

Long-Term Care Survey Alert

SPECIAL FOCUS: SURVEY GUIDANCE--Feed Residents, Not F Tags-- Master New F373 (Paid Feeding Assistants) Requirements

Interpretive guidance paves way for improved nutrition, new survey scrutiny.

Paid feeding assistants can definitely help improve your residents' nutrition and quality of care and life. But facilities offering the program will have to follow the survey rules and avoid scenarios rife with liability.

The regulations allow a nursing facility to use paid feeding assistants as a way to help residents avoid weight loss or dehydration. But the facility must meet these requirements in order to offer such assistance:

- **The state approves the use of paid feeding assistants and has a mechanism to approve a facility's training program for the assistants.** "Use of paid feeding assistants isn't a mandate," says **Evvie Munley**, senior health policy analyst for the **American Association of Homes & Services for the Aging**. "And not all states have gotten on board with it yet." Munley believes some states were "awaiting" CMS' guidance to move forward.
- **The assistants pass a state-approved curriculum** with a minimum of eight hours of training. The curriculum includes feeding techniques, infection control, resident rights, communication and recognizing and reporting changes in a resident's usual behavior.
- **The facility uses the paid feeding assistants to supplement rather than replace CNAs and nursing staff.** A facility can use existing staff to become feeding assistants. Munley notes that many AAHSA facilities report that "existing non-nursing staff, such as social workers, activities, housekeeping staff, etc., often form relationships with residents. And they are interested in participating in the program, which can be rewarding" to both staff and residents.
- **The facility assesses residents to identify those who can safely participate in the program.** Residents with "complicated feeding problems" need not apply, including those with difficulty swallowing, recurrent lung aspirations and tube or parenteral/IV feedings. "The facility must base resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care," states the CMS interpretive guidance.
- **A licensed nurse supervises the feeding assistants.** Feeding assistants must use the resident call system to summon the "supervisory nurse" in an emergency.

In a nutshell, facilities that meet the aforementioned criteria will help F-tag proof their paid feeding assistant program (see the following article for two examples CMS would consider IJ under F373).

Key point: The two components that will "make or break" a facility under the new F tag are the "quality of its educational program" for feeding assistants--and ensuring residents participating in the program meet the criteria, says **Reta Underwood**, a consultant in Buckner, KY.

Best practice: To identify residents with a swallowing problem or at risk for developing one, "ideally the facility would use a screening protocol designed and overseen by a speech and language pathologist," says **Mark Kander**, director of healthcare regulatory analysis for the **American Speech-Language-Hearing Association**.

Proactive strategy: Facilities would be smart to use the F373 survey investigative protocol proactively to assess their performance in using feeding assistants, suggests **Toby Edelman**, with the **Center for Medicare Advocacy** in Washington, DC. (Review the investigative protocol in Appendix PP at www.cms.hhs.gov/manuals/downloads/som107ap_p_ltcf.pdf.)

