SELF SURVEY MODULE
425.25 (i) MALNOURISHMENT

TAG F325

REGULATION:

F325 Malnourishment

(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible.

INTENT: The intent of this regulation is to assure that the resident maintains acceptable parameters of nutritional status, taking into account the resident's clinical condition or other appropriate intervention, when there is a nutritional problem.

DATA COLLECTION

OBSERVATION STRATEGIES:

Observe during entire time of survey and the entire facility

OBSERVATIONS:

a. Residents
b. Nursing assistants
c. Staff
d. Other
e. Residents' rooms and dining area
f. Possibly other areas of facility
g. Kitchen and prep

1. **RESIDENTS:**
   a. General appearance: size, skin, status of teeth, gums, eyes, hair, mouth, lips, tongue, pallor, nails, alertness, physical abilities, abilities to feed self, chewing and swallowing ability.
   b. Behavior problems: wandering, distractibility, mood and confusion

2. **DINING ROOM AND RESIDENT'S ROOM:**
   Preparation of resident to consume meal: surveyor positioned to observe the feeding process and staff working with resident
   a. Positioning:
      1. Resident's room – chairs, table, overbed tables
      2. Positioning of resident
   b. Accessibility of food: Cartons opened, Cellophane wraps removed, Adaptive devices available, needed utensils, chairs, cups, plate with guard
   c. Staff/resident interaction
      1. Staff numbers
      2. Assistance provided in dining room and resident's room
      3. Staff approach to residents
      4. Restorative feeding
   d. Appropriate glasses, dentures, and hearing aids

e. Lighting, noise level
f. Diet card vs. what served; likes/dislikes/menus type of diet; substitutes available and/or offered
g. Food form appropriate, food presentation, color, and variety
h. Food identified by staff for resident Identified for visually impaired residents especially juice, soup, coffee, tea (injury) water
i. Condiments available? Supplement needed? Double portions?
j. Food allergies noted? Drug and food interactions? Served?
k. Thicken liquids needed, thickened appropriately
l. Percentage of meal consumption, food presentation, food form, frequency?
m. Supplements: timing and presentation to resident (if asleep, etc.)
n. Observe resident's room for personal supplies of food, families providing "extra" foods that affect appetite, consumption.

3. **KITCHEN:**
a. Menu nutritionally complete and followed
b. Plate waste
c. Method of cooking – following recipes, quality varies, and tray delivery, sitting on the hall long periods
d. Prepared appropriately, i.e. culture preference
e. Portion size, appropriate quantity
f. Temperature appropriate – tray table and on receipt.
g. Color
h. Tray delivery

INTERVIEWING:
1. Alert and oriented residents
2. Families of unresponsive residents
3. Staff members, especially NA's
4. Dietary staff

WHAT TYPE OF QUESTIONS:
1. **RESIDENTS:**
a. How is the food?
b. Do you get enough to eat?
c. Do you like the food here?
d. What is the variety?
e. How does the food look? Taste? Smell?
f. Do you get what you like?
g. If you do not like a particular food, are you offered a substitute?
h. f you ask for a substitute, do you get it? How does staff respond?
i. Are you on a special diet? If yes, are you served foods on your diet?
j. s the temperature appropriate? Hot food is hot? Cold food is cold?
k. Do they give you the help you need?
l. If you need help opening milk cartons, cutting meat, do you receive assistance?
m. If you need help feeding yourself, do you get assistance?

n. Have you talked to anyone in dietary? (kitchen)
o. What time do they serve meals? Consistent?
p. What time do you get offered snacks? Other snacks?
q. Have you lost weight?
r. Are you getting enough fluids? Offered? Accessible?

2. **FAMILIES*:***
a. Have you seen weight loss since admission?
b. What type of food did the resident enjoy at home?
c. Did the resident eat alone or with family?
d. How often/what size meals did the resident eat?
e. Have you observed how much the resident eats/what the resident likes?
f. Do you feel the resident receives enough assistance?
g. Where does the resident eat (dining room, in room in bed, in wheelchair)?
h. Did the resident snack often? What did the resident snack on?
i. Any dietary restrictions?
j. Food preferences (likes/dislikes/temperature/size)?

3 .**STAFF:**
a. How long does it take to feed resident? Does the resident eat well?
b. Does the resident eat better in bed or in chair? (dining room vs. room)
c. What can resident do for him/herself?
d. Do you offer snacks during the day?
e. Do you offer substitutes?
f. Does resident refuse?
g. Does resident exhibit behaviors during eating?
h. Have you asked resident about food (likes/dislikes)?
i. How often do you ask residents about preferences?
j. Is resident appropriate for restorative feeding program?
k. Are meals adjusted for resident's preferences?
l. Do you know of residents with weight loss?
m. What do you do when you see a full tray come back?
n. What adjustment have you made to increase intake?
o. What types of fluids are available between meals?
p. Who is responsible for making them available?
q. What records do you have to follow weight loss?
r. What is your system to get supplements from the kitchen to the residents?
s. Who gets them?
t. How do you know this?
u. Do you know what substitutes are available in the kitchen?
v. Do you tell the resident about them when they dislike what is served?
w. Are you aware of significant weight loss or gain in the resident?
x. If there is a variance what is your process/procedures to intervene? Time of day resident weighed? Medical condition?
y. How much assistance is required for each resident? Where do you get that information?
z. How do you determine how much the resident consumed? What training did you get to prep you for this?

aa. Why do you think this resident is not eating? How long has this been going on?
bb. How do you determine where the resident likes to eat?
cc. How do you identify risk factors for resident malnutrition? What are they for particular residents?
dd. Accuracy of scales?

4. **DIETITIAN:**
   a. How do you adjust therapeutic diets to incorporate resident preferences?
   b. How often do you speak to the resident about this?
   c. What type of interventions are used for weight loss?

5. **KITCHEN STAFF:**
   a. What is your system to prepare trays with residents' likes and dislikes in mind?
   b. How long does your tray service appliance (metal plate liner, etc.) hold heat?
   c. What do you do when a resident's tray comes back untouched?

6. **OMBUDSMAN:**
   a. Do you have any concerns regarding food? snacks? weight loss? Feeding assistance?
   b. Do you have any concerns from your observations of mealtimes?

7. **FOLLOW-UP:**
   a. If a problem with weight loss is identified, we would ask to see policy and procedure book.
   b. How do staff communicate when weight loss has been identified?
   c. What do assessments (oral pain, swallowing, thrush from meds) look like?
   d. What types of drug therapies are the residents on?

RECORD REVIEW:
Do after observation of resident.

1. Admission Assessment and Record
   a. Age, nationality, height, weight, diagnosis
   b. Nurses' notes/ MDS/ nutritional/dietary assessment/ care plan/ RAPS

2. Nutritional Intervention
   a. Planned, implemented (supplements, vitamins, double portions)?

3. Physician's Orders
   a. Diet order – form, supplements
   b. Medications – pharmacy notes
   c. Therapies – OT, PT, speech

4. Weights Over Time
   a. Calculation % of weight loss (significant?)
   b. Weight record/V/S

5. Labs
    a. Albumin; H & H; AG ratio; K; magnesium
6. Meal Consumption
    a. Supplements; Intake and Output records for tube feeders

7. Skin Assessment

8. Comprehensive Assessment
    a. MDS – sections B,E,G,K,L,M,N,O
    b. RAPS
    c. Care Plan – goals, approaches (restorative, maintenance)

9. Dietary Notes/Section
    a Nutritional Assessment
    b. Progress Notes
    c. Food preferences

10. Social Worker's Notes
    a. Dietary habits/patterns
    b. Behavior/referrals
    c. Family/resident dynamics/education/culture

11. Nurse’s and MD’s Notes
    a. Hospital admissions, acute episodes

12. Discharge Summary from the Hospital

13. Miscellaneous
    a. MAR
    b. Flow sheet - % intake
    c. Intake and Output Record
    d. Policy/Procedures
    e. Nourishment List