# Bold & Beautiful or Ambiguous & Ugly: Regulations – What You Need to Know

Care Providers Oklahoma
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## Implementation Grid

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

## Phase 2 LTC Regulations

- Implement by November 28, 2017
- Providers must be in compliance with Phase 2 regulations
- All States will use new computer–based survey process for LTC surveys

## Phase 2 LTC Regulations

**Phase 2 includes:**

- Behavioral Health Services
- Quality Assurance and Performance Improvements (QAPI Plan Only)
- Infection Control and Antibiotic Stewardship
- Physical Environment – smoking policies
- Comprehensive Person-Centered Care Planning
- Pharmacy Services – psychotropic medications
- Dental Services – replacing dentures
- Administration – Facility Assessment

## 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


## New Survey Process

Three parts to new Survey Process:

1. Initial pool process
2. Sample Selection
3. Investigation

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## Overview

**Initial Pool Process**

Sample size based on census:
- 70% offsite selected
- 30% selected onsite by team:
  - Vulnerable
  - New Admission
  - Complaint
  - FRI (Facility Reported Incidents- federal only)
  - Identified concern

## Overview

**Select Sample**
- Survey team selects sample

**Investigations**
- All concerns for sample residents requiring further investigation
  - Closed records
  - Facility tasks

## Overview

Team Coordinator (TC) completes offsite preparation
- Repeat deficiencies
- Results of last Standard survey
- Complaints
- FRIs (Facility Reported Incidences- federal only)
- Variances/waivers

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## Overview

**Unit and mandatory facility task assignments**

- **Dining**
- Infection Control
- Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review
- Resident Council Meeting
- **Kitchen**
- Medication administration and storage
- Sufficient and competent nurse staffing
- QAA/QAPI

## Facility Entrance

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

## Initial Pool Process

- Surveyor request names of new admissions
- Identify initial pool—about eight residents
  - Offsite selected
  - Vulnerable
  - New admissions
  - Complaints or FRIs
  - Identified concern

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## Resident Interviews

- Screen every resident
- Suggested questions—but not a specific surveyor script
- Must cover all care areas
- Includes Rights, QOL, QOC
- Investigate further or no issue

## Resident Representative/Family interviews

- 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

## Observations

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

## Limited Record Review

- Conduct limited record review after interviews and observations are completed prior to sample selection.
- All initial pool residents: advance directives and confirm specific information
- If interview not conducted: review certain care areas in record
- Confirm insulin, anticoagulant, and antipsychotic with a diagnosis of Alzheimer's or dementia, and PASARR (Pre-Admission Screening and Resident Review)
- New admissions – broad range of high-risk medications
- Extenuating circumstances, interview staff
- Investigate further or no issue

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## Dining – First Full Meal

- 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

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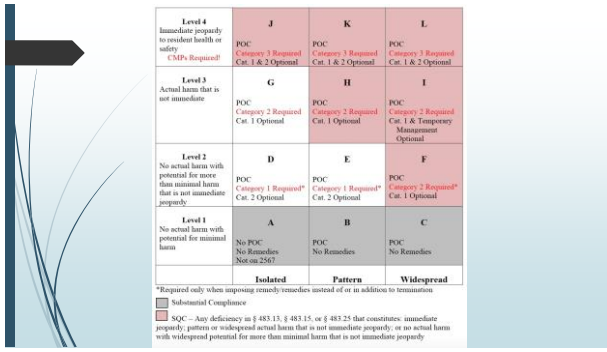

| | Isolated | Pattern | Widespread |
|---|---|---|---|
| **Level 4** Immediate jeopardy to resident health or safety. CMPs Required! | **J** POC Category 3 Required Cat. 1 & 2 Optional | **K** POC Category 3 Required Cat. 1 & 2 Optional | **L** POC Category 3 Required Cat. 1 & 2 Optional |
| **Level 3** Actual harm that is not immediate | **G** POC Category 2 Required Cat. 1 Optional | **H** POC Category 2 Required Cat. 1 Optional | **I** POC Category 2 Required Cat. 1 & Temporary Management Optional |
| **Level 2** No actual harm with potential for more than minimal harm that is not immediate jeopardy. | **D** POC Category 1 Required* Cat. 2 Optional | **E** POC Category 1 Required* Cat. 2 Optional | **F** POC Category 2 Required* Cat. 1 Optional |
| **Level 1** No actual harm with potential for minimal harm | **A** No POC No Remedies Not on 2567 | **B** POC No Remedies | **C** POC No Remedies |

*Required only when imposing remedy/remedies instead of or in addition to termination

Substantial Compliance

SQC – Any deficiency in § 483.13, § 483.15, or § 483.25 that constitutes: immediate jeopardy; pattern or widespread actual harm that is not immediate jeopardy; or no actual harm with widespread potential for more than minimal harm that is not immediate jeopardy

## Changes

- **F657**(F280) Care Plans. A member of the Food and Nutrition Services Staff ***must*** *participate on* ***the interdisciplinary team***
- **F693**(F322) Assisted nutrition and hydration. The enteral feeding ***was clinically indicated and consented to by the resident.*** Attempt ***to restore***, if possible, ***oral eating skills and to prevent complications of enteral feeding.***

## Changes

- **F692**(F325) Assisted nutrition and hydration. Parameters of nutritional status includes ***usual*** body weight or ***desirable body weight range and electrolyte balance. Honor resident preferences when indicated. Is offered*** a therapeutic diet when there is a nutritional problem *and* ***the health care provider orders a therapeutic diet.***
- ***Weight loss, poor nutritional status, or dehydration should be considered avoidable unless the facility can prove it has assessed/reassessed the resident's needs, consistently implemented related care planned interventions, monitored for effectiveness, and ensured coordination of care among the interdisciplinary team.***

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## Changes to Guidance

- F692 (325)
- *The facility should have a procedure in place that includes, but is not limited to, establishing a consistent method of weighing a resident verifying the resident's weight upon admission, monitoring a resident's weight over time to identify weight loss/gain, verifying weight measurements when changes in weight occur, and reassessing interventions when appropriate.*
- *Interventions related to a resident's nutritional status must be individualized to address the specific needs of the resident.*

## Changes to Guidance

- F692 (325)
- *For at risk residents, the care plan should include nutritional interventions to address underlying risks and causes of unplanned weight loss or unplanned weight gain, based on the comprehensive or any subsequent nutritional assessment.*
- *A resident's clinical condition may have a significant impact on the types of interventions considered. The facility is responsible for identifying relevant diagnoses (e.g. wound healing, anorexia, end-of-life, etc.) and appropriate interventions to address specific needs, as applicable.*

## Changes to Guidance

- F692 (325)
- *Interventions used to address functional factors include*
  - *using specialized dishes and utensils,*
  - *having eye glasses or hearing aids in use,*
  - *ensuring dentures are securely placed,*
  - *participating in a restorative eating program, or having direct assistance by staff or family.*
- *Other interventions may include*
  - *ensuring food and drinks are readily accessible and in close physical proximity to individuals with mobility impairments.*
  - *Modification of food and fluid consistency may be an appropriate intervention*

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## Changes to Guidance

- F692 (325)
- *Poor fluid intake, abnormal lab values for electrolytes, some medications, & resident conditions may all affect a resident's fluid/electrolyte balance. Offering a variety of fluids during & between meals, assisting residents with drinking, keeping beverages available & within reach, & 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, & 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, & may place them at greater risk for dehydration.*

## Deficiency Examples

- F692 (325)
- *Level 4 Immediate Jeopardy*
- *Repeated, systemic failure to assess and address a resident's nutritional status and to implement pertinent interventions based on such an assessment resulted in continued significant or severe weight loss and functional decline;*
- *Repeated failure to assist a resident who required assistance with meals and drink resulted in or made likely the development of life-threatening symptom(s), or the development or continuation of severely impaired nutritional status;*

## Deficiency Examples

- F692 (325)
- *Level 3 Actual Harm*
- *The failure to revise and/or implement the care plan addressing the resident's impaired ability to feed him/herself resulted in significant, not severe, unplanned weight change and impaired wound healing (not attributable to an underlying medical condition);*
- *The failure to identify a decrease in food intake, which resulted in a significant, unintended weight loss from declining food and fluids, which resulted in the resident becoming weakened and unable to participate in activities of daily living;*

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## Deficiency Examples

- F692 (325)
- ***Level 2 No Actual Harm with Potential for More Than Minimal Harm***
- ***Failure to obtain accurate weight(s) and to verify weight(s) as needed;***
- ***The facility's intermittent failure to provide required assistance with eating resulted in poor intake, however, the resident met identified weight goals;***

## Deficiency Examples

- F692 (325)
- ***Level 2 No Actual Harm with Potential for More Than Minimal Harm***
- ***Failure to provide additional nourishment when ordered for a resident, however, the resident did not experience significant or severe weight loss; and***
- ***Failure to provide a prescribed sodium-restricted therapeutic diet (unless declined by the resident or the resident's representative or not followed by the resident); however, the resident did not experience medical complications such as heart failure related to sodium excess.***

## Changes

- F800 (F360) Food and nutrition services. The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets ***his or her*** daily nutritional and special dietary needs, ***taking into consideration the preferences of each resident.***
- F801 (F361) Staffing. The facility must employ ***sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment***

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## Changes

- F807(F361) Staffing. A qualified dietitian *or* ***other clinically qualified nutrition professional*** either full-time, part-time, or on a consultant basis. A qualified dietitian *or other* ***clinically qualified nutrition professional*** is one who-
- ***(i) Holds a bachelor's or higher degree by an accredited college or university in the US with completion of the academic requirements***
- ***(ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.***
- ***(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.***

## Changes

- F807(F361) Staffing. (a)(2) If a qualified dietitian *or* ***other clinically qualified nutrition professional*** is not employed full-time, the facility must designate a person to serve as the director of food *and nutrition* services *who-*

## Changes

- F807(F361) Staffing. ***(i) For designations prior to 11-28-16, meets the following requirements no later than 5 years after 11-28-16, or no later than 1 year after 11-28-16 for designations after 11-28-16, is:***
- ***(A) A certified dietary manager; or***
- ***(B) A certified food service manager; or***
- ***(C) Has similar national certification for FS mgt & safety from a national certifying body; or***
- ***(D) Has an associate's or higher degree in FS mgt or hospitality, if the course includes FS or restaurant mgt, from an accredited institution of higher learning; and***
- ***(iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.***

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## Let's take these one at a time,

- CDM (Certified Dietary Manager) is certified thru the CBDM (Certifying Board of Dietary Managers) partnered with ANFP (Associations of Nutrition and Foodservice Professionals)
- CDM, CFPPs are experts at managing foodservice operations and ensuring food safety. They are responsible for implementation of menus, foodservice purchasing, and food preparation. They apply nutrition principles, document nutrition information, manage work teams, and much more.
- A CDM, CFPP has achieved defined competencies in five key areas: Nutrition, Foodservice, Personnel And Communications, Sanitation And Safety, Business Operations
- The exam cost is $399.
- The exam is offered throughout the US.
- Continuing Education: 45 CEUs every 3 years

## Let's take these one at a time,

- There are 5 pathways to meet eligibility for the exam. Once 1 of these is meet, you would be eligible to take the exam.
- Pathway I: is by graduating from an ANFP-approved dietary manager training program, which includes 120 hours of didactic education plus 150 hours of field experience.
- Pathway II: for candidates who hold a two-year or four-year college degree in foodservice management, nutrition, culinary arts, or hotel-restaurant management.
- Pathway III: for graduates of a comprehensive 90-hour foodservice course curriculum, who also have two years of institutional foodservice management experience.
- Pathway IV: for current & former members of the U.S. military who have graduated from an approved military dietary manager training program & have attained the grade of E-5.
- Pathway V: for candidates who hold an alternate 2-yr, 4-yr or higher degree. Candidates must have a minimum of 5 yrs of institutional FS mgt experience, & must also complete 1course in nutrition & 2 courses in foodservice management.

## Let's take these one at a time,

- The second way to meet the CMS requirements is thru The International Food Service Executives Association (IFSEA). This is a professional association with members from the food service and hospitality profession.
- Established in 1901, IFSEA is the industry's oldest association. Its mission is to enhance the careers of its members through food service certification, education seminars, networking, and community service.
- Certification through IFSEA demonstrates knowledge, leadership and professionalism to the food service industry.
- There are 2 levels of certification:
  - Certified Food Manager (CFM) recommended for professionals with 2 years or more experience and for military E-4 thru E-6 or
  - Certified Food Executive (CFE) recommended for professionals with at least 7 years' experience and Military E7-CWO5.

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## Let's take these one at a time,

- The association focuses on the professional seeking a management role in the food service and hospitality industry.
- To qualify for certification thru IFSEA, an application must be completed with information on Job Experience, Education, and Industry activities.
- Once eligibility is met, the credentialing exam is taken.
- The cost is CFM $295 and FSE $525.
- The exam is offered throughout the US.
- Continuing Education of 50 H CEU every 5 years required.

## Let's take these one at a time,

- The third way to meet CMS requirements is thru the National Restaurant Association's Foodservice Management Professional
- The Foodservice Management Professional (FMP) certification recognizes managers and supervisors who have achieved the high level of knowledge, experience and professionalism.
- To be eligible to take this credentialing exam the applicant must have 3 years supervisory experience in foodservice operation or if holds an associate degree or higher in business or hospitality only 2 years' experience is needed and must have a Food Protection Manager Certification (ServSafe)
- The cost is $150 The exam is offered throughout the US.
- No continuing education required.
- The certificate is permanent.

## Let's take these one at a time,

- Of these 3 methods, CDM is the only credential that requires knowledge on nutrition.
- The Director of Food and Nutrition Services (DFNS) job duties may include gathering nutritional information, completing nutrition screening, being involved in care plans, QAPI.
- The CDM credential prepares the DFNS in these areas; the other credentials do not.

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## Changes

- F802 (F362) ***Support staff***. The facility must provide sufficient support personnel ***to safely and effectively*** carry out the functions of the *food and nutrition* service.
- F803(F363) Menus and nutritional adequacy. Be in accordance with ***established national guidelines***. ***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 be construed to limit the resident's right to make personal dietary choices.***

## Deficiency Examples

- **Level 4 IJ**
  - The facility only maintains a 1 day supply of foods on hand. This does not include foods to meet the nutritional needs or choices of residents. Several residents reported that they were often hungry and were told by staff that no snacks or food was available.
  - Staff failed to follow a menu for a resident on a pureed diet. The wrong texture was provided which resulted in a choking incident for this resident. This placed the resident at risk for potential death or brain damage due to lack of oxygen from choking
- **Level 3 Actual Harm**
  - Based on a resident's current comprehensive assessment, the resident's nutritional needs changed; however facility staff did not change or update a menu to meet the nutritional needs of this resident. As a result this resident experienced significant weight loss.

## Deficiency Examples

- **Level 2 No Actual Harm with potential for more than minimal harm**
  - The facility failed to ensure the resident's menus and/or food plan met her/his nutritional needs and preferences
  - A repetitive menu was provided to the residents resulting in complaints about the lack of variety in food options
- **Level 1 No Actual Harm with potential for minimal harm**
  - While no resident complaints were received during survey, it was observed that food items were being substituted with equally nutritious foods, but not noted or updated on the menu and residents were not notified of the change

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## Changes

- F805(F366) Food prepared in a form designed to meet individual needs. ***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; and***
- F807 ***Drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration.***

## Changes

- F809(F368) Frequency of Meals . 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. 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.***
- F810(F369) Assistive devices. The facility must provide special eating equipment and utensils for residents who need them *and* ***appropriate assistance to ensure that the resident can use the assistive devices when consuming meals and snacks.***

## Changes

- F811(F373) Paid feeding assistants. A facility must not use any individual working in the facility as a paid feeding assistant unless that individual has successfully completed a State-approved training program for feeding assistants.

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## Deficiency Examples

- **Level 4 IJ**
  - A resident is being assisted to eat by a paid feeding assistant and begins to experiencing choking. The assistant was not trained to provide abdominal thrusts or the Heimlich maneuver and the supervising nurse or other qualified staff were not available to assist.
- **Level 3 Actual Harm**
  - A resident who did not have a complicated feeding problem and who was assessed to have the potential to improving his or her eating ability was assisted to eat by a paid feeding assistant. The assistant provided too much food too quickly and the resident was pocketing the food in their cheeks. The assistant did not notice this was happening and as a result the resident experienced coughing nad subsequently vomited

## Deficiency Examples

- **Level 2 No Actual Harm with potential for more than minimal harm**
  - Residents are being assisted to eat by individuals who have not successfully completed a State-approved paid feeding assistant training course and who otherwise by State law would not be allowed to feed residents and there were no resident negative outcomes.
  - Paid feeding assistants are assisting eligible residents; however supervising nurses are not nearby or immediately available to promptly respond to an emergency, but there have been no negative resident outcomes.
- **Level 1 No Actual Harm with potential for minimal harm**
  - Does not apply to this requirement

## Changes

- F812(F371) *Food safety requirements.* ***Food items may be 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.***
- ***This provision does not preclude residents from consuming foods not procured by the facility.***
- ***Must have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.***

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## Changes to Guidance

- F812 (371)
- The use of disposable gloves is not a substitute for proper hand washing. ***Hands must be washed before putting on gloves and after removing gloves.*** Failure to change gloves ***and wash hands*** between tasks, ***such as contact with residents, between handling raw meats and ready to et foods or between handling soiled and clean dishes,*** can contribute to cross-contamination.

## Changes to Guidance

- F812 (371)
- **Personal Refrigerators – The specific food storage requirements are for the nursing home food storage and do not apply to residents' personal refrigerators. However, the nursing home must ensure, under Life Safety Code regulations, that the resident room has an adequate electrical system, such as proper outlets, to allow the connection of a refrigerator without overloading the electrical system. F813 is related to requirements to have a policy regarding personal food items.**

## Changes to Guidance

- F812 (371)
- **Thermometers – When verifying food temperatures, staff should use a thermometer which is both clean, sanitized, and calibrated to ensure accuracy.**
- Final cooking temperatures **– If the facility is using** unpasteurized eggs **these eggs** must be cooked until all parts of the egg are completely firm, **regardless of a resident's request for such things as "sunny side up". To accommodate residents choice for items such as "sunny side up" the facility must use pasteurized eggs only;**

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## Changes to Guidance

- F812 (371)
- Tray line – **While PHF/TCS foods are on the tray line the temperature of the foods should be periodically monitored throughout the meal service to ensure proper hot or cold holding temperatures are maintained. If time is being used in place of temperature as a means of ensuring food safety, the facility must have a system in place to track the amount of time a PHC/TCS is held out of temperature control and dispose of it accordingly.**

## Changes to Guidance

- F812 (371)
- Potlucks – **Are generally events where families, volunteers or other non facility staff may organize to provide enjoyment to nursing home residents and support a person centered, homelike environment. These are different from a facility's special event.**

## Changes to Guidance

- F812 (371)
- Potlucks – **Regarding food brought into a nursing home prepared by others, please remember the nursing home is responsible for:**
  - **Storing visitor food in such a way to clearly distinguish it from food used by or prepared by the facility.**
  - **Ensuring safe food handling once the food is brought to the facility, including safe reheating and hot/cold holding and handling of leftovers.**
  - **Preventing contamination of NH food, if NH equipment and facilities are used to prepare or reheat visitor food.**
  - **Clearly identifying what food has been brought in by visitors for residents and guests when served.**

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## Changes to Guidance

- F812 (371)
- Potlucks – **Should a Foodborne illness occur as a result of a potluck held at the facility, the NH could be held responsible. For example, the facility could be held responsible if the facility failed to ensure the food was protected from contamination while being stored in the refrigerator and became contaminated from raw meat juices or failed to ensure staff involved in food service used appropriate hand hygiene and a foodborne illness resulted.**

## Changes to Guidance

- F812 (371)
- Gardens – **Must have policies and procedures for maintaining and harvesting the gardens, including ensuring manufacturer's instructions are followed if any pesticides(s), fertilizer, or other topical or root-based plant preparations are applied.**

## Changes to Guidance

- F812 (371)
- Ice – Staff, residents, visitors, etc., who fail to wash their hands adequately and ***use the scoop in an ice machine***, or handle ice with their bare hands, are not following appropriate infection control practices when dispensing ice;
- ***Ice chests or coolers used to store and transport ice should be cleaned regularly, especially prior to use and when contaminated or visibly soiled.***

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## Changes to Guidance

- F812 (371)
- Machine Washing and Sanitizing – ***The chemical solution must be maintained at the correct concentration, based on periodic testing, at least once per shift, and for the effective contact time according to manufacturer's guidelines.***
- Manual Washing and Sanitizing - ***Facilities must have appropriate and adequate testing equipment, such as test strips and thermometers, to ensure adequate washing and sufficient concentration of sanitizing solution is present to effectively clean and sanitize dishware and kitchen equipment.***

## Changes to Procedures

- F812 (371)
- **Through observation, interviews, and record review, determine:**
  - **If the facility obtained food from approved sources;**
  - **If the facility stores, prepares, distributes, and serves food in a sanitary manner to prevent foodborne illness;**
  - **If the facility has systems (e.g., policies, procedures, training, and monitoring) in place to prevent the spread of foodborne illness, or food contamination**
  - **If the facility utilizes safe food handling from the time the food is received, throughout the food handling processes. Adhere to sanitary requirements (e.g., proper washing hands, use of hair restraints)**

## Changes to Procedures

- F812 (371)
- **Through observation, interviews, and record review, determine:**
  - **Determine whether food meets safe and sanitary conditions; check invoices**
  - **Observe for food storage practices that may place the food at risk for contamination.**
  - **Check dry storage areas for canned goods that have a compromised seal (e.g., punctures);**
  - **Check all facility refrigerators, including those on resident units, to ensure foods are held at appropriate temperatures and PHF/TCS foods for labeling and dates (e.g., use by dates);**
  - **Check freezers to ensure foods are frozen solid;**

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## Changes to Procedures

- F812 (371)
- Through observation, interviews, and record review, determine:
  - Look for evidence of pests, rodents and droppings and other sources of contamination in food storage areas; and
  - Check resident rooms for safe food storage practices.
  - Observe staff food handling practices, such as proper hand washing, the appropriate use of utensils, gloves, and hairnets;
  - Observe food handling practices that have potential for cross-contamination (e.g., use of food contact surfaces and equipment to prepare various uncooked and ready-to-eat foods);

## Changes to Procedures

- F812 (371)
- Through observation, interviews, and record review, determine:
  - Have staff demonstrate the calibration technique to ensure the temperature readings on the thermometers are reliable;
  - Determine if the dietary staff are ensuring PHF/TCS foods are at approved cold holding, hot holding, and final cook temperatures;
  - Determine if the dietary staff follow approved cooling and reheating procedures for PHF/TCS foods;
  - Observe staff preparing modified consistency (e.g., pureed, mechanical soft) PHF/TCS foods to determine whether food safety was compromised;

## Changes to Procedures

- F812 (371)
- Through observation, interviews, and record review, determine:
  - If the staff is preparing resident requests for undercooked eggs (i.e. sunny side up, soft scrambled, soft boiled), determine if pasteurized shell eggs or liquid pasteurized eggs were used to prevent foodborne illness; and
  - During meal service, observe whether the staff measure the temperature of all hot and cold menu items.
  - Observe whether facility personnel are operating the dish washing machine according to the manufacturer's specifications.
  - Check whether the facility has the appropriate equipment and supplies to verify the safe operation of the dish washing machine and the washing of pots and pans.

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## Changes to Procedures

- F812 (371)
- Through observation, interviews, and record review, determine:
  - Check the sanitizing method used (high temperature or chemical) in dishwashing and for storing sanitizing cloths is adequate for sanitizing of dishware, utensils, pots/pans, and equipment.
  - Observe stored dishes, utensils, pots/pans, and equipment for evidence of soiling. These items should be stored in a clean dry location and not exposed to splash, dust or other contamination; and
  - Evaluate whether proper hand washing is occurring between handling soiled and clean dishes to prevent cross-contamination of the clean dishes.

## Changes to Procedures

- F812 (371)
- Through observation, interviews, and record review, determine:
  - Interview the staff who performs the task about the procedures they follow to procure, store, prepare, distribute, and serve food to residents.
  - What is the facility's practice for dealing with employees who come to work with symptoms of contagious illness (e.g., coughing, sneezing, diarrhea, vomiting) or open wounds;
  - Does the facility have, and follows, a cleaning schedule for the kitchen and food service equipment; and
  - If there is a problem with equipment, how staff informs maintenance and follows up to see if the problem is corrected.

## Changes to Procedures

- F812 (371)
- Through observation, interviews, and record review, determine:
  - Record Review - In order to investigate identified food safety concerns, review supporting data, as necessary, including but not limited to:
    - Any facility documentation, such as dietary policies and procedures, related to compliance with food sanitation and safety, including but not limited to policies addressing facility food service, potluck events, food from visitors, facility gardens;
    - Determine if the food service employees have received training related to such compliance;
    - Monitoring records, such as temperature logs from the tray line, refrigerators, and freezers, and dishwasher temperature and sanitizing records;

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## Changes to Procedures

- F812 (371)
- **Through observation, interviews, and record review, determine:**
- **Maintenance records, such as work orders and manufacturer's specifications, related to equipment used to store, prepare, and serve food.**
- **Review of policies and procedures for sufficient staffing, staff training, and following manufacturer's recommendations as indicated.**

## Changes to Procedures

- F812 (371)
- **Interview the staff to determine how they:**
  - **Monitor whether the facility appropriately procures, stores, prepares, distributes, and serves food;**
  - **Identify and analyze pertinent issues and underlying causes of a food safety concern;**
  - **Implement interventions that are pertinent and timely in relation to the urgency and severity of a concern;**
  - **Monitor the implementation of interventions and determine if additional modification is needed.**

## Deficiency Examples

- F812 (371)
- **Level 4, immediate jeopardy**
- A 10-quart covered stock pot with 8 quarts of cooked beans was in the refrigerator. The internal temperature of the beans at the time of survey was measured at 68° F. The cook stated these beans had been cooked the day before and were going to be served at the next meal, unaware they had been improperly cooled. Improperly cooled beans are at risk for growing toxin producing bacteria that are not destroyed in the reheating process.
- A roast (raw meat) thawing on a plate in the refrigerator had bloody juices overflowing and dripping onto uncovered salad greens on the shelf below. The contaminated salad greens were used to make salad for the noon meal;
- The facility had a recent outbreak of Norovirus after the facility allowed a food worker who was experiencing vomiting and diarrhea to continue preparing food.

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## Deficiency Examples

- F812 (371)
- **Level 3, Actual harm**
- The facility failed to properly cool leftover turkey. The turkey was served to the residents, which resulted in an outbreak of foodborne illness, which, based on the facility population, did not result in or have the potential for causing serious harm to any resident.

## Deficiency Examples

- F812 (371)
- **Level 2 - No actual harm with a potential for more than minimal**
- Food service workers sliced roast pork on the meat slicer. The meat slicer was not washed, rinsed, & sanitized after use;
- During the initial tour of the kitchen, two food service workers were observed on the loading dock. One was smoking and the other employee was emptying trash. Upon returning to the kitchen, they proceeded to prepare food without washing their hands;
- Upon inquiry by the surveyor, the food service workers tested the sanitizer of the dish machine, the chemical rinse of the pot-and-pan sink, and a stationary bucket used for wiping cloths. The facility used chlorine as the sanitizer. The sanitizer tested less than 50 ppm in all three locations. Staff interviewed stated they were unaware of the amount of sanitizer to use and the manufacturer's recommendations to maintain the appropriate ppm of available sanitizer.

## Changes to Guidance

- **F813** (371) **Food Safety Requirements**
- **The facility must have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.**
- **The policy must include ensuring facility staff assists the resident in accessing and consuming the food, if needed.**
- **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.**

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## Changes to Guidance

- Interview family and/or visitors who bring food in to a resident to determine:
  - If they were given the policy about the use and storage of foods.
  - If the policy was provided in a language easily understood.
  - If safe food handling practices were explained to him or her.
  - If they are aware of the policy addressing food brought in & 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.

## Changes

- F790(F411) Dental Services. ***Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;***
- ***Must promptly, within 3 days,*** refer residents with lost or damaged dentures ***for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.***

## Changes

- F880(F441) Infection ***prevention*** *and* control program. ***A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement. Written standards, policies, and procedures for the program,***
- ***Many aspects become effective November 28, 2019***

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## Changes

- F838 (F490) ***Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility assessment must address or include:***

## Changes

- F838 (F490) ***Facility assessment.***
- ***(iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population;***
- ***(v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including activities and food and nutrition services.***
- ***(iv) All personnel (both employees and those who provide services under contract), and volunteers, as well as their education and/or training***
- ***(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and***
- ***(vi) Health IT resources, such as systems for electronically managing patient records and electronically sharing information with other organizations. Beginning on November 28, 2017, the operating organization for each facility must have in operation a compliance and ethics program***

## Changes

- F838(F490) ***Facility assessment.***
- **Training Requirements**
- **A facility must develop, implement, and maintain an effective training program for all staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment**
- **Training topics must include but are not limited to—**
  - ***Communication.***
  - ***Resident's rights and facility responsibilities.***
  - ***Quality assurance and performance improvement.***
  - ***Infection control.***
  - ***Compliance and ethics.***
  - ***Behavioral health.***

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## Changes

- F865 (F520) *Quality assurance and performance improvement. Effective November 28, 2019*

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## Final Rule – Emergency Preparedness

- *Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*
- **Published September 16, 2016**
- **Applies to all 17 provider and supplier types**
- **Implementation date November 15, 2017**
- **Compliance required for participation in Medicare**

## Emergency Preparedness

- **Develop an emergency plan based on a risk assessment.**
- **Perform risk assessment using an "all-hazards" approach, focusing on capacities and capabilities.**
- **Update emergency plan at least annually.**

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## All-Hazards Approach:

- An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including internal emergencies and a man-made emergency (or both) or natural disaster. This approach is specific to the location of the provider or supplier and considers the particular type of hazards most likely to occur in their areas. **These may include, but are not limited to, care-related emergencies, equipment and power failures, interruptions in communications, including cyber-attacks, loss of a portion or all of a facility, and interruptions in the normal supply of essentials such as water and food.**

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## Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.
- Review and update policies and procedures at least annually.
- Develop a communication plan that complies with both Federal and State laws.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Review and update plan annually.

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## Training and Testing Program

- Develop and maintain training and testing programs, including initial training in policies and procedures.
- Demonstrate knowledge of emergency procedures and provide training at least annually.
- Conduct drills and exercises to test the emergency plan.
- Facilities are expected to meet all Training and Testing Requirements by the implementation date (11/15/17).
  - Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.
- Conduct an additional exercise that may include, but is not limited to the following:
  - A second full-scale exercise that is individual, facility-based.
  - A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

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## Compliance

- Facilities are expected to be in compliance with the requirements by 11/15/2017.
- In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.
- Training for surveyors is under development

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## Policies and Procedures

- Must be reviewed and updated at least annually. The policies and procedures must address the following:
- (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, the following: (i) Food, water, …..
- There are no set requirements or standards for the amount of provisions to be provided in facilities, Provisions include, but are not limited to, food, …

## Policies and Procedures

- While facilities are required to provide annual training to all staff, it is up to the facility to decide what level of training each staff member will be required to complete each year. There may be core topics that apply to all staff, while certain clinical staff may require additional topics. For example, dietary staff who prepare meals may not need to complete annual training that is focused on patient evacuation procedures. Instead, the facility may provide training that focuses on the proper preparation and storage of food in an emergency.

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## Resources

- General Info

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

Includes:

| | |
|---|---|
| Appendix PP SOM | Pathways |
| Revised Tags | Procedure Guide |
| F-Tag Crosswalk | Initial Pool Care Areas |
| Survey Process | Resources |

## Resources

- Advance Appendix PP

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf

- Emergency Preparedness Regs

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html

- Survey Forms

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/QIS-Survey-Forms.html

## Questions???

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