with additional requirements related to outcome, process, and/or structure requirements. The surveyor is advised 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, but are not limited to, the following:

- §483.30(e)(2), F715, Physician Delegation to Dietitians
  - Determine if concerns are identified with the physician delegation/supervision of a registered or licensed dietitian
- §483.25(g)(1)-(3), F692, Assisted Nutrition and Hydration.
  - Determine if concerns are identified regarding a resident's nutritional status

F809

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.60(f) Frequency of Meals
§483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care.

§483.60(f)(2)There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.

§483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care.

DEFINITIONS §483.60(f)(1)-(3)
A "**Nourishing snack**" means items from the basic food groups, either singly or in combination with each other.

"Suitable and nourishing alternative meals and snacks" means that when an alternate meal or snack is provided, it is of similar nutritive value as the meal or snack offered at the normally scheduled time and consistent with the resident plan of care.

GUIDANCE §483.60(f)(1)-(3)
Facility staff must ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Adequacy of the "nourishing snack" will be determined both by resident interviews and by evaluation of the overall nutritional status of residents in the facility, (for example: Is the offered snack usually satisfying?)

This regulation is not intended to require facilities to provide a 24-hour-a-day full service food operation or an on-site chef. Suitable alternatives may be meals prepared in advance that can be
appropriately served by appropriately trained facility staff at non-traditional times.

PROCEDURES §483.60(f)(1)-(3)

Observe meal times and schedules and determine if they are offered at regular times comparable to normal times found in the community. Interview residents to get their input on meal service schedules to determine if they meet their choices and their input regarding eating at non-traditional times and the availability of snacks throughout the day.

PROBES §483.60(f)(1)-(3)

- Are three meals offered at regular times?
- Are snacks and meals available for residents at non-traditional times or outside of scheduled meal service times, or upon request?
- Ask residents if they are offered snacks at bedtime. If snacks are not offered, would they want them?

F810

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.60(g) Assistive devices

The facility must provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident can use the assistive devices when consuming meals and snacks.

GUIDANCE §483.60(g)

The facility must provide appropriate assistive devices to residents who need them to maintain or improve their ability to eat or drink independently, for example, improving poor grasp by enlarging silverware handles with foam padding, aiding residents with impaired coordination or tremor by installing plate guards, or specialized cups. The facility must also provide the appropriate staff assistance to ensure that these residents can use the assistive devices when eating or drinking.

For concerns regarding the use of other types of assistive devices, such as postural supports for head, trunk and arms, please see guidance under F676 and F677 for ADL care and services.

PROCEDURES §483.60(g)

Review sampled residents' comprehensive assessment and plan of care for their capacity/ability to eat independently:

- Determine if recommendations were made for adaptive eating equipment and utensils. If they were, determine if these utensils are available and utilized by residents.
- If recommended but not used, determine if this is by resident's choice.
- If eating equipment and utensils are not being utilized, determine when these were recommended and how their use is being monitored by the facility and if the staff is developing alternative recommendations and monitoring ongoing assessments.
- Observe whether staff competently assists residents who use assistive devices.

F811

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.60(h) Paid feeding assistants-

§483.60(h)(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.

§483.60(h)(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.

§483.60(h)(3) Resident selection criteria.

(i) A facility must ensure that a feeding assistant provides dining assistance only for 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 interdisciplinary team's assessment and the resident's latest assessment and plan of care. Appropriateness for this program should be reflected in the comprehensive care plan.

NOTE: 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 §483.60(h)(1)-(3) - To ensure that residents are assessed for appropriateness for a feeding assistant program, receive services as per their plan of care, and feeding

assistants are trained and supervised. The use of paid feeding assistants is intended to supplement certified nurse aides, not substitute for nurse aides or licensed nursing staff.

DEFINITIONS §483.60(h)(1)-(3)
"Paid feeding assistant" is defined in the regulation at 42 CFR §488.301 as "an individual who meets the requirements specified at 42 CFR §483.60(h)(1)(i) and who is paid by the facility to feed residents, 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. While the facility is still responsible for ensuring the safety and care of all residents, this regulation does not apply to family members or to volunteers.

GUIDANCE §483.60(h)(1)-(3)
NOTE: The regulation requires that paid feeding assistants 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.

Interdisciplinary Team Assessment of Resident Eligibility for Feeding Assistance
When determining whether a resident may be assisted by a paid feeding assistant facility staff must base resident selection on the interdisciplinary team's current assessment of the resident's condition and the resident's latest comprehensive assessment and plan of care. Appropriateness should be reflected in the resident's comprehensive care plan.

Paid feeding assistants are only permitted to assist residents who have no complicated eating or drinking problems as determined by their comprehensive assessment. Examples of residents that a paid feeding assistant may assist include residents who are independent in eating and/or those who have some degree of minimal 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 who require the assistance of staff with more specialized training to eat or drink.

Paid feeding assistants may 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 of Paid Feeding Assistants - Paid feeding assistants 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.

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, in the event that an emergency should occur, the feeding assistant must be aware of and know how to access the supervisory nurse immediately and the nurse must be located close enough to the resident that he or she can promptly respond. Should an emergency arise, a paid feeding assistant must immediately call a supervisory nurse for help.

Supervisory nurses 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 care planned 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.

Use of Existing Staff as Paid Feeding Assistants - Facilities may use existing staff, i.e., licensed nurses, certified nursing assistants, to assist residents in feeding. However, other employees for example, administrative, clerical, housekeeping, dietary staff, or activity specialists, etc. must have successfully completed a State-approved training course for paid feeding assistants, as required in §483.160.

Maintenance of Training Records - The facility must maintain a record of all employees used as paid feeding assistants. The record should include verification that they have successfully completed a State-approved training course as required in §483.160.

INVESTIGATIVE PROTOCOL - Use of Paid Feeding Assistants
Objectives - To determine if:

- Individuals used as paid feeding assistants successfully completed a State-approved training course;

- Sampled residents who were selected to receive assistance from paid feeding assistants were assessed and determined to be eligible to receive these services based on the latest assessment and plan of care;
- Paid feeding assistants are supervised by an RN or LPN; and,
- Paid feeding assistants know how to obtain assistance in emergencies.

Use - When through observation, record review, or interview(s) with residents, family, or staff, a surveyor identifies concerns that the facility may not be following the requirements regarding paid feeding assistants, including proper training and supervision, and proper assessment and selection of residents for feeding assistance.

Procedures - Review the resident's comprehensive assessment and interdisciplinary care plan to guide observations and interviews.

Observations - If a concern was discovered through resident or family interview(s), observe the resident while he or she is 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 that may require the assistance of a nurse aide or licensed nursing staff. The use of paid feeding assistants is intended to supplement, not substitute for, nursing staff. Also during observation note whether:

- 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 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; and,
- RN or LPN staff members assigned to supervise paid feeding assistants were observed to be unavailable (for example, not available in case of emergency).

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

Resident and Family Interviews - If a resident is selected for this protocol through surveyor observation that he or she is having difficulties in eating or drinking and he or she is 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 the resident has reported these problems to a nurse. If the resident is not interviewable, ask these questions of a family member or the resident's representative.

If the concern was discovered through resident, resident representative or family interviews already conducted, focus any additional interview on questions specific to complete the investigation.

Paid Feeding Assistant Interviews - Interview paid feeding assistants assisting the selected resident. Determine whether there are concerns with their 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?

Interdisciplinary Team Interview - Interview the nurse or other member(s) of the interdisciplinary team responsible for assessing if the resident is eligible and appropriate 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?
- If a resident is appropriate to receive assistance from a paid feeding assistant, how is this resident's needs reflected in his or her comprehensive care plan?
- 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.

Review of Resident Assessment of Eligibility to Receive Assistance from a Paid Feeding Assistant - Determine whether the resident's assessment regarding his or her ongoing eligibility to be assisted by a paid feeding assistant is based 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 reflected in a resident's comprehensive care plan.

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 at 42 CFR §483.160. Review facility's records for all employees used as paid feeding assistants to verify their completion of a State approved training course (it is recommended the survey team coordinator assign one surveyor to obtain and verify these records).

NOTE: If the facility has not ensured any paid feeding assistant has completed a State-approved training course, **do not** cite here. Cite 42 CFR §483.95(h), F948, Required training of feeding assistants.

POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION §483.60(h)(1)-(3)
During the investigation of F811, 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, but are not limited to, the following:

- §483.10, F550, Resident Rights
  - 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.
- §483.10(c), F552 and F578, Planning and Implementing Care
  - Determine if the facility addressed the resident's right to choose or refuse treatment, including receiving assistance to eat or drink by a paid feeding assistant.
- §483.20(b), F636, Comprehensive Assessments
  - Review whether facility staff 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.
- §483.21(b)(1), F656, Comprehensive Care Plans
  - Review whether facility staff developed or implemented 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.
- §483.21(b)(2)(iii), F657, 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.
- §483.25(g)(1)-(3), F692, Nutrition/Hydration Status
  - Review if facility staff 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.
  - Review if facility staff had identified, evaluated, and responded to a change in the resident's ability to swallow liquids.
- §483.25 (b)(4), F676, 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.

- §483.35(a), F725, 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 staff to provide this assistance to these residents in a timely fashion.
- §483.70(h), F841, 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.
- §483.95(h), F948, Required training of feeding assistants.
  - Determine if the facility has ensured the paid feeding assistant(s) has completed a State-approved training course prior to employment.

KEY ELEMENTS OF NONCOMPLIANCE:
To cite F811, the surveyor's investigation will generally show the facility failed to do any one or more of the following:

- Prohibit an employee who did not complete a State-approved training to assist a resident to eat or drink; **or**
- Ensure all paid feeding assistants (permanent or temporary) are used consistent with State law; **or**
- Maintain documentation of a paid feeding assistant's successful completion of a State-approved paid feeding training course; **or**
- Ensure paid feeding assistants were supervised by a licensed nurse; **or**
- Ensure a paid feeding assistant called a supervisory nurse in an emergency; **or**
- Ensure paid feeding assistants are assisting only those residents without complicated feeding problems and who have been selected as eligible to receive these services from a paid feeding assistant; **or**
- Ensure the interdisciplinary team assessed the resident's appropriateness for paid feeding assistance and this need is reflected in the comprehensive care plan.

DEFICIENCY CATEGORIZATION

- **An example of Level 4, immediate jeopardy to resident health and safety, includes, but is not limited to:**

  - A resident is being assisted to eat by a paid feeding assistant and begins to experiencing choking. The assistant was not trained to provide abdominal thrusts or the Heimlich maneuver and the supervising nurse or other qualified staff were not available to assist.

- **An example of Level 3, Actual harm (physical or psychological) that is not immediate jeopardy, includes, but is not limited to:**

- A resident who did not have a complicated feeding problem and who was assessed to have the potential to improving his or her 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 their cheeks. The assistant did not notice this was happening and as a result the resident experienced coughing and subsequently vomited.

- **Examples of Level.2 - No actual harm with a potential for more than minimal harm (physical or psychological) that is not immediate jeopardy, includes but are not limited to:**

  - Residents are being assisted to eat by individuals 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 (note that RNs, LPNs or CNAs **are** permitted to feed residents), and there were no resident negative outcomes.
  - Paid feeding assistants are assisting eligible residents; however supervising nurses are not nearby or immediately available to promptly respond to an emergency, but there have been no negative resident outcomes.

Level 1 - Severity 1 does not apply for this regulatory requirement.

F812

(Rev. 211; Issued: 02-03-23; Effective: 10-21-22; Implementation: 10-24-22)

§483.60(i) Food safety requirements.
The facility must –

§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.

(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.

(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.

(iii) This provision does not preclude residents from consuming foods not procured by the facility.

§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.

INTENT §483.60(i)(1)-(2) - To ensure that the facility:

- Obtains food for resident consumption from sources approved or considered satisfactory by Federal, State or local authorities;
- Follows proper sanitation and food handling practices to prevent the outbreak of foodborne illness. Safe food handling for the prevention of foodborne illnesses

begins when food is received from the vendor and continues throughout the facility's food handling processes; and,

- Ensures food safety is maintained when implementing various culture change initiatives such as when serving buffet style from a portable steam table, or during a potluck.

DEFINITIONS §483.60(i)-(2)
The following definitions are provided to clarify terms related to professional standards for food service safety, sanitary conditions and the prevention of foodborne illness. Foodborne illness refers to illness caused by the ingestion of contaminated food or beverages.

"Critical Control Point" means a specific point, procedure, or step in food preparation and serving process at which control can be exercised to reduce, eliminate, or prevent the possibility of a food safety hazard.

"Cross-contamination" means the transfer of harmful substances or disease-causing microorganisms to food by hands, food contact surfaces, sponges, cloth towels, or utensils which are not cleaned after touching raw food, and then touch ready-to-eat foods. Cross-contamination can also occur when raw food touches or drips onto cooked or ready-to-eat foods.[1]

"Danger Zone" means temperatures above 41 degrees Fahrenheit (F) and below 135 degrees F that allow the rapid growth of pathogenic microorganisms that can cause foodborne illness. Potentially Hazardous Foods (PHF) or Time/Temperature Control for Safety (TCS) Foods held in the danger zone for more than 4 hours (if being prepared from ingredients at ambient temperature) or 6 hours (if cooked and cooled) may cause a foodborne illness outbreak if consumed.

"Dry Storage" means storing/maintaining dry foods (canned goods, flour, sugar, etc.) and supplies (disposable dishware, napkins, and kitchen cleaning supplies).

"Food Contamination" means the unintended presence of potentially harmful substances, including, but not limited to microorganisms, chemicals, or physical objects in food.[2]

"Food Preparation" means the series of operational processes involved in preparing foods for serving, such as: washing, thawing, mixing ingredients, cutting, slicing, diluting concentrates, cooking, pureeing, blending, cooling, and reheating.

"Food Distribution" means the processes involved in getting food to the resident. This may include holding foods hot on the steam table or under refrigeration for cold temperature control, dispensing food portions for individual residents, family style and dining room service, or delivering *meals* to residents' rooms or *dining areas*, etc. *When meals are assembled in the kitchen and then delivered to residents' rooms or dining*

areas to be distributed, covering foods is appropriate, either individually or in a mobile food cart.

***"Food Service"** means the processes involved in actively serving food to the resident. When actively serving residents in a dining room or outside a resident's room where trained staff are serving food/beverage choices directly from a mobile food cart or steam table, there is no need for food to be covered. However, food should be covered when traveling a distance (i.e., down a hallway, to a different unit or floor).*

"Potentially Hazardous Food (PHF)" or **"Time/Temperature Control for Safety (TCS) Food"** means food that requires time/temperature control for safety to limit the growth of pathogens (i.e., bacterial or viral organisms capable of causing a disease or toxin formation).

"Storage" refers to the retention of food (before and after preparation) and associated dry goods.

GUIDANCE §483.60(i)(1)-(2)

Nursing home residents risk serious complications from foodborne illness as a result of their compromised health status. Unsafe food handling practices represent a potential source of pathogen exposure for residents. Sanitary conditions must be present in health care food service settings to promote safe food handling. CMS recognizes the U.S. Food and Drug Administration's (FDA) Food Code and the Centers for Disease Control and Prevention's (CDC) food safety guidance as national standards to procure, store, prepare, distribute, and serve food in long term care facilities in a safe and sanitary manner.

Effective food safety systems involve identifying hazards at specific points during food handling and preparation, and identifying how the hazards can be prevented, reduced or eliminated. It is important to focus attention on the risks that are associated with foodborne illness by identifying critical control points (CCPs) in the food preparation processes that, if not controlled, might result in food safety hazards. Some operational steps that are critical to control in facilities to prevent or eliminate food safety hazards are thawing, cooking, cooling, holding, reheating of foods, and employee hygienic practices

- *Web sites for additional information regarding safe food handling to minimize the potential for foodborne illness include: National Food Safety Information Network's Gateway to Government Food Safety Information at http://www.FoodSafety.gov;*

- *United States Food & Drug Administration Food Code Web site at https://www.fda.gov/food/fda-food-code/food-code-2017*

If there is reason to believe that a potential food borne illness/outbreak has occurred at the facility, surveyors should not attempt to investigate on their own but should consult with their State or local Department of Public Health that handles these types of investigations, i.e., Food & Drug or Infection Control departments. In addition, States or local public health agencies may have requirements for reporting a potential food borne illness/outbreak, facilities must follow these requirements as appropriate.

Much of this guidance is referenced from the 2017 Recommendations of the United States Food and Drug Administration Food Code. While we do not expect surveyors to determine compliance with this Food Code we are providing a link for reference and information only.
https://www.fda.gov/food/fda-food-code/food-code-2017

Food contaminants fall into 3 general categories:

1. Biological Contamination - are pathogenic bacteria, viruses, toxins, and spores that contaminate food. The two most common types of disease producing organisms are bacteria and viruses. Parasites may also contaminate food, but are less common.

Factors which may influence the growth of bacteria may include but are not limited to:

- Hazardous nature of the food. Although almost any food can be contaminated, certain foods are considered more hazardous than others and are called "potentially hazardous foods (PHF) or Time/Temperature Controlled for Safety (TCS)" food. Examples of PHF/TCS foods include ground beef, poultry, chicken, seafood (fish or shellfish), cut melon, unpasteurized eggs, milk, yogurt and cottage cheese;
- Acidity (pH) of the food. More acidic food (i.e., pH < 5), such as pineapple, vinegar, and lemon juice, tends to inhibit bacterial growth;
- Water percentage of the food. Foods that have a high level of water (e.g., fruits and vegetables) encourage bacterial growth; and
- Time and temperature control of the food. Time in conjunction with temperature controls is critical. The longer food remains in the danger zone, the greater the risks for growth of harmful pathogens. Bacteria multiply rapidly in a moist environment in the danger zone. Freezing does not kill bacteria. Rapid death of most bacteria occurs at 165 degrees F or above.

NOTE: Some foods may be considered a TCS food needing time/temperature control for safety to limit pathogenic microorganism growth or toxin formation. Examples include foods held for later service (e.g., cooked rice, beans, grilled sautéed onions, or baked potatoes).

2. Chemical Contamination - The most common chemicals that can be found in a food system are cleaning agents (such as glass cleaners, soaps, and oven cleaners) and insecticides. Chemicals used by the facility staff, in the course of their duties, may contaminate food (e.g., if a spray cleaner is used on a worktable surface while food is

being prepared it becomes exposed to a chemical). An inadequately identified chemical may be mistaken for an ingredient used in food preparation. For example, incorrectly stored (e.g., dishwashing liquid stored in a syrup bottle) or unlabeled (e.g., white granulated cleaner that looks like salt) cleaning products may be inadvertently added to food and cause illness. Chemical products and supplies, must be clearly marked as such and stored separately from food items.

3. Physical Contamination - Physical contaminants are foreign objects that may inadvertently enter the food. Examples include, but are not limited to, staples, fingernails, jewelry, hair, glass, metal shavings from can openers, and pieces or fragments of bones from fish or chicken for example.

Potential Factors Implicated in Foodborne Illnesses - Many influences may contribute to foodborne outbreaks, such as:

- **Poor Personal Hygiene** - Employees, residents, family or visitor's health and hygiene are significant factors in preventing foodborne illness. "Infectious" individuals (persons capable of transmitting an infection or communicable disease) are a source of contaminants such as Norovirus, Influenza, etc. Proper hand washing techniques and exclusion of infectious individuals from handling food are critical for prevention of foodborne illness.
- **Inadequate Cooking and Improper Holding Temperatures** - Poorly cooked food or food that is not held at appropriate temperatures may promote the growth of pathogens that cause foodborne illness.
- **Contaminated Equipment** - Equipment can become contaminated in various ways including, but not limited to:
  - Poor personal hygiene;
  - Improper sanitation; and
  - Contact with raw food (e.g., poultry, eggs, seafood, and meat).
- **Unsafe Food Sources** - If surveyors have concerns or questions regarding the origin or processing of meat or other food products served to the facility residents, the surveyor should request that the facility provide documents which indicate the food product is from an approved or satisfactory source, as required by §483.60(i)(1) (F812).

NOTE: The food procurement requirements for facilities are not intended to restrict resident choice. All residents have the right to accept food brought to them by family or visitor(s).

Strategies for Control of Potential Foodborne Illness - The table below illustrates the more commonly identified ingestible food items and sources of contamination which have been associated with food borne illness and possible strategies to prevent illness.

Source of Contamination	Primary Agents of Concern	Primary Control Strategies
A. Hazards that are likely to occur - strategies that must be in place to prevent foodborne illness.		

Eggs - unpasteurized or raw	• Salmonella	• PHF/TCS • Cook until all parts of the egg are completely firm • Prevention of cross-contamination to foods
Poultry, raw	• Campylobacter • Salmonella	• PHF/TCS • Cook to proper temperature • Prevention of cross-contamination to other foods
	• Clostridium perfringens	• PHF/TCS • Cook to proper temperature
Meat, raw	• E. coli 0157:H7 • Salmonella • Campylobacter	• PHF/TCS • Cook to proper temperature • Prevention of cross-contamination to foods
	• Clostridium perfringens	• PHF/TCS • Cook to proper temperature
Infectious food workers	• Norovirus • Hepatitis A virus • Shigella • Salmonella	• Exclusion of infectious food workers • Proper hand-washing procedures • Avoid bare-hand contact with any foods
	• Staphylococcus aureus	• Proper hand-washing procedures • Avoid bare-hand contact with foods
B. Hazards that may occur as a result of food products being adulterated, and for which good food handling practices are needed to minimize the potential for foodborne illness transmission. The US Food & Drug Administration (FDA) considers food adulteration as the act of intentionally debasing the quality of food offered for sale either by the admixture or substitution of inferior substances or by the removal of some valuable ingredient.		
Fruits and vegetables, fresh	• E. coli O157:H7 • Salmonella • Norovirus • Hepatitis A virus • Shigella	• Wash by facility staff prior to use • Keep cut and raw fruits and vegetables refrigerated
Ready-to-eat meat and poultry products	• Listeria monocytogenes	• Proper refrigeration during storage
Pasteurized dairy products	• Listeria monocytogenes	• Proper refrigeration during storage
Ice	• Norovirus	• Cleaning and sanitizing the internal components of the ice machine and utensils according to manufacturers' guidelines

Employee Health - Employees who handle food must be free of communicable diseases and infected skin lesions. (See the requirement at 42 CFR §483.80(a)(2)(v), F880, Infection Control, requiring a facility to have an infection prevention and control program that specifies policies for, among other things, the circumstances under which a facility must prohibit an employee from direct contact with residents or their food).

Hand Washing, Gloves, and Antimicrobial Gel - Employees should never use bare hand contact with any foods, ready to eat or otherwise. Since the skin carries microorganisms, it is critical that staff involved in food preparation*, distribution* and *serving* consistently utilize good hygienic practices and techniques. Staff should have access to proper hand washing facilities with available soap (regular or anti-microbial), hot water, and disposable towels and/or heat/air drying methods.

The appropriate use of items such as gloves, tongs, deli paper, and spatulas is essential in minimizing the risk of foodborne illness. Gloved hands are considered a food contact surface that can get contaminated or soiled. Disposable gloves are a single use item and should be discarded between and after each use.

The use of disposable gloves is not a substitute for proper hand washing. Hands must be washed before putting on gloves and after removing gloves. Failure to change gloves and wash hands between tasks, such as medical treatments or contact with residents, between handling raw meats and ready to eat foods or between handling soiled and clean dishes, can contribute to cross-contamination.

Hair Restraints/Jewelry/Nail Polish – *According to the current standards of practice such as the Food Code of the FDA, food service* staff must wear hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food.

According to the Food Code, food service staff must wear hairnets when cooking, preparing, or assembling food, such as stirring pots or assembling the ingredients of a salad. However, staff do not need to wear hairnets when distributing foods to residents at the dining table(s) or when assisting residents to dine.

Staff should maintain nails that are clean and neat, and wearing intact disposable gloves in good condition that are changed appropriately to reduce the spread of infection. Since jewelry can harbor microorganisms, it is recommended that staff keep jewelry to a minimum and cover hand or wrist jewelry with gloves when handling food. *According to the Food Code, gloves are necessary when directly touching ready-to-eat food. Additionally, per infection control guidance, gloves are necessary when serving residents who are on transmission-based precautions (See F880 for additional information on transmission-based precautions). However, staff do not need to wear gloves when distributing foods to residents at the dining table(s) or when assisting residents to dine, unless touching ready-to-eat food.*

Food Receiving and Storage - When food, food products or beverages are delivered to the nursing home, facility staff must inspect these items for safe transport and quality upon receipt and ensure their proper storage, keeping track of when to discard perishable foods and covering, labeling, and dating all PHF/TCS foods stored in the refrigerator or freezer as indicated.

When food is brought into the facility from an off-site kitchen (any kitchen that is not proximate to the facility), this kitchen must be approved and inspected by the appropriate

Federal, State, or local authorities. This does not include food brought to residents from their family or visitors. Obtain a copy of the last approved inspection of the off-site kitchen to verify it has been approved and inspected by the appropriate Federal, State or local authorities. Do not visit the off-site kitchen. Continue to inspect the facility for safe food handling, storage, and food quality after receiving the food delivery.

Food handling risks associated with food stored on the units may include but are not limited to:

- Food left on trays or countertops beyond safe time and/or temperature requirements;
- Food left in refrigerators beyond safe "use by" dates (including, but not limited to foods that have been opened but were not labeled, etc.);
- Food stored in a manner (open containers, without covers, spillage from one food item onto another, etc.) that allows cross-contamination; and
- Failure to maintain refrigerated food temperatures at safe levels;

Personal Refrigerators – The specific food storage requirements at F812 are for the nursing home food storage and do not apply to residents' personal refrigerators. However, the nursing home must ensure, under Life Safety Code regulations, that the resident room has an adequate electrical system, such as proper outlets, to allow the connection of a refrigerator without overloading the electrical system. Please see F813 related to nursing facility requirements to have a policy regarding personal food items.

- **Dry Food Storage -** Dry storage may be in a room or area designated for the storage of dry goods, such as single service items, canned goods, and packaged or containerized bulk food that is not PHF/TCS. The focus of protection for dry storage is to keep non-refrigerated foods, disposable dishware, and napkins in a clean, dry area, which is free from contaminants. Controlling temperature, humidity, and rodent and insect infestation helps prevent deterioration or contamination of the food. Dry foods and goods should be handled and stored in a manner that maintains the integrity of the packaging until they are ready to use. It is recommended that foods stored in bins (e.g., flour or sugar) be removed from their original packaging. Food and food products should always be kept off the floor and clear of ceiling sprinklers, sewer/waste disposal pipes, and vents to maintain food quality and prevent contamination. Desirable practices include managing the receipt and storage of dry food, removing foods not safe for consumption, keeping dry food products in closed containers, and rotating supplies.

- **Refrigerated Storage -** PHF/TCS foods must be maintained at or below 41 degrees F, unless otherwise specified by law. Frozen foods must be maintained at a temperature to keep the food frozen solid. Refrigeration prevents food from becoming a hazard by significantly slowing the growth of most microorganisms. Inadequate temperature control during refrigeration can promote bacterial growth.

Adequate circulation of air around refrigerated products is essential to maintain appropriate food temperatures. Foods in a walk-in unit should be stored off the floor. Practices to maintain safe refrigerated storage include:

- Monitoring food temperatures and functioning of the refrigeration equipment daily and at routine intervals during all hours of operation;
- Placing hot food in containers (e.g., shallow pans) that permit the food to cool rapidly;
- Separating raw foods (e.g., beef, fish, lamb, pork, and poultry) from each other and storing raw meats on shelves below fruits, vegetables or other ready-to-eat foods so that meat juices do not drip onto these foods; and
- Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable) or discarded.

Safe Food Preparation - Many steps in safe food preparation must be controlled and monitored to prevent foodborne illness. Identification of potential hazards in the food preparation process and adhering to critical control points can reduce the risk of food contamination and thereby minimize the risk of foodborne illness. When verifying food temperatures, staff should use a thermometer which is both clean, sanitized, and calibrated to ensure accuracy.

- **Cross-Contamination -** Cross-contamination can occur when harmful substances, i.e., chemical or disease-causing microorganisms are transferred to food by hands (including gloved hands), food contact surfaces, sponges, cloth towels, or utensils that are not adequately cleaned. Cross-contamination can also occur when raw food touches or drips onto cooked or ready-to-eat foods.

  Examples of ways to reduce cross-contamination include, but are not limited to:

  - Store raw meat (e.g., beef, pork, lamb, poultry, and seafood) separately and in drip-proof containers and in a manner that prevents cross-contamination of other food in the refrigerator;
  - Between uses, store towels/cloths used for wiping surfaces during the kitchen's daily operation in containers filled with sanitizing solution at the appropriate concentration per manufacturer's specifications. Assure that these sanitizing solutions are safe and do not have a risk of chemical contamination when preparing foods. Periodically testing the sanitizing solution helps assure that it maintains the correct concentration.
  - Clean and sanitize work surfaces, including cutting boards and food-contact equipment (e.g., food processors, blenders, preparation tables, knife blades, can openers, and slicers), between uses and consistent with applicable code.

- **Thawing -** Thawing some foods at room temperature may not be acceptable because it may be within the danger zone for rapid bacterial proliferation. Recommended methods to safely thaw frozen foods include:

- Thawing in the refrigerator, in a drip-proof container, and in a manner that prevents cross-contamination;
- Completely submerging the item under cold water (at a temperature of 70 degrees F or below) that is running fast enough to agitate and float off loose ice particles;
- Thawing the item in a microwave oven, then cooking and serving it immediately afterward; or
- Thawing as part of a continuous cooking process**.**

- **Final Cooking Temperatures -** Temperatures are critical in preventing foodborne illness. Cooking food to the temperature and for the time specified below will either kill dangerous organisms or inactivate them sufficiently so that there is little risk to the resident if the food is eaten promptly after cooking. Monitoring the food's internal temperature is important and will help ensure n microorganisms can no longer survive and food is safe for consumption. Foods should reach the following internal temperatures in these situations:

  - Poultry and stuffed foods, i.e., turkeys, pork chops, chickens, etc. - 165 degrees F;
  - Ground meat (e.g., ground beef, ground pork), ground fish, and eggs held for service - at least 155 degrees F;
  - Fish and other non-ground meats - 145 degrees F;
  - If the facility is using unpasteurized eggs these eggs must be cooked until all parts of the egg are completely firm, regardless of a resident's request for such things as "sunny side up". To accommodate residents choice for items such as "sunny side up" the facility must use pasteurized eggs only;
  - When cooking raw foods in the microwave, they should be rotated and stirred during the cooking process so that all parts are heated to a temperature of at least 165 degrees F, and allowed to stand covered for at least 2 minutes after cooking to obtain temperature equilibrium.

NOTE: Fresh, frozen, or canned fruits and vegetables that are cooked do not require the same level of microorganism destruction as raw meats/foods. Cooking to a hot holding temperature (135 degrees F) prevents the growth of pathogenic bacteria that may be present in or on these foods.

- **Reheating Foods -** Reheated cooked foods present a risk because they have passed through the danger zone multiple times during cooking, cooling, and reheating. The PHF/TCS food that is cooked and cooled must be reheated so that all parts of the food reach an internal temperature of 165 degrees F for at least 15 seconds before holding for hot service. Ready-to-eat foods that require heating before consumption are best taken directly from a sealed container (secured against the entry of microorganisms) or an intact package from an approved food processing source and heated to at least 135 degrees F for holding for hot service. Although proper reheating will kill most organisms of concern, some toxins, such

as that produced by Staphylococcus aureus, cannot be inactivated by reheating food.

NOTE: Using a steam table to reheat food is unacceptable since it does not bring the food to the proper temperature within acceptable timeframes.

- **Cooling -** Improper cooling is a major factor in causing foodborne illness. Taking too long to chill PHF/TCS foods has been consistently identified as one factor contributing to foodborne illness. Foods that have been cooked and held at improper temperatures promote the growth of disease-causing microorganisms that may have survived the cooking process (e.g., spore-formers). Cooled food items can be re-contaminated by unsanitary handling practices or cross-contaminated from other food products, utensils, and equipment.

  Large or dense food items, such as roasts, turkeys, soups, stews, legumes, and chili may require interventions (e.g., placing foods in shallow pans, cutting roasts into smaller portions, utilizing ice water baths, and stirring periodically) in order to be chilled safely within an allowed time period. These foods take a long time to cool because of their volume and density. If the hot food container is tightly covered, the cooling rate may be slowed further, leading to longer cooling times during which the food remains in the danger zone.

  Cooked potentially hazardous foods that are subject to time and temperature control for safety are best cooled rapidly within 2 hours, from 135 to 70 degrees F, and within 4 more hours to the temperature of approximately 41 degrees F. The total time for cooling from 135 to 41 degrees F should not exceed 6 hours.

- **Modified Consistency -** Residents who require a modified consistency diet may be at risk for developing foodborne illness because of the increased number of food handling steps required when preparing pureed and other modified consistency foods. When hot pureed, ground, or diced food drop into the danger zone (below 135 degrees F), the mechanically altered food must be reheated to 165 degrees F for 15 seconds if holding for hot service.

- **Eggs –**
  - Pooled eggs are raw eggs that have been cracked and combined together. The facility should crack only enough eggs for immediate service in response to a resident's requests or as an ingredient immediately before baking.
  - Unpasteurized Eggs- Salmonella infections may be prevented by substituting unpasteurized eggs with pasteurized eggs in the preparation of foods that will not be thoroughly cooked, such as, but not limited to, Caesar dressing, Hollandaise or Béarnaise sauce, egg fortified beverages, ice cream, and French toast.
  - Raw eggs with damaged shells are also unsafe because of the potential for contamination.

Food Distribution - Various systems are available for distributing food items to residents. These include but are not limited to tray lines, portable steam tables transported to dining area*s*, or *mobile food* carts *that maintain food in the proper temperature and out of the Danger Zone*. The purpose of these systems is to provide safe holding and transport of the food to the resident's location. Food safety requires consistent temperature control from the *time food leaves the kitchen,* to transport and distribution to prevent contamination (e.g., covering food items). *Timely distribution is essential to ensure food and beverages are served at the proper temperature.*

Dining locations include any area where one or more residents eat their meals. These can be located adjacent to the kitchen or a distance from the kitchen, such as residents' rooms and dining rooms on other floors or areas of the building.

Food Service *- Meal service* may include, but is not limited to, the steam table where hot prepared foods are held and served, and the chilled area where cold foods are held and served. A resident's meal may consist of a combination of foods that require different temperatures.

Food preparation or service area problems/risks to avoid include, but are not limited to:

- Holding foods in danger zone temperatures which are between 41 degrees F and 135 degrees F;
- Using the steam table to heat food;
- Serving meals on soiled dishware and with soiled utensils;
- Handling food with bare hands or improperly handling equipment and utensils*;*
- *Staff distributing meals without first properly washing their hands; and*
- *Serving food to residents after collecting soiled plates and food waste, without proper hand washing.*

*T*he temperature of *PHF/TCS* foods should be periodically monitored throughout the meal service to ensure proper hot or cold holding temperatures are maintained. If time is being used in place of temperature as a means of ensuring food safety, the facility must have a system in place to track the amount of time a PHF/TCS is held out of temperature control and dispose of it accordingly.

Snacks - Snacks refer to foods served between meals or at bed time. Temperature control and freedom from contamination are also important when ready-to-eat or prepared food items for snacks are sent to the unit and are held for delivery, stored at the nursing station in a unit refrigerator or unit cupboards, or stored in personal refrigerators in resident rooms.

Special Events - Facility-sponsored special events, such as cookouts and picnics where food may not be prepared in the facility's kitchen and is served outdoors or in other locations, require the same food safety considerations.

Potluck Events – Are generally events where families, volunteers or other non-facility staff may organize to provide enjoyment to nursing home residents and support a person-centered, homelike environment. These are different from a facility's special event.

Regarding food brought into a nursing home prepared by others, please remember the nursing home is responsible for:

- Storing visitor food in such a way to clearly distinguish it from food used by or prepared by the facility.
- Ensuring safe food handling once the food is brought to the facility, including safe reheating and hot/cold holding, and handling of leftovers.
- Preventing contamination of nursing home food, if nursing home equipment and facilities are used to prepare or reheat visitor food.
- Clearly identifying what food has been brought in by visitors for residents and guests when served.

Should a foodborne illness occur as a result of a potluck held at the facility, the nursing home could be held responsible. For example, the facility could be held responsible if the facility failed to ensure the food was protected from contamination while being stored in the refrigerator and became contaminated from raw meat juices or failed to ensure staff involved in food service used appropriate hand hygiene and a foodborne illness resulted.
Nursing Home Gardens – Nursing homes that have their own gardens such as, vegetable, fruit or herbs may be compliant with the food procurement requirements as long as the facility has and follows policies and procedures for maintaining and harvesting the gardens, including ensuring manufacturer's instructions are followed if any pesticide(s), fertilizer, or other topical or root-based plant preparations are applied.

NOTE: Facilities must be in compliance with any State or local requirements that may exist pertaining to food grown on facility grounds for resident consumption.

Transported Foods - If residents take prepared foods with them out of the facility (e.g., bag lunches for residents attending dialysis, clinics, sporting events, or day treatment programs), the foods must be handled and prepared for them with the same safe and sanitary approaches used during primary food preparation in the facility. Appropriate food transport equipment or another approach to maintaining safe temperatures for food at special events can help minimize the risk of foodborne illness.

Ice - Appropriate ice and water handling practices prevent contamination and the potential for waterborne illness. Ice must be made from potable water. Ice that is used to cool food items (e.g., ice in a pan used to cool milk cartons) is not to be used for consumption. Keeping the ice machine clean and sanitary will help prevent contamination of the ice. Contamination risks associated with ice and water handling practices may include, but are not limited to:

- Staff, residents, visitors, etc., who fail to wash their hands adequately and use the scoop in an ice machine, or handle ice with their bare hands, are not following appropriate infection control practices when dispensing ice; and
- Unclean equipment, including the internal components of ice machines that are not drained, cleaned, and sanitized as needed and according to manufacturer's specifications.
- Ice chests or coolers used to store and transport ice should be cleaned regularly, especially prior to use and when contaminated or visibly soiled.

Refrigeration - The facility's refrigerators and/or freezers must be in good working condition to keep foods at or below 41 degrees F and the freezer must keep frozen foods frozen solid. The following are methods to determine the proper working order of the refrigerators and freezers:

- Document the temperature of external and internal refrigerator gauges as well as the temperature inside the refrigerator. Measure whether the temperature of a PHF/TCS food is 41 degrees or less;
- To make sure the cooling process is effective, measure the temperature of a PHF/TCS that has a prolonged cooling time (e.g., one in a large, deep, tightly covered container). Determine if it is in the danger zone;
- Check for situations where potential for cross-contamination is high (e.g., raw meat stored over ready-to-eat items);
- Check the firmness of frozen food and inspect the wrapper to determine if it is intact enough to protect the food; and
- Interview food service personnel regarding the operation of the refrigerator and the freezer.

Temperature control and freedom from contamination is also important when food or snacks are sent to a unit and held at the nursing station in a unit refrigerator or unit cupboards, or stored in personal refrigerators in resident rooms. Food handling risks associated with food stored on the units may include but are not limited to:

- Food left on trays or countertops beyond safe time and/or temperature requirements;
- Food left in refrigerators beyond safe "use by" dates (including, but not limited to foods that have been opened but were not labeled, etc.);
- Food stored in a manner (open containers, without covers, spillage from one food item onto another, etc.) that allows cross-contamination; and
- Failure to maintain refrigerated food temperatures at safe levels;

Personal Refrigerators – The specific food storage requirements at F812 are for the nursing home food storage and do not apply to residents' personal refrigerators. However, the nursing home must ensure, under Life Safety Code regulations, that the resident room has an adequate electrical system, such as proper outlets, to allow the connection of a refrigerator without overloading the electrical

system. Please see F813 related to nursing facility requirements to have a policy regarding personal food items.

Equipment and Utensil Cleaning and Sanitization - A potential cause of foodborne outbreaks is improper cleaning (washing and sanitizing) of equipment and protecting equipment from contamination via splash, dust, grease, etc.

Machine Washing and Sanitizing - Dishwashing machines use either heat or chemical sanitization methods. Manufacturer's instructions must **always** be followed. The following are general recommendations according to the U.S. Department of Health and Human Services, Public Health Services, Food and Drug Administration Food Code for each method.

High Temperature Dishwasher (heat sanitization):

- Wash - 150-165 degrees F;
- Final Rinse - 180 degrees F;
  (160 degrees F at the rack level/dish surface reflects 180 degrees F at the manifold, which is the area just before the final rinse nozzle where the temperature of the dish machine is measured); or 165 degrees F for a stationary rack, single temperature machine.

Low Temperature Dishwasher (chemical sanitization):

- Wash - 120 degrees F; and
- Final Rinse - 50 ppm (parts per million) hypochlorite (chlorine) on dish surface in final rinse.

The chemical solution must be maintained at the correct concentration, based on periodic testing, at least once per shift, and for the effective contact time according to manufacturer's guidelines.

Manual Washing and Sanitizing - A 3-step process is used to manually wash, rinse, and sanitize dishware correctly. The first step is thorough washing using hot water and detergent after food particles have been scraped off. The second is rinsing with hot water to remove all soap residues. The third step is sanitizing with either hot water or a chemical solution maintained at the correct concentration, based on periodic testing, at least when initially filled and as needed, such as with extended use, and for the effective contact time according to manufacturer's guidelines. Facilities must have appropriate and adequate testing equipment, such as test strips and thermometers, to ensure adequate washing and sufficient concentration of sanitizing solution is present to effectively clean and sanitize dishware and kitchen equipment.

After washing and rinsing, dishes and utensils are sanitized by immersion in either:

- Hot water (at least 171 degrees F) for 30 seconds; or

- A chemical sanitizing solution used according to manufacturer's instructions. Chemical sanitization requires greater controls than hot water sanitization. Manufacturer's instructions must **always** be followed.

A high concentration of sanitation solutions may be potentially hazardous (see manufacturer's instructions) and may be a chemical contaminant of food. Improper test strips yield inaccurate results when testing for chemical sanitation.

Drying food preparation equipment and utensils with a towel or cloth may increase risks for cross contamination.

Cleaning Fixed Equipment - When cleaning fixed equipment (e.g., mixers, slicers, and other equipment that cannot readily be immersed in water), the removable parts must be washed and sanitized and non-removable parts cleaned with detergent and hot water, rinsed, air-dried and sprayed with a sanitizing solution (at the effective concentration). Finally, the equipment is reassembled and any food contact surfaces that may have been contaminated during the process are re-sanitized (according to the manufacturer's instructions). Service area wiping cloths are cleaned and dried or placed in a chemical sanitizing solution of appropriate concentration.

PROCEDURES §483.60(i)(1)-(2)
Through observation, interviews, and record review, determine:

- If the facility obtained food safe for consumption from approved sources; If the facility stores, prepares, distributes, and serves food in a sanitary manner to prevent foodborne illness;
- If the facility has systems (e.g., policies, procedures, training, and monitoring) in place to prevent the spread of foodborne illness and minimize food storage, preparation and handling practices that could cause food contamination and could compromise food safety; and
- If the facility utilizes safe food handling from the time the food is received from the vendor and throughout the food handling processes in the facility.

Adhere to sanitary requirements (e.g., proper washing hands when entering the kitchen and between tasks, use of hair restraints) when assessing the kitchen and meal service throughout the survey process.

Observations - 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 during times when food is being stored, prepared, cooked, plated, *distributed*, and *served* to determine if safe food handling practices are being followed. Corroborate observations through interview, record review, and other appropriate documentation.

Food Procurement Procedures: Determine whether food meets safe and sanitary conditions related to when, where, and how the food was received for residents'

consumption. If a concern is identified, check invoices from food vendors when necessary to verify the source of food acquisition and the date of delivery.

Storage of Food:

- Observe for food storage practices that may place the food, including ice, at risk for biological, chemical, or physical contamination.
- Check dry storage areas for canned goods that have a compromised seal (e.g., punctures);
- Check all facility refrigerators, including those on resident units, to ensure foods are held at appropriate temperatures and PHF/TCS foods for labeling and dates (e.g., use by dates);
- Check freezers to ensure foods are frozen solid;
- Look for evidence of pests, rodents and droppings and other sources of contamination in food storage areas; and
- Check resident rooms for safe food storage practices.

Food Preparation Procedures:

- Observe staff food handling practices, such as proper hand washing, the appropriate use of utensils, gloves, and hairnets;
- Observe food handling practices that have potential for cross-contamination (e.g., use of food contact surfaces and equipment to prepare various uncooked and ready-to-eat foods);
- Have staff demonstrate the calibration technique to ensure the temperature readings on the thermometers are reliable;
- Determine if the dietary staff are ensuring PHF/TCS foods are at approved cold holding, hot holding, and final cook temperatures;
- Determine if the dietary staff follow approved cooling and reheating procedures for PHF/TCS foods;
- Observe staff preparing modified consistency (e.g., pureed, mechanical soft) PHF/TCS foods to determine whether food safety was compromised;
- If the staff is preparing resident requests for undercooked eggs (i.e. sunny side up, soft scrambled, soft boiled), determine if pasteurized shell eggs or liquid pasteurized eggs were used to prevent foodborne illness; and
- During meal service, observe whether the staff measure the temperature of all hot and cold menu items.

Service after Meal Times:

- Observe whether facility personnel are operating the dish washing machine according to the manufacturer's specifications.
- Check whether the facility has the appropriate equipment and supplies to verify the safe operation of the dish washing machine and the washing of pots and pans.

- Check the sanitizing method used (high temperature or chemical) in dishwashing and for storing sanitizing cloths is adequate for sanitizing of dishware, utensils, pots/pans, and equipment.
- Observe stored dishes, utensils, pots/pans, and equipment for evidence of soiling. These items should be stored in a clean dry location and not exposed to splash, dust or other contamination; and
- Evaluate whether proper hand washing is occurring between handling soiled and clean dishes to prevent cross-contamination of the clean dishes.

Interviews - During the course of the survey, interview the staff who performs the task about the procedures they follow to procure, store, prepare, distribute, and serve food to residents. In addition to food safety practices, determine:

- What is the facility's practice for dealing with employees who come to work with symptoms of contagious illness (e.g., coughing, sneezing, diarrhea, vomiting) or open wounds;
- Whether the facility has, and follows, a cleaning schedule for the kitchen and food service equipment; and
- If there is a problem with equipment, how staff informs maintenance and follows up to see if the problem is corrected.

Record Review - In order to investigate identified food safety concerns, review supporting data, as necessary, including but not limited to:

- Any facility documentation, such as dietary policies and procedures, related to compliance with food sanitation and safety, including but not limited to policies addressing facility food service, potluck events, food from visitors, facility gardens;
- Determine if the food service employees have received training related to such compliance;
- Monitoring records, such as temperature logs from the tray line, refrigerators, and freezers, and dishwasher temperature and sanitizing records;
- Maintenance records, such as work orders and manufacturer's specifications, related to equipment used to store, prepare, and serve food.

Review of Facility Practices - Review of facility practices may include, but is not limited to, review of policies and procedures for sufficient staffing, staff training, and following manufacturer's recommendations as indicated. In order to establish if the facility has a process in place to prevent the spread of foodborne illness, interview the staff to determine how they:

- Monitor whether the facility appropriately procures, stores, prepares, distributes, and serves food;
- Identify and analyze pertinent issues and underlying causes of a food safety concern;

- Implement interventions that are pertinent and timely in relation to the urgency and severity of a concern; and
- Monitor the implementation of interventions and determine if additional modification is needed.

DEFICIENCY CATEGORIZATION

- **Examples of Level 4, immediate jeopardy to resident health and safety, include, but are not limited to:**

    - A 10-quart covered stock pot with 8 quarts of cooked beans was in the refrigerator. The internal temperature of the beans at the time of survey was measured at 68 degrees F. The cook stated these beans had been cooked the day before and were going to be served at the next meal, unaware they had been improperly cooled. Improperly cooled beans are at risk for growing toxin producing bacteria that are not destroyed in the reheating process.
    - A roast (raw meat) thawing on a plate in the refrigerator had bloody juices overflowing and dripping onto uncovered salad greens on the shelf below. The contaminated salad greens were used to make salad for the noon meal;
    - The facility had a recent outbreak of Norovirus after the facility allowed a food worker who was experiencing vomiting and diarrhea to continue preparing food.

- **An example of Level 3, Actual harm (physical or psychological) that is not immediate jeopardy, includes, but is not limited to:**

    - The facility failed to properly cool leftover turkey. The turkey was served to the residents, which resulted in an outbreak of foodborne illness, which, based on the facility population, did not result in or have the potential for causing serious harm to any resident.

- **Examples of Level.2 - No actual harm with a potential for more than minimal harm (physical or psychological) that is not immediate jeopardy, include but are not limited to:**

    - Food service workers sliced roast pork on the meat slicer. The meat slicer was not washed, rinsed, and sanitized after use;
    - During the initial tour of the kitchen, two food service workers were observed on the loading dock. One was smoking and the other employee was emptying trash. Upon returning to the kitchen, they proceeded to prepare food without washing their hands;
    - Upon inquiry by the surveyor, the food service workers tested the sanitizer of the dish machine, the chemical rinse of the pot-and-pan sink, and a stationary bucket used for wiping cloths. The facility used chlorine as the sanitizer. The sanitizer tested less than 50 ppm in all three locations. Staff interviewed stated they were unaware of the amount of sanitizer to use and the

manufacturer's recommendations to maintain the appropriate ppm of available sanitizer.

Level 1 - Severity 1 does not apply for this regulatory requirement.

POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION §483.60(i)(1)-(2)
During the investigation of F812, the surveyor may have identified concerns with additional requirements related to outcome, process, and/or structure requirements. The surveyor is advised 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, but are not limited to, the following:

- §483.25(g)(1)-(5), F692, Nutrition/Hydration Status and F693, Tube Feeding
  - Determine if residents have experienced nausea, vomiting, diarrhea, or other gastrointestinal symptoms as a result of the failure to store, handle, administer, or remove and discard tube feeding solutions in a safe and sanitary manner.
- §483.35(a), F725 Sufficient Staffing
  - Determine if the facility has sufficient staffing to meet the needs of the residents.
- §483.60(a)(1)(2), F801, Dietary Services - Staffing
  - Determine if the facility employs or consults with a qualified dietitian. If not employed full-time, determine if the director of food service receives scheduled consultation from the dietitian concerning storage, preparation, distribution and service of food under sanitary conditions.
- §483.60(a)(3), F802-Standard Sufficient Staff
  - Determine if the facility employs sufficient support personnel competent to carry out the functions of the dietary service.
- §483.60(h), F811, Paid Feeding Assistants
  - Determine if the Paid Feeding Assistant(s) has/have successfully completed a State-approved training course that meets Federal requirements and that the Feeding Assistant(s) is/are utilizing proper techniques to prevent foodborne illness.
- §483.80, F880, Infection Control
  - Determine if the facility's infection control program includes investigation, control, and prevention of foodborne illness.
  - Determine if the facility has practices in place to prevent the spread of infection, including proper hand washing techniques.
- §483.90(c)(2), F908, Maintain All Essential Equipment
  - Determine if the equipment in the kitchen, such as refrigerators, *mobile* food carts, tray line equipment, freezers, dishwashers, ovens, stoves, and ranges etc. is maintained in safe operating condition and according to manufacturers' specifications.
- §483.90(i)(4), F925, Effective Pest Control Program
  - Determine if the facility has maintained an effective pest control program so that it remains free of pests and rodents. Determine whether there is evidence

of insect larvae, roaches, ants, flies, mice, etc. in food storage, preparation and service areas.

- §483.75(d),(e),and (g)(1)-(2), F867, F868, Quality Assessment and Assurance
  - Determine whether the quality assessment and assurance committee seeks and reviews concerns related to foodborne illness, and food safety and sanitation to develop and implement appropriate actions to correct identified quality deficiencies when indicated.

KEY ELEMENTS OF NONCOMPLIANCE:

To cite F812, the surveyor's investigation will generally show the facility failed to do any one or more of the following:

- Procure, store, handle, prepare, distribute, and serve food in accordance with the standards summarized in this guidance; **or**
- Maintain PHF/TCS foods at safe temperatures, at or below 41 degrees F (for cold foods) or at or above 135 degrees F (for hot foods) except during preparation, cooking, or cooling, and ensure that PHF/TCS food plated for transport was not out of temperature control for more than four hours from the time it is plated; **or**
- Store raw foods (e.g., meats, fish) in a manner to reduce the risk of contamination of cooked or ready-to-eat foods; **or**
- Cook food to the appropriate temperature to kill pathogenic microorganisms that may cause foodborne illness; **or**
- Cool food in a manner that prevents the growth of pathogenic microorganisms; **or**
- Utilize proper personal hygiene practices (e.g., proper hand washing and the appropriate use of gloves) to prevent contamination of food; and
- Use and maintain equipment and food contact surfaces (e.g., cutting boards, dishes, and utensils) to prevent cross-contamination.

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[1] Partnership for Food Safety Education. (n.d.). Retrieved from http://www.fightbac.org.
[2] Partnership for Food Safety Education. (n.d.). Retrieved from http://www.fightbac.org.

F813
(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.60(i) Food Safety Requirements
The facility must –

§483.60(i)(3) 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.

PROBES §483.60(i)(3)
Interview family and/or visitors who bring food in to a resident to determine:

- If he or she was provided the policy about the use and storage of foods brought in by family or visitors.
- If the policy was provided in a language he or she could understand.
- If safe food handling practices were explained to him or her.

Interview facility staff to determine:

- If they are aware of the facility policy addressing food brought in by residents, family, or visitors and how to apply it.
- Who is responsible for sharing the facility policy with residents, families, and visitors?
- How the facility ensures the resident, family, and/or visitors understand the policy.
- If they are assisting with reheating, preparation, or storage of the food, if they understand safe food handling practices.

POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION §483.60(i)(3)
During the investigation of F813, the surveyor may have identified concerns with additional requirements related to outcome, process, and/or structure requirements. The surveyor is advised 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, but are not limited to, the following:

- §483.10(f), F561, Self-determination.
  - Determine if the facility allowed residents to choose to accept food from any friends, family, visitors, or other guests.
- §483.10(g)(16), F581, Notice of Rights, Rules, and Services.
  - Determine if the policy is not provided orally and in writing and in a manner the resident can understand.
- §483.60(i)(1)-(2), F812, Food safety requirements
  - Determine if concerns are identified with the safe storage, handling, or service of food.

F814

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.60(i) Food Safety Requirements
The facility must –

§483.60(i)(4)- Dispose of garbage and refuse properly.

PROBES §483.60(i)(4)

- Are garbage and refuse containers in good condition (no leaks) and is waste properly contained in dumpsters or compactors with lids or otherwise covered?
- Are areas such as loading docks, hallways, and elevators used for both garbage disposal and clean food transport kept clean, free of debris and free of foul odors and waste fat?
- Is the garbage storage area maintained in a sanitary condition to prevent the harborage and feeding of pests?
- Are garbage receptacles covered when being removed from the kitchen area to the dumpster?

~~F825~~

~~(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)~~

~~§483.65 Specialized rehabilitative services.~~
~~§483.65(a) Provision of services.~~
~~If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must~~

~~§483.65(a)(1) Provide the required services; or~~