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- *How are food textures, allergies, intolerances, and preferences accommodated per a resident's assessment, care plan and choice and how is this information communicated to staff?*

POTENTIAL TAGS FOR FURTHER INVESTIGATION §483.60(d)(4)-(5)

During the investigation of F806, the surveyor may have identified concerns with additional requirements related to outcome, process, and/or structure requirements. The surveyor is advised to investigate these related requirements before determining whether non-compliance may be present at these other tags. Examples of some of the related requirements that may be considered when non-compliance has been identified include, but are not limited to, the following:

- §483.20(b), F636, *Comprehensive Assessments*
 - *Determine if the resident's allergies, intolerances, preferences, or need for a therapeutic diet were comprehensively assessed.*
- §483.21(b)(1), F656, *Comprehensive Care Plans*
 - *Determine if a comprehensive care plan was developed to include the resident's allergies, intolerances, preferences, or need for a therapeutic diet.*
- §483.21(b)(2), F657, *Comprehensive Care Plan Revision*
 - *Determine if the care plan was reviewed and revised by appropriate staff, in conjunction with the interdisciplinary team and with input from the resident or his/her legal representative, to try to address any allergies, intolerances, preferences, or need for a therapeutic diet.*
- §483.21(b)(3)(i), F658, *Care provided by Qualified Persons in Accordance with the Plan of Care*
 - *Determine whether the care plan for a resident with allergies, intolerance, preferences, or a therapeutic diet is adequately and/or correctly implemented.*
- §§483.25(g)(1)-(3), F692, *Nutrition/Hydration*
 - *Determine if the facility has managed the resident's nutritional interventions to meet the resident's nutritional needs, while accommodating the resident's allergies, intolerances, preferences, or need for a therapeutic diet.*

F807

(F366)

§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.

GUIDANCE §483.60(d)(6)

Proper hydration alone is a critical aspect of nutrition among nursing home residents. Individuals who do not receive adequate fluids are more susceptible to urinary tract infections,

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pneumonia, decubitus ulcers, skin infections, confusion and disorientation^{35, 36, 37}

Other food items may also include items that become a liquid at room temperature, such as popsicles and ice cream.

If a concern is identified regarding maintaining a resident's hydration status or about a resident's fluid restriction, see §§483.25(g)(1)-(3), F692, Nutrition/Hydration Status.

PROBES §483.60(d)(6)

- *Are drinks and other fluids provided when the resident requests and consistent with the resident's care plan, preferences and choices?*
- *Does facility staff provide sufficient drinks that the resident prefers to maintain hydration?*
- *Are other liquids, such as broth, popsicles, or ice cream, offered to the resident to encourage fluid intake?*
- *What action does facility staff take to ensure resident hydration is maintained if a resident refuses the fluids offered?*

POTENTIAL TAGS FOR FURTHER INVESTIGATION §483.60(d)(6)

During the investigation of F807, the surveyor may have identified concerns with additional requirements related to outcome, process, and/or structure requirements. The surveyor is advised to investigate these related requirements before determining whether non-compliance may be present at these other tags. Examples of some of the related requirements that may be considered when non-compliance has been identified include, but are not limited to, the following:

- §483.10(c), F552, Right to Make Treatment Decisions
 - ★ ○ Determine if the facility addressed the resident's right to refuse treatment, including drinks and thickened fluids.
- §483.20(b), F636, Comprehensive Assessments
 - *Determine if the resident's hydration status was comprehensively assessed.*
- §483.21(b)(1), F656, Comprehensive Care Plans
 - *Determine if a comprehensive care plan was developed to address a resident's hydration needs and fluid preferences.*
- §483.21(b)(2), F657, Comprehensive Care Plan Revision
 - Determine if the care plan was periodically reviewed and revised by appropriate staff, in conjunction with the practitioner and with input from the resident or his/her legal representative, to address resident hydration needs and preferences.

35 Chidester, J.C., and Spangler, A.A., "Fluid Intake in the Institutionalized Elderly," Journal of the American Dietetic Association 97 (1991):23-30.

36 Feinsod, F., Levenson, S., Rapp, K., Rapp, M., Beechinor, E., Liebmann, L. (2004). "Dehydration in frail, older residents in long-term care facilities." Journal of the American Medical Directors Association, 5(2 Suppl), S35-S41.

37 Gasper, P.M. "Water Intake of Nursing Home Resident." Journal of Gerontologic Nursing. 1999; 25(4):22-29.

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- §§483.25(g)(1)-(3), F692, Assisted Nutrition and Hydration
 - Determine if the facility has managed the resident's hydration needs.
- §483.35(a), F725, Sufficient Staffing
 - Determine if the concerns related to providing residents with sufficient liquids is related to having sufficient nursing assistant staff to meet these needs.
- §483.10(c), F552, Right to Make Treatment Decisions
 - Determine if the facility addressed the resident's right to refuse treatment, including drinks and thickened fluids.
- §483.20(b), F636, Comprehensive Assessments
 - Determine if the resident's hydration status was comprehensively assessed.
- §483.21(b)(1), F656, Comprehensive Care Plans
 - Determine if a comprehensive care plan was developed to address a resident's hydration needs and fluid preferences.
- §483.21(b)(2), F657, Comprehensive Care Plan Revision
 - Determine if the care plan was periodically reviewed and revised by appropriate staff, in conjunction with the practitioner and with input from the resident or his/her legal representative, to address resident hydration needs and preferences.
- §483.25(g)(1)-(3), F692, Assisted Nutrition and Hydration
 - Determine if the facility has managed the resident's hydration needs.
- §483.35(a), F725, Sufficient Staffing
 - Determine if the concerns related to providing residents with sufficient liquids is related to having sufficient nursing assistant staff to meet these needs.

F808

(F 3107)

§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.

INTENT §483.60(e)(1)-(2) - To assure that residents receive and consume foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician, and/or assessed by the interdisciplinary team to support the resident's treatment, plan of care, in accordance with his her goals and preferences.

GUIDANCE §483.60(e)(1)-(2)

If the residents' attending physician delegates this task he or she must supervise the dietitian and remains responsible for the resident's care even if the task is delegated. The physician would be able to modify a diet order with a subsequent order, if necessary.

NOTE: The terms "attending physician" or "physician" also includes a non-physician provider (physician assistant, nurse practitioner, or clinical nurse specialist) involved in the management of the resident's care.

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DEFINITIONS §483.60(e)(1)-(2)

“Therapeutic Diet” means a diet ordered by a physician or delegated registered or licensed dietitian as part of treatment for a disease or clinical condition, or to eliminate or decrease specific nutrients in the diet, (e.g., sodium) or to increase specific nutrients in the diet (e.g., potassium), or to provide food the resident is able to eat (e.g., a mechanically altered diet).

“Mechanically altered diet” means one in which the texture of a diet is altered. When the texture is modified, the type of texture modification must be specific and part of the physicians’ or delegated registered or licensed dietitian order.

PROBES §483.60(e)(1)-(2)

- If a resident is receiving a therapeutic diet, is the diet prescribed by the attending physician or delegated registered or licensed dietitian?
- If a registered or licensed dietitian has written the order, is this delegation by the physician allowed by State law?
- If a resident has inadequate nutrition or nutritional deficits that manifest into and/or are a product of weight loss or other medical problems, determine if there is a therapeutic diet that is medically prescribed.

POTENTIAL TAGS FOR FURTHER INVESTIGATION §483.60(e)(1)-(2)

During the investigation of F808, the surveyor may have identified concerns with additional requirements related to outcome, process, and/or structure requirements. The surveyor is advised to investigate these related requirements before determining whether non-compliance may be present at these other tags. Examples of some of the related requirements that may be considered when non-compliance has been identified include, but are not limited to, the following:

- §483.30(e)(2), F715, Physician Delegation to Dietitians
 - Determine if concerns are identified with the physician delegation/supervision of a registered or licensed dietitian
- §§483.25(g)(1)-(3), F692, Assisted Nutrition and Hydration.
 - Determine if concerns are identified regarding a resident’s nutritional status

F809 (F368)

§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.

§483.60(f)(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.

§483.60(f)(3) 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.