

CDM Phase 2 Regulatory Changes For Dining Services

Effective November 28, 2017



Presented By,

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Why is CMS Changing the LTC Survey Process?

Two different survey processes existed to review for the Requirements of Participation (Traditional and QIS)

Surveyors identified opportunities to improve the efficiency and effectiveness of both survey processes.

The two processes appeared to identify slightly different quality of care/quality of life issues.
CMS set out to build on the best of both the Traditional and QIS processes to establish a single nationwide survey process.

Goals of New Process

- Same survey for entire country
- Strengths from Traditional & QIS
- New innovative approaches
- Effective and efficient
- Resident-centered
- Balance between structure and surveyor autonomy

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This direction will allow surveyors to steer away from rigid yes or no answers to open-ended questions. Using critical element pathways from the QIS survey process, along with newly developed pathways, the new process will include observations, interviews, investigations, and facility tasks.

What to do, What to do ?

- Being survey-ready at all times is key to success
- Knowing where to start requires looking at past performance
- Identify patterns of deficiencies
- Let the data be your guide

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The New Survey Process will Become Automated

Traditional	Quality Indicator Survey (QIS)	New Survey Process
• Survey team collects data and records the findings on paper • The computer is only used to prepare the deficiencies recorded on the CMS-2567	Each survey team member uses a tablet PC throughout the survey process to record findings that are synthesized and organized by the QIS software	Each survey team member uses a tablet or laptop PC throughout the survey process to record findings that are synthesized and organized by new software

Offsite Preparation

Team Coordinator (TC) completes offsite preparation

- Repeat deficiencies
- Results of last Standard survey
- Complaints
- FRIs (Facility Reported Incidences- federal only)
- Variances/waivers

Necessary documents are printed

Unit and mandatory facility task assignments are set up for the following areas: Dining, Infection Control, Skilled Nursing Facility (SNF) Beneficiary, Kitchen, Medication administration and storage, Sufficient and competent nurse staffing, QAA/QAPI

The surveyors will not have an offsite preparation meeting

Facility Entrance

Traditional	QIS	New Survey Process
• Roster Sample Matrix Form (CMS-802)	• Obtain census number and alphabetical resident census with room numbers and units • List of new admissions over last 30 days	• Completed matrix for new admissions over the last 30 days • Facility census number • Alphabetical list of residents • List of residents who smoke and designated smoking times

Facility Entrance

- Team Coordinator (TC) conducts an Entrance Conference
  - Updated Entrance Conference Worksheet
  - Updated facility matrix
- Brief visit to the kitchen
- Surveyors go to assigned areas

Initial Entry Information Continued

Traditional	QIS	New Survey Process

• Gather information about pre-selected residents and new concerns
• Determine whether pre-selected residents are still appropriate
• 1 – 3 hours on average
	• No sample selection
	• Initial overview of facility, resident population and staff/resident interactions.
	• 30 – 45 minutes on average for initial overview
		• No formal tour process
		• Surveyors complete a full observation, interview all interviewable residents, and complete a limited record review for initial pool residents:
		  • Offsite selected residents
		  • New admissions
		  • Vulnerable residents
		  • Identified Concern that doesn't fall into one of the above subgroups
		• 8 hours on average for interviews, observations, and screening.

Survey Structure

Traditional	QIS	New Survey Process
Resident sample is about 20% of facility census for resident observations, interviews, and record reviews **Phase I: Focused and comprehensive reviews based on QM/QI report and issues identified from offsite information and facility tour** **Phase II: Focused record reviews** **Facility and environmental tasks completed during the survey**	**Stage 1: Preliminary investigation of regulatory areas in the admission and census samples and mandatory facility tasks started** **Stage 2: Completion of in-depth investigation of triggered care areas and/or facility tasks based on concerns identified during Stage 1**	**Resident sample size is about 20% of facility census** **Interview, observation and limited record review care areas are provided for the initial pool process; surveyors can ask the questions as they would like** **Surveyors meet to discuss and select sample, may have more concerns than can be added to the sample; may need to prioritize concerns** **Investigations are then completed during the remainder of the survey for each sample resident using CE pathways** **Facility tasks and closed record reviews are completed during the survey**

Surveyor **Observation**

* Cover all care areas and probes
* Conduct rounds
* Complete formal observations
* Investigate further or no issue

Resident Representative/Family Interview

* Non-interviewable residents
* Familiar with the resident's care
* Complete at least three during initial pool process or early enough to follow up on concerns
* Sampled residents if possible
* Investigate further or no issue

Group Interview

Traditional	QIS	New Survey Process
Meet with Resident Group/Council Includes Resident Council minutes review to identify concerns	Interview with Resident Council President or Representative Includes Resident Council minutes review to identify concerns	Resident Council Meeting with active members Includes Resident Council minutes review to identify concerns

Investigation

Majority of time spent observing and interviewing with relevant review of record to complete investigation

Appendix PP and critical elements (CE) pathways are used as guidance

Dining – Observe **First Full Meal!**

* Cover all dining rooms and room trays
* Observe enough to adequately identify concerns
* If feasible, observe initial pool residents with weight loss
* If concerns identified, observe another meal

Dining – Subsequent Meal, if Needed

Second meal observed if concerns noted

Use Appendix PP and CE Pathway for Dining

Dining task is completed outside any resident specific investigation into nutrition and/or weight loss

Kitchen Observation

- In addition to the brief kitchen observation upon entrance, conduct full kitchen investigation
- Follow Appendix PP and Facility Task Pathway to complete kitchen investigation
- Surveyors will conduct observations focused on practices that might indicate potential for foodborne illness.
- Additional observations are made throughout the survey process in order to gather all information needed on food preparation, storage and distribution to prevent foodborne illness to the residents.

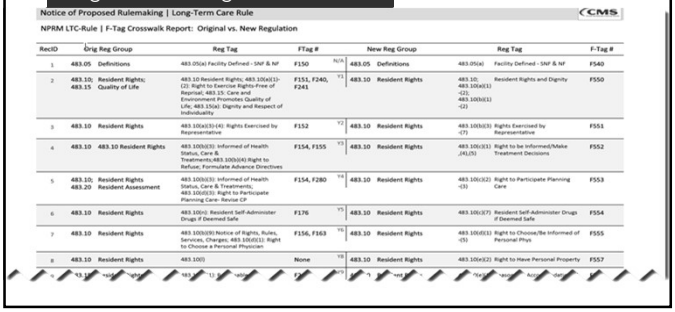
[redacted]

Crosswalk of Regulatory Changes
Summary of the Regulations that Impact Dining Services

F Tag Renumbering

The image above is the F Tag Crosswalk showing:
The original regulatory grouping and the new associated grouping
The original regulation number and the new associated regulation number
The original F Tag and the associated new F Tag

F Tag Renumbering, Continued



New Federal Tags for Dining Services

F550 replaces F151, F240 and F241

Resident Rights for Choice

F636, F637, F638 replaces F272, F273, F274, F275 and F276

Resident Comprehensive Assessments

F655, F656, F657, F658, F659 and F660 replaces F280, F281, F282 and F284

Resident Comprehensive Care Plans

F692 replaces F325 and F327

Nutrition/Hydration Status

F693 replaces F322

Tube Feedings Management/Restore Eating Skills

New Federal Tags for Dining Services

F694 replaces F328

Parenteral Nutrition/IV Fluids

F715 is added

Physician Delegation to Dietitian/Therapist

F800 replaces F360

Providing Diet that Meets the Needs of Each Resident

F801 replaces F361

Qualified Dietary Staff

F802 replaces F362

Sufficient Dietary Support Personnel

New Federal Tags for Dining Services

F803 replaces F363

Menus Planned in Advance/Followed

F804 replaces F364

Nutritive Value/Appearance/Palatable/Pref Temp of Food

F805 replaces F365

Food in Form to Meet Individual Needs

F806 and replaces part of F366

Resident Allergies, Preferences and Substitutes

F807 added and replaces part o F366

Drinks Available to Meet Needs/Preferences/ Hydration

New Federal Tags for Dining Services

F808 replaces F367
Therapeutic Diet Prescribed by Physician
F809 replaces F368
Frequency of Meals/Snacks at Bedtime
F810 replaces F369
Assistive Devices – Eating Equipment/Utensils
F811 replaces F373
Paid Feeding Assistant Training/Supervision
F812 replaces F371
Sanitation
F813 added
Personal Food Policy

New Federal Tags for Dining Services

F814 replaces F372
Dumpster/Garbage and Refuge
F920 replaces F464
Requirement for Dining and Activities Rooms
F922 replaces F466
Procedures to Ensure Water Availability

New Emergency Preparedness Regulations include the need to have available food and water for residents whether they shelter in place or transfer out of the community for shelter

F550 Resident Rights

The resident has a right to a dignified existence, self-determination and communication with the access to persons and services inside and outside of the community.

Promoting resident independence while dining such as avoiding daily use of disposable cutlery and dishware, bibs or clothing protectors instead of napkins (except by resident choice), staff standing over residents while assisting them to eat and staff interacting/conversing only with each other rather than with the residents while assisting with meals.

Staff should address residents with their name, avoiding the used of labels for residents such as feeders, walkers, etc. Residents should not be excluded from conversations during activities or during care.

Refraining from practices demeaning to residents such as not offering necessary assistance at meals or isolating them based on their meal needs.

F636-638 Comprehensive Assessments-Nutrition

A Comprehensive Assessment should be completed
Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition.
Not less than once every 12 months
A significant change of condition

A comprehensive assessment should include but is not limited to the following:
General Appearance such as dentition, ability to use their hands and arms, condition of hair, skin and nails
Height/Weight- changes in the status and rationale
Food and Fluid Needs and intake, fluid loss or retention
Lab/Diagnostic Evaluation,
Items that may limit or impair nutritional intake, absorption and utilization such and chewing or swallowing difficulties, inadequate or excessive intake of food or fluids, Medication review. Etc.

A nutritional screen should be initiated by the CDM when the comprehensive assessment is needed. The CDM may initiate or start the comprehensive assessment but these assessments should be completed and/or reviewed by the dietitian.
A Review Assessment is to be completed no less than once every 3 months between comprehensive assessments. This review may be completed by the CDM for noncomplex nutritionally stable residents. The RD should complete/review residents with high nutritional risks or poor nutritional history such as significant weight loss or gain, impaired skin integrity, altered nutritional status etc.

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F655-659 & F660 Comprehensive Care Plan

A comprehensive care plan based on the "Professional Standards of Quality" . The comprehensive care plan should be completed along side the RDI schedule for new admissions, change of condition and annual assessment.
Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition.
Not less than once every 12 months
A significant change of condition
The care plan is to be reviewed and updated with quarterly RDI assessments and as needed with change in resident needs.

A nutritional care plan must address to the extent possible, identified causes of impaired nutritional status, reflect the resident's personal goals and preferences, and identify resident specific interventions and a time frame and parameters for monitoring. The care plan should be updated as needed, such as when the resident's condition changes, goals are met, interventions are determined to be ineffective, or as new causes of nutrition-related problems are identified. If nutritional goals are not achieved, the care planned interventions must be reevaluated for effectiveness and modified as appropriate. Examples of goals may include, but are not limited to: a target weight range, desired fluid intake, the management of an underlying medical condition such as wound healing, heart failure or infection. The prevention of unintended weight loss or gain.

Weight stability rather than weight gain may sometimes be the most pertinent short-term or long-term objective for the nutritionally at-risk or compromised resident.

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F692 -Nutrition/Hydration Status

- The intent of this requirement is that the resident maintains, to the extent possible, acceptable parameters of nutritional and hydration status and that the facility:
- Provides nutritional and hydration care and services to each resident, consistent with the resident's comprehensive assessment;
- Recognizes, evaluates, and addresses the needs of every resident, including but not limited to, the resident at risk or already experiencing impaired nutrition and hydration; and
- Provides a therapeutic diet that takes into account the resident's clinical condition, and preferences, when there is a nutritional indication.

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Best Practices Interventions for Nutrition and Hydration

Diet Liberalization: It could be beneficial to minimize restrictions, such as therapeutic or mechanically altered diets, and provide preferred foods before using supplementation. It is the communities responsibility to talk to the resident and their representative, coordinate with the physician and accommodate the residents needs, preferences and goals.

Weight-Related Interventions: Interventions are in place involve the resident and/or the resident representative to ensure the resident's needs, preferences and goals are accommodated.

Environmental Factors: Appetite is often enhanced by the appealing aroma, flavor, form, and appearance of food. Resident-specific facility practices that may help improve intake include providing a pleasant dining experience (e.g., flexible dining environments, styles and schedules), providing meals that are palatable, attractive and nutritious (e.g., prepare food with seasonings, serve food at proper temperatures, etc.), and making sure that the environment where residents eat (e.g., dining room and/or resident's room) is conducive to dining.

Functional Factors: These include resident conditions that interfere with their ability to physically perform the task of eating or drinking adequately, such as the ability to use one's hands, vision, chewing and swallowing capabilities, or the ability to reposition one's self at the table. The underlying causes should be assessed to identify which interventions may be most effective. For example, a resident may experience a decline in his or her ability to chew food. If the underlying cause is poorly fitting dentures that are causing pain or are loose in the mouth, the intervention of modifying the food texture would not address the primary cause.

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Best Practices for Nutrition and Hydration cont.

Food Intake: Improving intake with wholesome foods is generally preferable to adding nutritional supplements. However, if the resident is not able to eat recommended portions at meal times, to consume between-meal snacks/nourishments, or if he/she prefers the nutritional supplement, supplements may be tried to increase calorie and nutrient intake. Taking a nutritional supplement during medication administration may also increase caloric intake without reducing the resident's appetite at mealtime.

Examples of other interventions to improve food intake include:
Fortification of foods
Offering smaller, more frequent meals;
Providing between-meal snacks or nourishments
Increasing the portion sizes of a resident's favorite foods and meals; and providing nutritional supplements.

Maintaining Fluid and Electrolyte Balance: Offering a variety of fluids during and between meals, assisting residents with drinking, keeping beverages available and within reach, and evaluating medications for placing a resident at risk for dehydration are examples of interventions that may be used to improve a resident's fluid balance. Alternate fluids, such as popsicles, gelatin, and ice cream, may also be offered. For some residents, a fluid restriction may be required to address conditions, such as edema or congestive heart failure, and may place them at greater risk for dehydration.

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F693 -Tube Feedings Management/Restore Eating Skills

A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and

A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers

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F715 - Physician Delegation to Dietitian/Therapist

- A resident's attending physician may delegate the task of writing dietary orders, to a qualified dietitian or other clinically qualified nutrition professional who—
  - Is acting within the scope of practice as defined by State law; and
  - Is under the supervision of the physician.

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F800 -Providing Diet that Meets the Needs of Each Resident

- 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.
- Guidelines: This requirement expects that there is ongoing communication and coordination among and between staff within all departments to ensure that the 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.

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F801 and F802 Qualified & Sufficient Staff

F801 Indicates that a qualified manager must at minimum be a Certified Dietary Manager. Other certifications and education levels are also acceptable.

F802 The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.
A member of the Food and Nutrition Services staff must participate on the interdisciplinary team and attend care plans as a representative for the food and nutrition department.

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F803 Menus and Nutritional Adequacy

Menus must
- Meet the nutritional needs of residents in accordance with established national guidelines.
- Be prepared in advance
- Be followed
- 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
- Be updated periodically
- Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and
- Should not limit the resident's right to make personal dietary choices.

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F804 Food and Drink

- Each resident receives and the facility provides:
- Food prepared by methods that conserve nutritive value, flavor, and appearance.
- Food and drink that is palatable, attractive, and at a safe and appetizing temperature.
- To assure that the nutritive value of food is not compromised and destroyed because of prolonged:
  - Food storage, light, and air exposure.
  - Cooking of foods in a large volume of water.
  - Holding on steam table.

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F805 Food in Form that Meets Individual Needs

Food is to be prepared in a form designed to meet individual needs.

Surveyors will 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.

The surveyor will observe during dining room rounds if residents are having difficulty chewing or swallowing their food.

They will check to make sure that the food cut, chopped, ground, or pureed for individual resident's needs.

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F806 Resident Allergies, Preferences and Substitutions

Facility provides food that accommodates resident allergies, intolerances, and preferences
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
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.
Surveyors will observe meal services. If a resident appears to refuse food or drink items, the surveyor will determine if he or she is offered the opportunity to receive substitutes. Their probes will include but will not be limited to the following observations:

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?

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F807 Drinks Available to Meet Needs/Preferences/ Hydration

Each resident receives and the facility provides Drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration.
Other food items may also include items that become a liquid at room temperature, such as popsicles and ice cream.

PROBES:
- 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?

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F808 Therapeutic Diets Prescribed by Physician

Residents must 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.

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.

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F809 Frequency of Meals/Snacks at Bedtime

- 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.
- 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.
- 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.

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F810 Assistive Devices – Eating Equipment and Utensils

- 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.

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F812 Sanitation

- The facility must procure food from sources approved or considered satisfactory by federal, state or local authorities.
- This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.
- 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.
- The facility must store, prepare, distribute and serve food in accordance with professional standards for food service safety.

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The Most Common Areas of Concern with Sanitation

- Labeling and dating food in refrigerators
- Beard restraints/hair coverings
- Soap dispensers
- Sanitizing chemicals/testing strips
- Ice machine/cleanliness
- Handwashing
- Handling food/containers on trays improperly
- Pans clean and in good repair
- Cross contamination
- Dishes stored with lime build up
- Refrigeration temps

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F813 Personal Food Policy

The facility must have a policy regarding food brought to residents by family and other visitors which includes 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. If the facility is assisting family or visitors with reheating or other preparation activities, facility staff must use safe food handling practices.

PROBES

Interview family and/or visitors and staff 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.

F814 Dumpster/Garbage and Refuge

The facility must Dispose of garbage and refuse properly.

PROBES

- 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 pests?
- Are garbage receptacles covered when being removed from the kitchen area to the dumpster?

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References Tools To Prepare

- CMS Critical Elements Pathways
- State Sanitation Guidelines
- FDA Food Codes 2013

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Top Ten Deficiencies – State of Texas

- F-Tag Brief Description # of Times Cited Scope & Severity
- F441 Infection control program 1774 E
- F371 Sanitary conditions 1458 F
- F425 Routine and emergency drugs available 1298 E
- F226 Policies and procedures 1099 C
- F498 Proficiency of nurse aides 965 E
- F323 Accident hazards 964 E
- F279 Comprehensive care plan 942 D
- F309 Highest practicable quality of care 900 E
- F465 Size and furnishing of common rooms 884 F
- F431 Labeling 804 E

Data as of July 31, 2016

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Available CMS Resources:

- 1. **CMS Resource webpage** - Nursing Homes Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities – https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html

- *2.* **CMS Training Videos**
- https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=0CMSIMPLEMENTATIONNHREGS_PHASE1
- o Phase 1 Implementation of New Nursing Home Regulations -
- https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=0CMSLTCSME_VID
  o Appendix PP – Overview of the Revised Interpretive Guidance
- o Person-Centered Care
- o Quality Assurance and Process Improvement Plan – The Basics
- o Quality of Life and Quality of Care

- 3. **Emergency Preparedness Rule webpage** with provider guidance & resources - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html

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