



483.25(i) Nutrition (F325) Surveyor Training: Interpretive Guidance Investigative Protocol

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With regard to the revised guidance F325 Nutrition, there have been significant changes. Specifically, F325 and F326 were merged. However, the regulatory language has remained the same. The revisions to F325 were made to provide definition, education, explanation, and examples for the surveyors to reference.

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Federal Regulatory Language

- The facility must ensure that a resident—
- 483.25(i)(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and
 - 483.25(i)(2) Receives a therapeutic diet when there is a nutritional problem.

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Intent

The intent of this requirement is that the resident maintains, to the extent possible, acceptable parameters of nutritional status and that the facility

- Provides care and services to each resident as identified in their comprehensive assessment
- Recognizes, evaluates, and addresses the needs of the resident at risk for, or already experiencing, impaired nutrition

Intent (cont'd)

Provides a therapeutic diet that takes into account the resident's clinical condition or other appropriate intervention, when there is nutritional indication

Training Objectives

- Describe the relationship between the regulation and the nutrition guidance
- Describe the care process related to nutrition
- Identify when the Investigative Protocol would be used

Training Objectives (cont'd)

- Describe and apply components of the Investigative Protocol
- Identify compliance with the regulation as it relates to nutrition
- Appropriately categorize the severity of noncompliance

483.25(i) Nutrition

Interpretive Guidelines

Definitions

- Acceptable Parameters of Nutritional Status
- Albumin
- Anemia
- Anorexia
- Artificial Nutrition
- Avoidable/Unavoidable
- Clinically Significant
- Current Standards of Practice
- Dietary Supplements
- Insidious Weight Loss
- Nutritional Supplements
- Parameters of Nutritional Status
- Qualified Dietitian
- Therapeutic Diet
- Usual Body Weight

Acceptable Parameters of Nutritional Status

Refers to factors that reflect that the individual's nutritional status is adequate, relative to his/her overall condition and prognosis.

Albumin

Refers to the body's major plasma protein, essential for maintaining osmotic pressure and also serving as a transport protein.

Anemia

Refers to a decrease in the percentage of blood cells relative to total blood volume.

Anorexia

Refers to a loss of appetite, including loss of interest in seeking and consuming food.

Artificial Nutrition

Refers to chemically balanced mix of nutrients and fluids to sustain life, usually administered via percutaneous endoscopic gastrostomy tube (peg tube).

Avoidable

The resident did not maintain acceptable parameters of nutritional status and the facility did not do one or more of the following:

- evaluate the resident's clinical condition and nutritional risk factors
- define and implement interventions that are consistent with resident's needs, resident goals and recognized standards of practice
- monitor and evaluate the impact of the interventions or revise the interventions as appropriate

Unavoidable

The resident did not maintain acceptable parameters of nutritional status even though the facility:

- evaluated the resident's clinical condition and nutritional risk factors
- defined and implemented interventions that are consistent with resident needs, goals and recognized standards of practice
- monitored and evaluated the impact of the interventions

Clinically Significant

Refers to the effects, results, or consequences that materially affect or are likely to affect an individual's physical, mental, or psychological well-being either positively by preventing, stabilizing, or improving a condition or reducing a risk, or negatively by exacerbating, causing, or contributing to a symptom, illness, or decline in status.

Current Standards of Practice

Refers to approaches to care, procedures, techniques, treatments, etc., that are based on research or expert consensus and that are contained in current manuals, textbooks, or publications, or that are accepted, adopted or promulgated by recognized professional organizations or national accrediting bodies.

Dietary Supplements

Refers to nutrients (e.g. vitamins, minerals, amino acids, and herbs) that are added to a person's diet when they are missing and not consumed in enough quantity

Nutritional Supplements

Refers to dietary substances intended to supply nutrients (e.g., vitamins, minerals, fatty acids or amino acids) that are missing or not consumed in sufficient quantity in a person's diet. These substances may also be referred to as food supplements.

Insidious Weight Loss

Refers to a gradual, unintended, progressive weight loss over time.

Parameters of Nutritional Status

Refers to factors (e.g., weight, food/fluid intake, and pertinent laboratory values) that reflect the resident's nutritional status

Qualified Dietitian

Refers to one who is qualified based upon either registration by the Commission on Dietetic Registration of the American Dietetic Association or as permitted by state law, on the basis of education, training, or experience in identification of dietary needs, planning and implementation of dietary programs.

Therapeutic Diet

Refers to a diet ordered by a physician or practitioner as part of treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide mechanically altered food when indicated.



MDS Coding

Note: K5e – MDS coding Definition of Therapeutic Diet has NOT Changed.

- For MDS coding purposes, a mechanically altered diet is not automatically considered a therapeutic diet.
- Code at K5e only if it also meets definition of: “A diet ordered to manage problematic health conditions. Examples include calorie-specific, low-salt, low-fat lactose, no added sugar, and supplements during meals.”



Interpretive Guidance

Usual Body Weight

Refers to the resident’s usual weight through adult life or a stable weight over time.



Interpretive Guidance

Overview

Nutrients are essential substances for critical metabolic processes, the maintenance and repair of cells and organs, and energy to support daily functioning.

Other key factors affecting nutritional status

- The body may not absorb or use nutrients effectively
- Age-related loss of muscle mass, strength and function
- Wasting that occurs as a consequence of illness and inflammatory processes
- Disease causing changes in mental status

Other key factors affecting nutritional status (cont'd)

- Changes to the ability to eat and taste food may occur in later life

Nutritional Assessment

An in-depth assessment will identify factors that existed prior to admission, such as insufficient intake, progressive weight loss/gain, CVA, or recent surgery.

Assessment

- Interdisciplinary Approach
- General Appearance with Height/Weight
- Food and Fluid Intake Parameters
- Nutrient Utilization
- Chewing Difficulties
- Swallowing Abnormalities

Assessment (cont'd)

- Functional Abilities
- Medications
- Goals and Prognosis
- Laboratory/Diagnostic Evaluation

Analysis

- Refers to use of information from Resident Assessment Instrument (RAI)
 - Comprehensive and Quarterly
- Additional assessments as indicated
 - Caloric, Protein, and Fluid Needs Analysis
- Specific to the nature of the nutritional abnormality

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Care Planning and Interventions

- Resident Choice
- Meeting Nutritional Needs
- Diet Liberalization
- Weight-Related Interventions
- Weight Gain

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Care Planning and Interventions (cont'd)

- Environmental Factors
- Anorexia
- Wound Healing
- Functional Factors
- Chewing and Swallowing Factors
- Medications

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Care Planning and Interventions (cont'd)

- Food Fortification and Supplementation
- Maintaining Fluid and Electrolyte Balance
- Use of Appetite Stimulants
- Feeding Tubes
- End of Life

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Monitoring

- To ensure intervention has stabilized nutritional concern
- Review of factors contributing to the resident's nutritional deficits for changes

Monitoring (cont'd)

- Monitor new risk factors that develop after the intervention
- Current intervention may need modification

Investigative Protocol Nutrition

Use this protocol to investigate compliance at 483.25(i)(1)(2) tag F325

Objectives

To determine if the facility has practices in place to maintain acceptable parameters of nutritional status for each resident based on his/her comprehensive assessment.

Objectives (cont'd)

To determine if the resident has received a therapeutic diet when there is a nutritional indication.

Objectives (cont'd)

To determine if failure to maintain acceptable parameters of nutritional status for each resident was avoidable or unavoidable.

Investigation Procedures

- Observation
- Interviews
- Record Review

Observation

- Initial Tour
- Resident Observations
- Dining Observation

Observation – Resident Dining

- Observe two meals during the survey, including an observation on the first day if a meal is being served during the tour, and an evening meal.
- At least one meal observation should be conducted after the record review.

Interview

- Interview resident and responsible party to identify:
 - Participation in care planning and decision making
 - Consideration of nutritional interventions
 - Results/effectiveness of nutritional interventions and care approaches

Interview (cont'd)

- Interview interdisciplinary team members to determine:
 - Impact of nutritional assessment on resident
 - Clinical rationale of nutritional intervention
 - Awareness of any signs and symptoms of nutritional deficits requiring clinical interventions

Interview (cont'd)

- Interview interdisciplinary team members to determine:**
- Physician response to notification of suspected functional impairments related to nutritional deficits
 - Dietitian assessment and communication

Interview (cont'd)

If interventions defined or care provided are inconsistent with current standards of practice, interview one or more physicians or other licensed health care practitioners who can address resident's nutritional status.

Record Review

Review the resident's medical record to determine how the facility:

- Evaluated and analyzed nutritional status
- Identified residents who are at nutritional risk
- Evaluated the effectiveness of the interventions

Record Review (cont'd)

- Investigated and identified causes of anorexia and impaired nutritional status
- Identified and implemented relevant interventions to try to stabilize or improve nutritional status
- Monitored and modified approaches as indicated

Documentation

Findings and conclusions related to nutritional status may be found in various locations in the medical record, including but not limited to interdisciplinary progress notes, nutrition progress notes, the RAI summary, care plan, or resident care conference notes.

Assessment and Monitoring

Review information including

- RAI
- Diet and medication orders
- Activities of daily living worksheets
- Nursing, dietitian, rehabilitation, and social service notes.

Care Plan

- Review the comprehensive care plan to determine if the plan is based on the comprehensive assessment and additional pertinent nutritional assessment information

Care Plan (cont'd)

- Determine if the facility developed measurable objectives, approximate time frames, and specific interventions to maintain acceptable parameters of nutritional status, based on the resident's overall goals, choices, preferences, prognosis, conditions, assessed risks, and needs

Interview with Health Care Practitioners

If the interventions defined, or the care provided, appear to be inconsistent with recognized standards of practice, interview one or more health care practitioners.

Review of Facility Practices

Investigate whether the facility has a system in place to identify residents with nutritional deficiencies or risk and a process in place to consistently address identified needs.



QIS Survey

- The process for conducting the QIS Survey for Nutrition is different in Stage I.
- Surveyors will be conducting interviews about weight loss.
- Surveyors will be reviewing Census and Admission records for resident weights.



QIS Survey

- If a resident triggers for a Stage II investigation, the investigative process is the same:
 - Interviews
 - Observations
 - Record Review



QIS Survey

The following Critical Element Pathways May be Followed if a Resident Triggers in Stage I

- Nutrition/Hydration
- Dental
- ADL



QIS Survey

QIS Forms for Nutrition

A link to the updated forms for the QIS survey can be found at the following website.

<http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>



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DETERMINATION OF COMPLIANCE (Appendix P)

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Determination of Compliance

Determination of Compliance

Did the facility:

- Ensure that each resident maintains acceptable parameters of nutritional status unless the resident's clinical condition demonstrates that this is not possible, and
- Ensure to the extent possible the resident receives a therapeutic diet when indicated?

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CMS Determination of Compliance
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Criteria for Compliance with F325

The facility is in compliance if staff:

- Assessed the resident's nutritional status and identified factors that put the resident at risk of not maintaining acceptable parameters of nutritional status; and
- Analyzed the assessment information to identify the medical conditions, causes and problems related to the resident's condition and needs.

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CMS Determination of Compliance
CENTERS for MEDICARE & MEDICAID SERVICES

Criteria for Compliance with F325 (cont'd)

The facility is in compliance if staff:

- Defined and implemented interventions to maintain or improve nutritional status that are consistent with the resident's assessed needs, choices, goals, and recognized standards of practice, or provided clinical justification why they did not do so
- Provided a therapeutic diet when indicated.

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CMS Determination of Compliance
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Criteria for Compliance with F325 (cont'd)

The facility is in compliance if staff:

- Monitored and evaluated the resident's response to the interventions; and
- Revised the approaches as appropriate, or justified the continuation of current approaches.

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CMS Determination of Compliance
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Noncompliance with F325

Determination of noncompliance occurs after:

- Completing the investigative protocol, and
- The team analysis of data to determine whether noncompliance with the regulation exists.

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CMS Determination of Compliance
CENTERS for MEDICARE & MEDICAID SERVICES

Noncompliance with F325 (cont'd)

Noncompliance with F325 may include (but is not limited to) one or more of the following:

Failure to

- Accurately and consistently assess a resident's nutritional status on admission and as needed thereafter
- Identify a resident at nutritional risk and address risk factors for impaired nutritional status, to the extent possible

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CMS Determination of Compliance
CENTERS for MEDICARE & MEDICAID SERVICES

Noncompliance with F325 (cont'd)

May include failure to:

- Identify, implement, monitor, and modify interventions consistent with the resident's assessed needs, choices, goals, and current standards of practice, to maintain acceptable parameters of nutritional status.
- Notify the physician as appropriate in evaluating and managing causes of the resident's nutritional risks and impaired nutritional status.

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Additional Investigation

Potential Tags for Additional Investigation

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DEFICIENCY CATEGORIZATION (Part IV, Appendix P)

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Severity Determination Key Components

- Harm/negative outcome(s) or potential for negative outcomes due to a failure of care and services,
- Degree of harm (actual or potential) related to compliances, and
- Immediacy of correction required

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Determining Actual or Potential Harm

Actual or potential harm/negative outcomes for F325 may include:

- Significant unplanned weight change
- Inadequate food/fluid intake
- Impairment of anticipated wound healing
- Failure to provide a therapeutic diet, as ordered
- Functional decline
- Fluid/electrolyte imbalance



Determining Degree of Harm

How the facility practices caused, resulted in, allowed, or contributed to harm (actual/potential)

- If harm has occurred, determine if the harm is at the level of serious injury, impairment, death, compromise, or discomfort; and
- If harm has not yet occurred, determine how likely the potential is for serious injury, impairment, death, compromise or discomfort to occur to the resident.



Severity Level 4 Deficiency Categorization

Immediate Jeopardy to Resident's Health or Safety



Level 4 Immediate Jeopardy

Has allowed/caused/resulted in, or is likely to cause serious injury, harm, impairment, or death to a resident and



Level 4 Immediate Jeopardy (cont'd)

Requires immediate correction, as the facility either created the situation or allowed the situation to continue by failing to implement preventative or corrective measures.



Severity Determination

Severity Level 4 Example

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.

Severity Level 4 Example

Substantial and ongoing decline in food intake resulting in significant unplanned weight loss due to dietary restrictions or downgraded diet textures (e.g., mechanic soft, pureed) provided by the facility against the resident's expressed preferences.

Severity Level 3 Deficiency Categorization

Actual Harm that is *not* Immediate Jeopardy

The negative outcome can include but may not be limited to clinical compromise, decline, or the resident's inability to maintain and/or reach his/her highest practicable level of well-being.

Severity Level 3 Example

Significant unplanned weight change and impaired wound healing (not attributable to an underlying medical condition) due to the facility's failure to revise and/or implement the care plan to address the resident's impaired ability to feed him/herself.



Severity Level 3 Example

Unplanned weight change and declining food and/or fluid intake due to the facility's failure to assess the relative benefits and risks of restricting or downgrading diet and food consistency or to obtain or accommodate resident preferences in accepting related risks.



Severity Level 2 Deficiency Categorization

No Actual Harm with potential for more than minimal harm that is not Immediate Jeopardy



Level 2 Deficiency Categorization

- Noncompliance that results in a resident outcome of no more than minimal discomfort, and/or
- Has the potential to compromise the resident's ability to maintain or reach his or her highest practicable level of well-being.



Severity Level 2 Example

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



Severity Level 2 Example

Failure to provide a prescribed sodium-restricted therapeutic diet (unless declined by the resident or the resident's representative or not followed by the resident); however, the resident did not experience medical complications such as heart failure related to sodium excess.



Severity Level 1 Deficiency Categorization

No Actual Harm with Potential for Minimal Harm



Level 1 Deficiency Categorization

The failure of the facility to provide appropriate care and services to maintain acceptable parameters of nutritional status and minimize negative outcomes places residents at risk for more than minimal harm. Therefore, Severity Level 1 does not apply for this regulatory requirement.

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Questions?

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