Learning Objectives

- Gain an understanding of new CMS regulations for LTC facilities
- Learn how to implement new requirements into facility operations and policy.

Changes to LTC Requirements of Participation

- These requirements have not been comprehensively updated since 1991 despite significant changes in the industry.
- The revisions reflect advances in the theory and practice of service delivery and safety, and implement sections of the Affordable Care Act (ACA).
Themes of LTC Final Rule

- Person-Centered Care
  - Existing protections maintained
  - Choices
  - Care & Discharge Planning
- Quality
  - Quality Assurance and Performance Improvement
- Facility Assessment, and a Competency-Based Approach
- Comprehensive Review and Modernization

Phased in Implementation Schedule

- Regulation will be implemented in 3 phases.
- **Phase 1**: Existing requirements, those requirements relatively straightforward to implement, and those that require minor changes to survey process (November 28, 2016)
- **Phase 2**: All Phase 1 requirements, those that providers need more time to develop, foundational elements, and a new survey process that can assess compliance. (November 28, 2017)
- **Phase 3**: All Phase 1 and 2, and those requirements that need more time to implement (personnel hiring and training, implementation of systems approaches to quality) (November 28, 2019)

Improvements

- Person-centered care
- Resident choice and engagement
- Residents’ rights
- Grievance process
- Resident funds/property
- Involuntary moves within the facility
- Abuse, neglect, and exploitation
- Baseline care plan, behavioral health services, and enhanced training requirements
New Focus Areas

- Person-Centered Care (Member of food and nutrition services staff participation)
- Quality of Care and Quality of Life (Choice: Informed, Options, Best Practice)
- Physician Services: Delegation dietary orders
- 483.60 (Food and Nutrition Services)
  - Staffing: F360-F362
  - Menus: F363
  - Food and Drink: F364-F366
  - Therapeutic Diets: F367
  - Frequency of Meals: F368
  - Food Safety Requirements: F371
- Interdisciplinary Team

Let the count down begin....

#10 Support Staffing

- F362
  - §483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.
  - §483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b)(2)(ii).
#9 Menus and nutritional adequacy

- § 483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines;
- § 483.60(c)(2) Be prepared in advance; § 483.60(c)(3) Be followed;
- § 483.60(c)(4) Reflect, based on a facility’s reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;
- § 483.60(c)(5) Be updated periodically;
- § 483.60(c)(6) Be reviewed by the facility’s dietitian or other clinically qualified nutrition professional for nutritional adequacy; and
- § 483.60(c)(7) Nothing in this paragraph should be construed to limit the resident’s right to make personal dietary choices.
#8 Food and Drink:

- **F364/366** Food and drink Each resident receives and the facility provides—
- **§483.60(d)(1)** Food prepared by methods that conserve nutritive value, flavor, and appearance;
- **§483.60(d)(2)** Food and drink that is palatable, attractive, and at a safe and appetizing temperature;
- **§483.60(d)(4)** Food and drink that accommodates resident allergies, intolerances, and preferences;
- **§483.60(d)(5)** Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; and
- **§483.60(d)(6)** Drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration.
#7 Frequency of Meals:

- 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.

- 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.

- 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.
#6 Food Safety Requirements
- F371
- §483.60(i) Food safety requirements. The facility must –
  - §483.60(i)(1) Procure food from sources approved or considered satisfactory by federal, state or local authorities.
  - §483.60(i)(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.
  - §483.60(i)(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.
  - §483.60(i)(iii) This provision does not preclude residents from consuming foods not procured by the facility.

#5 Food Safety Cont.
- F371
- §483.60(i)(2) Store, prepare, distribute and serve food in accordance with professional standards for food service safety.
- §483.60(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.

#4 Paid Feeding Assistants:
- F373
- (i) A facility must ensure that a feeding assistant provides dining assistance only for residents who have no complicated feeding problems.
- (iii) The facility must base resident selection on the interdisciplinary team’s assessment and the resident’s latest assessment and plan of care. Appropriateness for this program should be reflected in the comprehensive care plan.
- §483.95(h) Required training of feeding assistants.
- A facility must not use any individual working in the facility as a paid feeding assistant unless that individual has successfully completed a State approved training program for feeding assistants, as specified in §483.160.
Paid Feeding Assistants Cont:

- §483.60(g) The facility will provide not only adaptive eating equipment and utensils for residents who need these devices but also the appropriate staff assistance to ensure that these residents can use the assistive devices when consuming a meal or snack.

#3 Care Plans

- §483.21 Comprehensive Person-Centered Care Planning
- Baseline Care Plan: Facilities must develop a baseline care plan for each resident, within 48 hours of their admission, which includes the instructions needed to provide effective and person-centered care that meets professional standards of quality care.
- Interdisciplinary Team (IDT): Facilities will add a nurse aide, a member of the food and nutrition services staff, and a social worker to the required members of the interdisciplinary team that develops the comprehensive care plan.

#2 Dental Services

- §483.55 Dental Services
- Prohibiting SNFs and NFs from charging a Medicare resident for the loss or damage of dentures determined in accordance with facility policy to be the facility’s responsibility, and we are adding a requirement that the facility have a policy identifying those instances when the loss or damage of dentures is the facility’s responsibility.
- With regard to a referral for lost or damaged dentures “promptly” means within 3 business days unless there is documentation of extenuating circumstances.
#1 Requirements for Food Service Directors

- § 483.60 (a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services, who—
  - (i) For designations prior to November 28, 2016, meets the following requirements—
    - no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016, if
    - (A) 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; and
  - (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.

You Made It!
So What Does All This Do for Our Residents?

- Improved nutritional status of residents
- Reduced food waste by the facility
- Reduction in the incidence of food-borne illness
- Increased resident satisfaction

Final thoughts...

- Your best move is your next move!
- Update facility policy and procedures to reflect new regulation
- In-service dietary staff
- State Operations Manual (SOM) link: