



## Nutrition Under A Microscope

*The new surveyor guidance and investigative protocol for nutritional status is bringing with it more intense scrutiny and accountability.*

**S**URVEYORS WILL BE HOLDING NURSING facilities more accountable than ever before, thanks to the recently revised interpretive guidelines and investigative protocol for F Tag 325-Nutritional Status, published last September.

And although the new guidance does provide surveyors and providers alike with common ground on the current standards of practice, it comes with more surveyor training, and with more surveyor training comes a heightened

sensitivity to compliance—more look, more see, more deficiency write-ups.

One way to avoid citations under the new guidance is to educate staff and administrators on the standards of practice, the revised survey process, and what surveyors are evaluating. Ensuring up-to-date policies and procedures, effectively orienting and training staff, and monitoring staff practices for training needs is also important.

Surveyors will likely have zero tolerance for any possibility that residents

have not maintained nutritional status under the new F Tag 325 guidance. Nor will they have tolerance for residents with unintended weight loss, even at a gradual level.

### What To Expect

When nutritional status is unavoidably compromised, or the potential for compromised nutritional status is present, surveyors will evaluate the facility's systems and quality assessment and quality assurance (QAA) programs for responsibility. In other words, surveyors will determine if the facility could have identified and corrected the areas of concern.

The failure to maintain nutritional status could have dire consequences with new severity levels, including the calling of immediate jeopardy. In the past, a deficiency at level three, G level of harm, or likelihood of potential for harm, was rarely considered for immediate jeopardy. Not any more.

Avoiding deficiencies won't be easy. However, facilities that have effective systems in place, such as QAA systems, will be in a better position to avoid citations. In other words, providers should do what the surveyors do, before the surveyors do it. Surveyors' citations should not become the QAA system for the facility.

Leave no stone unturned or no resi-

### Use Checklists To Monitor Compliance

**T**he QIS forms can serve as helpful guidance for observing residents and interviewing staff. The following questions are among those typically asked during a QIS survey and can be used as a basis for making observations during dining and during the day:

- How are nutrition services delivered to meet the identified or observed care needs?
- Are staff providing assistance, encouragement, positioning, supervision?
- Does there seem to be a need for adaptive aids?
- Is the resident able to access or ask for fluids?
- If the resident has limitations, what are staff doing to offer and ensure adequate nutrition?
- Are ordered supplements being given and monitored?

Residents, families, and respon-

sible persons should be interviewed. Ask for feedback on how the dining program is going, in addition to the following questions:

- Are staff responsive to eating abilities/support needs?
- Are food/dining preferences honored?
- Are substitutions and choices offered at meal time?
- Are nutrition interventions, such as snacks, frequent meals, or calorie-dense foods, offered?
- Are the ordered supplements accepted or taken?
- Has there been communication of this to staff?
- What other recommendations would the resident or family make?

It is also important to determine if the family is aware of the risks, benefits, and outcomes when a resident refuses needed approaches or dietary restrictions.

LINDA HANDY, RD, *a retired specialty surveyor and trainer for the California Department of Public Health and president of Handy Dietary Consulting, based this article on her new training manual, "Surveyor MO for Nutritional Status."*

dent unchecked. Every facility leader, including the administrator, director of nursing (DON), and registered dietitian (RD), should study and know the surveyor task determinations for F Tag 325 and become as prepared as possible for survey.

One of the best ways to prepare is to review the surveyor training for the new quality indicator survey (QIS), which was designed to improve accuracy, consistency, and documentation for identified deficiencies.

It's important to note that the QIS

will eventually become the survey process for the entire country, and surveyors will be trained on it as states are able to adopt it.

A key part of this process is to start where surveyors start. Print a quality measure/indicator report at least every three months to review all high-risk residents. Identify residents with fecal impactions; pressure ulcers, especially those acquired in the facility; unintended weight loss; tube feedings with weight loss or pressure ulcers; and dehydration.

These are the identified—and typically sampled—high-risk residents that surveyors will be observing during the survey process.

Staff should prepare to be interviewed by surveyors. They will ask about how food and fluid intake is monitored; how changes in food/fluid intake, eating ability, and weight are reported; how implementation of nutrition-related goals in the care plan are monitored; whether there is a system for recording or monitoring supplement interventions; and what happens when the food supplement is poorly consumed.

Other questions may center on determining staff members' awareness of the care plan, as well as physician involvement in evaluating and addressing the decline and causes of risk and impairment, such as medications or medication interactions.

Surveyors will also want to know how dietary employees are trained and what their knowledge is with regard to providing therapeutic diets and special orders. For example, they may want to ask the cook or the dietary aide if they are able to verbalize what is to be given on a fortified diet and what substitutions are appropriate.

Ensure all staff, including nursing and dietary, are knowledgeable and comfortable explaining policies, their own training, and the worksite processes pursuant to the facility's policies and procedures.

Surveyors often find that the weakest areas are the lack of knowledge and training of staff. Therefore, it is critical to provide dietary and direct care staff, including nurse assistants, the tools to feel empowered enough to answer such questions.

### Effective Dietary Records

Ensure that dietary records document a systematic approach to effective nutrition care systems. Any approach should include timely and accurate assessments and reassessments by the RD.

An additional item to consider is

## Immediate Jeopardy Severity Levels

**F**acilities would be wise to review the Centers for Medicare & Medicaid Services State Operations Manual Appendix Q for the immediate jeopardy triggers, as well as the new severity examples under F Tag 325. Following are a selection of examples used by surveyors to determine a severity level for a call of immediate jeopardy.

**Level 4 Considerations: Immediate Jeopardy To Resident Health Or Safety**

- Continued weight loss and functional decline resulting from ongoing, repeated systemic failure to assess and address a resident's nutritional status and needs and to implement pertinent interventions based on such an assessment.

- Development of life-threatening symptom(s) or the development or continuation of severely impaired nutritional status due to repeated failure to assist a resident who required assistance with meals.

**Level 3 Considerations: Actual Harm That Is Not Immediate Jeopardy**

- Significant unplanned weight change and impaired wound healing (not attributable to an underlying medical condition) due to the facility's failure to revise or implement the

care plan to address the resident's impaired ability to feed him/herself.

- Loss of weight from declining food and fluid intake due to the facility's failure to assess and address the resident's use of medications that affect appetite and food intake.

**Level 2 Considerations: No Actual Harm With Potential For More Than Minimal Harm That Is Not Immediate Jeopardy**

- Failure to obtain accurate weight(s) and to verify weight(s) as needed.

- Poor intake due to the facility's intermittent failure to provide required assistance with eating, however, the resident met identified weight goals.

- Failure to provide additional nourishment when ordered for a resident, however, the resident did not experience significant weight loss.

**Level 1: No Actual Harm With Potential For Minimal Harm: Severity Level 1 does not apply to F Tag 325.**

*Source: The Centers for Medicare & Medicaid Services State Operations Manual: Appendix PP, Guidance to Surveyors for Long Term Care Facilities, and Appendix Q, Guidelines for Determining Immediate Jeopardy.*

whether there is an assessment for maintaining usual body weight, as emphasized in the new guidance and according to the standard of practice in long term care.

The dietary records should also include timely assessments for calories, protein, and fluids, as well as monitoring of oral intakes for food/fluids to meet the residents' assessed nutritional needs.

Surveyors will investigate whether there are nutrition-related care needs and causes, such as chewing and swallowing problems, functional status, and eating or drinking assistance.

Evaluations should include physical observations during dining and during interviews with residents. It is also important to determine if there has been an evaluation of medications and drug/nutrient interactions, as well as appetite, if the relevant conditions and diagnoses have been identified, and if an effort has been made to "liberalize" the diet, which is also a standard

of practice. Any risk factors that might make nutritional decline "unavoidable" for a resident should be detailed in the physician's statement.

In addition, RDs should receive timely notifications when any nutritional decline is present or when there is an abnormal laboratory test.

Care plans are another important element to the nutrition plan. Do the care plan problems and goals accurately reflect any ongoing assessments and special needs? Does the care plan accurately depict what was observed? Is there ongoing revision?

What's more, the surveyors will want to know if changes in residents' conditions have been identified and appropriately followed up with revised goals and approaches.

They should also have the ability to readily determine if the resident or responsible person is involved in reviewing and updating the plan and if that plan accurately reflects the physician's orders or care issues.

Facilities that take a proactive, preventative approach to F Tag 325 in addition to arming themselves with a thorough understanding of the survey process and immediate jeopardy triggers will be the best prepared to respond to the new surveyor guidance and to ensure compliance. ■

For More Information

■ For the new F Tag 325 guidance and immediate jeopardy triggers, go to: [cms.hhs.gov/manuals/Downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf) and [cms.hhs.gov/manuals/Downloads/som107ap\\_q\\_immedjeopardy.pdf](http://cms.hhs.gov/manuals/Downloads/som107ap_q_immedjeopardy.pdf).

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■ For *Provider's* recent cover story on the new Quality Indicator Survey, go to: [www.ahcanal.org/News/publication/Provider/CoverDec2008.pdf](http://www.ahcanal.org/News/publication/Provider/CoverDec2008.pdf).

■ For QIS survey forms and worksheets, go to: [www.uchsc.edu/hcpr/qis\\_forms.php](http://www.uchsc.edu/hcpr/qis_forms.php).



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