Nutrition Critical Element Pathway

Use this pathway for a 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, unless the resident's clinical status demonstrates that this is not possible, or resident preferences indicate otherwise.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C – Cognitive Patterns, D – Mood, G – Functional Status-eating ability (G0110H), K – Swallowing/Nutritional Status, L – Oral/Dental Status, and O – Special Treatment/Proc/Prog-SLP (O0400A) and OT (O0400B).
- ☐ Physician's orders (e.g., food allergies/intolerances and preferences, nutritional interventions [e.g., supplements], assistance with meals, type of diet [e.g., mechanically altered], therapeutic diet [e.g., low sodium diet], weight monitoring, meds [e.g., psychotropic meds, diuretics], and labs).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., nutritional interventions, assistance with meals, assistive devices needed to eat, type of diet, therapeutic diet, food preferences, or pertinent labs).

Observations:

- ☐ Observe the resident at a minimum of two meals:
  - o Are the resident's hands cleaned before the meal if assisted by staff;
  - o Is the diet followed (texture, therapeutic, and preferences);
  - o Are proper portion sizes given (e.g., small or double portions);
  - o Is the resident assisted (with set-up and eating, positioning, supervision, etc.), cued, and encouraged as needed;
  - o Are assistive devices in place and used correctly (e.g., plate guard, modified utensils, sippy cups);
  - o If the resident isn't eating or refuses: What does staff do (e.g., offer substitutes, encourage, or assist the resident); and
  - o How is the dignity of the resident maintained?
- ☐ Are care-planned and ordered interventions in place?
- ☐ Is the call light in reach if the resident is eating in their room?
- ☐ Are there environmental concerns that may affect the resident during meals, such as loud or distracting noises, the inability to reach snacks kept in their room, or other concerns?
- ☐ 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 ROM, or coordination in the arms/hands)?
- ☐ How physically active is the resident (e.g., pacing or wandering)?
- ☐ Are supplements provided and consumed at times that don't interfere with meal intake (e.g., supplement given right before the meal and the resident doesn't eat the meal)?
- ☐ Are snacks given and consumed as care planned?
- ☐ Is the resident receiving OT, SLP, 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 (difficulty grasping utensils, difficulty swallowing)?
- ☐ If a resident is receiving nutrition with a feeding tube, observe for positioning, type of tube feeding, whether a pump or gravity is being used, and the rate and amount being provided.

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Resident, Resident Representative, or Family Interview:

- ☐ How did the facility involve you in the development of your care plan and goals?
- ☐ Have you lost weight in the facility? If so, why do you think you've lost weight (e.g., taste, nausea, dental, grief, or depression issues)?
- ☐ What is the facility doing to address your weight loss? (Ask about specific interventions – e.g., supplements.)
- ☐ Do they give you the correct diet, snacks, supplements, and honor your food preferences/allergies? If not, describe.
- ☐ If you don't want the meal, does staff offer you a substitute?
- ☐ Does staff set up your meal, assist with eating, or encourage you as needed? If not, describe.
- ☐ Do you have difficulty chewing or swallowing your food? If so, how is staff addressing this?
- ☐ Do they give you assistive devices so you can be as independent as possible? If not, describe.
- ☐ Do they give you enough time to eat? If not, describe.
- ☐ Do your care plan interventions reflect your choices, preferences, fluid restrictions, allergies, or intolerances? If not, describe.
- ☐ How does staff involve you in decisions about your diet, food preferences, and where to eat?
- ☐ If you know the resident has refused: What did the staff tell you about what might happen if you don't follow your plan to help maintain your weight?
- ☐ Are you continuing to lose weight? If so, why do you think that is?

Nursing Aide, Dietary Aide or Paid Feeding Assistant:

- ☐ Are you familiar with the resident's care?
- ☐ Where does the resident eat?
- ☐ How much assistance does the resident need with eating?
- ☐ How do you encourage the resident to feed him/herself when possible?
- ☐ Are any supplements given with the meal?
- ☐ How are meal intakes, supplements and weights monitored?
- ☐ Does the resident refuse? What do you do if the resident refuses?
- ☐ Do you know if the resident has lost weight? Has the treatment plan changed?
- ☐ Have you reported any changes in the resident's weight or intake? Who would you report this to?
- ☐ Ask about identified concerns.

Nurse:

- ☐ Are you familiar with the resident's care?
- ☐ How much assistance does the resident need with eating?
- ☐ How are meal intakes, supplements, and weights monitored? Where is it documented?
- ☐ Does the resident refuse? What do you do if the resident refuses?
- ☐ Has the resident lost weight? If so, did you report it (to whom and when) and did the treatment plan change?
- ☐ How do you monitor staff to ensure they are implementing care-planned interventions?
- ☐ If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current care plan.
- ☐ Ask about identified concerns.

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Registered Dietitian or Dietary Manager:

- ☐ Who is involved in evaluating and addressing any underlying causes of nutritional risks or impairment?
- ☐ Does the resident require any assistance with meals?
- ☐ Is the resident at risk for impaired nutritional status? If so, what are the risk factors?
- ☐ Has the resident had a loss of appetite, or any 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?
- ☐ 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 nutritional interventions to the staff?
- ☐ Ask about identified concerns.
- ☐ Who from the Food and Nutrition staff attends the interdisciplinary team meetings?

Practitioner or other Licensed Health Care Practitioner Interviews: If the interventions defined, or the care provided, appear to be inconsistent with current standards of practice, orders, or care plan, interview one or more practitioners or other licensed health care practitioners who can provide information about the resident's nutritional risks and needs.

- ☐ What was the rationale for the chosen interventions?
- ☐ How is the effectiveness of the current interventions evaluated?
- ☐ How have staff managed the interventions?
- ☐ How does the interdisciplinary team decide to maintain or change interventions?
- ☐ What is the rationale for decisions not to intervene to address identified needs?

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Record Review:

- ☐ Review the MDS and CAAs, nursing notes, nutritional assessment and notes, rehab, social service, and physician's progress notes.
  - o Have the resident's nutritional needs been assessed (e.g., calories, protein requirement, UBW, weight loss, desired weight range);
  - o Was the cause of the weight loss identified; and/or
  - o Is the rationale for chosen interventions or no interventions documented?
- ☐ Are the underlying risk factors identified (e.g., underlying medical, psychosocial, or functional causes)?
- ☐ Have the medications been reviewed for any impact affecting food intake?
- ☐ Have relevant care plan interventions been identified and implemented to try to stabilize or improve nutritional status?
- ☐ Does the care plan identify the resident's individualized goals, preferences, and choices?
- ☐ How often are food/supplement intakes monitored and documented? Are deviations identified?
- ☐ How often are weights monitored and documented? Are deviations identified?
- ☐ Are preventative measures documented prior to the weight loss?
- ☐ Was a health care provider's order obtained for a therapeutic diet, if applicable?
- ☐ Review laboratory results pertinent to nutritional status (e.g., albumin and pre-albumin) if ordered or available.
- ☐ Has the care plan been revised to reflect any changes in nutritional status?
- ☐ Do your nutritional observations match the description in the clinical record? If no, interview pertinent staff to investigate the potential discrepancy(ies).
- ☐ Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? If so, was a significant change comprehensive assessment conducted within 14 days?
- ☐ Review the facility policy with regard to nutritional status.
- ☐ If there is a pattern of residents who have not maintained acceptable parameters of nutritional status without adequate clinical justification, determine if Quality Assurance and Performance Improvement (QAPI) activities were initiated to evaluate the facility's approaches to nutrition and weight concerns.

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

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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.

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

7) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable 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.

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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).