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INTRODUCTION TO CRITICAL ELEMENT PATHWAY-NUTRITION

BEST PRACTICES

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OBJECTIVES

- By the end of this presentation learners should demonstrate the ability to:
  - Define and locate the Critical Element Pathways
  - Describe the key elements of the Nutrition Pathway
  - Identify best practices in using the Nutrition Pathway
  - Identify the role and expectations of the Registered Dietitian using the Nutrition Pathway

CRITICAL ELEMENT PATHWAYS

- Critical Element Pathways (CEPs) are standardized evaluation tools used in skilled nursing homes to assess compliance with federal regulations and ensure the delivery of high-quality care. They provide a structured framework for evaluating specific areas or “critical elements” of care that are essential for resident well-being.

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CRITICAL ELEMENT PATHWAYS

The Nutrition Critical Element Pathway(CEP) focuses on several key areas to ensure residents' nutritional needs are met. These areas include:

1. Assessment & Care plan
2. Medical considerations and risk factors.
3. Monitoring, documentation & resident feedback
4. Regulatory compliance
5. Nutritional adequacy and special diets
6. Residents' rights

To ensure nutrition needs are being met, The Nutrition CEP will guide the surveyor through:

1. Initial record review
2. Observations
3. Interviews
4. Final record review.

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CRITICAL ELEMENT PATHWAY NUTRITION RECORD REVIEW: BEST PRACTICES

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NUTRITION CRITICAL ELEMENT PATHWAY

Use this pathway for a sampled resident who is not maintaining acceptable parameters of nutritional status or is at risk for impaired nutrition to determine if facility practices are in place to identify, evaluate, and intervene to prevent, maintain, or improve the resident's nutritional status

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RESIDENT RECORD REVIEW

What will the surveyor look for?

Review the most current comprehensive assessment (full)

- This can be the most recent admission assessment, annual assessment, significant change assessment, or a significant correction to a prior comprehensive assessment.
- If the most recent assessment is a quarterly assessment, review the most recent quarterly assessment AND the most recent comprehensive assessment.

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RESIDENT RECORD REVIEW

What will the surveyor look for?

MDS/CAA for

*(Minimum data set/Care area assessment)

C - cognitive patterns

D – mood

GG – functional abilities

K – Swallowing/nutritional status

L – oral/dental status

O – Special treatments, procedures, and programs

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RESIDENT RECORD REVIEW

What will the surveyor look for?

Care plan

- Nutritional interventions
- Assistance with meals
- Assistive devices needed to eat
- Type of diet
- Therapeutic diet
- Weight/weight changes
- Food preferences
- Pertinent labs

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RESIDENT RECORD REVIEW

What will the surveyor look for?

Physician's orders

- Nutrition interventions
  - Supplements (oral supplement, snacks)
  - Type of diet (texture, fluid consistency, therapeutic diet)
  - Weight monitoring
  - Assistance with meals (set-up, prompting/cues, full assist.
- Labs (comprehensive metabolic panel, lipid panel, electrolytes, vitamins, serum iron, pre-albumin, albumin, etc.)

  *Surveyors may also look for outpatient labs for residents on dialysis.
- Medications (diuretics, anticoagulants, psychoactive, etc.)

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RESIDENT RECORD REVIEW

What will the surveyor look for?

Pertinent diagnosis and food allergies/intolerances and preferences.

Are the allergies listed in the care plan? Were they entered in the EMR by the physician? Do notes document acknowledgment of the residents' allergies? Do notes indicate an interaction with the resident to discuss their allergies and food preferences? Do notes indicate any accommodations made to meet the residents' needs?

Providing meals that aligns with the residents' preferences supports adequate and stable meal intake while also promoting an increased sense of dignity and respect for the residents. Consider cultural/religious preferences and likes/dislikes. If the resident is unable to communicate, consider providing food preference forms if the resident can write. Contacting the resident’s representative(s) is another way meal preferences can be obtained if needed. Mealtime monitoring should be ongoing – observe intake and offer to make changes as needed.

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CRITICAL ELEMENT PATHWAY NUTRITION BEST PRACTICES: OBSERVATIONS

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OBSERVATIONS

What will the surveyor observe?

-Observe the resident at a meal (observe as soon as possible)

-Is the diet followed (texture, therapeutic, and preferences)?

-Are proper portion sizes given (e.g., small or double portions)?

-Is the resident assisted (set-up for eating, encouragement to eat, feeding assistant, etc.)

-Are assistive devices in place and used correctly (e.g., plate guard, modified utensils, sippy cups, cues, hand-over-hand)?

-If the resident isn't eating or refuses: What does staff do (e.g., offer substitutes, encourage, or assist the resident)?

-Is the call light in reach if eating in their room?

-Were menu substitutions made?

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OBSERVATIONS

What will the surveyor observe?

Does the resident's physical appearance indicate the potential for an altered nutritional status (e.g., cachectic, dental problems, edema, no muscle mass or body fat, decreased range of motion or coordination in the arms/hands)?

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OBSERVATIONS

What will the surveyor observe?

How physically active is the resident (e.g., pacing or wandering)?

Are supplements provided at times that don't interfere with meal intake (e.g., supplement given right before the meal and the resident doesn't eat)?

Are snacks given and consumed as care-planned?

Is the resident receiving occupational therapy, speech therapy, or restorative therapy services? If so, are staff following their instructions (e.g., head position or food placement to improve swallowing)?

Is there any indication that the resident could benefit from therapy services that are not currently being provided?

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CRITICAL ELEMENT PATHWAY
NUTRITION
BEST PRACTICES: INTERVIEWS

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INTERVIEWS – WHAT WILL THE SURVEYOR ASK?

As part of the investigation, surveyors should attempt to initially interview the most appropriate direct care staff member. Interview questions should be specific to the current investigation and based on findings from the record review and observations.

The surveyor may consider interviewing the resident, the resident representative, nursing assistant, dietary aid, paid feeding assistant, and licensed or registered nurse. Questions related to weight, intake, food preferences, alternative meal options, delivery and quality of meals and snacks, meal refusals, meal assistance, adaptive feeding devices, and treatment plan mat be asked.

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INTERVIEWS – REGISTERED DIETITIAN OR DIETARY MANAGER

- **What will the surveyor ask?**

Qualified nutrition professional
-May vary depending on state

In general: The facility must have a qualified dietitian or other clinically qualified professional either full-time, part-time, or on a consultant basis.

If a qualified nutrition professional is not employed full-time, the facility must designate a person to serve as director of food and nutrition services.

Designee requirements:

1. Must meet one of the following requirements: Certified dietary manager; or certified food service manager; or has similar national certification for food service management from national certification body; or has higher education in food service management from accredited institution with coursework in food service and restaurant management; or has two or more years experience as director of food and nutrition in a nursing facility and has completed coursework in food safety and management.
2. In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and
3. Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.

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REGISTERED DIETITIAN OR DIETARY MANAGER:

What will the surveyor ask of the Registered Dietitian or Dietary Manager?

- Does the resident require any assistance with meals?
    - If so, what type of assistance? How much assistance does the resident need with eating?
- Is the resident at risk for impaired nutritional status? If so, what are the risk factors?
- Has the resident had a loss of appetite, GI, or dental issues? If so, what interventions are in place to address the problem?
- Has the resident lost any weight recently?
    - When did the weight loss occur? What caused it?
- If the resident's weight loss is recent: Who was notified and when were they notified?
- Were any interventions in place before the weight loss occurred?
- Have you seen the resident eat? What meal? Did he/she eat all the meal?
- What are you doing to address the weight loss?

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REGISTERED DIETITIAN OR DIETARY MANAGER:

What will the surveyor ask of the Registered Dietitian or Dietary Manager?

- How often is the resident's food/supplement intake, weight, eating ability monitored? Where is it documented?
- How did you identify that the interventions were suitable for this resident?
- Do you involve the resident/representative in decisions regarding treatments? If so, how
- Does the resident refuse? What do you do if the resident refuses?
- Is the resident continuing to lose weight? If so, did you report it (to whom and when) and did the treatment plan change?
- How do you communicate the nutritional interventions to the staff?
- How are menu substitutions communicated to staff and residents?

Additional questions related to concerns identified based on the investigation may be asked.

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REVISIT RECORDS

The Surveyor may need to return to the record to corroborate information from the observations and interviews.

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HOW CAN YOUR FACILITY BE CITED ON THIS PATHWAY?

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CITATIONS

Critical Element Decisions

1. Did the facility provide care and services to maintain acceptable parameters of nutritional status unless the resident's clinical condition demonstrates that this is not possible, and did the facility ensure that the resident is offered and ordered a therapeutic diet if there is a nutritional problem?
    - If No, cite F692
2. If there was a change in the resident's nutritional status, did the physician evaluate and address medical and nutritional issues related to the change?
    - If No, cite F710
3. For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?
    - If No, cite F655 NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan

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CITATIONS

4. If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?

    - If No, cite F636 NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted, and the comprehensive assessment was not yet required

5. If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?

    - If No, cite F637
    - NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.

6) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?

    - If No, cite F641

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CITATIONS

7. Did the facility develop and implement a comprehensive person-centered care plan that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?

    - If No, cite F656
    - NA, the comprehensive assessment was not completed.

8. Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident's needs?

    - If No, cite F657 NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

Other Tags, Care Areas (CA), and Tasks (Task) to Consider: Right to Refuse F578, Notification of Change F580, Choices (CA), Accommodation of Needs (Environment Task), Parenteral/IV fluids F694, Physician Delegation to a Dietitian F715, Social Services F745, Admission Orders F635, Professional Standards F658, Advance Directives (CA), ADLs (CA), Behavioral-Emotional Status (CA), Accidents (CA), Tube Feeding (CA), Hydration (CA), Unnecessary/Psychotropic Medications (CA), Provides Diet to Meet Needs F800, Qualified Dietary Staff F801, Food in Form to Meet Needs F805, Therapeutic Diet Ordered F808, Assistive Devices F810, Paid Feeding Assistant F811, Physician Services F710, Facility Assessment F838, Resident Records F842, QAA/QAPI (Task)

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REGISTERED DIETITIAN IN ACTION

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REGISTERED DIETITIAN IN ACTION- ROLE AND EXPECTATIONS

Nutrition assessment & care planning

- Conduct comprehensive nutrition assessments for each resident, considering medical history, medications and other factors affecting dietary needs. Develop individualized nutrition care plans.
- Monitoring: Monitor nutrition status and document progress in quarterly assessments. Monitor meal intake and regularly meet with resident to make changes as needed.
- Menu development and review: Collaborate with food service personnel to create and review menus that are nutritionally balanced, culturally appropriate, and appealing to residents. Ensure menu meets the dietary needs of the resident population.
- Food service monitoring: Conduct kitchen rounds to ensure food is prepared and served according to dietary policies, including checking food temperatures, observing preparation techniques, and monitoring portion sizes.
- Staff education and training: Provide training to facility staff on nutrition-related topics to enhance overall care quality.
- Interdisciplinary team participation: Actively participate in the interdisciplinary team to contribute to the resident's overall quality of life through nutrition care.

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REGISTERED DIETITIAN IN ACTION- COMMUNICATION

Ensures appropriate and ongoing mechanisms are in place to communicate the resident's needs to all (necessary) staff and ensure the provision of services. Communication is required to support continuity of care.

Benefits:

- Validates the resident and their family/support network and helps them to acclimate.
- Supports a holistic approach to the resident's well-being and safety.
- Provides all appropriate staff members with the knowledge needed to assist the resident.
- Prevents potential negative outcomes or experiences.
- Promotes an inter-disciplinary approach.
- Ensures and empowers the resident to make choices and be involved.

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DIETITIAN IN ACTION – DOCUMENTATION

Benefits:

- Maintains a holistic resident record (including, but not limited to, their interests, hobbies, preferences, and physical, social, medical, and psychological needs) and encourages continuity of care.
- Supports coordination of available resources to best address resident identified needs and interests.
- Allows for trend analysis to identify and prevent potential risks.
- Complies with regulation F842.

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DOCUMENTATION

“If it’s not documented, it didn’t happen.”

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REGISTERED DIETITIAN ROLE AND EXPECTATIONS

RESIDENT ADVOCATE

DIETITIANS CHAMPION BOTH THE CLINICAL AND PERSONAL SIDES OF NUTRITION CARE, GIVING RESIDENTS A VOICE WHEN IT COMES TO ONE OF THE MOST IMPORTANT ASPECTS OF DAILY LIFE: FOOD

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COLLABORATION IS KEY

CAPITAL DISRICT REGIONAL OFFICE (CDRO)	CENTRAL NEW YORK REGIONAL OFFICE (CNYRO)	METROPOLITAN AREA REGIONAL OFFICE NEW YORK CITY (MARO)	METROPOLITAN AREA REGIONAL OFFICE LONG ISLAND (MARO)	WESTERN REGIONAL OFFICE (WRO)
875 Central Avenue Albany, NY 12206	217 South Salina Street, 4th Floor Syracuse, NY 13202	90 Church Street 15th Floor New York, NY 10007	320 Carleton Avenue, Suite 5000, Central Islip, NY 11722	335 East Main St., 1st Floor Rochester, NY 14604
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REFERENCES

Critical Element Pathways-Nutrition. Centers for Medicare and Medicaid Services (2025).
-https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes
(Downloads → Survey Resources → LTC Survey Pathways → CMS-20075 Nutrition)

CMS operations manual
-https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

CMS survey standards (2024)
-revised-long-term-care-ltc-surveyor-guidance-significant-revisions-enhance-quality-and-oversight-ltc.pdf

MDS/CAA information
-https://www.nutritioncarepro.com/key-deadlines-for-long-term-care-assessmentsdocumentation
-https://dietitiansondemand.com/how-to-complete-section-k-of-mds-3-0-a-long-term-care-dietitians-survival-guide/
-https://www.cms.gov/files/document/draft-mds30-nc-item-set-v11811-oct2023.pdf

Role of registered dietitian
-https://www.rdnutritionconsultants.com/single-post/registered-dietitian-long-term-care

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