



New Long Term Care Survey Process



Disclaimer

- The information provided within these slides are current as of May 15,2017. It provides information related to the CMS' intent to implement the survey process on November 28, 2017 and the policies and procedures based on development to date.
- This presentation will be updated as new information becomes available.

Overview

- Overview of Regulation Reform
- F-Tag Renumbering
- New Interpretive Guidance (IG)
- Current Survey Processes vs. New Survey Process
- New LTC Survey Process
- LTC Surveyor Training
- State Preparation
- Questions?



Overview of Regulation Reform

Overview of Regulation Reform

The regulation reform implements a number of pieces of legislation from the Affordable Care Act (ACA) and the Improving Medicare Post-Acute Care Transformation (IMPACT) Act, including the following:

- Quality Assurance and Performance Improvement (QAPI)
- Reporting suspicion of a crime
- Increased discharge planning requirements
- Staff training section

Implementation Grid

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

Phase 2 of 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
- All training on new survey process needs to be completed before go live date

Phase 2 of LTC Regulations (continued)

Phase 2 includes:

- Behavioral Health Services
- Quality Assurance and Performance Improvements (QAPI Plan Only)
- Infection Control and Antibiotic Stewardship
- Physical Environment – smoking policies

Phase 2 of LTC Regulations, continued

Phase 2 includes, but is not limited to:

- Resident Rights and Facility Responsibilities – Required Contact Information
 - Cultural, Ethnic and Religious Preferences in F&N Services
- Freedom from Abuse, Neglect, and Exploitation – 1150B
- Admission, Transfer, and Discharge Rights – Transfer/Discharge Documentation

Phase 2 of LTC Regulations, continued

Phase 2 includes, but is not limited to:

- Comprehensive Person-Centered Care Planning
 - 48 hour care planning
 - Involvement of food/nutrition representative
- Pharmacy Services – psychotropic medications
- Dental Services – replacing dentures
- Administration – Facility Assessment



F Tag Renumbering

F Tag Renumbering

Notice of Proposed Rulemaking | Long-Term Care Rule CMS

NPRM LTC-Rule | F-Tag Crosswalk Report: Original vs. New Regulation

RecID	Orig Reg Group	Reg Tag	F-Tag #	New Reg Group	Reg Tag	F-Tag #
1	483.05 Definitions	483.05(a) Facility Defined - SNF & NF	F150	483.05 Definitions	483.05(-) Facility Defined - SNF & NF	F540
2	483.10, 483.15 Resident Rights, Quality of Life		F151, F150, F241	483.10, 483.15 Resident Rights, Quality of Life		F540

Old F-Tag (points to F150) **New F-Tag** (points to F540)

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

Notice of Proposed Rulemaking | Long-Term Care Rule



NPRM LTC-Rule | F-Tag Crosswalk Report: Original vs. New Regulation

RecID	Orig Reg Group	Reg Tag	F-Tag #		New Reg Group	Reg Tag	F-Tag #
1	483.05 Definitions	483.05(a) Facility Defined SNF & NF	F150	N/A	483.05 Definitions	483.05(a) Facility Defined SNF & NF	F540
2	483.10; Resident Rights; 483.15 Quality of Life	483.10 Resident Rights; 483.10(a)(1)-(2): Right to Exercise Rights-Free of Segregation; 483.15 Condition of Facility must Promote Quality of Life; 483.15(a): Dignity and Respect of Individuality	F151, F240, F241	Y1	483.10 Resident Rights	483.10; Resident Rights and Dignity 483.10(a)(1) (2) 483.10(b)(1) -(2)	F550
3	483.10 Resident Rights	483.10(a)(2)-(4): Rights Exercised by Representative	F153	Y2	483.10 Resident Rights	483.10(b)(2) Rights Exercised by Representative	F551
4	483.10 483.10 Resident Rights	483.10(b)(3): Informed of Health Status, Care & Treatments; 483.10(b)(4): Right to Refuse, or to Make Advance Directives	F154, F155	Y3	483.10 Resident Rights	483.10(c)(1) Right to be Informed/Make Treatment Decisions	F552
5	483.10; Resident Rights 483.20 Resident Assessment	483.10(b)(2): Informed of Health Status, Care & Treatments; 483.10(b)(5) Right to Participate Planning Care Review CP	F154, F280	Y1	483.10 Resident Rights	483.10(c)(2) Right to Participate Planning Care	F553
6	483.10 Resident Rights	483.10(b) Resident Self-Administer Drugs if Deemed Safe	F176	Y5	483.10 Resident Rights	483.10(d)(1) Resident Self-Administer Drugs if Deemed Safe	F554
7	483.10 Resident Rights	483.10(b)(9) Notice of Rights, Rules, Services, Charges; 483.10(a)(11) Right to Dismiss a Personal Physician	F156, F163	Y8	483.10 Resident Rights	483.10(d)(1) Right to Choose/Be Informed of Personal Plans	F555
8	483.10 Resident Rights	483.10(b)	None	Y8	483.10 Resident Rights	483.10(d)(2) Right to Have Personal Property	F557
9	483.10 Resident Rights	483.10(b)(11) Right to	F2	Y8	483.10 Resident Rights	483.10(d)(3) Right to Have Personal Property	F557



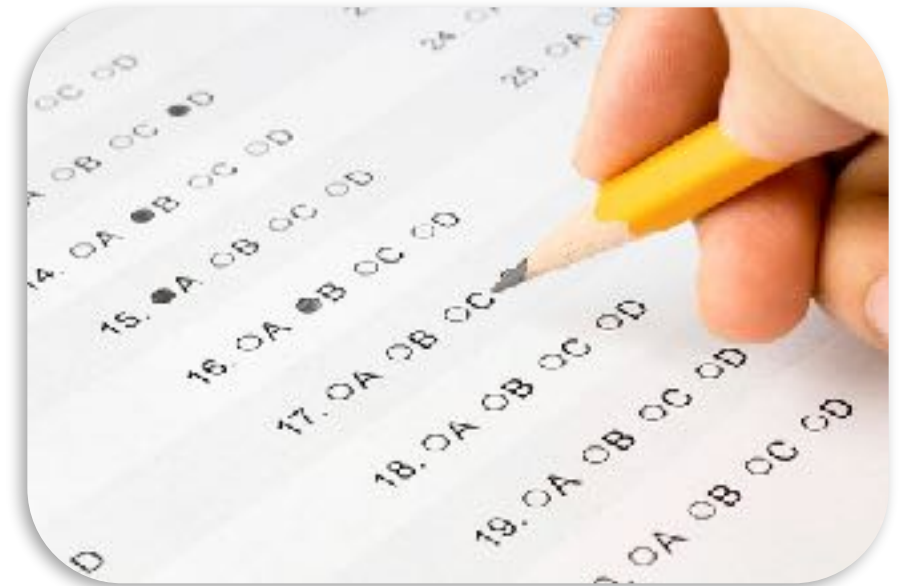
New Interpretive Guidance (IG)

New Interpretive Guidance (IG)

- CMS is in the process of updating information for Appendices P and PP. Once the guidance is approved it will be available in the SOM.
- States should ensure surveyors use the most recent version of the regulation and IG
- CMS plans to release the Guidance in early summer 2017

Surveyor Minimum Qualifications Test (SMQT) and the New Regulations

- SMQT will not reflect any new regulations/guidance at this time
- SMQT will be suspended November and December 2017
- The test is scheduled to be updated to reflect new guidance/regulations for January 2018





Current Survey Processes

vs.

New Survey Process

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



Automation

Traditional	Quality Indicator Survey (QIS)	New Survey Process
<ul style="list-style-type: none">• 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

Sample Selection

Traditional	QIS	New Survey Process
<ul style="list-style-type: none"> • Sample size determined by facility census • Residents are pre-selected based on QM/QI percentiles (total sample) • Sample may be adjusted based on issues identified on tour • Maximum sample size is 30 residents • Includes complaints 	<p>The ASE-Q provides a randomly selected sample of residents for the following:</p> <ul style="list-style-type: none"> • Admission sample is a review of up to 30 current or discharged resident records • Census sample includes up to 40 current residents for observation, interview, and record review • With QIS 4.04, complaints can be included in census sample 	<ul style="list-style-type: none"> • Sample size is determined by the facility census • 70% of the total sample is MDS pre-selected residents and 30% of the total sample is surveyor-selected residents. Surveyors finalize the sample based on observations, interviews, and a limited record review. • Maximum sample size is 35 residents

Offsite

Traditional	QIS	New Survey Process
<ul style="list-style-type: none">• Review Casper 3 and 4 reports• Survey team uses QM/QIs report offsite to identify preliminary sample of residents areas of concern	<ul style="list-style-type: none">• Review the Casper 3 report and current complaints• Download the MDS data to PCs• ASE-Q selects a random sample of residents for Stage 1 from residents with MDS assessments in past 180 days	<ul style="list-style-type: none">• Each team member independently reviews the Casper 3 report and other facility history information• Review offsite selected residents and their indicators and the facility rates.• NSD and RD should know who is triggering on these reports and should have already comprehensively addressed the nutrition related issues

Information Needed Upon Entrance

Traditional	QIS	New Survey Process
<ul style="list-style-type: none">Roster Sample Matrix Form (CMS-802)	<ul style="list-style-type: none">Obtain census number and alphabetical resident census with room numbers and unitsList of new admissions over last 30 days	<ul style="list-style-type: none">Completed matrix for new admissions over the last 30 daysFacility census numberAlphabetical list of residentsList of residents who smoke and designated smoking times

Initial Entry to Facility

Traditional	QIS	New Survey Process
<ul style="list-style-type: none">• Gather information about pre-selected residents and new concerns• Determine whether pre-selected residents are still appropriate• 1 – 3 hours on average	<ul style="list-style-type: none">• No sample selection• Initial overview of facility, resident population and staff/resident interactions.• 30 – 45 minutes on average for initial overview	<ul style="list-style-type: none">• No formal tour process• Surveyors complete a full observation, interview all interviewable residents, and complete a limited record review for initial pool residents:<ul style="list-style-type: none">• 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
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

Survey Structure, continued

Traditional	QIS	New Survey Process
		<ul style="list-style-type: none"><li data-bbox="1666 475 2397 686">• Investigations are then completed during the remainder of the survey for each sample resident using CE pathways<li data-bbox="1666 696 2397 853">• Facility tasks and closed record reviews are completed during the survey

Group Interviews

Traditional	QIS	New Survey Process
<ul style="list-style-type: none">• Meet with Resident Group/Council• Includes Resident Council minutes review to identify concerns	<ul style="list-style-type: none">• Interview with Resident Council President or Representative• Includes Resident Council minutes review to identify concerns	<ul style="list-style-type: none">• Resident Council Meeting with active members• Includes Resident Council minutes review to identify concerns



New LTC Survey Process Overview

New Survey Process

- The new survey process builds on the best of both survey processes.
- Process is computer software-based
- Input from various stakeholders
- Survey process and software are in testing and development and validation

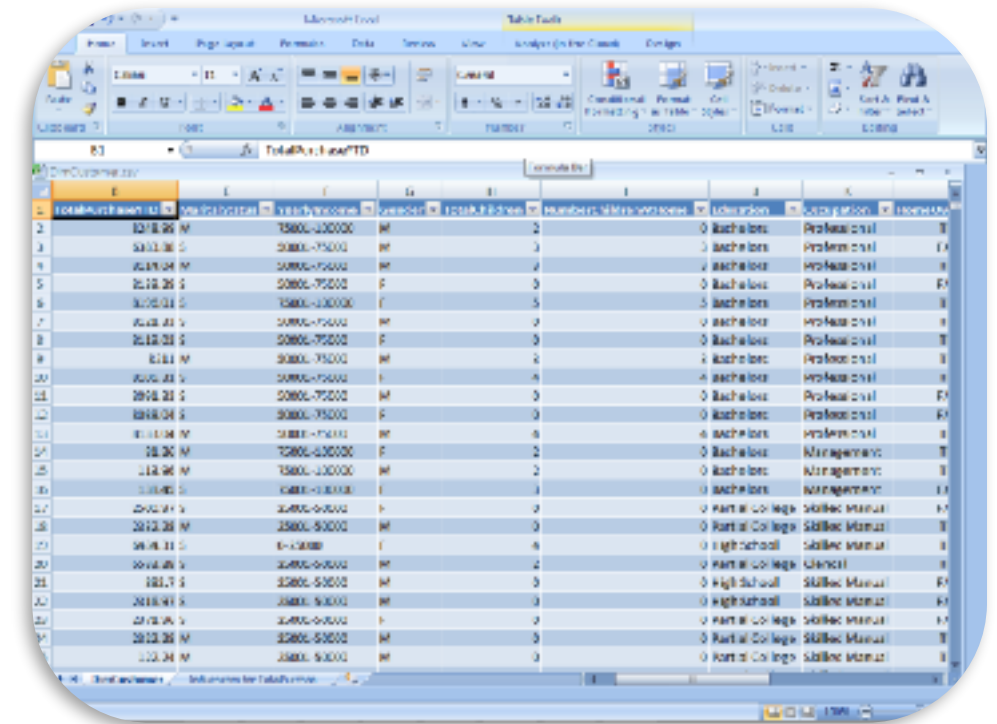
New Survey Process (continued)

Three parts to new Survey Process:

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

Development Sources

- Current QIS/Traditional Processes
- State Survey Agencies
- Regional Offices
- CMS Central Office
- University of Colorado
- Technical Expert Panel
- Literature review & data analyses



The image shows a screenshot of a Microsoft Excel spreadsheet. The spreadsheet contains a table with multiple columns and rows of data. The columns are labeled with various categories and metrics, including 'TotalPlus', 'FTE', 'Enrollment', 'Program', and 'Level'. The data rows contain numerical values and categorical text, such as 'Bachelor's', 'Professional', and 'High School'. The spreadsheet is displayed in a window titled 'Microsoft Excel' with a 'Table Tools' ribbon visible at the top.

	TotalPlus	FTE	Enrollment	Program	Level
2	1218.95	M	75800-100000	BA	2
3	5311.96	S	50800-75000	BA	3
4	4493.04	M	50800-75000	BA	2
5	2118.26	S	50800-75000	F	0
6	3100.01	S	75800-100000	F	5
7	4428.41	S	50800-75000	M	0
8	2612.21	S	50800-75000	F	0
9	1111	M	50800-75000	BA	2
10	4002.41	S	50800-75000	F	6
11	2918.21	S	50800-75000	BA	0
12	2918.04	S	50800-75000	F	0
13	4111.04	M	50800-75000	BA	6
14	18.26	M	75800-100000	F	2
15	1118.96	M	75800-100000	BA	2
16	1118.96	S	75800-100000	F	1
17	2902.41	S	24800-50000	F	0
18	2912.26	M	25800-50000	M	0
19	5618.11	S	6-12800	F	6
20	5014.26	S	24800-50000	BA	2
21	181.7	S	25800-50000	BA	0
22	2418.91	S	24800-50000	BA	0
23	2418.91	S	24800-50000	F	0
24	2912.26	M	25800-50000	BA	0
25	1112.24	M	24800-50000	BA	0

Testing and Validation

- Testing and validation is ongoing
- Diverse selection criteria
 - Small & large facilities
 - Urban & Rural facilities
 - Variations in 5-star ratings
 - Geographically diverse facilities
- Use of broad group of RO, SA, and
- contract surveyors to test process and software
- Equal use of QIS and traditional states
- Use of analytic teams



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, continued

- Select Sample
 - Survey team selects sample
- Investigations
 - All concerns for sample residents requiring further investigation
 - Closed records
 - Facility tasks



Section I. Offsite Prep

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

Offsite Preparation, continued

- Unit and mandatory facility task assignments
 - Dining
 - Infection Control
 - Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review
 - Resident Council Meeting



Offsite Preparation, continued

- Unit and facility task assignments, continued
 - Kitchen
 - Medication administration and storage
 - Sufficient and competent nurse staffing
 - QAA/QAPI
- No offsite preparation meeting



Section II. Facility Entrance

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
- Facility provides menus and extensions for the week, meal times, and copy of policy on food from outside sources to survey team



Updated Facility Matrix (Draft)

		Resident Room Number		
		Date of Admission if Admitted within the Past 30 Days		
		Alzheimer / Dementia		
		I, DD, ID & No PASARR level II services		
		Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Anxiolytic (AA), Antipsychotic (AP), Antidepressant (AD), (RLSP) Respiratory		
		Facility Acquired Pressure Ulcers (any stage)		
		Worsened Pressure Ulcer (any Stage)		
		Excessive Weight Loss w/out Prescribed Weight Loss Program		
		Tube Feeding		
		Dehydration		
		Physical Restraints		
		Falls (F), Fall with Injury (FI), or Fall w/Major Injury (FMI)		
		Indwelling Catheter		
		Dialysis: Peritoneal (P), Hemo (H) , in facility (I) or outside (O)		
		Hospice		
		End of Life Care / Comfort Care/Palliative Care		
		Tracheostomy		
		Ventilator		
		Transmission Based Precautions		
		Central venous line/Intravenous therapy		
		Infections (M, W, FL, P, TB, VH, UTI)		
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25



Section III. Initial Pool Process

Initial Pool Process

- Surveyor request names of new admissions
- Identify initial pool—about eight residents
 - Offsite selected
 - Vulnerable
 - New admissions
 - Complaints or FRIs (Facility Reported Incidences- federal only)
 - Identified concern



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

Surveyor Observations

- Cover all care areas and probes
- Conduct rounds
- Complete formal observations
- 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

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)

Limited Record Review, continued

- New admissions – broad range of high-risk medications
- Extenuating circumstances, interview staff
- Investigate further or no issue

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

Team Meetings

- Brief meeting at the end of each day
 - Workload
 - Coverage
 - Concern
 - Synchronize/share data (if needed)



Section IV. Sample Selection

Sample Selection

- Select sample
- Prioritize using sampling considerations:
 - Replace discharged residents selected offsite with those selected onsite
 - Can replace residents selected offsite with rationale
 - Harm, SQC if suspected, IJ if identified
 - Abuse Concern
 - Transmission based precautions
 - All MDS indicator areas if not already included

Sample Selection - Unnecessary Medication Review

- System selects five residents for full medication review
- Based on observation, interview, record review, and MDS
- Broad range of high-risk medications and adverse consequences
- Residents may or may not be in sample





Section V. Investigation

Resident Investigation - General Guidelines

- Conduct investigations for all concerns that warrant further investigation for sampled residents
- Continuous observations, if required
- Interview representative, if appropriate, when concerns are identified

Investigations

- Majority of time spent observing and interviewing with relevant review of record to complete investigation
- Use Appendix PP and critical elements (CE) pathways
- Review Regulations F692-694 and F800-814 carefully!





Section VI. Ongoing and Other Survey Activities

Closed Record Reviews

- Complete timely during the investigation portion of survey
- Unexpected death, hospitalization, and community discharge last 90 days
- System selected or discharged resident
- Use Appendix PP and CE pathways

Facility Task Investigations

- Complete any time during investigation
- Use facility task pathways
- CE compliance decision

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

Infection Control

- Throughout survey, all surveyors should observe for infection control
- Assigned surveyor coordinates a review of influenza and pneumococcal vaccinations
- Assigned surveyor reviews infection prevention and control, and antibiotic stewardship program

SNF Beneficiary Protection Notification Review

- A new pathway has been developed
- List of residents (home and in-facility)
- Randomly select three residents
- Facility completes new worksheet
- Review worksheet and notices

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



Medication Administration

Medication Administration

- Recommend nurse or pharmacist
- Include sample residents, if opportunity presents itself
- Reconcile controlled medications if observed during medication administration
- Observe different routes, units, and shifts
- Observe 25 medication opportunities

Medication Storage

Medication Storage

- Observe half of medication storage rooms and half of medication carts
- If issues, expand medication room/cart

Resident Council Meeting

- Group interview with active members of the council
- Complete early to ensure investigation if concerns identified
- Refer to updated Pathway



Sufficient and Competent Nurse Staffing Review

- Is a mandatory task, refer to revised Facility Task Pathway
- Sufficient and competent staff
- Throughout the survey, consider if staffing concerns can be linked to QOL and QOC concerns

Environment

- Investigate specific concerns
- Eliminate redundancy with LSC
 - Disaster and Emergency Preparedness
 - O2 storage
 - Generator



Section VII. Potential Citations

Potential Citations

- Team makes compliance determination.
 - Compliance decisions reviewed by team
 - Scope and severity (S/S)
- Conduct exit conference and relay potential areas of deficient practice

- Dining Observation Tool
- Kitchen Observation Tool
- Critical Element Pathways
 - Nutrition
 - Hydration
 - Tube Feeding
 - Pressure Injury
 - Others (dialysis, etc) - <http://cmscompliancegroup.com/2017/08/29/ltc-survey-pathways-entrance-form/>

Critical Element Pathways and Surveyor Tools for Review

F692 (Pg 319)

§483.25(g) *Assisted nutrition and hydration.*

(Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on ***a resident's*** comprehensive assessment, the facility must ensure that a resident—

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

§483.25(g)(2) *Is offered* sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) *Is offered* a therapeutic diet when there is a nutritional problem *and the health care provider orders a therapeutic diet.*

F693 - (Pg 330)

§483.25(g) *Assisted nutrition and hydration.*

(Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on *a resident's* comprehensive assessment, the facility must ensure that a resident—

§483.25(g)(4)-(5) Enteral Nutrition

§483.25(g)(4) 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*

§483.25(g)(5) 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.

F694 - (Pg 337)

§ 483.25(h) *Parenteral Fluids.*

Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.

F800 (Starting on Page 527)

§483.60 *Food and nutrition services.*

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

F801

§483.60(a) Staffing

The facility must employ *sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)*

F802

§483.60(a) Staffing

The facility must employ *sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).*

F803

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

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

§483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed;

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

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

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

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

F804

§483.60(d) Food *and drink*

Each resident receives and the facility provides—

Effective November 28, 2017

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

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

F805

§483.60(d) Food *and drink*

Each resident receives and the facility provides—

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

F806

§483.60(d) Food *and drink*

Each resident receives and the facility provides—

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

§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat

food that is initially served or who request a different meal choice; and

F807

§483.60(d) Food *and drink*

Each resident receives and the facility provides—

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

F808

§483.60(e) Therapeutic Diets

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

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

F809

§483.60(f) Frequency of Meals

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

F810

§483.60(g) Assistive devices

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

F811

§483.60(h) Paid feeding assistants

F812

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

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

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

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

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

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

F813

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

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

F814

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

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

Training Layers



Availability of Training to Providers and the Public