F-Bombs: Find Cover for 2023 or NOT?

Aging Rules Healthcare Consulting

-Barbara Thomsen CDM CFPP RAC QCP

1

I SPY…..
What are
"THEY"
looking for?

2

Understanding is half the battle!
Here you will get a thorough review of the different 2022-23 CMS (Centers for Medicaid & Medicare Services) survey protocols that drive the cares you provide within your Long -Term Care Community!

3

Disclosures:

I only know today
what I knew from yesterday
Leaving tomorrow…
a total mystery!

No additional conflict of interest for this presentation

The opinions reflected in this presentation are those of the speaker.
Aging Rules LLC /Barbara Thomsen CDM CFPP RAC QCP

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Start with these objectives….

- ✓ Review the CMS '23 combined rule 08.03.2022 §483.60
- ✓ Outline the changes to the MDS & Survey process for 2022-23
- ✓ Discuss the CDM's /Nutrition Teams duties required to meet regulatory compliance/continuous QI

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U.S. FOOD & DRUG ADMINISTRATION
FDA
Food Code

USDA
USDA

Centers for Medicare & Medicaid Services
CMS
Hospital & Long-Term Care

CDC
Centers for Disease Control and Prevention

HHS
United States Department of Health and Human Services
Department of the US federal government

WHO
World Health Organization

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Nursing Home Surveys

Are conducted in accordance with the appropriate protocols outlined in the Appendix P & PP of CMS's (Centers for Medicaid & Medicare Services) Interpretive Guidelines. Citations for non- compliance/deficiencies are based off observations of the nursing homes performance/practices while under survey!

The CMS Interpretive Guidelines (Appendix P & PP) is broken down into 3 parts:

1. Survey Tag Number
2. Wording of the regulation
3. Guidance to surveyors including additional survey procedures and probes

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Standard (Annual)

- **Standard survey** means a periodic, resident-centered inspection that gathers information about the quality of service furnished in a facility to determine compliance with the requirements of participation. (42 CFR 488.301)
- **Frequency** the State may conduct surveys as frequently as necessary to determine if a facility complies with the participation requirements as well as to determine if the facility has corrected any previously cited deficiencies. There is no required minimum time which must elapse between surveys.

8

Standard Survey Frequency

The survey and certification 42 CFR §488.308 require that each skilled nursing facility and nursing facility be subject to a standard survey

no later than 15 months after the last day of the previous standard survey!

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Annual Survey

- Facilities are surveyed, the time of day, day of the week, and time of month are varied from the time of the previous standard survey.
- Time of day that surveyors begin ***may*** extend beyond business hours (8:00 a.m. to 6:00 p.m.)
- The day of the week ***may*** include weekend days, Saturday, and Sunday. A minimum of 10 % of standard health surveys must begin either on the weekend or in the evening/early morning hours before 8:00 a.m. or after 6:00 p.m.

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Deficiency means
a skilled nursing facility's or nursing facility's failure to meet a participation requirement specified in the Act

11

Substantial compliance

Substantial compliance a level of compliance with the requirements of participation such that any identified deficiencies pose no greater risk to resident health or safety than the potential for causing minimal harm. Substantial compliance constitutes compliance with participation requirements. (42 CFR 488.301)

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	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J PoC Required	K PoC Required	L PoC Required
Actual harm that is not immediate	G PoC Required	H PoC Required	I PoC Required
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D PoC Required	E PoC Required	F PoC Required
No actual harm with potential for minimal harm	A No PoC Required No remedies Commitment to Correct Not on CMS-2567	B PoC Required	C PoC Required BOMB

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Plan of Care P.O.C.

- The plan of correction serves as the facility's allegation of compliance and, without it, CMS and/or the State have no basis on which to verify compliance. A plan of correction must be submitted within 10 calendar days from the date the facility receives its Form
- If an acceptable plan of correction is not received within this timeframe, the State notifies the facility that it is recommending to the RO and/or the State Medicaid Agency that remedies be imposed effective when notice requirements are met.
- CMS or the State is required to terminate the provider agreement of a facility that does not submit an acceptable plan of correction.

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Regulatory Changes –
CMS SOM Manual Appendix PP

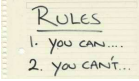
Published in the Federal Register October 4, 2016

(Implementation to occur in 3 phases thru 11/28/2019-)

» Phase 1 - includes requirement that received minor modifications

» Phase 2 – includes new requirements and those provisions that required complex revisions

» Phase 3 – includes all remaining requirements



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Revision Date is 2.3.2023
red ink indicates revised
and/or added material.

State Operations Manual
Appendix PP - Guidance to Surveyors for Long Term Care Facilities

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(Rev. 211, 02-03-23)

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Food and Nutrition Services

State Operations Manual
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§483.60 (FOOD AND NUTRITION SERVICES)
15 TAGS (F800 – F814)

F-TAGS

Used by each state department of health and Centers for Medicare and Medicaid Services to survey quality of care provided to residents in long term care facilities.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

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Food and Nutrition Services

OVERVIEW

§ 483.60

CMS LTC Regulations

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Food & Nutrition Services Deficiency F-Tags

Tag Title	Tag #
Provided Diet Meets Needs of Each Resident	F800
Qualified Dietary Staff	F801
Sufficient Dietary Support Personnel	F802
Menus Meet Res Needs/Prep in Advance/Followed	F803
Nutritive Value/Appear, Palatable/Prefer Temp	F804
Food in Form to Meet Individual Needs	F805
Resident Allergies, Preferences and Substitutes	F806
Drinks Avail to Meet Needs/ Preferences/ Hydration	F807
Therapeutic Diet Prescribed by Physician	F808
Frequency of Meals/Snacks at Bedtime	F809
Assistive Devices - Eating Equipment/Utensils	F810
Feeding Asst - Training/Supervision/Resident	F811
Food Procurement, Store/Prepare/Serve - Sanitary	F812
Personal Food Policy	F813
Dispose Garbage & Refuse Properly	F814

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§483.60 Food and nutrition services. Effective November 28, 2017

F-800 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.

INTENT §483.60 –
To ensure that facility staff support the nutritional well-being of the residents while respecting an individual's right to make choices about his or her diet.

GUIDANCE §483.60
This requirement expects that there is ongoing communication and coordination among and between staff within all departments to ensure that the resident assessment, care plan and actual food and nutrition services meet each resident's daily nutritional and dietary needs and choices. While it may be challenging to meet every residents' individual preferences, incorporating a residents' preferences and dietary needs will ensure residents are offered meaningful choices in meals/diets that are nutritionally adequate and satisfying to the individual.
Reasonable efforts to accommodate these choices and preferences must be addressed by facility staff.Also, cite this Tag if there are overall systems issues relating to how the facility manages and executes its food and nutrition services.

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F-800

The facility **must** provide each resident with a

nourishing, RDA's
palatable, temp, flavors, texture
well-balanced diet Menus RD approved signed off

that meets his or her
daily nutritional &
special dietary needs, Textures, Adaptive Equipment, allergies

taking into consideration
the preferences cultural, religious, likes/dislikes
of each resident.

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INTENT §483.60 –
To ensure that facility staff support the nutritional well-being of the residents
while respecting an individual's right to make choices about his or her diet.

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GUIDANCE §483.60
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Reasonable efforts to accommodate these choices and preferences must be addressed by facility staff.

Also, cite this Tag if there are overall systems issues relating to how the facility manages and executes its food and nutrition services.

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CMS Survey Deficiency Codes

Food and Nutrition Services
Staffing Competencies F-802

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Food and Nutrition Services § 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).

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§483.60 – Food and Nutrition Services

Staffing

- Detailed definition of a qualified dietitian or other clinically qualified nutrition professional
- Includes minimum qualifications for a person designated as the Food and Nutrition Services Director (CDM requirement)
- A member of the Food and Nutrition Services staff must participate on the interdisciplinary team (IDT)

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Centers for Medicare & Medicaid Services CMS **§483.60**

NEW 2016 minimum qualifications for a person designated as the Food and Nutrition Services Director

CDM, CFPP Credential Meets New CMS LTC Requirement

What are the CMS LTC Regulations?

The Centers for Medicare & Medicaid Services (CMS) is the federal agency responsible for administering requirements governing long-term care facilities. In October 2016, CMS released a comprehensive update of regulations to reflect advances in theory and practice of service, delivery and safety for LTC residents, including a section on Food and Nutrition Services.

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§483.60 Food and Nutrition Services

Staffing

(§483.60(a)(2)) state, "we proposed to continue to require that, if a qualified dietitian or other clinically qualified nutrition professional was not employed full-time, the facility would have to designate a person to serve as the Director of Food and Nutrition Services who would receive frequently scheduled consultation from a qualified dietitian.

We proposed to require that the director of food and nutrition services, if hired or designated after the effective date of these regulations, would have to be a certified dietary manager such as those by the Association of Nutrition & Foodservice Professionals (ANFP)

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ANFP Association of Nutrition & Foodservice Professionals

CBDM Certifying Board for Dietary Managers
The credentialing agency for Association of Nutrition & Foodservice Professionals ANFP

CDM Certified Dietary Manager /
CFPP Certified Food Protection Professional

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PPS [CMS-1765-F] 08.03.2022
§483.60 Food and Nutrition Services

A) certified dietary manager; or

B) A certified food service manager; or

(C) Has similar national certification for food service management and safety from a national certifying body; or

D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning;

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NEW

PPS [CMS-1765-F] 08.03.2022
§483.60 Food and Nutrition Services

E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and

has, by no later than October 1, 2023, completed a course of study in food safety and management

that includes topics integral to managing dietary operations including, but not limited to,

foodborne illness, sanitation procedures, and food purchasing/receiving;

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PPS [CMS-1765-F] 08.03.2022
§483.60 Food and Nutrition Services

(ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.

INTENT §483.60 (a)(1)-(2) - To ensure there is sufficient and qualified staff with the appropriate competencies and skill sets to carry out food and nutrition services.

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CMS Revises Director of Food and Nutrition Services Requirements

In the FY 2023 SNF PPS Final Rule (page 47597), CMS announced that they are finalizing a proposal to revise the existing qualification requirements for the Director of Food and Nutrition Services. Currently, according to F801, the Director of Food and Nutrition Services must meet specific educational requirements or hold certain certifications. CMS is revising the requirement to provide that those individuals with several years of experience in performing this specific role, may continue to do so. Specifically, CMS added that individuals with two or more years of experience in the position and who have completed a minimum course of study in food safety that includes topics integral to managing dietary operations, such as foodborne illness, sanitation procedures, food purchasing/receiving, etc. can continue to qualify for this position.

During the SNF Open Door Forum call today, August 4, CMS indicated that this rule will provide a one-year extension to be in compliance. For example, if you have a Food Service Director that has one year of experience today, as long as the Director has the required education (such as additional certifications in ServSafe) by October 1, 2023, the provider will be in compliance with the rule.

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FOOD AND NUTRITION DIRECTOR REQUIREMENTS

Home / Member Resources / E-News Updates / Food and Nutrition Director Requirements

November 23, 2022

CMS

In August 2022, as part of the 2023 SNF PPS rule, CMS added to the requirements for the director of food and nutrition services at § 483.60(a)(2)(E). The addition now allows for another pathway for the director of food and nutrition to qualify for the position; this includes having two or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023. Course topics integral to managing dietary operations include, but are not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving.

CMS has noted that the course requirements are the same equivalent as a ServSafe Food Manager certification. Nursing facilities need to enroll staff in the required training before October 1, 2023, to qualify for the role.

UPCOMING EDUCATION & EVENTS

JAN 18

January 25 at 9:00 am
Operationalizing 10/1/23 MDS Changes – Virtual Workshop

WRONG

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Moderator: Jill Darling 08-04-2022/1:00 p.m. ET Page 29
CMS LTC Open Door Forum Call transcript

BT-My question has to do with the Director of Food and Nutrition Services. The two-year experience credit has that you are on a course of study in food safety and management. And I've been hearing the word ServSafe, which is the hotel restaurant management of food safety eight hours certificate course.
My understanding was, this is not enough in prior discussions to meet qualifications. Is that still in effect? Or I guess I want to know what you consider more a course of study in food safety and management to obtain that experience, two-year experience.

CMS Kristin Shifflett: Right. So, we - in the actual rule, we did give different examples of some of the courses that needed to be covered through this. But in the previous one we proposed, we had heard different things about, you know, just years of experience wasn't enough qualification, or just taking these ServSafe, or other similar courses, was not enough experience.
That's why we combined them together in hopes that that will give people more experience, but it doesn't necessarily have to be ServSafe. There are multiple other ones, but in the regs text, it actually lists out the required topics that we want people to seek in their education to receive that education on that. Does that make sense?

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GAC ANFP PAC

Latest News

Latest Regulatory Updates from the Centers for Medicare & Medicaid Services (CMS)

In 2019, CMS proposed changing the regulations regarding the qualifications for Directors of Food and Nutrition Services to allow a director to either have two years of experience working in that position, or have completed a minimum course of study in food safety. ANFP, its members, and other organizations submitted comments to CMS in support of keeping the education requirements as originally written in 2016. §483.60 11.28.2016 - In the absence of a full time dietitian, a Director of Food and Nutrition Services was required to be a A) Certified Dietary Manager, Certified Food Protection Professional (CDM, CFPP) B) a Certified Food Manager, C) have a similar certification in food service management and safety, or D) have an Associate's Degree or higher in foodservice management or hospitality.

Fast forward to August 2022, CMS LTC SNFs Final Rule was combined with 2019's proposed rule, and PPS [CMS-1765-F] 08.03.2022 §483.60 Food and Nutrition Services was posted. An additional educational option was added that was to help with the original 2016 five-year clause that ended under COVID-19 on November 2021 that gave those working as the Director prior to 2016 with two years or more experience the opportunity to obtain one of the educations options A, B, C or D. Here is the latest 2022 option: **E) Has two or more years of experience in the position of Director of Food and Nutrition Services in a nursing facility setting and has, by no later than October 1, 2023, completed a course of study in food safety and management that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving.**

The new qualification requirements cannot be met by having taken a course of study alone but must be accompanied by **two years of experience as the Director of Food and Nutrition Services.**

The good news, that we as ANFP members and CDM, CFPPs can be pleased to see is, the CDM, CFPP credential remains listed first in the regulatory language. Option E has a limited "shelf life" for one year ending October 2023, and like the others B, C, and D, does not have it in their scope of practice to participate in the care planning process. This is another "win" for CDM, CFPPs, yet another compelling reason being a CDM, CFPP makes us a valuable Interdisciplinary Team member in our care communities - because our scope of practice enables us to be a part of the care planning process.

Don't let this new option distract you! Be proud of the credential you have earned and continue to encourage others to join us and become experts in foodservice management and good safety, and part of the cornerstone of the collaborative food and nutrition profession.

Questions? Reach out to regs@anfponline.org.

Association of Nutrition & Foodservice Professionals
info@ANFPonline.org | 800.323.1908
PO Box 3615 | St. Charles, IL 60174

AmazonSmile - An easy way to support CDM, CFPP grants, scholarships, and research opportunities!

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CMS Survey Deficiency Codes

Food and Nutrition Services
Sanitation/Food Safety F-812

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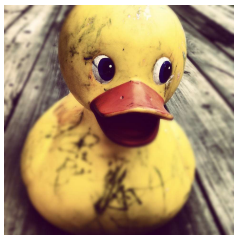
F812 - Food Procurement, Storage, Preparation, Serve-Sanitary



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- **F812 §483.60(i) Food safety requirements.**
- **The facility must –- Store, prepare, distribute and serve food in accordance with professional standards for food service safety.**
- **INTENT §483.60(i)(1)-(2) - To ensure that the facility:**

- •Obtains food for resident consumption from sources approved or considered satisfactory by Federal, State or local authorities;
- •Follows proper sanitation and food handling practices to prevent the outbreak of foodborne illness. Safe food handling for the prevention of foodborne illnesses begins when food is received from the vendor and continues throughout the facility's food handling processes; and,
- •Ensures food safety is maintained when implementing various culture change initiatives such as when serving buffet style from a portable steam table, or during a potluck.
- OVERVIEW §483.60(i)Nursing home residents' risk serious complications from foodborne illness as a result of their compromised health status. Unsafe food handling practices represent a potential source of pathogen exposure for residents. Sanitary conditions must be present in health care food ser-vice settings to promote safe food handling. CMS recognizes the U.S. Food and Drug Administration's (FDA) Food Code and the Centers for Disease Control and Prevention's (CDC) food safety guidance as national standards to procure, store, prepare, distribute and serve food in long term care facilities in a safe and sanitary manner. Effective food safety systems involve identifying hazards at specific points during food handling and preparation, and identifying how the hazards can be prevented, reduced or eliminated.

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NEW CMS
6.29.2022

FOOD AND NUTRITION 483.60
F812 - FOOD PROCUREMENT, STORAGE, PREPARATION, SERVE-SANITARY

- ☑ *CMS REVISED INFORMATION ON FOODBORNE ILLNESSES' RISKS, CAUSES AND IMPACT OF UNSAFE FOOD HANDLING PRACTICES.*
- ☑ *CMS OUTLINED HOW TO IDENTIFY INEFFECTIVE AND UNSAFE FOOD SYSTEMS.*
- ☑ *CMS OUTLINED HOW TO IDENTIFY HAZARDS IN THE FOOD SERVICE DEPARTMENT.*

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Food and Nutrition Services

Ftag	Tag Subject	Key Change to Regulation or Interpretive Guidelines	Significant Change or Technical Correction
F812	Food Procurement, Store/Prepare/Serve - Sanitary	Guidance reorganized for clarification; Added language related to culture change dining practices	Significant

Revisions were made to F812 to address concerns related to culture change in long-term care settings. These changes were specifically related to dining practices.

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Key Changes to Food and Nutrition Services – F812

- F812 Food Procurement, Store/Prepare/Serve - Sanitary:
  Additions included -
  - Separation of food distribution and food service
  - Clarification of the definition for *Food Distribution*
  - Definition for *Food Service*
  - Details on staff hair restraint use
  - Details on staff glove use

Previously, food distribution and food service operations were grouped together under F812. With these revisions, we separated food distribution and food service.

In doing so, we further clarified food distribution by revising the definition and adding a new definition for food service.

We also added additional detail on when staff must wear hair restraints. According to the Food Code of the Food and Drug Administration, food service staff must wear hairnets when cooking, preparing, or assembling food, such as stirring pots or assembling the ingredients of a salad. However, staff do not need to wear hairnets when distributing foods to residents at the dining table(s) or when assisting residents to dine.

Finally, we clarified when staff glove use is necessary; such as when touching ready-to-eat foods or when serving residents who are on transmission-based precautions.

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HAIRNETS MUST BE WORN:

NEW CMS 6.29.2022

- ☑ *COOKING.*
- ☑ *PREPARING.*
- ☑ *ASSEMBLING.*
- ☑ *STIRRING POTS.*
- ☑ *ASSEMBLING INGREDIENTS OF A SALAD*

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GLOVES MUST BE WORN:

NEW CMS 6.29.2022

☑ *DIRECTLY TOUCHING READY TO EAT FOOD*

READY-TO-EAT FOOD MEANS A FOOD PRODUCT THAT IS INTENDED TO BE CONSUMED WITHOUT ANY FURTHER PREPARATION OR COOKING PROCESSES. LUNCH MEATS, BAKERY TREATS, AND PREPARED SALADS

☑ *SERVING RESIDENTS ON TRANSMISSION-BASED PRECAUTIONS.*

•

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DINING LOCATIONS…

NEW CMS 6.29.2022

INCLUDE ANY AREA WHERE ONE OR MORE RESIDENTS EAT THEIR MEALS.

THESE CAN BE LOCATED ADJACENT TO THE KITCHEN OR A DISTANCE FROM THE KITCHEN SUCH AS

- ➢ *RESIDENCE ROOMS*
- ➢ *DINING ROOMS IN OTHER FLOORS /AREAS OF THE BUILDING*

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CMS LISTED FOOD RELATED FOCUS AREAS FOR SURVEYORS TO INCLUDE:

NEW CMS 6.29.2022

- ☑ *FOOD PREPARATION WITHOUT STAFF PROPERLY WASHING THEIR HANDS.*
- ☑ *MEAL DISTRIBUTION WITHOUT STAFF PROPERLY WASHING THEIR HANDS.*
- ☑ *SERVING FOOD TO RESIDENTS AFTER COLLECTING SOILED PLATES WITHOUT STAFF PROPERLY WASHING THEIR HANDS.*
- ☑ *SERVING FOOD TO RESIDENTS AFTER COLLECTING FOOD WASTE WITHOUT STAFF PROPERLY WASHING THEIR HANDS*

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Let's see what other Reg's we can reel in…

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DEFINITIONS §483.60(i)-(2) The following definitions are provided to clarify terms related to professional standards for food service safety, sanitary conditions, and the prevention of foodborne illness. Foodborne illness refers to illness caused by the ingestion of contaminated food or beverages.

Hand Washing, Gloves, and Antimicrobial Gel - Employees should never use bare hand contact with any foods, ready to eat or otherwise. Since the skin carries microorganisms, it is critical that staff involved in food preparation, distribution and serving consistently utilize good hygienic practices and techniques. Staff should have access to proper hand washing facilities with available soap (regular or anti-microbial), hot water, and disposable towels and/or heat/air drying methods.

Hair Restraints/Jewelry/Nail Polish – *According to the current standards of practice such as the Food Code of the FDA, food service staff must wear hair restraints* (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food.

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According to the Food Code, food service staff must wear hairnets when cooking, preparing, or assembling food, such as stirring pots or assembling the ingredients of a salad. However, staff do not need to wear hairnets when distributing foods to residents at the dining table(s) or when assisting residents to dine.

Staff should maintain nails that are clean and neat, and wearing intact disposable gloves in good condition that are changed appropriately to reduce the spread of infection. Since jewelry can harbor microorganisms, it is recommended that staff keep jewelry to a minimum and cover hand or wrist jewelry with gloves when handling food. *According to the Food Code, gloves are necessary when directly touching ready-to-eat food. Additionally, per infection control guidance, gloves are necessary when serving residents who are on transmission-based precautions (See F880 for additional information on transmission-based precautions). However, staff do not need to wear gloves when distributing foods to residents at the dining table(s) or when assisting residents to dine, unless touching ready-to-eat food.*

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Food Distribution - Various systems are available for distributing food items to residents. These include but are not limited to tray lines, portable steam tables transported to dining areas, or *mobile food carts that maintain food in the proper temperature and out of the Danger Zone.* The purpose of these systems is to provide safe holding and transport of the food to the resident's location. Food safety requires consistent temperature control from the *time food leaves the kitchen,* to transport and distribution to prevent contamination (e.g., covering food items). *Timely distribution is essential to ensure food and beverages are served at the proper temperature.*

Dining locations include any area where one or more residents eat their meals. These can be located adjacent to the kitchen or a distance from the kitchen, such as residents' rooms and dining rooms on other floors or areas of the building.

Food Service - Meal service may include, but is not limited to, the steam table where hot prepared foods are held and served, and the chilled area where cold foods are held and served. A resident's meal may consist of a combination of foods that require different temperatures.

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•The Food Code is a model for safeguarding public health and ensuring food is unadulterated and honestly presented when offered to the consumer. It represents FDA's best advice for a uniform system of provisions that address the safety and protection of food offered at retail and in food service.

A new Food Code is published every four years and a supplement is usually published during the time between Food Code editions.

New Full Version
2022
Released 12.22

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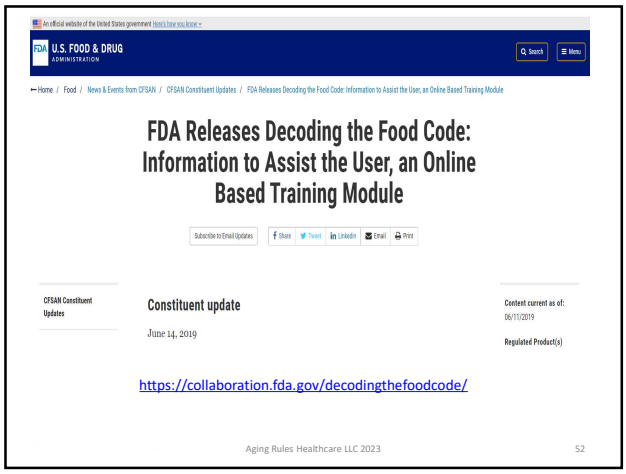
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FDA Releases Decoding the Food Code: Information to Assist the User, an Online Based Training Module
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CFSAN Constituent Updates
Constituent update
June 14, 2019
Content current as of:
06/11/2019
Regulated Product(s)
https://collaboration.fda.gov/decodingthefoodcode/
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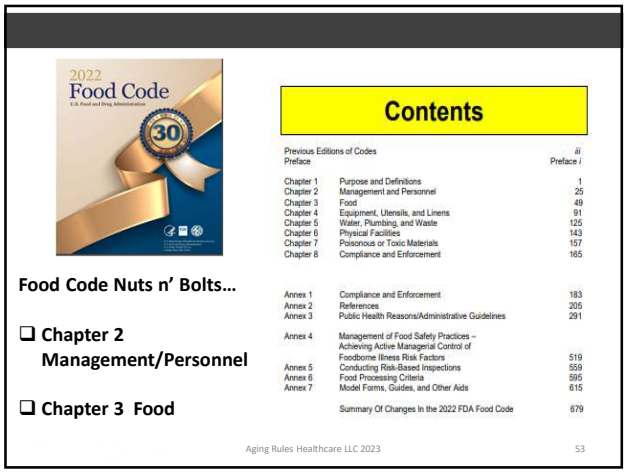
2022 Food Code
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30
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Chapter 3 Food
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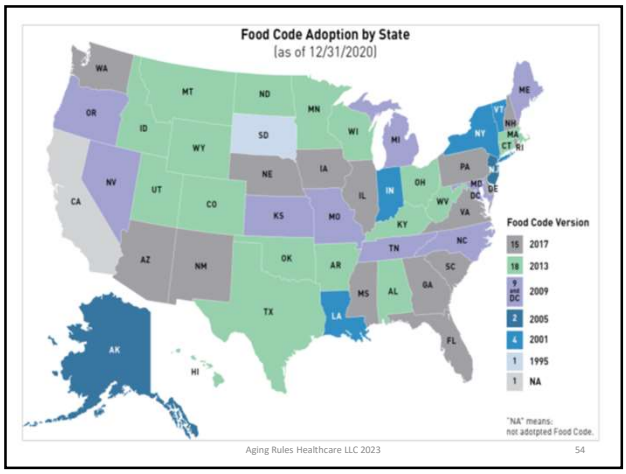
Food Code Adoption by State
(as of 12/31/2020)
Food Code Version
15 2017
18 2013
9 and DC 2009
2 2005
4 2001
1 1995
1 NA
"NA" means: not adopted Food Code.
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Retail Food Facility Licenses are issued to:
Restaurants, Bars, Clubs, Food Auctions, Grocery Stores, Convenient Store, Beer Distributors, Schools, Caterers and similar public food facilities where food is sold or served directly to a consumer from a physical location or facility.

Health Inspector Visit

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CMS Survey Deficiency Codes

Infection Control F-880

56

- §483.*80* Infection Control
- The facility must establish and maintain an infection *prevention and* control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of *communicable* diseases and infections.
- §483.*80(a)* Infection *prevention and* control program.
- The facility must establish an infection *prevention and* control program *(IPCP) that must include, at a minimum, the following elements:*
- §483.*80(a)(1) 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 based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;*

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CMS Survey Deficiency Codes

Life Safety Z-Tags

Disaster Preparedness Z E0042

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Placards posted in general areas help direct your guests and keep everyone safe!

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National Emerging Special Pathogens Training and Education Center

7.27.2022

NETEC

Infection Prevention & Control in the Long-Term Care Setting:

Cleaning and Disinfection

Cleaning & Disinfection | Environmental Cleaning | Minimizing Risk | Care of Environment

Introduction

Long-term care (LTC) settings are communities where residents congregate closely in shared spaces, and equipment is used between residents, staff, visitors, and vendors who enter and leave frequently. This makes LTC an ideal environment for germs to spread and risks the lives and well-being of residents and staff.

https://repository.netecweb.org/files/original/63fb30ebe4f56532546e833b40e75113.pdf

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SPADEs

- Standardized Patient Assessment Data Elements
- Developed by CMS to meet the requirements of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014
  - IMPACT Act requires the reporting of standardized patient assessment data with regard to quality measures and SPADEs
  - IMPACT Act requires assessment data to be standardized and interoperable to allow for exchange of the data among post-acute providers and other providers
  - The Act intends for standardized post-acute care data to improve Medicare beneficiary outcomes through shared-decision making, care coordination, and enhanced discharge planning
  - Six (6) new categories of SPADEs data will be collected on admission/discharges beginning October 1, 2023

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SPADEs and MDS 3.0 v1.18.11

N0415. High-Risk Drug Classes: Use and Indication

1. Is taking
Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days
2. Indication noted
If Column 1 is checked, check if there is an indication noted for all medications in the drug class

	1. Is taking	2. Indication noted
	↓ Check all that apply ↓	
A. Antipsychotic	☐	☐
B. Antianxiety	☐	☐
C. Antidepressant	☐	☐
D. Hypnotic	☐	☐
E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)	☐	☐
F. Antibiotic	☐	☐
G. Diuretic	☐	☐
H. Opioid	☐	☐
I. Antiplatelet	☐	☐
J. Hypoglycemic (including insulin)	☐	☐
Z. None of the above	☐	

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SPADEs and MDS 3.0 v1.18.11

O0110. Special Treatments, Procedures, and Programs
Check all of the following treatments, procedures, and programs that were performed

a. On Admission
Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
b. While a Resident
Performed ***while a resident*** of this facility and within the ***last 14 days***
c. At Discharge
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

a. On Admission	b. While a Resident	c. At Discharge
↓ Check all that apply ↓		

K0520. Nutritional Approaches
Check all of the following nutritional approaches that apply

1. On Admission
Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
2. While Not a Resident
Performed ***while NOT a resident*** of this facility and within the ***last 7 days***. Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.
3. While a Resident
Performed ***while a resident*** of this facility and within the ***last 7 days***
4. At Discharge
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
↓ Check all that apply ↓			

65

OLD

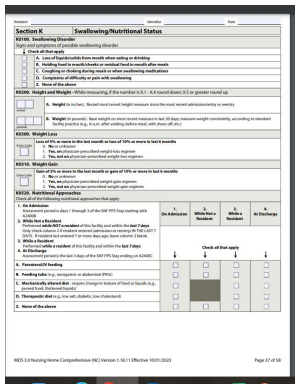
K0510. Nutritional Approaches
Check all of the following nutritional approaches that were performed during the last **7 days**

1. While NOT a Resident
Performed **while NOT a resident** of this facility and within the **last 7 days**. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank
2. While a Resident
Performed **while a resident** of this facility and within the **last 7 days**

	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
A. Parenteral/IV feeding	☐	☐
B. Feeding tube - nasogastric or abdominal (PEG)	☐	☐
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		☐
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)		☐
Z. None of the above	☐	☐

Note the 3-day assessment period on admission and discharge

Note 7-day assessment period while not and while a resident



Resident _____ Identifier _____ Date _____

Section K Swallowing/Nutritional Status

K0100. Swallowing Disorder
Signs and symptoms of possible swallowing disorder
☐ **Check all that apply**
☐ A. **Loss of liquids/solids from mouth when eating or drinking**
☐ B. **Holding food in mouth/cheeks or residual food in mouth after meals**
☐ C. **Coughing or choking during meals or when swallowing medications**
☐ D. **Complaints of difficulty or pain with swallowing**
☐ Z. **None of the above**

K0200. Height and Weight - While measuring, if the number is X.5 – X.4 round down; X.5 or greater round up

☐☐☐ Enter
☐☐ Enter
A. **Height** (in inches). Record most recent height measure since the most recent admission/entry or reentry
B. **Weight** (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)

K0300. Weight Loss
☐ Enter
Loss of 5% or more in the last month or loss of 10% or more in last 6 months
0. **No** or unknown
1. **Yes, on** physician-prescribed weight loss regimen
2. **Yes, not on** physician-prescribed weight loss regimen

K0310. Weight Gain
☐ Enter
Gain of 5% or more in the last month or gain of 10% or more in last 6 months
0. **No** or unknown
1. **Yes, on** physician-prescribed weight gain regimen
2. **Yes, not on** physician-prescribed weight gain regimen

K0520. Nutritional Approaches
Check all of the following nutritional approaches that apply

1. On Admission
Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
2. While Not a Resident
Performed ***while NOT a resident*** of this facility and within the ***last 7 days***. Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.
3. While a Resident
Performed ***while a resident*** of this facility and within the ***last 7 days***
4. At Discharge
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
	↓	↓ Check all that apply ↓		↓
A. Parenteral/IV feeding	☐	☐	☐	☐
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	☐	☐	☐	☐
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐		☐	☐
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	☐	☐	☐	☐
Z. None of the above	☐	☐	☐	☐

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NEW

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Resident Identifier Date

Section K	Swallowing/Nutritional Status

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B

OLD

	2. While a Resident	3. During Entire 7 Days
	Enter Codes	
A. Proportion of total calories the resident received through parenteral or tube feeding 1. **25% or less** 2. **26-50%** 3. **51% or more**	☐	☐
B. Average fluid intake per day by IV or tube feeding 1. **500 cc/day or less** 2. **501 cc/day or more**	☐	☐

Resident Identifier

Note change in item reference

Section K	Swallowing/Nutritional Status

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 2 and/or Column 3 are checked for K0520A and/or K0520B

NEW

	2. While a Resident	3. During Entire 7 Days
	Enter Codes	
A. Proportion of total calories the resident received through parenteral or tube feeding 1. **25% or less** 2. **26-50%** 3. **51% or more**	☐	☐
B. Average fluid intake per day by IV or tube feeding 1. **500 cc/day or less** 2. **501 cc/day or more**	☐	☐

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What we don't have without Section G

- Specs for care area triggers without Section G
  (Fact: currently 17 of the 20 Care Areas use Section G as CATs or for consideration on the Appendix C CAA worksheets)
- Specs for Quality Measures that use Section G
  (Fact: currently 1 Short Stay and 5 Long Stay QMs use Section G ADLs)
- Specs for Claims-Based Measures that use Section G
  (Fact: there are 2 Short Stay claims-based measures and 2 Long Stay claims-based measures that use Section G)
- No longer documenting late-loss ADLs – we'll document usual function … this will affect our care plans

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Resident Identifier Date

Section GG	Functional Abilities and Goals - OBRA/Interim

GG0130. Self-Care (Assessment period is the ARD plus 2 previous calendar days)
Complete only if A0310A = 02 - 06 **and** A0310B = 99 or A0310B = 08.

Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

Coding:
Safety and **Quality of Performance** - If helper assistance is required because resident's performance is unsafe or poor quality, score according to amount of assistance provided.
Activities may be completed with or without assistive devices.
06. **Independent** - Resident completes the activity by themself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:
07. **Resident refused**
09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

5. OBRA/Interim Performance Enter Codes in Boxes	
☐☐	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
☐☐	**B. Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
☐☐	**C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
☐☐	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
☐☐	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
☐☐	**G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
☐☐	**H. Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

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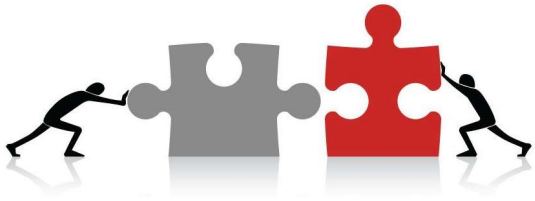
State versus Federal



Experts in food service management and food safety

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State Specific Regulations

Each state has an entity that is the "rule keepers" for your states care communities. Health & Human Services, Department of Inspections & Appeals are some of the agency names. Do your due diligence and review your state specific!

Centers for Medicare & Medicaid Services CMS

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I SPY…..SHARE

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NEW ANFP 3.2022

WHAT WE DO…

CDM®|CFPP® | Certified Dietary Manager / Certified Food Protection Professional

Scope of Practice March 2022

NUTRITION / FOODSERVICE MANAGEMENT / FOOD SAFETY / PERSONNEL MANAGEMENT / BUSINESS OPERATIONS

A Certified Dietary Manager, Certified Food Protection Professional (CDM, CFPP) has met eligibility requirements for, and passed, a nationally recognized credentialing examination offered by the Certifying Board for Dietary Managers. Continuing education is required to maintain this credential. CDM, CFPPs have the education and experience to competently perform the responsibilities of a foodservice manager in a non-commercial setting. The CDM, CFPP is qualified to perform the tasks within the following domains:

Nutrition	
Competency	Task

https://www.cbdmonline.org/docs/default-source/legacy-docs/docs/scopeofpracticefeed079ea5286112a9d8ff00005d4b23.pdf?sfvrsn=ce4762af_25

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IT'S BEEN A PLEASURE….

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The Final Rule

Revised requirements that Long-Term Care facilities must meet to participate in the Medicare and Medicaid programs. Federal Register on 10/04/2016
Available online at:
https://federalregister.gov/d/2016-23503

REVISED SURVEYOR GUIDANCE: FEBRUARY 2021
HTTPS://WWW.CMS.GOV/REGULATIONS-AND-GUIDANCE/GUIDANCE/MANUALS/DOWNLOADS/SOM107AP_PP_GUIDELINES_LTCF.PDF

EFFECTIVE DATE: REVISIONS TO THE STATE OPERATIONS MANUAL-APPENDIX PP AND PSYCHOSOCIAL OUTCOME SEVERITY GUIDE- FEBRUARY 3, 2023.
https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/R211SOMA.pdf

Check out my Vlogs!
CMS F-tags for
Food & Nutrition Services
https://agingrulesblog.com/

Aging Rules LLC
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515.371.2648
agingrulesllc@yahoo.com

HEALTHCARE CONSULTING SERVICES
Personalized Dietary Policy
Manuals /Editing of Existing
Inservice Trainings/Mock Surveys

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