

## Stage 2 Critical Elements for Tube Feeding Status

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Surveyor Name: \_\_\_\_\_  
Resident Name: \_\_\_\_\_ Resident ID: \_\_\_\_\_  
Initial Admission Date: \_\_\_\_\_ Interviewable: ☐ Yes ☐ No Resident Room: \_\_\_\_\_  
Care Area(s): \_\_\_\_\_

### Use

Use this protocol for a sampled resident with the potential for, or identified with, a naso-gastric/gastrostomy tube.

### Procedure

- ☐ Briefly review the assessment, care plan, and orders to identify facility interventions and to guide observations to be made.
- ☐ Corroborate observations by interview and record review.

### Observations

#### If the resident is still in the facility:

Observe whether staff consistently implement the care plan over time and across various shifts. Staff are expected to assess and provide appropriate care for residents from the day of admission. During observations of the interventions, note and/or follow up on deviations from the care plan as well as potential negative outcomes, including but not limited to the following:

- ☐ Observe to determine whether staff provide care in accord with the care plan. Note and follow up on negative outcomes and deviations from the care plan or accepted standards of practice. Note any signs that might indicate an altered nutritional or hydration status, such as:
  - Decreased or absent urine output;
  - Decreased tears, complaints of dry eyes;
  - Poor oral health (including obvious dental problems);
  - Dry chapped lips, tongue dryness, longitudinal tongue furrows,

#### Notes:

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### Observations

dryness of the mucous membranes of the mouth (resident may be mouth-breather that may mimic or contribute to dehydration);

- Gastrointestinal (GI) complications (e.g., diarrhea, vomiting, abdominal distention, constipation);
- Sunken eyes;
- Substantial muscle wasting; and
- Edema.

☐ In addition, note whether the resident's level of alertness and functioning permits oral intake, whether assistive devices and call bells are available for the resident who is able to use them, and whether staff provide assistance for the resident who is dependent upon staff for care. Note, for example, whether:

- The resident is resistant to assistance, refuses food or liquids, or is experiencing GI complications and how staff respond;
- The resident is receiving therapy or restorative care to improve swallowing or feeding skills, if the comprehensive assessment indicates the resident has deficits and restorative potential;
- The extent and type of assistance during and in-between meals:
  - Promotes resident dignity and maintains resident's rights (resident's appearance, staff approach to the resident); and
  - Meets the resident's needs and follows rehabilitation and restorative care schedules and instructions including the use of adaptive equipment; positioning to avoid aspiration of food (including positioning of the resident's head); fluids or tube feeding; positioning at the table; cueing or totally feeding; placement of food in the mouth; etc.

NOTE: If you observe the resident being assisted by a staff member to eat or drink, and the resident is having problems with eating or drinking, determine whether the staff member who is assisting the resident is a paid feeding assistant. If so,

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Observations	
follow the procedures at F373.	
<input type="checkbox"/> Review the orders for the type and amount of feeding. <input type="checkbox"/> Observe the provision of care and services to determine whether: <ul style="list-style-type: none"> <li>▪ The resident displays behaviors or psychosocial consequences of tube use, such as agitation, depression, self-extubation, and staff approaches to address these consequences;</li> <li>▪ Tube feeding is being administered as defined in the care plan and as ordered for flow rate, type of formula, free water, flushing, etc. (If unable to observe feeding, follow up with interview and record review.);</li> <li>▪ The insertion site is free of complications and staff provide care of the tube insertion site, in accord with standards of practice, to avoid dislodging the tube and to prevent infections and breakdown of the site;</li> <li>▪ Staff practices for handling, hang-time, and changing tube feeding bags are consistent with accepted standards of practice for infection control and manufacturer instructions;</li> <li>▪ Staff check placement of tube, monitor, and check for feeding residuals, and monitor resident's response to tube feeding;</li> <li>▪ If medications are administered via the tube, liquids are used to flush the tubing before and after the medications (the type of liquid used to irrigate depends upon a combination of the following: physicians orders, condition of resident, facility policy/standard of practice and manufacturer's guidelines); the administration follows physician's orders and standards of practice, the medications are compatible with the tube feeding formula and the medication formulation is appropriate for administration through the tube, in accord with manufacturer's instructions (e.g., extended release tablets should not be crushed unless the goal is immediate release of the medication); and</li> <li>▪ Staff verify the amount of fluid and feeding administered</li> </ul>	<b>Notes:</b>

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Observations	
independent of the flow rate established on a feeding pump, if used (e.g., labeling the formula with the date and time the formula was hung and flow rate).	

  

Resident/Representative Interview	
<p>Interview the resident and/or family or responsible party (as appropriate) to determine:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The level of involvement in the development of the care plan and goals, and whether the interventions reflect resident choices, preferences, portion sizes, meal or nourishment frequency, condiment requests, fluid/food restrictions, allergies, and intolerances;</li> <li><input type="checkbox"/> Whether care and services are provided as written, including the type of assistance/encouragement provided at meal times (e.g., cues, hand-over-hand, or extensive assistance) and at intervals to provide assistance/encouragement for fluid intake, and whether it is sufficient to meet needs;</li> <li><input type="checkbox"/> Whether necessary adaptive equipment is available for use;</li> <li><input type="checkbox"/> If the resident is on a special program for rehabilitation and restorative care, whether schedules and instructions were provided and are followed by staff and whether supplements are offered at times that minimize interference with intake at meals;</li> <li><input type="checkbox"/> Whether the resident has demonstrated or complained of persistent fatigue, lethargy, muscle weakness or cramps, headaches, dizziness, recent nausea, vomiting, diarrhea, constipation and/or impactions, or acute illness;</li> <li><input type="checkbox"/> Whether there has been a condition change, a change in cognition (e.g., increasing and/or sudden confusion), an improvement or decline in condition, recent acute illness, weight loss or gain (including large recent weight changes or slow, insidious changes), and whether the resident is on a planned weight change program, is</li> </ul>	<p><b>Notes:</b></p>

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### Resident/Representative Interview

- in a hospice program, or is imminently at the end of life;
- ☐ If foods or fluids are refused, whether other interventions or substitutions were offered and whether staff provided counseling on alternatives and potential consequences of refusing food and fluid;
  - ☐ Whether there is poor food or fluid intake because the resident "can't keep anything down," lacks an appetite or a sense of thirst, has difficulty getting to or using the bathroom, or there is a lack of staff assistance, etc.;
  - ☐ Whether there are any concerns regarding how the food and fluids taste, the portions, variety, temperature, frequency of meals and fluids offered, etc., and if the current meal plan meets the needs of the resident;
  - ☐ Whether the resident takes medications that may affect taste or appetite, such as chemotherapy, digoxin, or antibiotics, and whether there have been changes in medications recently; and
  - ☐ Whether the resident is experiencing oral or other pain that might interfere with nutrient or fluid consumption and how it is managed.
  - ☐ In regards to use of a naso-gastric or gastrostomy tube feeding:
    - What the facility did to maintain oral feeding prior to inserting a feeding tube (e.g., provided the appropriate level of assistance to eat and consume fluids, used assistive devices, honored preferences);
    - What the facility is doing to assist the resident to regain normal eating skills, if possible, after admission with or insertion of a naso-gastric or gastrostomy tube;
    - Whether the tube has been accidentally dislodged; and
    - Whether the possibility of a gastrostomy tube has been discussed, if the resident has a naso-gastric tube.

### Staff Interviews

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### Staff Interviews

Interview staff on various shifts when concerns about naso-gastric or gastrostomy tube use have been identified. Interview staff to determine:

- ☐ How staff are monitoring the resident's food and fluid intake, including enteral feeding;
- ☐ Whether staff are aware of any evidence of potential nutrition or hydration deficits, for example:
  - The resident's skin lacks its normal elasticity and sags back into position slowly when pinched up into a fold (slow retraction may also be due to loss of elasticity associated with aging);
  - The resident has recent upper body muscle weakness, confusion, speech difficulty;
  - The resident has a reduced sense of thirst (may be common among older adults);
  - The presence of episodes of vomiting, frequent urination, hard or impacted stools and/or episodes of diarrhea, indications of acute illness such as sweating and/or fever, deep rapid breathing, or an increased heart rate; and
  - Resident complaints of poor appetite or resident has poor intake of fluids.
- ☐ Whether staff are aware of any limitations or other factors affecting the resident's hydration or nutrition. For example:
  - Difficulty getting to or using the bathroom (especially if requires staff assistance);
  - Medications (e.g., diuretics);
  - Limited intake of fluids due to a physician ordered restriction (ESRD); or
  - Resident is imminently at the end of life.
- ☐ Whether staff are aware of facility-specific guidelines/protocols about what, when, and to whom to report changes in food intake.

**Notes:**

### Certified Nursing Assistant Interviews

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### Certified Nursing Assistant Interviews

Determine whether the nursing assistants know:

- ☐ What, when, and to whom to report concerns with tube feedings or potential complications from tube feeding;
- ☐ What precautions are utilized for residents who are tube fed (e.g., positioning, protecting tube);
- ☐ The resident's ability to eat independently;
- ☐ How much assistance the resident needs with meal service; and
- ☐ The resident's nutritional problems and risks, care plan interventions, and how the resident is responding to interventions, etc.

**Notes:**

## Stage 2 Critical Elements for Tube Feeding Status

Assessment	
<p><input type="checkbox"/> Review the RAI and other documents such as history and physical; height and weight history; nutritional assessment; physician orders; progress notes; therapy notes if applicable; records of meal and fluid consumption, if available; enteral feeding consumption and/or nutritional supplements; and other progress notes or records that may have information regarding the assessment of the resident's nutrition and hydration status, underlying factors affecting the status, and whether those factors can and should be modified to improve the status. In addition, review to determine whether the rationale for the naso-gastric or gastrostomy tube was identified. Determine whether the assessment included, as appropriate:</p> <ul style="list-style-type: none"> <li>▪ Baseline nutritional and hydration status indicators that include height, weight, and body mass index (BMI);</li> <li>▪ A calculation of calorie, protein, fluid needs based on clinical condition (and calculation of free water for residents being fed by a naso-gastric or gastrostomy tube);</li> <li>▪ Adequacy of food and fluid intake, including significant changes in the resident's overall intake in the last 90 days or since the last assessment was completed;</li> <li>▪ Weight history, noting substantial changes or insidious weight loss/gain and identifying the etiology of the changes (e.g., fluid or obesity); use of a planned weight change program; impact of obesity/weight loss on overall health;</li> <li>▪ New or existing conditions or diagnoses that may affect overall intake, nutrient utilization, and weight stability such as: <ul style="list-style-type: none"> <li>– Malnutrition, dehydration, cachexia, or failure-to-thrive;</li> <li>– Decreased kidney function or urine output, renal disease;</li> <li>– Decreased thirst perception, increased thirst, change in appetite, anorexia;</li> <li>– Cognitive and/or functional impairment (e.g., dysphagia, dependency on the staff for ADLs, inability to communicate</li> </ul> </li> </ul>	<p><b>Notes:</b></p>



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Assessment	
<p>needs);</p> <ul style="list-style-type: none"> <li>– Terminal, irreversible, or progressive conditions (e.g., incurable cancer, severe organ injury or failure, acquired immunodeficiency syndrome);</li> <li>– Constipation, impactions and/or diarrhea;</li> <li>– Pressure ulcers and other chronic wounds, fractures;</li> <li>– COPD, pneumonia, diabetes, cancer, hepatic disease, congestive heart failure, infection, fever, nausea/vomiting, orthostatic hypotension, hypertension;</li> <li>– Psychiatric disturbances, significant changes in behavior or mood; and</li> <li>– Lethargy or confusion.</li> </ul> <ul style="list-style-type: none"> <li>▪ A hydration issue/deficit and lab values which may suggest dehydration (such as ratios of blood urea nitrogen to creatinine of 25 or more, or a serum sodium level greater than 148 mmol per L), efforts to address the issue (e.g., IV hydration) and the nature of the deficit: <ul style="list-style-type: none"> <li>– Isotonic dehydration - a balanced loss of water and sodium typically resulting from a decreased intake, refusal to consume food and water, or large volume losses caused by diarrhea or vomiting;</li> <li>– Hyponatremic dehydration - a loss of more sodium than water, which has numerous etiologies, but is often due to the use of diuretics; or</li> <li>– Hypertonic dehydration - a loss of more water than sodium resulting in elevated serum sodium concentrations is often observed in residents with fever, since insensible water loss exceeds the ability to replace water through oral intake.</li> </ul> </li> <li>▪ The clinical indication for the use of a naso-gastric or gastrostomy tube, resident's/representative's wishes regarding tube feeding, alternatives tried prior to the insertion of the naso-</li> </ul>	

## Stage 2 Critical Elements for Tube Feeding Status

### Assessment

gastric or gastrostomy tube, plans for removal of a tube, including the functional status of the resident and anticipated level of participation with rehabilitation to improve nutrition, hydration, and restore eating skills;

- Factors contributing to or causing the resident to refuse or resist care and alternative efforts to find means to address nutrition and hydration needs;
- Problems with the teeth, mouth, or gums (for example, oral cavity lesions, mouth pain, decayed teeth, or poorly fitting dentures) that could affect eating; various causes of chewing and swallowing problems; and
- A review of medications known to cause a drug/nutrient interaction or having side effects potentially affecting food intake or enjoyment by affecting taste or causing anorexia, increasing weight, causing diuresis, or associated with GI bleeding such as Coumadin or NSAIDs.

☐ Determine whether there was a "significant change" in the resident's condition and whether the facility conducted a significant change comprehensive assessment within 14 days. A "significant change" is a decline or improvement in a resident's status that:

1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting"
2. Impacts more than one area of the resident's health status; and
3. Requires interdisciplinary review and/or revision of the care plan.

If there was a "significant change" in the resident's condition and the facility did not conduct a significant change comprehensive assessment within 14 days, initiate **F274, Resident Assessment When Required**. If a comprehensive assessment was not conducted, also cite F272.

**1. If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively**

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### Assessment

**assess the resident's physical, mental, and psychosocial needs to identify the risks and/or determine underlying causes (to the extent possible) of the resident's use of a naso-gastric or gastrostomy tube?** ☐ Yes ☐ No **F272**

☐ **NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS**

*NOTE: Although Federal requirements dictate the completion of RAI assessments according to certain time frames, standards of good clinical practice dictate that the assessment process is more fluid and should be ongoing.*

*The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident's needs should be addressed under **F281, Professional Standards of Quality**.*

## Stage 2 Critical Elements for Tube Feeding Status

### Care Planning

*If the comprehensive assessment was not completed (CE#1 = No), mark CE#2 "NA, the comprehensive assessment was not completed".*

- ☐ Determine whether the facility developed a care plan that was consistent with the resident's specific conditions, risks, needs, behaviors, preferences, and current standards of practice and included measurable objectives and timetables with specific interventions/services to:
  - Prevent the unnecessary use of a naso-gastric or gastrostomy tube; or
  - Restore eating skills to allow removal of the tube, if possible; and
  - Prevent or address unplanned weight loss and dehydration with plans to meet the nutritional and fluid needs identified on the assessment.
- ☐ If the care plan refers to a specific facility treatment protocol that contains details of the treatment regimen, the care plan should refer to that protocol and should clarify any major deviations from or revisions to the protocol for this resident. The treatment protocol must be available to the caregivers and staff should be familiar with the protocol requirements.
- ☐ Review the care plan to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the care plan addresses, as appropriate:
  - Efforts to seek alternatives to address the needs identified in the assessment if the resident refuses or resists staff interventions to consume foods and/or fluids;
  - Interventions used to assist with hydration efforts to provide fluid intake between and with meals, including alternative methods of providing fluids (gelatins, soups, broths, frozen drinks, etc.) if concern with fluid intake is identified;
  - NOTE: In general, to determine fluid requirements, multiply the resident's body weight in kg times 30cc (2.2 lbs=1kg).

**Notes:**

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### Care Planning

(Assessment and care planning must take into consideration the clinical condition of the resident in order to prevent overhydration which could lead to congestive heart failure or death);

- Advance directives and other relevant declarations of wishes regarding aggressive nutritional support which honor the resident's wishes regarding the withholding or withdrawing of undesired interventions such as tube feeding;
- If palliative and/or end of life care is appropriate and goals are consistent with the resident's wishes, interventions to address decreased appetite and dehydration, good mouth care, preservation of resident dignity, and promotion of comfort rather than specific food/fluid intake goals;
- Preventive care that promotes a specific amount of fluid intake each day to prevent dehydration rather than treat signs of dehydration when these appear;
- Methods to monitor the intake of foods and fluids daily and when to report deviations;
- The provision of hydration and/or food intake for a resident with cognitive impairment or dysphagia, minimizing aspiration risk, and providing sufficient time and assistance to consume the food and/or fluids, including the degree of staff assistance needed to meet nutritional and hydration needs;
- Interventions that honor individual food preferences and accommodate the resident's fluid restrictions, food allergies, and intolerances;
- How often weights are to be monitored if weight falls out of usual body weight parameters;
- Rehabilitative/restorative interventions and specific measures to promote involvement in improving functional skills;
- Assistive devices needed for eating and drinking skills;
- The necessary interventions to prevent complications from the

## Stage 2 Critical Elements for Tube Feeding Status

### Care Planning

tube feeding such as aspiration, dislodgment, infection, pneumonia, fluid overload, fecal impaction, diarrhea, nausea, vomiting; and

- Environmental concerns that may affect accommodating the needs of the resident, such as access to tables and equipment to allow for intake, liberal use of fans or air conditioners in hot weather, appropriate clothing and supplemental efforts to retain body heat in drafts and winter.

☐ If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.

**2. Did the facility develop a plan of care with measurable goals and interventions to address the care and treatment for naso-gastric or gastrostomy tube feeding needs, in accordance with the assessment, resident's wishes, and current standards of practice?**

☐ Yes ☐ No **F279**

☐ **NA, the comprehensive assessment was not completed**

## Stage 2 Critical Elements for Tube Feeding Status

### Care Plan Implementation by Qualified Persons

Observe care and interview staff over several shifts and determine whether:

- ☐ Care is being provided by qualified staff, and/or
- ☐ The care plan is adequately and/or correctly implemented.

**3. Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care?** ☐ Yes ☐ No F282

☐ NA, no provision in the written plan of care for the concern being evaluated

*NOTE: If there is a failure to provide necessary care and services, the related care issue should also be cited when there is actual or potential outcome.*

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## Stage 2 Critical Elements for Tube Feeding Status

### Care Plan Revision

*If the comprehensive assessment was not completed (CE#1 = No), OR, if the care plan was not developed (CE#2 = No), mark CE#4 "NA, the comprehensive assessment was not completed OR the care plan was not developed".*

- ☐ Determine whether the staff have been monitoring the resident's response to interventions for prevention and/or treatment, have evaluated, and revised the care plan based on the resident's response, outcomes, and needs.
- ☐ Review the record and interview staff for information and/or evidence that:
  - Continuing the current approaches meets the resident's needs, if the resident has experienced recurring nutritional or hydration deficits; and
  - The care plan was revised to modify the prevention strategies and to address the presence and treatment of newly identified problems.

**4. Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident?** ☐ Yes ☐ No **F280**

☐ **NA, the comprehensive assessment was not completed OR the care plan was not developed**

**Notes:**



## Stage 2 Critical Elements for Tube Feeding Status

### Provision of Care and Services

**For a resident who has been able to eat enough alone or with assistance, is not fed by naso-gastric tube:**

- ☐ The facility is in compliance with this requirement, if staff have:
- Recognized, assessed, and attempted to correct (to the extent possible) factors placing the resident at risk for tube placement due to not being able to consume food and/or fluids, including specific conditions, causes and/or problems, needs and behaviors;
  - Defined and implemented interventions for consuming foods and/or fluids, in accordance with resident needs, goals, and recognized standards of practice;
  - Monitored and evaluated the resident's response to the efforts; and
  - Revised the approaches as appropriate.

**5. Based on observation, interviews, and record review, did the facility provide appropriate treatment and services to ensure that a resident who has been able to eat enough alone or with assistance is not fed by naso-gastric tube unless the resident's clinical condition demonstrates that use of a naso-gastric tube was unavoidable?** ☐ Yes ☐ No **F321**

**Notes:**

## Stage 2 Critical Elements for Tube Feeding Status

### Provision of Care and Services

#### For a resident is fed by naso-gastric or gastrostomy tube:

- ☐ Determine whether staff have:
- Assessed the type, amount, rate, and volume of the formula to be provided;
  - Defined and implemented interventions such as:
    - Checking for correct tube placement prior to beginning a feeding, administering medications, and after episodes of vomiting or suctioning;
    - Flushing tubing as ordered;
    - Identifying staff responsibilities for the feeding such as who administers, monitors for complications, and provides for corrective actions to allay complications; and
    - Use equipment and formulas according to manufacturer's guidelines and/or infection control policies.
  - Provides these services in accordance with resident needs, goals, and recognized standards of practice; monitored and evaluated the resident's response to the efforts; and
  - Revised the approaches as appropriate.
- ☐ **Compliance with F322, Naso-gastric Tube** — The facility is in compliance with this requirement if staff have:
- Recognized and assessed factors placing the resident at risk of developing complications with the use of the tube, including specific conditions, causes and/or problems, needs and behaviors;
  - Defined and implemented interventions for services in accordance with resident needs, goals, and recognized standards of practice;
  - Addressed the potential for complications;
  - Monitored and evaluated the resident's response to efforts and interventions to restore eating skills; and

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## Stage 2 Critical Elements for Tube Feeding Status

Provision of Care and Services	
<p>▪ Revised the approaches as appropriate.</p> <p><b>6. Based on observation, interviews, and record review, did the facility provide the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic nasal abnormalities, and nasal-pharyngeal ulcers, and to restore, if possible, normal eating skills?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <b>F322</b></p>	
For a resident who is being fed by a naso-gastric or gastrostomy tube and is receiving enteral fluids:	
<p><input type="checkbox"/> Determine whether the resident has received the amount of fluid during the past 24 hours that he/she should have received according to the physician's orders (allow flexibility up to 100cc unless an exact fluid intake is critical for the resident).</p> <p><b>7. Based on observation, interview, and record review, does the facility ensure that residents being fed by a naso-gastric or gastrostomy tube receive the ordered amount of fluids?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <b>F328</b></p>	<p><b>Notes:</b></p>

## Stage 2 Critical Elements for Tube Feeding Status

### Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

During the investigation of care and services provided to meet the needs of the resident, the surveyor may have identified concerns with related structure, process and/or outcome requirements, such as the examples listed below. If an additional concern has been identified, the surveyor should initiate the appropriate care area or F tag and investigate the identified concern. Do not cite any related or associated requirements before first conducting an investigation to determine compliance.

☐ **Notification of Change** — Determine whether staff:

- Consulted with the physician regarding significant changes in the resident's condition, including the need to alter treatment significantly or failure of the treatment plan to address naso-gastric or gastrostomy tube services/care; and
- Notified the resident's representative (if known) of significant changes in the resident's condition in relation to the development of a pressure ulcer, or a change in the resident's condition with these issues.

☐ **F271, Admission Orders** — Determine whether the facility received physician orders for provision of immediate care before conducting the comprehensive assessment and developing an interdisciplinary care plan.

☐ **F278, Accuracy of Assessments** — Determine whether staff that are qualified to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline conducted an accurate assessment.

☐ **F281, Professional Standards of Quality** — Determine whether the services provided or arranged by the facility met professional standards of quality. Professional standards of quality is defined as services that are provided according to accepted standards of clinical practice. Interview health care practitioners and professionals if the interventions defined or care provided appears not to be consistent with recognized standards of practice, such as:

- Observations that indicate that fluids are held to control

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### Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

incontinence episodes, or alternatives are not provided if resident refuses foods and/or fluids served;

- Environmental conditions, such as excessive heat, which staff have not evaluated and provided the use of fans or air conditioners in hot weather, or extra fluids; or have not addressed the reduced humidity in cold winter weather; and
- Care provided for residents who are at risk of complications from tube feeding, etc.

If the interventions defined or care provided appear not to be consistent with recognized standards of practice, interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing, dietitian) who, by virtue of training and knowledge of the resident, should be able to provide information about the causes, treatment, and evaluation of the resident's condition or problem. If there is a medical question, contact the physician if he/she is the most appropriate person to interview. If the attending physician is unavailable, interview the medical director, as appropriate. Depending on the issue, ask about:

- How it was determined that chosen interventions were appropriate;
- Risks identified for which there were no interventions;
- Changes in condition that may justify additional or different interventions;
- How they validated the effectiveness of current interventions;
- How they assure staff demonstrate an understanding of and comply with the facility's system for providing nutrition programs (for example, policies/procedures, staffing requirements, how facility identifies problems and implements action plans, how facility monitors and evaluates the resident's responses, etc.); and
- Who monitors for the provision of assistance for encouraging sufficient fluid intake and during meal service, for overall

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### Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

consumption and response to reduced intake, for weight changes, for appropriate treatment regarding tube feedings, and for the frequency of review and evaluation.

In addition, review staffing if observations indicate that meal service is rushed, residents are not properly positioned, offered fluids, or offered timely assistance; there is a lack of programs to offer food and/or fluids between scheduled meal services or residents receiving tube feedings are not provided appropriate care and services.

- ☐ **F325, Nutrition** - For a resident who has unplanned weight gain or loss, or other nutritional concerns, determine whether the facility:
  - Recognized and assessed factors placing the resident at risk, including specific conditions, causes and/or problems, needs, and behaviors;
  - Defined and implemented interventions in accordance with resident needs, goals, and recognized standards of practice;
  - Monitored and evaluated the resident's response to the efforts; and
  - Revised the approaches as appropriate.
- ☐ **Sufficient Nursing Staff** — Determine whether the facility had qualified staff in sufficient numbers to assure the resident was provided necessary care and services, based upon the comprehensive assessment and care plan, to provide tube feeding care.
- ☐ **F373, Paid Feeding Assistants** — Determine whether:
  - The paid feeding assistant who is assisting this resident has completed a State-approved training course;
  - Use of the feeding assistant is consistent with State law;
  - The feeding assistant is working under the supervision of a registered nurse or licensed practical nurse;
  - This resident is eligible to receive assistance from a paid feeding assistant due to an absence of complicated feeding problems and based on the charge nurse's assessment and resident's latest

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### Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

assessment and plan of care.

- ☐ **F385, Physician Supervision** — Determine whether the physician has assessed and developed a treatment regimen relevant to tube feeding and responded appropriately to the notice of changes in condition.
- ☐ **F501, Medical Director** — Determine whether the medical director:
  - Assisted the facility in the development and implementation of policies and procedures for tube feedings and that these are based on current standards of practice; and
  - Interacts with the physician supervising the care of the resident, if requested by the facility, to intervene on behalf of the resident with nutritional and/or fluid issues.
- ☐ **F514, Clinical Records** — Determine whether the clinical records:
  - Accurately and completely document the resident's status, the care and services provided in accordance with current professional standards and practices; and
  - Provide a basis for determining and managing the resident's progress, including response to treatment, change in condition, and changes in treatment.