

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F196(cont'd)</p> <p>Intent Ensures that each resident receives food in the amount, kind, and consistency to support optimal nutritional status.</p>	<ul style="list-style-type: none"> - Excessive food likes and dislikes - Refusal to eat o Selected biochemical changes which might indicate changes in nutritional status: <ul style="list-style-type: none"> - Visceral protein status <ul style="list-style-type: none"> o serum albumin o transferrin o BUN o Serum electrolytes <p>During mealtime observe the resident for:</p> <ul style="list-style-type: none"> - adherence to food preferences - adequate space for eating - self-feeding skills - proper position for eating - ability to eat foods served - use of adaptive feeding devices - amount of food actually eaten - protection of resident's clothes - amount of time resident is allowed to chew and swallow - Assistance provided as needed to and from dining area - All beverages are covered] 	<p>9. Do you receive nourishment in the evening? Do you have a choice about what you want to eat?</p> <p>10. Do you receive medications during meals? If yes, do you know what it is or what it is for?</p> <p>11. Do you get food from outside of facility that you buy or family brings? How often? What kind of food?</p> <p>12. How often does anyone from the kitchen come to ascertain your feelings and opinions on the food service, your portion size, etc.?</p> <p>13. Where do you eat (e.g., dining room, your room, etc.): Is this your choice? Do you have a choice of where you eat?</p> <p>14. How often have you seen a therapist for your swallowing difficulties? "How has the therapist instructed you/staff/family on methods to improve your swallowing?"</p> <p>Ask Dietician</p> <ul style="list-style-type: none"> - Describe the meal planning input you receive from residents. 	<p>o Food/drug interactions</p> <p>o Mental/emotional assessment as it relates to resident's food habits.</p> <p>Review:</p> <ul style="list-style-type: none"> o Plan of Care o Nursing Notes <p>Review:</p> <ul style="list-style-type: none"> o Physicians orders o Progress notes o Notes from other professional disciplines as appropriate. <p>Nutritional status depends not only on adequacy of menu planning but also whether the resident eats the food and how the body uses it. While the surveyor is not responsible for individual nutritional assessments of residents, when specific information is needed during the survey to make a compliance decision, the surveyor will utilize the following minimum assessment guideline:</p> <p>Menu Evaluation</p> <ul style="list-style-type: none"> o Adequate in energy and nutrients <ul style="list-style-type: none"> - Protein - Calories 	<p>Is there evidence that the resident's progress is regularly observed (e.g., awareness of food and fluid intake such as acceptance of foods, food consumed, and resident's appetite)?</p> <ul style="list-style-type: none"> o Is fluid intake for Foley catheter, problem feeders monitored? o Is there general evidence as to whether poor resident conditions are due to poor care or whether the facility has taken appropriate measures to prevent or resolve problems. o Is there indication of progress toward desired outcomes? If not, is the evidence of re-evaluation available within specified time frames? o When the anthropometric and clinical data do not correlate with dietary data, (food intake, dietary supplements) the surveyor should take note that the problem may not be nutritional. 	<p>Nursing Services -405.1124(f)</p>