

Welcome to MDS 3.0 Training 2025 Session #2 part 1

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Disclaimer

This presentation is not a substitute for
reading and reviewing the

Long-Term Care Resident Assessment
Instrument 3.0 User's Manual

Version 1.20.1, October 2025

Item Sets Version 1.20.3 October 2025

or

State Operations Manual Appendix PP

Revised 7/23/25



Objectives:

Session #2

- Review Section B- Hearing, Speech, and Vision
- Review Section F- Preferences for Customary Routine and Activities
- Review Section K- Swallowing/Nutritional Status

Code of Federal Regulations (CFR)

- State Operations Manual Appendix PP revised 7/23/25 :
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
- Quality of Care Treatment/Devices to Maintain Hearing/Vision
 - Regulation F685
- Quality of Life- Activities
 - Regulation F679-F680
- Food and Nutrition Services
 - Regulation F800-F814

F685 Treatment/Devices to Maintain Hearing/Vision

Regulation: Vision and hearing

To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident—

- 1. In making appointments, and**
- 2. By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.**

INTENT

The intent of this regulation is to ensure the facility assists the resident in gaining access to vision and hearing services by making appointments and by arranging for transportation.

F685 Guidance

- This requirement does not mean that the facility must provide refraction, glasses, contact lenses or other assistive devices, conduct comprehensive audiological evaluations (other than the screening that is a part of the required) or provide hearing aids or other devices.
- The facility's responsibility is to assist residents and their representatives in locating and utilizing any available resources for the provision of the services the resident needs. This includes making appointments and arranging transportation to obtain needed services.
- In situations where the resident has lost their device, facilities must assist residents and their representative in locating resources, as well as in making appointments, and arranging for transportation to replace the lost devices.
- This does not absolve the facility from assisting residents to keep track of their devices.

Section B:

Hearing, Vision, and Speech

Need examples and dates in the resident documentation!

- B0100 Comatose: needs to be documented by a physician to count.
- B0200 Hearing: should be conducted in a private, quiet spot. The resident may need to use an amplifier. The resident does not need to own the device to use it for the assessment.
- B0600 Speech Clarity: if the resident is “aphasic” but is able to speak 1-2 words clearly, this should be coded as “clear speech.” It is about the clarity of the words, not the content or intended message.
- Section B0600 Speech Clarity and B0700 Makes Self Understood are assessing different things!

Section B Hearing, Speech, and Vision

B0100. Comatose

- Enter Code ☐
- Persistent vegetative state/no discernible consciousness**
0. **No** → Continue to B0200, Hearing
 1. **Yes** → Skip to GG0100, Prior Functioning: Everyday Activities

B0200. Hearing

- Enter Code ☐
- Ability to hear** (with hearing aid or hearing appliances if normally used)
0. **Adequate** - no difficulty in normal conversation, social interaction, listening to TV
 1. **Minimal difficulty** - difficulty in some environments (e.g., when person speaks softly or setting is noisy)
 2. **Moderate difficulty** - speaker has to increase volume and speak distinctly
 3. **Highly impaired** - absence of useful hearing

B0300. Hearing Aid

- Enter Code ☐
- Hearing aid or other hearing appliance used** in completing B0200, Hearing
0. **No**
 1. **Yes**

B0600. Speech Clarity

- Enter Code ☐
- Select best description of speech pattern**
0. **Clear speech** - distinct intelligible words
 1. **Unclear speech** - slurred or mumbled words
 2. **No speech** - absence of spoken words

B0700. Makes Self Understood

- Enter Code ☐
- Ability to express ideas and wants**, consider both verbal and non-verbal expression
0. **Understood**
 1. **Usually understood** - difficulty communicating some words or finishing thoughts **but** is able if prompted or given time
 2. **Sometimes understood** - ability is limited to making concrete requests
 3. **Rarely/never understood**

B0800. Ability To Understand Others

- Enter Code ☐
- Understanding verbal content, however able** (with hearing aid or device if used)
0. **Understands** - clear comprehension
 1. **Usually understands** - misses some part/intent of message **but** comprehends most conversation
 2. **Sometimes understands** - responds adequately to simple, direct communication only
 3. **Rarely/never understands**

B1000. Vision

- Enter Code ☐
- Ability to see in adequate light** (with glasses or other visual appliances)
0. **Adequate** - sees fine detail, such as regular print in newspapers/books
 1. **Impaired** - sees large print, but not regular print in newspapers/books
 2. **Moderately impaired** - limited vision; not able to see newspaper headlines but can identify objects
 3. **Highly impaired** - object identification in question, but eyes appear to follow objects
 4. **Severely impaired** - no vision or sees only light, colors or shapes; eyes do not appear to follow objects

B1200. Corrective Lenses

- Enter Code ☐
- Corrective lenses (contacts, glasses, or magnifying glass) used** in completing B1000, Vision
0. **No**
 1. **Yes**

B0700: Makes Self Understood

- This item cannot be coded as Rarely/Never understood if the resident completed any of the resident interviews. As the interviews are conducted during the look-back period for this item and should be factored in when determining the resident's ability to make them self understood during the entire 7 day look back.
- This includes the ability to express or communicate requests, needs, opinions and to conduct social conversations in their primary language, whether in speech, writing, sign language, gestures, or a combination of these. Deficits in the ability to make one's self understood can include reduced voice volume and difficulty in producing sounds, finding the right word, making sentences, writing and/or gesturing.
- This should be coded after 11:59 PM of the ARD, taking into account all information.
- While B0700 and resident interview items are not directly dependent on each other, inconsistencies should be evaluated.

Section B1300

Health Literacy

B1300. Health Literacy

Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1

Enter Code How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

- 0. Never
- 1. Rarely
- 2. Sometimes
- 3. Often
- 4. Always
- 7. Resident declines to respond
- 8. Resident unable to respond

Glossary A-10

Health Literacy *The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.*

- Resident self-reported item
- Completed for 5-day PPS or Planned PPS Discharge
- Should include this information on the resident's care plan.
- F552 Right to be Informed/Make Treatment Decisions

F552 Right to be Informed/ Make Treatment Decisions

- **Planning and Implementing Care.** The resident has the right to be informed of, and participate in, his or her treatment, including:
 - Even without capacity or declared incompetent the resident may be able to express their needs. Documentation should be in the resident's medical record who made the decisions and participated in the care planning process.
- **The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.**
- **The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.**
- **The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.**
 - Includes psychotropic medication use.

Section F: Preferences for Customary Routine and Activities

- F0300: If the resident is ever understood, the interview needs to be attempted. Use the resident's primary method of communication. *DO NOT* consult B0700 to decide to do the interview or not.
- If the interview is not possible, the resident is rarely or never understood, then conduct the interview with the family or significant other. If the interview could not be completed, then skip to the staff assessment.
- Documentation would be expected if the resident or family were not interviewed.
- If the assessment should have been done during the look back period and *WAS NOT*, code F0300 as YES and dash (-) the information.

Section F (continued)

- Section F is about the quality of their life. These questions are only asked on comprehensive assessments, but it is okay to ask these questions more frequently.
- Please include preferences in the care plan!
- Surveyors ask many of these questions while interviewing residents. Get there before they do!

when

F0300. Should Interview for Daily and Activity Preferences be Conducted?
Attempt to interview all residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other

- Enter Code ☐
0. **No** (resident is rarely/never understood and family/significant other not available) → Skip to and complete F0800, Staff Assessment of Daily and Activity Preferences
 1. **Yes** → Continue to F0400, Interview for Daily Preferences

F0400. Interview for Daily Preferences

Show resident the response options and say: *"While you are in this facility..."*

| Coding: | ↓ | Enter Codes in Boxes |
|---|--------------------------|---|
| 1. Very important | <input type="checkbox"/> | A. <i>how important is it to you to choose what clothes to wear?</i> |
| 2. Somewhat important | <input type="checkbox"/> | B. <i>how important is it to you to take care of your personal belongings or things?</i> |
| 3. Not very important | <input type="checkbox"/> | C. <i>how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?</i> |
| 4. Not important at all | <input type="checkbox"/> | D. <i>how important is it to you to have snacks available between meals?</i> |
| 5. Important, but can't do or no choice | <input type="checkbox"/> | E. <i>how important is it to you to choose your own bedtime?</i> |
| 9. No response or non-responsive | <input type="checkbox"/> | F. <i>how important is it to you to have your family or a close friend involved in discussions about your care?</i> |
| | <input type="checkbox"/> | G. <i>how important is it to you to be able to use the phone in private?</i> |
| | <input type="checkbox"/> | H. <i>how important is it to you to have a place to lock your things to keep them safe?</i> |

F0500. Interview for Activity Preferences

Show resident the response options and say: *"While you are in this facility..."*

| Coding: | ↓ | Enter Codes in Boxes |
|---|--------------------------|---|
| 1. Very important | <input type="checkbox"/> | A. <i>how important is it to you to have books, newspapers, and magazines to read?</i> |
| 2. Somewhat important | <input type="checkbox"/> | B. <i>how important is it to you to listen to music you like?</i> |
| 3. Not very important | <input type="checkbox"/> | C. <i>how important is it to you to be around animals such as pets?</i> |
| 4. Not important at all | <input type="checkbox"/> | D. <i>how important is it to you to keep up with the news?</i> |
| 5. Important, but can't do or no choice | <input type="checkbox"/> | E. <i>how important is it to you to do things with groups of people?</i> |
| 9. No response or non-responsive | <input type="checkbox"/> | F. <i>how important is it to you to do your favorite activities?</i> |
| | <input type="checkbox"/> | G. <i>how important is it to you to go outside to get fresh air when the weather is good?</i> |
| | <input type="checkbox"/> | H. <i>how important is it to you to participate in religious services or practices?</i> |

F0600. Daily and Activity Preferences Primary Respondent

- Enter Code ☐
- Indicate primary respondent for Daily and Activity Preferences (F0400 and F0500)
1. **Resident**
 2. **Family or significant other** (close friend or other representative)
 9. **Interview could not be completed** by resident or family/significant other ("No response" to 3 or more items)

F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?

- Enter Code ☐
0. **No** (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete GG0100, Prior Functioning: Everyday Activities
 1. **Yes** (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences

F0800. Staff Assessment of Daily and Activity Preferences

Do not conduct if Interview for Daily and Activity Preferences (F0400–F0500) was completed

Resident Prefers:

- ↓ Check all that apply
- ☐ A. Choosing clothes to wear
 - ☐ B. Caring for personal belongings
 - ☐ C. Receiving tub bath
 - ☐ D. Receiving shower
 - ☐ E. Receiving bed bath
 - ☐ F. Receiving sponge bath
 - ☐ G. Snacks between meals
 - ☐ H. Staying up past 8:00 p.m.
 - ☐ I. Family or significant other involvement in care discussions
 - ☐ J. Use of phone in private
 - ☐ K. Place to lock personal belongings
 - ☐ L. Reading books, newspapers, or magazines
 - ☐ M. Listening to music
 - ☐ N. Being around animals such as pets
 - ☐ O. Keeping up with the news
 - ☐ P. Doing things with groups of people
 - ☐ Q. Participating in favorite activities
 - ☐ R. Spending time away from the nursing home
 - ☐ S. Spending time outdoors
 - ☐ T. Participating in religious activities or practices
 - ☐ Z. None of the above

Activities Meet Interest/Needs of Each Resident

F679

- **The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.**

Intent

- To ensure that facilities implement an ongoing resident centered activities program that incorporates the resident's interests, hobbies and cultural preferences which is integral to maintaining and/or improving a resident's physical, mental, and psychosocial well-being and independence. To create opportunities for each resident to have a meaningful life by supporting his/her domains of wellness (security, autonomy, growth, connectedness, identity, joy and meaning).

Section K: Swallowing/Nutritional Status

- The items in this section are intended to assess the many conditions that could affect the resident's ability to maintain adequate nutrition and hydration. This section covers swallowing disorders, height and weight, weight loss, and nutritional approaches. The assessor should collaborate with the dietitian and dietary staff to ensure that items in this section have been assessed and calculated accurately.

Section K: Swallowing/Nutritional Status

- K0100 Swallowing Disorder: need to observe the resident and ask staff who work with the resident if any of these signs and symptoms were present during the look back period.
- K0200B Weight: Record the weight, on the most recent measure in the last 30 days, *closest* to the ARD.
- K0300 Weight Loss: Since this looks back 6 months, it may not capture weight loss from 3 months ago. If weight loss has been recognized and the resident has already regained some weight this would still need to be addressed. Explain in the CAA or the resident's record.
 - This item does not consider weight fluctuation outside of these two time points, although the resident's weight should be monitored on a continual basis and weight loss assessed and addressed on the care plan as necessary.

Does require:

- Documentation of resident's weight both 30 days and/or 180 days prior to the current weight during the observation period.
- Documentation supporting the expressed goal for the physician-prescribed weight loss regimen in the medical record.
- Consistency with physician orders, progress notes, interdisciplinary notes, treatment records and the person-centered care plan.

K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder



Check all that apply

☐

A. Loss of liquids/solids from mouth when eating or drinking

☐

B. Holding food in mouth/cheeks or residual food in mouth after meals

☐

C. Coughing or choking during meals or when swallowing medications

☐

D. Complaints of difficulty or pain with swallowing

☐

Z. None of the above

K0200. Height and Weight

While measuring, if the number is X.1–X.4 round down; X.5 or greater round up

Inches

A. Height (in inches)

Record most recent height measure since the most recent admission/entry or reentry

Pounds

B. Weight (in pounds)

Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)

K0300. Weight Loss

Enter Code

Loss of 5% or more in the last month or loss of 10% or more in last 6 months

0. No or unknown

1. Yes, on physician-prescribed weight-loss regimen

2. Yes, not on physician-prescribed weight-loss regimen

K0310. Weight Gain

Enter Code

Gain of 5% or more in the last month or gain of 10% or more in last 6 months

0. No or unknown

1. Yes, on physician-prescribed weight-gain regimen

2. Yes, not on physician-prescribed weight-gain regimen

K0300: Weight loss

- Physician Prescribed Weight-loss Regimen
- A weight reduction plan ordered by the resident's physician with the care plan goal of weight reduction. May employ a calorie-restricted diet or other weight-loss diets and exercise. Also includes planned diuresis. It is important that weight loss is intentional.
- To code K0300 as 1, yes, the expressed goal of the weight loss diet or the expected weight loss of edema through the use of diuretics must be documented.

K0300 Weight Loss & K0310 Weight Gain

Steps for Assessment

- *This item compares the resident's weight in the current observation period with their weight at two snapshots in time:*
- At a point closest to 30-days preceding the current weight.
- At a point closest to 180-days preceding the current weight.
- *The resident's weight captured closest to these two time points are the only two weights considered for this item, but the resident's weight should be monitored on a continual basis and weight loss assessed and addressed on the care plan as necessary.*
- *In cases in which multiple weights for the resident may exist during the time period being evaluated, select the weight on the date closest to the appropriate time point. -Examples*

For a New Admission

- Ask the resident, family, or significant other about weight gain over the past 30 and 180 days.
- Consult the resident's physician, review transfer documentation, and compare with admission weight.
- If the admission weight is more than the previous weight, calculate the percentage of weight gain.
- Complete the same process to determine and calculate weight gain comparing the admission weight to the weight 30 and 180 days ago.

Section K (continued)

- K0520 Nutritional Approaches:
 - Trial diets not captured RAI page K-13
- K0520 A Parenteral/IV feeding: Needs documentation that reflects the need for additional fluids to address nutrition, hydration or prevention.
- K0520B Feeding tube: Only mark this if used for nutrition or hydration.

Section K0520

K0520. Nutritional Approaches

Check all of the following nutritional approaches that apply

| 1. On Admission | 2. While Not a Resident | 3. While a Resident | 4. At Discharge | | | |
|--|---|--|---|--------------------------|--------------------------|--------------------------|
| Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B | Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank. | Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i> | Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C | | | |
| Check all that apply | | | 1. On Admission | 2. While Not a Resident | 3. While a Resident | 4. At Discharge |
| A. Parenteral/IV feeding | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Feeding tube (e.g., nasogastric or abdominal (PEG)) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Z. None of the above | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Nutritional Approaches include new time frames

1. On Admission: Assessment period is days 1-3 of the SNF PPS starting with A2400B

2. While Not a Resident: Performed while not a resident of the facility and within the last 7 days. If the resident entered 7 or more days ago, leave column 2 blank.

3. While a Resident: Performed while a resident and within the last 7 days.

4. At Discharge: Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C.

K0520A: Parenteral/IV Feeding

- Include only if given for nutrition or hydration and when there is documentation addressing the need.
 - IV fluids or hyperalimentation, including total parenteral nutrition (TPN), administered continuously or intermittently
 - IV fluids running at KVO (Keep Vein Open)
 - IV fluids contained in IV Piggybacks
 - Hypodermoclysis and subcutaneous ports in hydration therapy

K0520B Feeding Tube

- Enteral feeding formulas: Should not be coded as a mechanically altered diet.
- Should only be coded as **K0520D, Therapeutic Diet** when the enteral formula is altered to manage problematic health conditions, e.g. enteral formulas specific to residents with diabetes.
- Only feeding tubes that are used to deliver nutritive substances and/or hydration during the assessment period are coded in K0520B.

K0520C Mechanically Altered Diet

- A diet specifically prepared to alter the texture or consistency of food to facilitate oral intake.
 - Examples include soft solids, puréed foods, ground meat, and thickened liquids. A mechanically altered diet should not automatically be considered a therapeutic diet.
- Assessors should not capture a trial of a mechanically altered diet (e.g., pureed food, thickened liquids) during the observation period in K0520C, mechanically altered diet.

K0520D Therapeutic Diet

RAI page K-13

A therapeutic diet is a diet intervention prescribed by a physician or other authorized nonphysician practitioner that provides food or nutrients via oral, enteral, and parenteral routes as part of treatment of disease or clinical condition, to modify, eliminate, decrease, or increase identified micro- and macro-nutrients in the diet

Therapeutic diets are not defined by the content of what is provided or when it is served, but why the diet is required. Therapeutic diets provide the corresponding treatment that addresses a particular disease or clinical condition which is manifesting an altered nutritional status by providing the specific nutritional requirements to remedy the alteration.

A nutritional supplement (house supplement or packaged) given as part of the treatment for a disease or clinical condition manifesting an altered nutrition status, does not constitute a therapeutic diet, but may be **part** of a therapeutic diet. Therefore, supplements (whether given with, in-between, or instead of meals) are only coded in K0520D, Therapeutic Diet when they are being administered as part of a therapeutic diet to manage problematic health conditions (e.g. supplement for protein-calorie malnutrition).

Food elimination diets related to food allergies (e.g. peanut allergy) can be coded as a therapeutic diet.

Fluid restriction ordered for a disease or clinical condition may be considered a therapeutic diet.

K0520D Therapeutic Diet

What all this means is that a nutritional supplement in and of its own to address protein calorie malnutrition, weight loss, or protein supplement does not meet the requirements for coding K0510D Therapeutic Diet, on the MDS. A nutritional supplement combined with a diet in which a specific substance(s) (e.g. sodium, potassium, calories) are eliminated, decreased or increased to address the resident's altered nutritional status, which is attributed to a disease or clinical condition.

Similarly, Diets that are prescribed or adhered to per the residents' choice/preference, in the absence of an altered nutritional state due to a disease or clinical condition, not meet the RAI manual definition of a therapeutic diet and should not be coded on the MDS as a therapeutic diet.

For example, if a gluten free diet is prescribed by a practitioner as part of a treatment for a disease or clinical condition that alters the resident's nutritional status, then it should be coded on the MDS. If the diet is not prescribed for this reason, it cannot be coded on the MDS.

(CMS December 31, 2018)

K0710

K0710. Percent Intake by Artificial Route

Complete K0710 only if Column 2 and/or Column 3 are checked for K0520A and/or K0520B

| 2. While a Resident | | 3. During Entire 7 Days | |
|--|---|--|--------------------------|
| Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i> | | Performed during the entire <i>last 7 days</i> | |
| | | Enter Codes | |
| | | 2. While a Resident | 3. During Entire 7 Days |
| A. | Proportion of total calories the resident received through parenteral or tube feeding | | |
| 1. | 25% or less | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | 26–50% | | |
| 3. | 51% or more | | |
| B. | Average fluid intake per day by IV or tube feeding | | |
| 1. | 500 cc/day or less | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | 501 cc/day or more | | |

Need to show your work!

Food and Nutrition Services

F801 Qualified Dietary Staff (in part)

A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional.

GUIDANCE

...While these functions may be defined by facility management, at a minimum they should include, but are not limited to:

- Assessing the nutritional needs of residents

F806 Resident Allergies, Preferences and Substitutes

Each resident receives and the facility provides—

Food that accommodates resident allergies, intolerances, and preferences;

Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice...

GUIDANCE

Facilities should be aware of each resident's allergies, intolerances, and preferences, and provide an appropriate alternative. A food substitute should be consistent with the usual and/or ordinary food items provided by the facility.

F806 (continued) Surveyor considerations

POTENTIAL TAGS FOR FURTHER INVESTIGATION

- During the investigation of F806, the surveyor may have identified concerns with additional requirements related to outcome, process, and/or structure requirements. The surveyor is advised to investigate these related requirements before determining whether non-compliance may be present at these other tags. Examples of some of the related requirements that may be considered when non-compliance has been identified include, but are not limited to, the following:
- F636, **Comprehensive Assessments** ○ Determine if the resident's allergies, intolerances, preferences, or need for a therapeutic diet were comprehensively assessed.
- F656, **Comprehensive Care Plans** ○ Determine if a comprehensive care plan was developed to include the resident's allergies, intolerances, preferences, or need for a therapeutic diet.
- F657, **Comprehensive Care Plan Revision** ○ Determine if the care plan was reviewed and revised by appropriate staff, in conjunction with the interdisciplinary team and with input from the resident or his/her legal representative, to try to address any allergies, intolerances, preferences, or need for a therapeutic diet.
- F658, **Care provided by Qualified Persons** in Accordance with the Plan of Care ○ Determine whether the care plan for a resident with allergies, intolerance, preferences, or a therapeutic diet is adequately and/or correctly implemented.
- F692, **Nutrition/Hydration** ○ Determine if the facility has managed the resident's nutritional interventions to meet the resident's nutritional needs, while accommodating the resident's allergies, intolerances, preferences, or need for a therapeutic diet.

F808 Therapeutic Diet Prescribed by Physician

- **Therapeutic diets must be prescribed by the attending physician. The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law.**
- **INTENT**

To assure that residents receive and consume foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician, and/or assessed by the interdisciplinary team to support the resident's treatment, plan of care, in accordance with their goals and preferences.

- **DEFINITIONS**

“Therapeutic Diet” means a diet ordered by a physician or delegated registered or licensed dietitian as part of treatment for a disease or clinical condition, or to eliminate or decrease specific nutrients in the diet, (e.g., sodium) or to increase specific nutrients in the diet (e.g., potassium), or to provide food the resident is able to eat (e.g., a mechanically altered diet).

“Mechanically altered diet” means one in which the texture of a diet is altered. When the texture is modified, the type of texture modification must be specific and part of the physicians' or delegated registered or licensed dietitian order.