

## ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE	
<input type="checkbox"/>	1. Census number
<input type="checkbox"/>	2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
<input type="checkbox"/>	3. An alphabetical list of all residents (note any resident out of the facility).
<input type="checkbox"/>	4. A list of residents who smoke, designated smoking times, and locations.
ENTRANCE CONFERENCE	
<input type="checkbox"/>	5. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/>	6. Information regarding full time DON coverage (verbal confirmation is acceptable).
<input type="checkbox"/>	7. Information about the facility's emergency water source (verbal confirmation is acceptable).
<input type="checkbox"/>	8. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/>	9. A copy of an updated facility floor plan, if changes have been made.
<input type="checkbox"/>	10. Name of Resident Council President.
<input type="checkbox"/>	11. Provide the facility with a copy of the CASPER 3.
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE	
<input type="checkbox"/>	12. Schedule of meal times, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
<input type="checkbox"/>	13. Schedule of Medication Administration times.
<input type="checkbox"/>	14. Number and location of med storage rooms and med carts.
<input type="checkbox"/>	15. The actual working schedules for licensed and registered nursing staff for the survey time period.
<input type="checkbox"/>	16. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services).
<input type="checkbox"/>	17. If the facility employs paid feeding assistants, provide the following information: <ul style="list-style-type: none"> <li>a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training;</li> <li>b) The names of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks;</li> <li>c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.</li> </ul>
INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE	
<input type="checkbox"/>	18. Complete matrix for all other residents. Ensure the TC confirms the matrix was completed accurately.
<input type="checkbox"/>	19. Admission packet.
<input type="checkbox"/>	20. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
<input type="checkbox"/>	21. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
<input type="checkbox"/>	22. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
<input type="checkbox"/>	23. Does the facility have an onsite separately certified ESRD unit?
<input type="checkbox"/>	24. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).

## §483.21 Comprehensive Resident Centered Care Plans

How can providers meet the 48 hour requirement if admission occurs on the weekend?

- The regulations do not specify how to create the Baseline Care Plan (BCP); Facilities will have to devise a process that ensures new admissions have their BCP done within the required 48 hours. It may be necessary for BCP to be developed over the course of several shifts

E.G., New admission at 11:40 pm on Friday – BCP complete by 11:40 pm on Sunday.



## §483.21 Comprehensive Resident Centered Care Plans

What must be included in the BCP?

483.21(a) states, "...The BCP must—

(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to –

- (A) Initial goals based on admission orders
- (B) Physician orders
- (C) Dietary orders
- (D) Therapy services
- (E) Social services
- (F) PASARR recommendation, if applicable"

It is expected that the admission orders will be used, along with information gathered by the admitting nurse, which will include input from the resident or representative.



## §483.21 Comprehensive Resident Centered Care Plans

Can the BCP be written before admission, or before talking to the resident?

- It may be possible to begin development of parts of the BCP before the actual admission based on information received from the transferring provider, however, the information must be verified by the admission orders and admitting nurse's observation and interview of the resident



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## MATRIX INSTRUCTIONS FOR PROVIDERS

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

The facility completes the resident name, resident room number and columns 1-20, which are described in detail below. Blank columns are for Surveyor Use Only.

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

*For each resident mark all columns that are pertinent.*

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| <p>1. <b>Residents Admitted within the Past 30 days:</b> Resident(s) who were admitted to the facility within the past 30 days and currently residing in the facility.</p> <p>2. <b>Alzheimer's/Dementia:</b> Resident(s) who have a diagnosis of Alzheimer's disease or dementia of any type.</p> <p>3. <b>MD, ID or RC &amp; No PASARR Level II:</b> Resident(s) who have a serious mental disorder, intellectual disability or a related condition but does not have a PASARR level II evaluation and determination.</p> <p>4. <b>Medications:</b> Resident(s) receiving any of the following medications: (I) = Insulin, (AC) = Anticoagulant (e.g. Direct thrombin inhibitors and low weight molecular weight heparin [e.g., Pradaxa, Xarelto, Coumadin, Fragmin]. Do not include Aspirin or Plavix), (ABX) = Antibiotic, (D) = Diuretic, (O) = Opioid, (H) = Hypnotic, (AA) = Antianxiety, (AP) = Antipsychotic, (AD) = Antidepressant, (RESP) = Respiratory (e.g., inhaler, nebulizer).</p> <p><b>NOTE:</b> Record meds according to a drug's pharmacological classification, not how it is used.</p> <p>5. <b>Facility Acquired Pressure Ulcer(s) (any stage):</b> Resident(s) who have a pressure ulcer at any stage, including suspected deep tissue injury (e.g., I, II, III, IV, unstageable, sDTI)</p> <p>6. <b>Worsened Pressure Ulcer(s) at any stage:</b> Resident(s) with a pressure ulcer at any stage that have worsened.</p> <p>7. <b>Excessive Weight Loss without Prescribed Weight Loss program:</b> Resident(s) with an unintended (not on a prescribed weight loss program) weight loss &gt; 5% within the past 30</p> | <p>days or &gt;10% within the past 180 days. Exclude residents receiving hospice services.</p> <p>8. <b>Tube Feeding:</b> Resident(s) who receive enteral or parenteral feedings.</p> <p>9. <b>Dehydration:</b> Resident(s) identified with <u>actual</u> hydration concerns (e.g., receives enteral, parenteral and/or IV feeding/fluids, or is dehydrated) takes in less than the recommended 1,500 ml of fluids daily (water or liquids in beverages and water in foods with high fluid content, such as gelatin and soups).</p> <p>10. <b>Physical Restraints:</b> Resident(s) who have a physical restraint in use. A restraint is defined as the use of any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body (e.g., bed rail, trunk restraint, limb restraint, chair prevents rising, mitts on hands, confined to room, etc.). Do not code wander guards as a restraint.</p> <p>11. <b>Fall(s) (F) or Fall(s) with Injury (FI) or Major Injury (FMI):</b> Resident(s) who have fallen since admission or within the past 90 days and have incurred an injury or not. A major injury includes bone fractures, joint dislocation, closed head injury with altered consciousness, subdural hematoma.</p> <p>Use (F) to identify residents with a fall(s), (FI) to identify a resident who has sustained an injury excluding major injury, and (FMI) to identify a resident who has sustained a fall(s) with Major Injury.</p> <p>12. <b>Indwelling Urinary Catheter:</b> Resident(s) with an indwelling catheter (including suprapubic catheter and nephrostomy tube).</p> |
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## MATRIX INSTRUCTIONS FOR PROVIDERS

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13. **Dialysis:** Resident(s) who are receiving (**H**) hemodialysis or (**P**) peritoneal dialysis either within the facility (**F**) or offsite (**O**).
14. **Hospice:** Resident(s) who have elected or are currently receiving hospice services.
15. **End of Life/Comfort Care/Palliative Care:** Resident(s) who are receiving end of life or palliative care (not including Hospice).
16. **Tracheostomy:** Resident(s) who have a tracheostomy.
17. **Ventilator:** Resident(s) who are receiving invasive mechanical ventilation.
18. **Transmission-Based Precautions:** Resident(s) who are currently on Transmission-based Precautions.
19. **Intravenous therapy:** Resident(s) who are receiving intravenous therapy through a central line, peripherally inserted central catheter, or other intravenous catheter.
20. **Infections:** Residents(s) who has a communicable disease/contagious infection (e.g., MDRO-M, pneumonia-P, tuberculosis-TB or viral hepatitis-VH, or c-diff-C) OR has a healthcare-associated infection (e.g., wound infection-WI or UTI).

## MATRIX FOR PROVIDERS

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## Dining Observation

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

### Meal Services

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

**1. Does staff distribute and serve food under sanitary conditions?** ☐ Yes ☐ No F812

### Infection Control

- ☐ Determine whether staff have any open areas on their skin, signs of infection, or other indications of illness.
- ☐ Appropriate hand hygiene must be practiced between residents after direct contact with resident's skin or secretions.

**2. Did the facility provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections?** ☐ Yes ☐ No F880

**Dignity:** Observe whether staff (list is not all-inclusive):

- ☐ Provide meals to all residents at a table at the same time.
- ☐ Provide napkins and nondisposable cutlery and dishware (including cups and glasses).
- ☐ Consider residents' wishes when using clothing protectors.
- ☐ Wait for residents at a table to finish their meals before scraping food from plates at that table.
- ☐ Sit next to residents while assisting them to eat, rather than standing over them.
- ☐ Talk with residents for whom they are providing assistance rather than conducting social conversations with other staff.
- ☐ Allow residents adequate time to complete their meal.
- ☐ Speak with residents politely, respectfully, and communicate personal information in a way that maintains confidentiality.
- ☐ Respond to residents' requests in a timely manner?

**3. Does the facility promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality?**  
☐ Yes ☐ No F550

**Homelike Environment:** A "homelike environment" is one that de-emphasizes the institutional character of the setting, to the extent possible. A determination of "homelike" should include, whenever possible, the resident's or representative of the resident's opinion of the living environment.

- ☐ Determine the presence of institutional practices that may interfere with the quality of the residents' dining experience, such as:
- Meals served on trays in a dining room;
  - Medication administration practices that interfere with the quality of the residents' dining experience.
- Note: Medication administration during meal service is not prohibited for:
- Medications that must be taken with a meal.
  - Medication administration requested by a resident who is accustomed to taking the medication with a meal, as long as it has been determined that this practice does not interfere with the effectiveness of the medication.
- ☐ Has the facility attempted to provide medications at times and in a manner that does not distract from the dining experience of the resident, such as:
- Pain medications being given prior to meals so that meals can be eaten in comfort;
  - Foods served are not routinely or unnecessarily used as vehicles to administer medications (mixing the medications with potatoes or other entrees)

**4. Did the facility provide a homelike dining environment?** ☐ Yes ☐ No **F584**

#### **Resident Self-Determination or Preferences**

- ☐ Determine staff response to a resident who refuses to go to the dining area, refuses the meal or meal items offered, or requests a substitute. If concerns are identified, interview the resident to determine whether:
- The resident was involved in choosing when to eat;
  - The resident was involved in choosing where to eat; and/or
  - The food offered takes into account the resident's food preferences.
- ☐ Interview staff regarding the facility protocol to identify where and when a resident eats, how staff knows whether a specific resident eats in a specific dining room or other location, and how food preferences are identified and submitted to the dietary department.

**5. Does the facility honor the resident's right to make choices about aspects of his/her life in the facility that are significant to the resident?** ☐ Yes ☐ No **F561**

#### **Dining Assistance**

- ☐ Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:
- Provision of cueing, prompting, or assisting a resident to eat in order to improve, maintain, or prevent the decline in eating abilities;
  - How meals and assistance to eat is provided to those residents who wish to eat in their rooms;
  - Staff availability and presence during the dining process; and
  - Assistance to eat for residents who are dependent on staff.



- ☐ If residents are not receiving timely assistance to eat related to lack of sufficient nursing staff, review this under the Sufficient Nursing Staff task.

**6. Does the facility provide assistance with meals, assisting with hydration, and nutritional provisions throughout the day?** ☐ Yes ☐ No F676 and/or F677

#### Assistive Devices

- ☐ Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:
- Whether adaptive devices are provided to residents requiring them.

**7. Does the facility provide resident with assistive devices if needed?** ☐ Yes ☐ No F810

#### Positioning

- ☐ Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:
- Proper positioning to maximize eating abilities (e.g., wheelchairs fit under tables so residents can access food without difficulty and residents are positioned in correct alignment).

**8. Is the resident positioned correctly to provide care and services that promote the highest practical well-being?** ☐ Yes ☐ No F675

#### Dietary Needs

- ☐ Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:
- How staff identify and meet residents' special dietary requirements (e.g., allergies, intolerances, and preferences).

**9. Are residents receiving food that accommodates resident allergies, intolerances, and preferences?**  
☐ Yes ☐ No F806

#### Paid Feeding Assistants

- ☐ If you observe a resident who is being assisted by staff, and the resident is having problems eating or drinking:
- Determine whether a paid feeding assistant is assisting the resident;
  - Determine whether the paid feeding assistants are properly trained, adequately supervised, assisting only those residents without complicated feeding problems, and providing assistance in accordance with the residents' needs; and
  - If the staff is not a paid feeding assistant, and if technique concerns are identified in the provision of assistance by CNAs, initiate F727 Proficiency of Nurse Aides, for further review.

**10. Are residents selected based on an IDT assessment? Are paid feeding assistants supervised or used in accordance to State law?** ☐ Yes ☐ No F811 ☐ NA

**11. Have the paid feeding assistants completed a State-approved training program prior to working in the facility?** ☐ Yes ☐ No F948 ☐ NA

**Food and Drink Quality**

- ☐ If concerns regarding palatability and/or appearance are identified, determine whether:
- Mechanically altered diets, such as pureed foods, were prepared and served as separate entree items, excluding combined foods such as stews, casseroles, etc.; and
  - Food placement, colors, and textures were in keeping with the resident's needs or deficits, such as residents with vision or swallowing deficits.
- ☐ Interview residents to confirm or validate observations and to assess food and drink palatability and temperature.
- ☐ If the team has identified concerns with food quality or residents complain about the palatability/temperature of food or drink served, the survey team coordinator may request a test tray to obtain quantitative and qualitative data to assess the complaints.
- ☐ Send the meal to the unit that is the greatest distance from the kitchen or to the affected unit or dining room.
- ☐ Check food temperature and palatability of the test meal close to the time the last resident on the unit is served and begins eating.

**12. Does the facility serve meals that conserve nutritive value, flavor, and appearance, and are palatable, attractive, and a safe and appetizing temperature (e.g., provide a variety of textures, colors, seasonings, pureed foods not combined)?** ☐ Yes ☐ No F804

**13. Do the residents maintain acceptable parameters of nutritional status unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise?**  
☐ Yes ☐ No F692

**Drinks and Other Liquids**

- ☐ Are drinks and other fluids provided when the resident requests and consistent with the resident's care plan?
- ☐ Are the resident's preferences honored when providing drinks and other fluids?

**14. Does the facility provide drinks including water and other liquids consistent with residents' needs and preferences?** ☐ Yes ☐ No F807

**Food Substitutes:** If concerns are identified with a resident who is not consuming his/her meal or has refused the meal served:

- ☐ Determine whether staff attempt to determine the reason(s) for the refusal and offer a substitute item of equal nutritive value or another food item of the resident's choice.
- ☐ If staff do not offer an alternative item, interview the resident to determine whether he/she is provided a substitution when he/she does not wish to have the item being served.
- ☐ Interview staff in order to determine what is available for substitutes for the meal observed.

**15. Does the facility offer an appealing option of similar nutritive value to residents who refuse food being served?** ☐ Yes ☐ No **F806**

**Therapeutic Diets**

- ☐ Observe residents to ensure they are being served a therapeutic diet, if prescribed.
- ☐ Review the residents' records to ensure the resident is prescribed a therapeutic diet.
- ☐ Review additional information the dietary staff uses to identify those residents in need of a therapeutic diet (e.g., tray cards, dietary cards).

**16. Are residents receiving therapeutic diets as prescribed?** ☐ Yes ☐ No **F808**

**Lighting**

- ☐ Determine whether the dining areas are well lighted:
  - Illumination levels are task-appropriate with little glare;
  - Lighting supports maintenance of independent functioning and task performance; and
  - Ask residents whether they feel the lighting is comfortable and adequate, and how the lighting affects their ability to eat.

**17. Does the facility provide one or more rooms designated for dining that are well lighted?**  
☐ Yes ☐ No **F920**

**18. Does the facility provide adequate and comfortable lighting levels in the dining areas?**  
☐ Yes ☐ No **F584**

**Ventilation:** Determine whether the dining areas have:

- ☐ Efficient ventilation.
- ☐ Good air circulation.
- ☐ Acceptable temperature and humidity.
- ☐ Avoidance of drafts at the floor level.
- ☐ Adequate removal of smoke exhaust and odors.

**19. Does the facility provide one or more rooms designated for dining that is well ventilated?**  
☐ Yes ☐ No **F920**

**Sound Levels:** Determine whether sound levels in dining areas interfere with social interaction during the meal services. Consider the following:

- ☐ Residents or staff have to raise their voices to be heard.
- ☐ Residents can't be heard due to background noise.
- ☐ Residents have difficulty concentrating due to the background noise.
- ☐ Residents have no control over unwanted noise.

**20. Does the facility provide comfortable sound levels in the dining areas?** ☐ Yes ☐ No **F584**

**Comfortable and Safe Temperatures:** Comfortable and safe temperature levels means that the ambient temperature should be in a relatively narrow range that minimizes residents' susceptibility to loss of body heat and risk of hypothermia or susceptibility to respiratory ailments and colds.

- ☐ Observe whether residents complain of heat or cold in the dining areas.
- ☐ Observe what actions staff take in relation to complaints about the temperature levels in the dining areas.
- ☐ Interview staff to determine how the temperature levels are set and maintained.
- ☐ Ask staff what measures they take to address the issues related to temperatures out of the 71-81 degree Fahrenheit (°F) range.

**21. Does the facility maintain comfortable and safe temperature levels in the dining areas?**

☐ Yes ☐ No **F584**

**Furnishings:** An *adequately furnished* dining area accommodates different residents' physical and social needs.

- ☐ Observe table height to determine whether it provides the residents with easy visibility and access to food.
- ☐ Observe whether furnishings are structurally sound and functional (e.g., chairs of varying sizes to meet varying needs of residents, wheelchairs can fit under the dining room table).

**22. Are the dining areas adequately furnished to meet residents' physical and social needs?**

☐ Yes ☐ No **F920**

**Space**

- ☐ Observe whether the dining areas have sufficient space.
- ☐ Residents can enter and exit the dining room independently without staff needing to move other residents out of the way.
- ☐ Residents could be moved from the dining room swiftly in the event of an emergency.
- ☐ Staff would be able to access and assist a resident who is experiencing an emergency, such as choking.
- ☐ There is no resident crowding.

**23. Do the dining areas have sufficient space to accommodate all dining activities?** ☐ Yes ☐ No **F920**

**Frequency of Meals**

- ☐ Interview residents and/or staff to determine how often meals are served beyond the posted serving times.
- ☐ If a concern is identified regarding the timing of a meal service, interview staff to identify how the meal service is organized, times for meal availability, and how staff assures that a resident has received a meal.
- ☐ Interview the residents and staff to determine:
  - What happens if they miss the allocated meal service time periods;
  - Whether snacks are available, types, and when available;

- If suitable, nourishing alternative meals and snacks are provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, and they are consistent with the residents' plan of care.

**24. Does the facility provide at least three meals daily at regular times comparable to mealtimes in the community or in accordance with residents' needs?** ☐ Yes ☐ No F809

**25. Does the facility provide sufficient staff to safely and effectively carry out the functions of the food and nutrition services, including preparing and serving meals, in the scheduled time frames?**  
☐ Yes ☐ No F802

**26. Does the facility provide meals with no greater than a 14 hour lapse between the evening meal and breakfast, or 16 hours with approval of a resident group and provision of a substantial evening snack?** ☐ Yes ☐ No F809

## Kitchen Observation

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

**Initial Brief Tour of the Kitchen:** Review the first two CEs to ensure practices prevent foodborne illness.

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

**1. During the initial brief tour, are foods stored and/or prepared under sanitary conditions?** ☐ Yes ☐ No F812

**2. During the initial brief tour, does the facility handle, prepare, and distribute food in a manner that prevents foodborne illness to the residents?** ☐ Yes ☐ No F880

**Follow Up Visits to the Kitchen:** If staff are preparing food during the initial brief tour, proceed with observations. If not, answer the remaining items in future trips to the kitchen.

### Storage Temperatures

- ☐ Refrigerator temperatures that are at or below 41 degrees Fahrenheit (°F) (check temperatures between meal service activities to allow for stable temperatures).
- ☐ Freezer temperatures maintained at a level to keep frozen food solid.
- ☐ Internal temperatures of 41°F or lower for potentially hazardous, refrigerated foods (e.g., meat, fish, milk, egg, poultry dishes) that are not within acceptable ranges:
  - What are the temperatures?
  - What foods are involved?

## Kitchen/Food Service Observation

### 3. Is the food stored at the appropriate temperatures? ☐ Yes ☐ No F812

#### Food Storage

- ☐ Frozen foods are thawing at the correct temperature.
- ☐ Foods in the refrigerator/freezer are covered, dated, and shelved to allow circulation.
- ☐ Foods are stored away from soiled surfaces or rust.
- ☐ Canned goods have an uncompromised seal (e.g., punctures).
- ☐ Staff are only using clean utensils when accessing bulk foods and/or ice.
- ☐ Containers of food are stored off the floor, on surfaces that are clean or protected from contamination (e.g., 6 inches above the floor, protected from splash).
- ☐ There are no signs of water damage from sewage lines and/or pipelines.
- ☐ There are no signs of negative outcome (e.g., freezer burn, foods dried out, foods with a change in color).
- ☐ Raw meat is stored so that juices are not dripping onto other foods.
- ☐ Food products are discarded on or before the expiration date.
- ☐ Staff are following the facility's policy for food storage, including leftovers.

### 4. During follow-up visits to the kitchen, are foods stored under sanitary conditions? ☐ Yes ☐ No F812

#### Food Preparation and Service

- ☐ Hot foods are held at 135°F or higher on the steam table.
- ☐ Cold foods are held at 41°F or lower.
- ☐ Food surfaces are thoroughly cleaned and sanitized after preparation of fish, meat, or poultry.
- ☐ Cutting surfaces are sanitized between uses.
- ☐ Equipment (e.g., food grinders, choppers, slicers, and mixers) are cleaned, sanitized, dried, and reassembled after each use.
- ☐ If staff is preparing resident requests for soft cooked and undercooked eggs (i.e., sunny side up, soft scrambled, soft boiled), determine if a pasteurized egg product was used.
- ☐ Proper final internal cooking temperatures (monitoring the food's internal temperature for 15 seconds determines when microorganisms can no longer survive and food is safe for consumption). Foods should reach the following internal temperatures:
  - Poultry and stuffed foods: 165°F;
  - Ground meat (e.g., ground beef, ground pork, ground fish) and eggs held for service: at least 155°F;

### Kitchen/Food Service Observation

- Fish and other meats: 145°F for 15 seconds;
  - When cooking raw animal foods in the microwave, foods should be rotated and stirred during the cooking process so that all parts of the food are heated to a temperature of at least 165°F, and allowed to stand covered for at least 2 minutes after cooking to obtain temperature equilibrium; and
  - Fresh, frozen, or canned fruits and vegetables: cooked to a hot holding temperature of 135°F to prevent the growth of pathogenic bacteria that may be present.
- ☐ Food items that are reheated to the proper temperatures:
- The potentially hazardous food (PHF) or time/temperature controlled for safety (TCS) food that is cooked and cooled must be reheated so that all parts of the food reach an internal temperature of 165°F for at least 15 seconds before holding for hot service; and
  - 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°F for holding for hot service.
- ☐ Food is covered during transportation and distribution to residents.
- ☐ Food is cooked in a manner to conserve nutritive value, flavor, appearance, and texture.
- ☐ Nourishments and snacks that are held at room temperature are served within 4 hours of delivery. Potentially hazardous foods (e.g., milk, milk products, eggs) must be held at appropriate temperatures.
- ☐ Staff properly wash hands with soap and water to prevent cross-contamination (i.e., between handling raw meat and other foods).
- ☐ Staff utilize hygienic practices (e.g., not touching hair, face, nose, etc.) when handling food.
- ☐ Staff wash hands before serving food to residents after collecting soiled plates and food waste.
- ☐ Opened containers of potentially hazardous foods or leftovers are dated or used within 7 days in the refrigerator or according to facility policy.
- ☐ Proper cooling procedures were observed, such as cooling foods in shallow containers, and not deep or sealed containers, facilitating foods to cool quickly as required.
- ☐ Potentially hazardous foods are cooled from 135°F to 70°F within 2 hours; from 70°F to 41°F within 4 hours; the total time for cooling from 135°F to 41°F should not exceed six hours.
- ☐ Food procured from vendors meets federal, state, or local approval.
- ☐ Review the policies and procedures for maintaining nursing home gardens, if applicable.
- ☐ The time food is put on the steam table and when meal service starts. If unable to observe, determine per interview with the cook.
- ☐ How staff routinely monitors food temperatures on the steam table (review temperature logs).
- ☐ When staff starts cooking the food. If unable to observe, determine per interview with the cook.
- ☐ What cooking methods are available and used (e.g., steamer, batch-style cooking).
- ☐ Ensure staff do not compromise food safety when preparing modified consistency (e.g., pureed, mechanical soft) PHF/TCS foods.
- ☐ Ask staff about their knowledge of the food safety practice and facility policy around the particular concern identified.
- ☐ Does the facility have written policies (e.g., eggs) that honor resident preferences safely?



### Kitchen/Food Service Observation

- ☐ Does the facility have a written policy regarding food brought in by family or visitors?
- ☐ Ask staff what the facility practice is for dealing with employees who come to work with symptoms of contagious illness (e.g., coughing, sneezing, nausea, fever, vomiting) or open wounds.
- ☐ If a foodborne illness outbreak occurred, did you report the outbreak to the local health department?
- ☐ Was the facility food service identified as the cause of the outbreak and what remediation steps were taken?
- 5. Does the facility provide each resident with a nourishing, palatable, well-balanced diet that meets his/her daily nutritional and dietary needs, taking into consideration the preferences of each resident?** ☐ Yes ☐ No F800
- 6. Does the facility provide food prepared by methods that conserve nutritive value, flavor, and appearance and provide food and drink that is palatable, attractive, and at a safe and appetizing temperature?** ☐ Yes ☐ No F804
- 7. Is food prepared in a form to meet individual needs of the residents?** ☐ Yes ☐ No F805
- 8. Was food procured from approved or satisfactory sources and was food stored, prepared, distributed, and served in accordance with professional standards for food service safety?** ☐ Yes ☐ No F812
- 9. Does the facility 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?** ☐ Yes ☐ No F813
- 10. During follow-up visits to the kitchen, does the facility handle, prepare, and distribute food in a manner that prevents foodborne illness to the residents?** ☐ Yes ☐ No F880

### Dinnerware Sanitization and Storage

- ☐ Staff ensure dishwasher temperatures are:
- For a stationary rack, single temperature machine, 74°C (165°F);
  - For a stationary rack, dual temperature machine, 66°C (150°F);
  - For a single tank, conveyor, dual temperature machine, 71°C (160°F);
  - For a multi-tank, conveyor, multi-temperature machine, 66°C (150°F); or
  - For the wash solution in spray-type washers that use chemicals to sanitize, less than 49°C (120°F).
  - Sanitizing solution must be at level required per manufacturer's instructions.

### Kitchen/Food Service Observation

- ☐ Manual water temperature solution shall be maintained at no less than 110°F. After washing and rinsing, dishes are sanitized by immersion in either:
  - Hot water (at least 171°F) for 30 seconds; or
  - A chemical sanitizing solution. If explicit manufacturer instructions are not provided, the recommended sanitation concentrations are as follows:
    - Chlorine: 50 – 100 ppm minimum 10 second contact time
    - Iodine: 12.5 ppm minimum 30 second contact time
    - QAC space (Quaternary): 150 – 200 ppm concentration and contact time per manufacturer's instructions (Ammonium Compound)
- ☐ Dishes, food preparation equipment, and utensils are air dried. (Drying food preparation equipment and utensils with a towel or cloth may increase risks for cross-contamination.)
- ☐ Wet wiping cloths are stored in an approved sanitizing solution and laundered daily.
- ☐ Clean and soiled work areas are separated.
- ☐ Dishware is stored in a clean, dry location and not exposed to splash, dust, or other contamination, and covered or inverted.
- ☐ Ask staff how they test for proper chemical sanitization (observe them performing the test).
- ☐ Ask staff how they monitor equipment to ensure that it is functioning properly. (Review temperature/chemical logs.)

**11. Were dishes and utensils cleaned and stored under sanitary conditions?** ☐ Yes ☐ No **F812**

#### Equipment Safe/Clean

- ☐ Refrigerators, freezers, and ice machines are clean and in safe operating condition.
- ☐ Fans in food prep areas are clean.
- ☐ Utensils/equipment are cleaned and maintained to prevent foodborne illness.
- ☐ Food trays, dinnerware, and utensils are clean and in good condition (e.g., not cracked or chipped).
- ☐ Appropriate equipment and supplies to evaluate the safe operation of the dish machine and the washing of pots and pans (e.g., maximum registering thermometer, appropriate chemical test strips, and paper thermometers).
- ☐ How does the facility identify problems with time and temperature control of PHF/TCS foods and what are the processes to address those problems.
- ☐ Whether the facility has, and follows, a cleaning schedule for the kitchen and food service equipment.
- ☐ If there is a problem with equipment, how staff informs maintenance and follows up to see if the problem is corrected.

### Kitchen/Food Service Observation

**12. Is the food preparation equipment clean?** ☐ Yes ☐ No F812

**13. Is essential kitchen equipment maintained in safe operating condition?** ☐ Yes ☐ No F908

#### Refuse/Pest Control

- ☐ Is there evidence of pests in the food storage, preparation, or service areas?
- ☐ Is the facility aware of the current problem?
- ☐ If the facility is aware of the current problem, what steps have been taken to eradicate the problem?
- ☐ Is garbage and refuse disposed of properly?
- ☐ Is there documentation of pest control services that have been provided?
- ☐ Notify team of observations and review other areas of the environment for pest concerns under the Environment task.

**14. Was garbage and refuse disposed of properly?** ☐ Yes ☐ No F814

**15. Was food storage, preparation, and service areas free of visible signs of insects and/or rodents?** ☐ Yes ☐ No F925

#### Unit Refrigerators

- ☐ Snack/nourishment refrigerators on the unit are maintained to prevent the potential for foodborne illness.
- ☐ Proper snacks/nourishment refrigerators' temperatures are maintained and food items are dated and labeled.

**16. Are snack/nourishment refrigerators on the unit maintained with the proper temperature and food items are dated and labeled so as to prevent the potential for foodborne illness?** ☐ Yes ☐ No F812

#### Menus

- ☐ Ensure staff are following the menus.
- ☐ Menus meet the nutritional needs of the residents.

**17. Does the facility follow the menus and does the menu meet the nutritional needs of the residents?** ☐ Yes ☐ No F803

### Kitchen/Food Service Observation

#### Dietary Staff

- ☐ Interview dietary staff members to ensure the facility has a full-time qualified dietitian or other clinically qualified professional either full-time, part-time, or on a consultant basis (refer to the regulation for qualification details).
- ☐ If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, interview staff to ensure the person designated as the director of food and nutrition services is qualified (refer to the regulation for qualification details).
- ☐ Interview staff to ensure they have appropriate competencies and skill set to carry out functions of the food and nutrition services, taking into account resident assessments, care plans, number, acuity, and diagnoses of the facility's population in accordance with the facility assessment.

**18. Does the facility have a qualified dietitian, other clinically qualified nutrition professional, and/or director of food and nutrition services who met the required qualifications in the timeframe allowed?** ☐ Yes ☐ No **F801**

**19. Does the facility have a sufficient number of competent staff to safely and effectively carry out the functions of the food and nutrition services?** ☐ Yes ☐ No **F802**

## Nutrition Critical Element Pathway

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

### Review the Following in Advance to Guide Observations and Interviews:

- ☐ The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C – Cognitive Patterns, D – Mood, G – Functional Status-eating ability (G0110H), K – Swallowing/Nutritional Status, L – Oral/Dental Status, and O – Special Treatment/Proc/Prog-SLP (O0400A) and OT (O0400B).
- ☐ Physician's orders (e.g., food allergies/intolerances and preferences, nutritional interventions [e.g., supplements], assistance with meals, type of diet [e.g., mechanically altered], therapeutic diet [e.g., low sodium diet], weight monitoring, meds [e.g., psychotropic meds, diuretics], and labs).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., nutritional interventions, assistance with meals, assistive devices needed to eat, type of diet, therapeutic diet, food preferences, or pertinent labs).

### Observations:

- ☐ Observe the resident at a minimum of two meals:
  - Are the resident's hands cleaned before the meal if assisted by staff;
  - Is the diet followed (texture, therapeutic, and preferences);
  - Are proper portion sizes given (e.g., small or double portions);
  - Is the resident assisted (with set-up and eating, positioning, supervision, etc.), cued, and encouraged as needed;
  - Are assistive devices in place and used correctly (e.g., plate guard, modified utensils, sippy cups);
  - If the resident isn't eating or refuses: What does staff do (e.g., offer substitutes, encourage, or assist the resident); and
  - How is the dignity of the resident maintained?
- ☐ Are care-planned and ordered interventions in place?
- ☐ Is the call light in reach if the resident is eating in their room?
- ☐ Are there environmental concerns that may affect the resident during meals, such as loud or distracting noises, the inability to reach snacks kept in their room, or other concerns?
- ☐ Does the resident's physical appearance indicate the potential for an altered nutritional status (e.g., cachectic, dental problems, edema, no muscle mass or body fat, decreased ROM, or coordination in the arms/hands)?
- ☐ How physically active is the resident (e.g., pacing or wandering)?
- ☐ Are supplements provided and consumed at times that don't interfere with meal intake (e.g., supplement given right before the meal and the resident doesn't eat the meal)?
- ☐ Are snacks given and consumed as care planned?
- ☐ Is the resident receiving OT, SLP, or restorative therapy services? If so, are staff following their instructions (e.g., head position or food placement to improve swallowing)?
- ☐ Is there any indication that the resident could benefit from therapy services that are not currently being provided (difficulty grasping utensils, difficulty swallowing)?
- ☐ If a resident is receiving nutrition with a feeding tube, observe for positioning, type of tube feeding, whether a pump or gravity is being used, and the rate and amount being provided.

## Nutrition Critical Element Pathway

### Resident, Resident Representative, or Family Interview:

- ☐ How did the facility involve you in the development of your care plan and goals?
- ☐ Have you lost weight in the facility? If so, why do you think you've lost weight (e.g., taste, nausea, dental, grief, or depression issues)?
- ☐ What is the facility doing to address your weight loss? (Ask about specific interventions – e.g., supplements.)
- ☐ Do they give you the correct diet, snacks, supplements, and honor your food preferences/allergies? If not, describe.
- ☐ If you don't want the meal, does staff offer you a substitute?
- ☐ Does staff set up your meal, assist with eating, or encourage you as needed? If not, describe.
- ☐ Do you have difficulty chewing or swallowing your food? If so, how is staff addressing this?
- ☐ Do they give you assistive devices so you can be as independent as possible? If not, describe.
- ☐ Do they give you enough time to eat? If not, describe.
- ☐ Do your care plan interventions reflect your choices, preferences, fluid restrictions, allergies, or intolerances? If not, describe.
- ☐ How does staff involve you in decisions about your diet, food preferences, and where to eat?
- ☐ If you know the resident has refused: What did the staff tell you about what might happen if you don't follow your plan to help maintain your weight?
- ☐ Are you continuing to lose weight? If so, why do you think that is?

### Nursing Aide, Dietary Aide or Paid Feeding Assistant:

- ☐ Are you familiar with the resident's care?
- ☐ Where does the resident eat?
- ☐ How much assistance does the resident need with eating?
- ☐ How do you encourage the resident to feed him/herself when possible?
- ☐ Are any supplements given with the meal?
- ☐ How are meal intakes, supplements and weights monitored?
- ☐ Does the resident refuse? What do you do if the resident refuses?
- ☐ Do you know if the resident has lost weight? Has the treatment plan changed?
- ☐ Have you reported any changes in the resident's weight or intake? Who would you report this to?
- ☐ Ask about identified concerns.

### Nurse:

- ☐ Are you familiar with the resident's care?
- ☐ How much assistance does the resident need with eating?
- ☐ How are meal intakes, supplements, and weights monitored? Where is it documented?
- ☐ Does the resident refuse? What do you do if the resident refuses?
- ☐ Has the resident lost weight? If so, did you report it (to whom and when) and did the treatment plan change?
- ☐ How do you monitor staff to ensure they are implementing care-planned interventions?
- ☐ If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current care plan.
- ☐ Ask about identified concerns.

## Nutrition Critical Element Pathway

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### Registered Dietitian or Dietary Manager:

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|---|--|
| <input type="checkbox"/> Who is involved in evaluating and addressing any underlying causes of nutritional risks or impairment?                               | <input type="checkbox"/> How often is the resident's food/supplement intake, weight, eating ability monitored? Where is it documented?             |
| <input type="checkbox"/> Does the resident require any assistance with meals?   | <input type="checkbox"/> How did you identify that the interventions were suitable for this resident?  |
| <input type="checkbox"/> Is the resident at risk for impaired nutritional status? If so, what are the risk factors?   | <input type="checkbox"/> Do you involve the resident/representative in decisions regarding treatments? If so, how?                                 |
| <input type="checkbox"/> Has the resident had a loss of appetite, or any GI, or dental issues? If so, what interventions are in place to address the problem? | <input type="checkbox"/> Does the resident refuse? What do you do if the resident refuses?   |
| <input type="checkbox"/> Has the resident lost any weight recently? When did the weight loss occur? What caused it?   | <input type="checkbox"/> Is the resident continuing to lose weight? If so, did you report it (to whom and when) and did the treatment plan change? |
| <input type="checkbox"/> If the resident's weight loss is recent: Who was notified and when were they notified?   | <input type="checkbox"/> How do you communicate nutritional interventions to the staff?  |
| <input type="checkbox"/> Were any interventions in place before the weight loss occurred?   | <input type="checkbox"/> Ask about identified concerns.  |
| <input type="checkbox"/> Have you seen the resident eat? What meal? Did he/she eat all the meal?  | <input type="checkbox"/> Who from the Food and Nutrition staff attends the interdisciplinary team meetings?  |
| <input type="checkbox"/> What are you doing to address the weight loss?   |  |

**Practitioner or other Licensed Health Care Practitioner Interviews:** If the interventions defined, or the care provided, appear to be inconsistent with current standards of practice, orders, or care plan, interview one or more practitioners or other licensed health care practitioners who can provide information about the resident's nutritional risks and needs.

- |   |  |
|---|--|
| <input type="checkbox"/> What was the rationale for the chosen interventions?             | <input type="checkbox"/> How does the interdisciplinary team decide to maintain or change interventions?   |
| <input type="checkbox"/> How is the effectiveness of the current interventions evaluated? | <input type="checkbox"/> What is the rationale for decisions not to intervene to address identified needs? |
| <input type="checkbox"/> How have staff managed the interventions?                        |  |

## Nutrition Critical Element Pathway

### Record Review:

- ☐ Review the MDS and CAAs, nursing notes, nutritional assessment and notes, rehab, social service, and physician's progress notes.
  - Have the resident's nutritional needs been assessed (e.g., calories, protein requirement, UBW, weight loss, desired weight range);
  - Was the cause of the weight loss identified; and/or
  - Is the rationale for chosen interventions or no interventions documented?
- ☐ Are the underlying risk factors identified (e.g., underlying medical, psychosocial, or functional causes)?
- ☐ Have the medications been reviewed for any impact affecting food intake?
- ☐ Have relevant care plan interventions been identified and implemented to try to stabilize or improve nutritional status?
- ☐ Does the care plan identify the resident's individualized goals, preferences, and choices?
- ☐ How often are food/supplement intakes monitored and documented? Are deviations identified?
- ☐ How often are weights monitored and documented? Are deviations identified?
- ☐ Are preventative measures documented prior to the weight loss?
- ☐ Was a health care provider's order obtained for a therapeutic diet, if applicable?
- ☐ Review laboratory results pertinent to nutritional status (e.g., albumin and pre-albumin) if ordered or available.
- ☐ Has the care plan been revised to reflect any changes in nutritional status?
- ☐ Do your nutritional observations match the description in the clinical record? If no, interview pertinent staff to investigate the potential discrepancy(ies).
- ☐ Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? If so, was a significant change comprehensive assessment conducted within 14 days?
- ☐ Review the facility policy with regard to nutritional status.
- ☐ If there is a pattern of residents who have not maintained acceptable parameters of nutritional status without adequate clinical justification, determine if Quality Assurance and Performance Improvement (QAPI) activities were initiated to evaluate the facility's approaches to nutrition and weight concerns.

### Critical Element Decisions:

- 1) Did the facility provide care and services to maintain acceptable parameters of nutritional status unless the resident's clinical condition demonstrates that this is not possible, and did the facility ensure that the resident is offered and ordered a therapeutic diet if there is a nutritional problem?  
If No, cite F692
- 2) If there was a change in the resident's nutritional status, did the physician evaluate and address medical and nutritional issues related to the change?  
If No, cite F710



## Nutrition Critical Element Pathway

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- 3) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?  
If No, cite F655  
NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.
- 4) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?  
If No, cite F636  
NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.
- 5) If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?  
If No, cite F637  
NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.
- 6) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?  
If No, cite F641
- 7) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?  
If No, cite F656  
NA, the comprehensive assessment was not completed.
- 8) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident's needs?  
If No, cite F657  
NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

## Nutrition Critical Element Pathway

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**Other Tags, Care Areas (CA), and Tasks (Task) to Consider:** Right to Refuse F578, Notification of Change F580, Choices (CA), Accommodation of Needs (Environment Task), Parenteral/IV fluids F694, Physician Delegation to a Dietitian F715, Social Services F745, Admission Orders F635, Professional Standards F658, Advance Directives (CA), ADLs (CA), Behavioral-Emotional Status (CA), Accidents (CA), Tube Feeding (CA), Hydration (CA), Unnecessary/Psychotropic Medications (CA), Provides Diet to Meet Needs F800, Qualified Dietary Staff F801, Food in Form to Meet Needs F805, Therapeutic Diet Ordered F808, Assistive Devices F810, Paid Feeding Assistant F811, Physician Services F710, Facility Assessment F838, Resident Records F842, QAA/QAPI (Task).

## Hydration Critical Element Pathway

Use this pathway for a resident at risk for or who has experienced dehydration.

### Review the Following in Advance to Guide Observations and Interviews:

- ☐ Review the most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C - Cognitive Patterns, G - Functional Status, J - Health Conditions-Problem Conditions (J1550), K - Swallowing/Nutritional Status, L - Oral/Dental Status, N - Medications, and O - Special Treatment/Proc/Prog-Hospice (O0100K) or dialysis (O0100J).
- ☐ Physician's orders (e.g., fluid restrictions, intake and output monitoring, IV (parenteral) fluids, fluid consistency, labs).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., risk factors, preventative care to promote a specific amount of fluid intake each day, monitoring of daily fluid intake and when to report deviations, staff assistance or encouragement needed to meet hydration needs, minimizing aspiration risk, assistive devices needed for drinking skills, hydration interventions to provide fluid intake between and with meals that account for resident preferences and assessment, rehab or restorative to promote improvement in ability to drink, interventions to accommodate fluid restrictions or intolerances, and interventions to address refusals).

### Observations:

- ☐ Observe for signs that indicate altered hydration status:
  - Decreased, absent, or concentrated urine output
  - Complaints of dry eyes
  - Poor oral health
  - Poor skin elasticity
  - Dry chapped lips, tongue dryness, longitudinal tongue furrows, dryness of mucous membranes
  - Sunken eyes
- ☐ How are care planned and ordered interventions implemented?
- ☐ Are IV fluids being given? If so, are staff following the order?
- ☐ Are residents able to access fluids (e.g., fluids at the bedside, staff offering and encouraging fluids throughout the day, opening fluids at meals)?
- ☐ Does staff assist the resident to drink fluids if needed during meals and throughout the day? If not, describe.
- ☐ Are assistive drinking cups provided, if needed? If not, describe.
- ☐ How does staff respond if the resident refuses fluids or assistance?
- ☐ Are staff alert to the reduced fluid intake and how do they respond?

### Resident, Resident Representative, or Family Interview:

- ☐ Do you have any concerns with persistent fatigue, lethargy, muscle weakness or cramps, headaches, dizziness, recent nausea, vomiting, diarrhea, constipation, impactions, or acute illness? If so, describe.
- ☐ Can you tell me about any recent change in your condition or how you feel (e.g., sudden confusion)?
- ☐ Are you taking meds that affect your taste (e.g., chemotherapy, digoxin, antibiotics)? Have your meds changed recently?
- ☐ How did the facility ensure your care plan interventions reflect your choices, preferences, fluid restrictions, allergies, or intolerances?
- ☐ Does staff encourage you or help you, as necessary, to drink throughout the day? Please explain.
- ☐ Has your ability to drink changed? Are you getting therapy or restorative to help increase your ability to drink on your own? How is it going?

## Hydration Critical Element Pathway

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|--|--|
| <input type="checkbox"/> Can you tell me about any dental issues, oral pain or other pain that is interfering with your fluid consumption?                 | <input type="checkbox"/> Do they provide you with assistive devices if you need it? If not, what concerns are you having?                |
| <input type="checkbox"/> If the resident was treated for dehydration or has poor fluid intake: Why do you think you were dehydrated or don't drink enough? | <input type="checkbox"/> If you refuse fluids, what does staff do? What education have they provided on consequences of refusing fluids? |
| <input type="checkbox"/> How did the facility involve you in the development of the care plan and goals?   |  |

### Staff Interviews (Nursing Aides, Dietary Staff, Nurses, DON):

- |   |   |
|---|---|
| <input type="checkbox"/> How do you monitor the resident's fluid intake, including enteral feeding if applicable?   | <input type="checkbox"/> How do you ensure the resident is provided with adequate fluids?   |
| <input type="checkbox"/> What potential hydration deficits has the resident experienced (skin lacks elasticity, persistent fatigue, lethargy, muscle weakness or cramps, headaches, dizziness, recent nausea, vomiting, diarrhea, constipation, impactions or acute illness, reduced sense of thirst, poor fluid intake)? | <input type="checkbox"/> What, when, and to whom do you report changes in fluid intake?   |
| <input type="checkbox"/> What other limitations or factors impact the resident's hydration (e.g., difficulty getting to the bathroom, medications (diuretics), dialysis, restraint use, fluid restriction, or end of life)?   | <input type="checkbox"/> What have you done to address the resident's refusal to drink (e.g., provide liquids in a different form like popsicles, or soup)? |
| <input type="checkbox"/> How much assistance or encouragement does the resident need to drink?  | <input type="checkbox"/> Who from the dietary staff attends the IDT meetings?   |
|   | <input type="checkbox"/> If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current care plan.      |
|   | <input type="checkbox"/> Ask about identified concerns.   |

### Record Review:

- |  |   |
|--|---|
| <input type="checkbox"/> What new or existing conditions or diagnoses does the resident have that affect overall intake? <ul style="list-style-type: none"><li>○ Malnutrition, dehydration, cachexia, or failure-to-thrive.</li><li>○ Problems with teeth, mouth, gums, or swallowing problems.</li><li>○ Decreased kidney function or urine output, renal disease.</li><li>○ Decreased thirst perception, increased thirst, change in appetite, anorexia.</li><li>○ Cognitive or functional impairment (e.g., dysphagia, dependency on the staff for ADLs, inability to communicate needs).</li><li>○ Terminal, irreversible, or progressive conditions (e.g., incurable cancer, severe organ injury or failure, AIDS).</li><li>○ Constipation, impactions or diarrhea.</li></ul> | <input type="checkbox"/> Did the facility adequately assess the resident's hydration status? <ul style="list-style-type: none"><li>○ Baseline hydration status (height, weight, BMI).</li><li>○ Underlying factors affecting hydration status.</li><li>○ Calculation of fluid needs based on clinical condition, including free water for enteral feedings.</li><li>○ Adequacy of fluid intake.</li></ul> |
|  | <input type="checkbox"/> Do lab values suggest dehydration (ratios of BUN to creatinine of 25 or more, serum sodium level greater than 148 mmol/L)? If so, describe.  |
|  | <input type="checkbox"/> What interventions were implemented to address the dehydration (e.g., IV fluids)?  |

## Hydration Critical Element Pathway

- Pressure ulcers and other chronic wounds, fractures.
  - COPD, pneumonia, diabetes, cancer, hepatic disease, CHF, infection, fever, nausea/vomiting, orthostatic hypotension, hypertension.
  - Psychiatric concerns, significant changes in behavior or mood.
  - Lethargy or confusion.
- ☐ Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? If so, was a significant change comprehensive assessment conducted within 14 days?
- ☐ Did the facility identify the factors contributing to or causing the resident to refuse? What alternative efforts were made to address hydration needs?
- ☐ How does staff monitor I&O if the resident is on fluid restrictions and it's ordered?
- ☐ How are staff monitoring the resident's fluid intake at meals?
- ☐ Is the resident receiving therapy or restorative as ordered? If not, describe.
- ☐ Is the care plan comprehensive? How did the resident respond to care planned interventions? If interventions weren't effective, was the care plan revised?

### Critical Element Decisions:

1. Based on observation, interviews, and record review, did the facility provide each resident with sufficient fluid intake to maintain proper hydration and health?  
If No, Cite F692
2. For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident or resident representative receive a written summary of the baseline care plan that he/she was able to understand?  
If No, cite F655  
NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.
3. If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?  
If No, cite F636  
NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.

## Hydration Critical Element Pathway

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4. If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?  
If No, cite F637  
NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.
5. Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?  
If No, cite F641
6. Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?  
If No, cite F656  
NA, the comprehensive assessment was not completed.
7. Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident's needs?  
If No, cite F657  
NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

**Other Tags, Care Areas (CA), and Tasks (Task) to Consider:** Participate in Planning Care F553, Notification of Changes F580, Parenteral/IV Fluids (F694), Advanced Directives (CA), ADLs (CA), Physician Supervision F710, Physician Delegation to Dietitian/Therapist F715, Food and Drink F807, Resident Records F842, QAA/QAPI (Task).

## Tube Feeding Status Critical Element Pathway

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Use this pathway for a resident who has a feeding tube.

### Review the Following in Advance to Guide Observations and Interviews:

- ☐ Most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C – Cognitive Patterns, G – Functional Status, J – Health Conditions, K – Swallowing/Nutritional Status, and O – Special Treatments, Procedures, and Programs.
- ☐ Physician's orders (e.g., kind of feeding and its caloric value, volume, rate, duration, and mechanism of administration [e.g., gravity or pump], water flushes, medications, therapy or restorative for swallowing or feeding skills).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., order for tube feeding; oral care; alternatives if the resident refuses or resists staff interventions to consume foods, fluids or enteral feedings; monitoring intake of foods and fluids daily and when to report deviations; how often weights are to be monitored if weight falls out of usual body weight parameters; rehabilitative/restorative interventions and specific measures, such as assistive devices, to promote involvement in improving functional skills; and the necessary interventions to prevent complications from the tube feeding such as aspiration, dislodgment, infection, pneumonia, fluid overload, fecal impaction, diarrhea, nausea, vomiting).

### Observations:

- ☐ When does staff initiate, continue, and terminate feedings?
- ☐ Does the resident's level of alertness and functioning permit oral intake? If not, describe.
- ☐ Are assistive devices and call bells available for the resident who is able to use them? How does staff provide assistance for the resident who is dependent?
- ☐ How does staff try to minimize the risk for complications including:
  - Physical complications (aspiration, leaking around the insertion site, intestinal perforation, abdominal wall abscess or erosion at the insertion site);
  - Implementing interventions to minimize the negative psychosocial impact that may occur as a result of tube feeding;
  - Providing mouth care, including teeth, gums, and tongue;
  - Checking that the tubing remains in the correct location consistent with facility protocols;
  - Elevating the head of bed at least 30 degrees during feeding and for 30 to 60 minutes after feeding unless contraindicated;
  - Using standard precautions and clean technique and following the manufacturer's recommendations when stopping, starting, flushing, and giving medications through the feeding tube;
  - Ensuring the cleanliness of the feeding tube, insertion site, dressing (if present) and nutritional product;
  - Providing the type, rate, volume, and duration of the feeding as ordered by the practitioner and consistent with the manufacturer's recommendations;
  - Checking gastric residual volumes (GRV) and contacting the resident's physician per facility policy or as ordered;
  - Ensuring that additional water ordered for flushes or additional hydration is administered per order;
  - Staff examining and cleaning the skin site around the feeding tube and equipment;
  - Storing feeding syringes in a clean area. When reused should be labeled with resident's name and date opened; rinsed with hot water after each use; and disposed of within 24 hours.

### Tube Feeding Status Critical Element Pathway

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- ☐ How does staff respond if there is evidence of possible complications, such as diarrhea, nausea, vomiting, abdominal discomfort, nasal discomfort (if a nasogastric tube is being used); evidence of leakage or skin irritation at the tube insertion site; or risk of inadvertent removal of the tube?
- ☐ During the provision of care, what are staff practices for handling, hang-time, and changing tube-feeding bags? Is it consistent with standards of practice for infection control and manufacturer instructions?
  - Does staff wash hands thoroughly and apply clean gloves before handling the formula, delivery system, or feeding tube;
  - How does staff maintain a clean work area, equipment, and delivery system;
  - Does staff not touch any part of delivery system that comes into contact with the formula? Do they maintain proper storage and handling of the formula;
  - How does staff maintain proper temperature of formula during storage and delivery? Do they cover opened, unused formula, and store it in the refrigerator per facility policy; and
  - Does staff avoid adding water, colorants, medications, or other substances directly to the formula? If not, describe.
- ☐ How are medications administered via the tube? Are staff following physician's orders and standards of practice?
- ☐ How does staff verify the amount of fluid and feeding administered independent of the flow rate established on a feeding pump, if used (e.g., labeling the formula with the date and time the formula was hung and flow rate)?
- ☐ How does staff implement care-planned interventions?
- ☐ How does staff provide therapy or restorative care to improve swallowing or feeding skills, if indicated?
- ☐ Is the resident resistant to assistance or refusing food or liquids? How does staff respond?



### Tube Feeding Status Critical Element Pathway

#### Resident, Resident Representative, or Family Interview:

- ☐ How does staff involve you in the development of the care plan including goals and approaches?
- ☐ How does staff ensure the interventions reflect your choices and preferences?
- ☐ How have you responded to the tube feeding?
- ☐ How did staff try to maintain your food intake prior to inserting a feeding tube (e.g., identifying underlying causes of anorexia, hand feeding, changing food consistency, texture, form, offering alternate food choices, or providing assistive devices)?
- ☐ What did staff tell you about the relevant benefits and risks of tube feeding? How were you involved in discussing alternatives and making the decision about using a feeding tube?
- ☐ What significant physical, functional, or psychosocial changes have you experienced? What has staff done to address any concerns?
- ☐ Has staff talked to you about the continued necessity of the feeding tube?
- ☐ How have you felt since the feeding tube was placed?
- ☐ Have you had recent nausea, vomiting, diarrhea, abdominal cramping, inadequate nutrition, or aspiration? If so, what did staff do?
- ☐ What is the facility doing to help you eat again, if possible?
- ☐ Has the tube accidentally dislodged? If so, what happened? How did staff respond?
- ☐ If the resident has a naso-gastric tube: How long do you expect to have the naso-gastric tube? What did staff tell you about the possibility of a gastrostomy tube?

#### Staff Interviews (Nursing Aides, Nurse, DON, Practitioner)

- ☐ What was the cause of the decreased oral intake/weight loss or impaired nutrition? What attempts were made to maintain oral intake prior to the insertion of a feeding tube?
- ☐ What risks and benefits were discussed with the resident or resident representative before consent was obtained to insert tube? What alternatives to the feeding tube were discussed?
- ☐ What are the specific care needs for the resident (e.g., special positioning, personal care, insertion site care, amount of feeding taken in)?
- ☐ How did you determine what the resident's nutritional and hydration needs are? How do you ensure the resident's nutritional and hydration needs are being met, such as periodically weighing the resident? How did you decide whether the tube feeding was adequate to maintain acceptable nutrition and hydration parameters or when to reevaluate and make adjustments?
- ☐ What complaints have been voiced or exhibited by the resident? What physical or psychosocial complications has the resident experienced that may be associated with the tube feeding (e.g., nausea or vomiting, diarrhea, pain associated with the tube, abdominal discomfort, depression, withdrawal)? How have these concerns been addressed?
- ☐ How do you ensure the care plan is implemented correctly?

### Tube Feeding Status Critical Element Pathway

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| <ul style="list-style-type: none"><li><input type="checkbox"/> What periodic reassessment and discussion with the resident or resident representative has occurred regarding the continued appropriateness/necessity of the feeding tube?</li><li><input type="checkbox"/> How do you monitor and check that the feeding tube is in the right location?</li><li><input type="checkbox"/> How do you provide care for the feeding tube (e.g., how to secure a feeding tube externally, provision of needed personal, skin, oral, and nasal care to the resident, how to examine and clean the insertion site, and whether staff can define the frequency and volume used for flushing)?</li><li><input type="checkbox"/> What conditions and circumstances would require a tube to be changed?</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> How do you manage and monitor the rate of flow (e.g., use of gravity flow, use of a pump or period evaluation of the amount of feeding being administered for consistency with orders)?</li><li><input type="checkbox"/> Are staff who are providing care and services to the resident who has a feeding tube aware of, competent in, and utilizing facility protocols regarding feeding tube nutrition and care? If not, describe.</li><li><input type="checkbox"/> What, when, and to whom do you report concerns with tube feedings or potential complications from tube feeding?</li><li><input type="checkbox"/> What do you do if the resident requests food or fluids and they are NPO?</li></ul> |
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#### Interview Staff Responsible for Oversight and Training:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> How did the facility determine the resident was at risk for impaired nutrition, identify and address causes of impaired nutrition, and determine that use of a feeding tube was clinically indicated?</li><li><input type="checkbox"/> What circumstances led to the placement of the feeding tube (e.g., if/when the tube was placed in another facility)?</li><li><input type="checkbox"/> What were the calculated nutritional needs for the resident? How do you ensure that the resident receives close to the calculated amount of nutrition daily?</li><li><input type="checkbox"/> How does staff monitor the resident for the benefits and risks related to a feeding tube? How have you addressed adverse consequences of the feeding tube (e.g., altered mood, nausea and vomiting, pain, or restraint use to try to prevent the resident from removing the feeding tube)?</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> How are staff trained and directed regarding management of feeding tubes, tube feedings in general, and in addressing any specific issues related to this individual resident?</li><li><input type="checkbox"/> How does the facility periodically reassess the resident for the continued appropriateness/necessity of the feeding tube? How do you ensure the care plan was revised and implemented, as necessary, with input from the resident or resident representative?</li><li><input type="checkbox"/> Note: If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.</li></ul> |
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## Tube Feeding Status Critical Element Pathway

### Record Review:

- ☐ Review MDS, CAAs, tube feeding records, interdisciplinary progress notes, and any other available assessments regarding the rationale for feeding tube insertion and the potential to restore normal eating skills, including the interventions tried to avoid using the feeding tube before its insertion, restore oral intake after tube insertion, and prevent potential complications.
- ☐ What is the clinically pertinent rationale for using the feeding tube?
  - What was the assessment of the resident's nutritional status, which may include usual food and fluid intake, pertinent laboratory values, appetite, and usual weight and weight changes;
  - What was the assessment of the resident's clinical status, which may include the ability to chew, swallow, and digest food and fluid; underlying conditions affecting those abilities (e.g., coma, stroke, esophageal stricture, potentially correctable malnutrition that cannot be improved sufficiently by oral intake alone); factors affecting appetite and intake (e.g., medications known to affect appetite, taste, or nutrition utilization); and prognosis;
  - What relevant functional and psychosocial factors (e.g., inability to sufficiently feed self, stroke or neurological injury that results in loss of appetite, psychosis that prevents eating) does the resident have;
  - What interventions were tried prior to the decision to use a feeding tube? What was the resident's response to them;
  - What was the calculation of free water for residents being fed by a naso-gastric or gastrostomy tube;
  - Are there plans for removal of a tube, including the functional status of the resident and anticipated level of participation with rehabilitation to improve nutrition, hydration, and restore eating skills? If not, why; and
  - What review has occurred of medications known to cause a drug/nutrient interaction or having side effects potentially affecting food intake or enjoyment by affecting taste or causing anorexia, increasing weight, causing diuresis, or associated with GI bleeding such as Coumadin or NSAIDs?
- ☐ Is there documentation of informed consent? Was the resident or resident representative made aware of the risks and benefits of a feeding tube? Were alternatives to a feeding tube discussed?
- ☐ Prior to inserting a feeding tube, did the prescriber review the resident's choices, instructions, and goals, including all relevant information that may be identified in advance directives?
- ☐ How does staff monitor for actual or potential complications related to the tube feeding and how does staff address the complications?
- ☐ If a resident was admitted with a tube feeding, was a baseline care plan developed within the first 48 hours to meet the needs of the resident?
- ☐ Is the care plan comprehensive? Does it instruct staff on how to check for placement and how often? Does it address identified needs, measureable goals, resident involvement, treatment preferences, choices, and plan to restore eating skills if possible? Has the care plan been revised to reflect any changes?
- ☐ For a resident receiving hospice services, is the most recent hospice care plan included?
- ☐ Did staff notify the practitioner if they suspected or identified a concern with the resident's ability to maintain adequate oral intake or complications related to use of the feeding tube?
- ☐ Was the resident or resident representative notified of any changes in condition in relation to the feeding tube or inability to take nutrition orally?
- ☐ If concerns are identified, review the facility's policies and procedures for tube feedings, staffing, staff training, and functional responsibilities.
- ☐ Review records of incidents and corrective actions related to feeding tubes or documentation of staff knowledge and skills related to the aspects of administering tube feeding.

## Tube Feeding Status Critical Element Pathway

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### Critical Element Decisions:

- 1) Did the facility provide appropriate treatment and services to:
  - Ensure that a resident is not fed by enteral methods unless the resident's clinical condition demonstrates that use of enteral feeding was unavoidable?
  - Prevent complications for a resident who receives enteral feeding?
  - Restore the resident's normal eating skills, if possible?If No, cite F693
- 2) Did the staff use appropriate hand hygiene practices and implement appropriate standard precautions when assisting with tube feeding?  
If No, cite F880
- 3) For the newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan, within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?  
If No, cite F655  
NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.
- 4) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?  
If No, cite F636  
NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.
- 5) If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?  
If No, cite F637  
NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.
- 6) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?  
If No, cite F641

### Tube Feeding Status Critical Element Pathway

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- 7) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?

If No, cite F656

NA, the comprehensive assessment was not completed.

- 8) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident's needs?

If No, cite F657

NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised

**Other Tags, Care Areas (CA) and Tasks (Task) to Consider:** Right to be Informed F552, Right to Refuse and Advance Directives F578, Notice of Rights/Rules F572, Choices (CA), Notification of Change F580, Dignity (CA), Professional Standards F658, Nutrition (CA), Hydration (CA), Unnecessary Medications (CA), Sufficient and Competent Staffing (Task), Physician Supervision F710, Pharmacy F755, Resident Records F841, Physician Delegation to Dietitian/Therapist F715, QAA/QAPI (Task).

## ENTRANCE CONFERENCE WORKSHEET

<input type="checkbox"/>	25. Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program.
<input type="checkbox"/>	26. Influenza / Pneumococcal Immunization Policy & Procedures.
<input type="checkbox"/>	27. QAA committee information (name of contact, names of members and frequency of meetings).
<input type="checkbox"/>	28. QAPI Plan.
<input type="checkbox"/>	29. Abuse Prohibition Policy and Procedures.
<input type="checkbox"/>	30. Description of any experimental research occurring in the facility.
<input type="checkbox"/>	31. Facility assessment.
<input type="checkbox"/>	32. Nurse staffing waivers.
<input type="checkbox"/>	33. List of rooms meeting any one of the following conditions that require a variance: <ul style="list-style-type: none"> <li>• Less than the required square footage</li> <li>• More than four residents</li> <li>• Below ground level</li> <li>• No window to the outside</li> <li>• No direct access to an exit corridor</li> </ul>
<b>INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY</b>	
<input type="checkbox"/>	34. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident’s medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 4 which is titled “Electronic Health Record Information.”
<b>INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE</b>	
<input type="checkbox"/>	35. Completed Medicare/Medicaid Application (CMS-671).
<input type="checkbox"/>	36. Completed Census and Condition Information (CMS-672).
<input type="checkbox"/>	37. Please complete the attached form on page 3 which is titled “Beneficiary Notice - Residents Discharged Within the Last Six Months”.

## ENTRANCE CONFERENCE WORKSHEET

### Beneficiary Notice - Residents Discharged Within the Last Six Months

Please complete and return this worksheet to the survey team within 24 hours. Please provide a list of residents who were discharged from a Medicare covered Part A stay with benefit days remaining in the past 6 months. Please indicate if the resident was discharged home or remained in the facility. (Note: Exclude beneficiaries who received Medicare Part B benefits only, were covered under Medicare Advantage insurance, expired, or were transferred to an acute care facility or another SNF during the sample date range).

Resident Name	Discharge Date	Discharged to:	
		Home/Lesser Care	Remained in facility
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

## ENTRANCE CONFERENCE WORKSHEET

### ELECTRONIC HEALTH RECORD (EHR) INFORMATION

**Please provide the following information to the survey team before the end of the first day of survey.**

Provide specific instructions on where and how surveyors can access the following information in the EHR (or in the hard copy if using split EHR and hard copy system) for the initial pool record review process. Surveyors require the same access staff members have to residents' EHRs in a read-only format.	
Example: Medications	EHR: Orders – Reports – Administration Record – eMAR – Confirm date range – Run Report
Example: Hospitalization	EHR: Census (will show in/out of facility) MDS (will show discharge MDS) Prog Note – View All - Custom – Created Date Range - Enter time period leading up to hospitalization – Save (will show where and why resident was sent)
1. Pressure ulcers	
2. Dialysis	
3. Infections	
4. Nutrition	
5. Falls	
6. ADL status	
7. Bowel and bladder	
8. Hospitalization	
9. Elopement	
10. Change of condition	
11. Medications	
12. Diagnoses	
13. PASARR	
14. Advance directives	
15. Hospice	

**Please provide name and contact information for IT and back-up IT for questions:**

IT Name and Contact Info: \_\_\_\_\_

Back-up IT Name and Contact Info: \_\_\_\_\_