

Stage II – Critical Elements for Nutrition, Hydration, and 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:

- Significant weight loss or gain;
- A naso-gastric/gastrostomy tube; or
- Hydration issues, such as not being able to reach, pour, and drink without assistance.

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:

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Observations

- 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, 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

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Observations	
<p>feeding; positioning at the table; cueing or totally feeding; placement of food in the mouth; etc.</p> <ul style="list-style-type: none">▪ Staff are alert to reduced food or fluid intake and the nature of the staff response, including the types of alternative approaches utilized or substitutes offered.	
For the resident with hydration concerns:	
<p>Observe to determine:</p> <ul style="list-style-type: none"><input type="checkbox"/> Whether containers have fresh water (with or without ice according to resident preference), and a drinking glass/cup, or straw are available in the room and accessible to the resident, unless the resident is on fluid restriction or has swallowing precautions that would contradict the use of a straw (or for the dependent resident, staff offer assistance and encourage the resident to take fluids at each encounter, or on a routine basis);<input type="checkbox"/> Whether fluids are provided at meal times and the resident is encouraged to drink them;<input type="checkbox"/> If the resident is on fluid restrictions, how the restriction is monitored;<input type="checkbox"/> If the resident has dysphagia, what approaches are being used to ensure adequate fluid intake; and<input type="checkbox"/> Whether environmental issues such as excessive heat may be contributing factors.	<p>Notes:</p>

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Observations	
For the resident with issues related to maintenance of nutritional parameters:	
<input type="checkbox"/> Review diet orders in the medical record or on the care plan. <input type="checkbox"/> Observe to determine whether: <ul style="list-style-type: none">▪ The resident receives nourishments and/or supplements, whether and to what extent the resident consumes what is offered, and whether the supplements are offered at times that minimize interference with intake at meals; and▪ During the meal service, the food served was in accord with the diet and menu plan (compare what was served with the tray card and if no tray card is available, record what was served and compare with menu and recorded type of diet, beverage preference, likes, dislikes and allergies).	Notes:
For the resident who has a naso-gastric or gastrostomy tube:	
<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">▪ The resident displays behaviors or psychosocial consequences of tube use such as agitation, depression, self-extubation and staff approaches to address these consequences;▪ 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);▪ 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;	Notes:

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Observations

- Staff practices for handling, hang-time and changing tube feeding bags are consistent with accepted standards of practice for infection control and manufacturer instructions;
- Staff check placement of tube, monitor and check for feeding residuals, and monitor resident's response to tube feeding;
- 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: physician's 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
- Staff verify the amount of fluid and feeding administered 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.

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Resident/Representative Interview

Interview the resident and/or family or responsible party (as appropriate) to determine:

- 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;
- 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;
- Whether necessary adaptive equipment is available for use;
- 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;
- 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;
- 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, or is 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;

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Resident/Representative Interview

- 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;
- Whether the resident is experiencing oral or other pain that might interfere with nutrient or fluid consumption and how it is managed; and
- Whether the resident is receiving a naso-gastric or gastrostomy tube feeding, and:
 - 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, etc.);
 - 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.

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Staff Interviews

Interview staff on various shifts when concerns about hydration, nutrition, or 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, e.g.,
 - 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.

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Staff Interviews	
<input type="checkbox"/> Whether staff are aware of facility-specific guidelines/protocols about what, when, and to whom to report changes in food intake.	
For the resident who is being fed by a naso-gastric or gastrostomy tube:	
Determine whether the nursing assistants know: <input type="checkbox"/> What, when, and to whom to report concerns with tube feedings or potential complications from tube feeding; <input type="checkbox"/> What precautions are utilized for residents who are tube fed (e.g., positioning, protecting tube); <input type="checkbox"/> The resident's ability to eat independently; <input type="checkbox"/> How much assistance the resident needs with meal service; <input type="checkbox"/> The resident's nutritional problems and risks, care plan interventions and how the resident is responding to interventions, etc.	Notes:
Assessment	
<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: <ul style="list-style-type: none">▪ Baseline nutritional and hydration status indicators that include height, weight, and body mass index (BMI);	Notes:

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Assessment

- 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);
- 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;
- 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;
- New or existing conditions or diagnoses that may affect overall intake, nutrient utilization, and weight stability such as:
 - Malnutrition, dehydration, cachexia, or failure-to-thrive;
 - Decreased kidney function or urine output, renal disease;
 - Decreased thirst perception, increased thirst, change in appetite, anorexia;
 - Cognitive and/or functional impairment, e.g., dysphagia, dependency on the staff for ADLs, inability to communicate needs;
 - Terminal, irreversible or progressive conditions (e.g., incurable cancer, severe organ injury or failure, acquired immunodeficiency syndrome);
 - Constipation, impactions and/or diarrhea;
 - Pressure ulcers and other chronic wounds, fractures;
 - COPD, pneumonia, diabetes, cancer, hepatic disease congestive heart failure, infection, fever, nausea/vomiting, orthostatic hypotension, hypertension;

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Assessment

- Psychiatric disturbances, significant changes in behavior or mood; and
- Lethargy, or confusion.
- 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:
 - 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;
 - Hyponatremic dehydration-a loss of more sodium than water, which has numerous etiologies, but is often due to the use of diuretics; or
 - 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.
- 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-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;

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Assessment

- Purposeful restriction of fluid intake and/or not consuming all or almost all liquids provided;
- 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;
- 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.

1. Did the facility complete a comprehensive assessment to address nutritional and hydration status and/or use of a naso-gastric or gastrostomy tube? Yes No **F272**

*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** (see the Care and Services Meet Professional Standards section).*

NOTE: The facility may have completed a 5-day assessment for the Medicare beneficiary. Use the 5-day assessment as the comprehensive assessment only if it was completed with the RAPS.

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Care Planning

- Determine whether the facility developed a care plan that was consistent with the resident's specific conditions, risks, needs, behaviors, and 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).

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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;
- Planned weight change program, if appropriate;

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Care Planning

- Rehabilitative/restorative interventions and specific measures to promote involvement in improving functional skills;
- Assistive devices needed for eating and drinking skills;
- If the resident is fed by a naso-gastric or gastrostomy tube, the necessary interventions to prevent complications from the 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 an interdisciplinary care plan that addresses the provision of care for nutritional, hydration, and/or naso-gastric or gastrostomy tube feeding needs?

Yes No **F279**

*The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the RAPS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under **F281** (see the Care and Services Meet Professional Standards section).*

*Additionally, lack of physician orders for immediate care (until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan) should be addressed under **F271**.*

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Care and Services Meet Professional Standards

- 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 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.
- Interviews with Health Care Practitioners and Professionals:** 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;

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Care and Services Meet Professional Standards

- 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 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.

3. Did the facility implement practices to prevent decline in nutritional parameters, hydration, and/or complications of a naso-gastric or gastrostomy tube feeding that meet professional standards of care? Yes No **F281**

NOTE: If the care plan addressed the risks and identified needs of the resident, but the care plan was not implemented as written, consider F282 for failure to implement the care plan.

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Care Plan Revision	
<p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Review the record and interview staff for information and/or evidence that:</p> <ul style="list-style-type: none"> ▪ 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 nutritional problems. <p>4. Did the facility revise the care plan as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No F280</p>	<p>Notes:</p>

Provision of Care and Services	
<p>Criteria for Compliance:</p> <p><input type="checkbox"/> Compliance with F321, Naso-gastric Tubes — For a resident who is being fed by a naso-gastric or gastrostomy tube, the facility is in compliance with this requirement, if staff have:</p> <ul style="list-style-type: none"> ▪ 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; 	<p>Notes:</p>

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Provision of Care and Services

and

- Revised the approaches as appropriate.

If not, the use of the naso-gastric or gastrostomy tube is avoidable: cite F321.

- Compliance with F322, Naso-gastric Tube** — For a resident who has a naso-gastric or gastrostomy tube, and is at risk of developing complications, and if attempts to restore normal eating skills were provided, 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
- Revised the approaches as appropriate.

If not, the resident did not receive treatment and services to prevent complications from tube feeding and restore normal eating skills: cite F322.

- Compliance with F325, Nutrition** — For a resident who has unplanned weight gain or loss, or other nutritional concerns, the facility is in compliance with this requirement, if staff have:
- Recognized and assessed factors placing the resident at risk, including specific conditions, causes and/or problems, needs and behaviors;

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- 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.

If not, and the resident has unplanned weight loss/gain, and is not maintaining nutritional parameters: cite F325.

Compliance with F327, Hydration — For a resident who is not consuming sufficient fluid **intake** to maintain proper hydration and health, the facility is in compliance with this requirement, if staff have:

- Recognized and assessed factors placing the resident at risk for dehydration due to not being able to consume fluids, including specific conditions, causes and/or problems, needs and behaviors;
- Defined and implemented interventions for the provision of 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.

If not, the lack of sufficient fluids to maintain or improve hydration status is avoidable: cite F327.

Compliance with F328, Parenteral and Enteral Fluids — For a resident who is being **fed** by a naso-gastric or gastrostomy tube, and is receiving enteral fluids, the facility is in compliance with this requirement, if staff have:

- Assessed the type, amount, rate and volume of the formula to be provided;

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Provision of Care and Services	
<ul style="list-style-type: none"> ▪ Defined and implemented interventions such as: <ul style="list-style-type: none"> • 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; • Use equipment and formulas according to manufacturers guidelines and/or infection control policies; and • 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. <p>If not, cite F328.</p>	
<p>5. Did the facility provide care and services to address nutritional and hydration status, prevent complications from the use of naso-gastric or gastrostomy tubes, and restore normal eating skills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care	
<p>During the investigation of nutrition, hydration and naso-gastric or gastrostomy tubes, the surveyor may have identified concerns with related outcome, process and/or structure requirements. The surveyor is cautioned to investigate these related requirements before determining whether non-compliance may be present. Some examples of</p>	<p>Notes:</p>

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Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care

requirements that should be considered include the following (not all inclusive):

- F157, Notification of Changes** — Determine whether staff notified the physician of significant changes in the resident’s condition or failure of the treatment plan to prevent or address hydration, weight loss/gain, naso-gastric or gastrostomy tube services/care; or the resident’s representative (if known) of significant changes in the resident’s condition with these issues.
- F353, Sufficient 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 food/fluids and tube feeding care.
- F385, Physician Supervision** — Determine whether the physician has assessed and developed a treatment regimen relevant to tube feeding, nutritional management, or hydration issues 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 nutritional management, tube feedings, and fluid requirements, 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.

If the surveyor determines that the facility is not in compliance with any of these related requirements, the appropriate F tag should be surveyor initiated.