Wisconsin Paid Feeding Assistant Training Program
Frequently Asked Questions

Paid feeding assistants may be used in nursing homes and intermediate care facilities for persons with mental retardation (ICFs/MR) to assist in providing nutrition and hydration support to residents who may be at risk for unplanned weight loss and dehydration. The residents can only be those with no complicated problems associated with eating or drinking, who cannot or do not eat independently due to physical or cognitive disabilities, or those who simply need cueing or encouragement to eat. The use of paid feeding assistants is intended to supplement certified nurse aides, not substitute for nurse aides or licensed nursing staff.

Who is a paid feeding assistant?

A paid feeding assistant (PFA) means a person who meets the requirements specified in § 42 CFR 483.35(h)(2) and is paid by a nursing home or ICF/MR to assist residents who have no complicated feeding problems with the activities of eating and drinking.

Do volunteers or family members have to complete the training required for paid feeding assistants?

The paid feeding assistant requirements do not apply to volunteers or family members. Whether or not a facility permits a volunteer or family member to feed is a facility decision. However, the facility bears responsibility and liability for the resident and could be held responsible if a volunteer or family member was feeding a resident and that resident had trouble swallowing. The facility should consult with their legal counsel regarding the issue of allowing volunteers and/or family members to assist residents with eating and drinking.

Can students who are enrolled in a nurse aide training program and are at a facility for their clinical rotation feed residents?

A nurse aide student may feed residents in the clinical setting if they have been instructed on feeding in their nurse aide class, been found proficient to do it in clinical and are under the supervision of the RN primary instructor. If a student has not been instructed on feeding in their training then the student must not be permitted to feed in the facility.

However, if the nurse aide student is currently enrolled in a training program but is also a facility employee (facility can employ an individual for up to 120 days if the person is currently enrolled in a training program and they are a full time employee), the student can only assist with feeding if they have been checked off on that skill by the training program instructor in class. The facility would need to see the student's skill checklist to verify that the student is competent to perform that task.

Where can a facility get the necessary training for staff?

Each facility is required to provide the necessary training for their staff, via a state approved feeding assistant course.

How does a facility get approved to provide this training for staff?

The Department has approved 4 feeding assistant curriculums. Interested facilities choose one of the curriculums and develop a program based on it and their specific selected resident population. The training materials must be submitted to the Department for review with a completed application. Once approved, the program is issued the state competency exam and other related items.

Are both a written exam and a skill demonstration required to pass the paid feeding assistant training program?

Yes, the minimum 8-hour course is designed to train and test on the required material. A 75% pass rate must be obtained on both the written and skills portions.

If a potential paid feeding assistant hire has completed a paid feeding assistant training course approved by another state will that course be honored in Wisconsin?

The Division of Quality Assurance will address the state reciprocity as we become aware that other states have their approval mechanisms in place. At that time, DQA would indicate that the individual be considered qualified as a paid feeding assistant providing there is documentation by the nursing home that it has verified the approval of the paid feeding assistant training course; that the course is consistent with that States' process and CMS requirements; and, that the individual successfully completed the course. Documentation must be retained by the nursing home in the employment file. All paid feeding assistants are under the supervision of the charge nurse; therefore, the charge nurse must assure that the feeding assistants are competent in those feeding skills and trained in the topics related to the facility's select resident population.

Can someone get paid feeding assistant training at a technical college?

No, a paid feeding assistant training program is designed to be facility-specific due to the selected resident population. A technical college does not have a select resident population; therefore, it is unable to train feeding assistants.

Does paid feeding assistant training transfer between facilities?

Yes, but only if both facilities are currently approved to train feeding assistants. For example:

- A feeding assistant trains at facility A, works at facility A, but then resigns and goes to work at facility B. Facility B is also currently approved to train feeding assistants. Facility B only has to retrain the feeding assistant on the facility's select resident population and policies specific to feeding assistants in their facility. The rest of the required training would transfer.
- However, if the person who trained as a feeding assistant at facility A went to facility C and facility C was not been approved to train feeding assistants, the person could not work as a feeding assistant in facility C.

How does an employer verify the curriculum of an experienced COTA, OTR, SW, and RT?

The facility should contact the school where the professional staff attended and request the respective course description. It is likely that the coursework did not include special emphasis on feeding or "feeding complications". If the healthcare professional can not prove that they have received this training, then they would have to take the feeding assistant training program.

Are in-service hours and recertification required for feeding assistants?

Paid feeding assistants must receive an annual in-service on relevant feeding assistant topics (any topic area included in the curriculum is appropriate). In addition, paid feeding assistants must be evaluated on a yearly basis to document that their skill performance and feeding competence is satisfactory.

What records must my facility maintain regarding our paid feeding assistants?

Paid feeding assistant training programs must maintain the following records for a minimum of three (3) years:

- All student skill checklists, written examinations, certificates, and other relevant training records
- Documentation of the training conducted and identification of the instructor conducting the training
- Record of all individuals who have successfully completed the feeding assistant training and competency testing program

Training programs must ensure the security of the test materials and certificate templates to ensure that disclosure or forgery does not occur.

Facilities employing paid feeding assistants must maintain the following records:

- Paid feeding assistant roster recording all individuals employed by the facility as paid feeding assistants who successfully completed the paid feeding assistant training and competency evaluation (written or oral exam and skill demonstration)
- Each selected resident's medical record documenting no complicated feeding condition exists
- A copy of the paid feeding assistant training or grandparenting certificate kept in the individual's personnel file
- Annual in-service session(s) relating to the paid feeding assistant duties
- Annual evaluation documentation determining a paid feeding assistant's continued competence in feeding residents.

Who is allowed to teach the course for paid feeding assistants?

A paid feeding assistant training program must determine the appropriate qualifications for their instructors (e.g., registered nurse, dietitian, speech therapist, etc.) based on the needs of the selected resident and facility. Training programs must provide the name and qualifications of the proposed primary instructor to DQA's Office of Caregiver Quality (OCQ).

The primary instructor may supplement the course by including other individuals for lecture or demonstration whose qualifications or experience add benefit to the training program. A paid feeding assistant is not permitted to lead the training of other paid feeding assistant students.

What is meant by "selected resident population?"

Each paid feeding assistant program must identify the specific resident population that will be served by the paid feeding assistant. The facility must base their resident selection on the charge nurse's assessment and each resident's latest assessment and plan of care. The feeding assistant training program curriculum must include training specific to the identified population type(s). This training must include, but is not limited to:

- Characteristics of the population, such as the population members' physical, social, and mental health needs and specific medications or treatments needed by the residents
- Program services needed by the residents
- Meeting the needs of persons with a dual diagnosis (co-occurrence of mental health disorders and alcohol and/or drug dependence or abuse) and maintaining or increasing his or her social participation
- Self direction, self care, and vocational abilities

Can a facility use an existing staff person as a paid feeding assistant?

Facilities may use existing staff if the employees have successfully completed a state approved training course for paid feeding assistants. Staff may include, but are not limited to, administrative, clerical, housekeeping, dietary staff, social work staff, or activity specialists. Employees used as paid feeding assistants, regardless of their position, are subject to the same training and supervisory requirements as any other paid feeding assistant.

Who determines what residents can be fed by the paid feeding assistants?

The facility must base their resident selection on the charge nurse's current assessment of each resident's condition and the resident's latest comprehensive assessment and plan of care. Charge nurses may wish to consult with interdisciplinary team members such as speech-language pathologists or other professionals when making their decisions. The assessment must be documented in the resident's record.

Can the feeding assistant perform other duties besides feeding?

The paid feeding assistant can transport (but not transfer) residents in and out of the dining room, open milk cartons, put on clothing protectors, assist the resident with wiping their hands and face. The feeding assistant is not permitted to provide any other nursing related service.

Who can the paid feeding assistant feed?

A paid feeding assistant is permitted to assist only those residents who have no complicated eating or drinking problems. This includes residents who are dependent in eating and/or those who have some degree of dependence, such as needing cueing or partial assistance, as long as they do not have complicated eating or drinking problems.

What is meant by "complicated eating or drinking problems?"

Complicated eating or drinking problems are conditions such as (but not limited to) difficulty swallowing, recurrent lung aspirations, or nutrition received through parenteral or enteral means. Nurses or nurse aides must continue to assist residents to eat or drink who require assistance from staff with more specialized training.

Who supervises the feeding assistant?

A paid feeding assistant must work under the supervision of an RN or LPN. If the facility chooses to use paid feeding assistants, it is the facility's responsibility to ensure that adequate supervisory staff are available to supervise these assistants.

What is meant by "under supervision?"

An RN or LPN must be immediately available on the same unit, floor, or wing as the nurse aide while the nurse aide is performing client-related services.

What is meant by "immediately available?"

This does not necessarily mean constant visual contact or being physically present during meal/snack time, especially if a paid feeding assistant is assisting a resident to eat in his/her room. However, whatever the location, the feeding assistant must be aware of and know how to access the supervisory nurse immediately, in the event that an emergency should occur.

Are those residents who are classified as on non-general diets, such as mechanical soft or pureed, only to be fed by a nurse aide or a nurse?

Residents who are on modified consistency diets, in which that diet is part of a treatment for a specific diagnosis, would be considered residents at risk for swallowing/chewing concerns:

- If a resident is diagnosed with dysphagia and is on a modified consistency diet, then a feeding assistant cannot feed, as the facility is treating the dysphagia.
- If a resident is on a modified consistency diet, because of missing teeth, and does not have a swallowing or chewing problem, then a feeding assistant may feed or assist the resident with their meals.

Can a licensed /certified Recreational Therapist (RT) or Social Worker (MSW), take residents on community food related outings whereby the residents are on a general diet, require no assistance, and have no history of "food complications"?

As long as the RT or MSW are not feeding residents while at the event, there is no need for them to be trained as paid feeding assistants. If they are assisting residents to eat, the residents may not be considered as having complicated eating or drinking concerns. Remember, during offsite activities, paid feeding assistants can only assist residents with no chewing/swallowing concerns and only when under the supervision of a nurse.

Must Bachelor and Master's prepared staff be training in a paid feeding assistant program?

Per DQA memo 08-021, a health professional working at the facility may not feed residents unless the health professional has received appropriate training relating to feeding, either in conjunction with the education for his/her professional licensure or by successfully completing State-approved training for a paid feeding assistant. Licensed health professionals such as RNs, LPNs, Dieticians, Speech, and --- possibly --- OT (depending on their curriculum), can assist with feeding of residents. Therefore, if a facility chooses to use other health professionals to assist residents with feeding, those staff must complete the paid feeding training.

If another health professional is going to be feeding, they need to be trained as paid feeding assistants. This is true for physicians, physician assistants, physical or occupational therapists, physical or occupational therapy assistants, and licensed or certified social workers. They may assist residents who have no feeding complications with the activities of eating and drinking without first completing a feeding assistant training program, if the curriculum they completed for their health professional credential included training comparable to the training for a paid feeding assistant. If, however, the curriculum for their health professional credential did not include training comparable to the training for a feeding assistant, they would need to successfully complete the training for a paid feeding assistant before feeding residents.

Are "Backporch" or Snack Services viewed as a "feeding environment"?

If the residents who attend these activities are on a general diet, have no feeding complications, and need no assistance, the staff who are present do not need to be trained as paid feeding assistants. If the program includes residents with swallowing difficulties and a nurse aide or nurse is not present, the staff person who is assisting the respective residents would need to have completed a paid feeding assistant training program.

Does longevity in the industry presuppose some skill development in this area?

The SOM, the DQA Memo 08-021, and 42 CFR 483.35 are silent on grandfathering any staff in on these requirements.

Can feeding assistants be used to satisfy minimum staffing requirements?

Facilities are prohibited from counting paid feeding assistants toward their minimum staff requirements.

How will potential paid feeding assistants who have substantiated misconduct findings be identified?

The names of all individuals who have substantiated findings are listed on the Wisconsin Caregiver Misconduct Registry. It is the responsibility of the nursing home to obtain a caregiver background check for each individual hired.

How will DQA surveyors determine if a facility made an appropriate resident selection decision?

Surveyors are required to survey facilities pursuant to the requirements of DHS 132 and the State Operations Manual. Surveyors include dining room observations in the survey tasks. In the event that a surveyor observes a staff member who is not a nurse or nurse aide assisting a resident who has swallowing/choking risks, the surveyor will complete an investigation. This investigation will include an assortment of observations, interviews, and record reviews to determine facility compliance. Review F373 in the SOM for survey interpretive guidelines.

Are nursing homes that have a nurse aide training program prohibition allowed to hire and train paid feeding assistants?

Substandard quality of care (SQC) citations that result in a nurse aide training and competency evaluation program (NATCEP) prohibition will be reviewed to determine the appropriate action for the paid feeding assistant training program. Program decisions will be made on a case-by-case basis. Citations normally resulting in a NATCEP prohibition that directly relate to poor quality care due to the paid feeding assistant program may result in termination of the paid feeding assistant training program. Paid feeding assistant programs may request a training program waiver by submitting a request in writing to DQA's Office of Caregiver Quality (OCQ). After consulting with the Ombudsman Program and CMS, OCQ will issue a written decision either approving or denying the request within 45 calendar days of receiving a complete waiver request.

Will payment rates change for nursing homes that employ feeding assistants?

No, there is no payment rate change.

Feeding Assistant Program Resources

Please access the website at http://dhs.wisconsin.gov/caregiver/FeedingAssistant/FeedingAsts.htm. If you have any questions regarding feeding assistant training, please contact:

- Cindy Hintze, Nurse Consultant, DQA Office of Caregiver Quality
  (608) 243-2083 or Cynthia.Hintze@dhs.wisconsin.gov
- Kitty Friend, Dietician Consultant, DQA Bureau of Technology, Licensing and Education
  (414) 227-4106 or Katherine.Friend@dhs.wisconsin.gov

If you have any questions regarding feeding assistant survey requirements, please contact the appropriate DQA Bureau of Nursing Home Resident Care (BNHRC) Regional Office. See http://dhs.wisconsin.gov/rl_DSL/Contacts/reglmap.htm for contact information.

Non-Compliance Scenario Examples

Non-compliance Scenario Example 1 F373/J

The selection of residents fed by a Paid Feeding Assistant (PFA) was not in accordance with the current assessment of the resident's conditions, latest comprehensive assessment, and plan of care.

Resident #48 was admitted with no chewing or swallowing difficulties. The speech therapist evaluated Resident #48 after being referred by the nursing department for difficulty chewing and spitting food. The speech therapist documented on the evaluation that the resident had a decrease in chewing and difficulty in moving food to swallow. The speech therapist identified a treatment diagnosis of Dysphagia.

The most current minimum data set assessment (MDS) indicated Resident #48 was dependent on staff for eating and had both chewing and swallowing problems. The physician's order indicated the resident was on a puree diet with thin liquids.

Resident #48 was observed during the noon meal. A staff member was observed sitting next to Resident #48, feeding the resident puree food with a spoon. PFA #1 was wearing a name tag indicating she worked in the activity department and was a “feeding assistant.” The facility provided a list of staff members who were trained as paid feeding assistants. PFA #1 was identified as a certified paid feeding assistant.

The DON was interviewed and explained that the facility provided training for PFAs in the facility. She verified that PFAs were used during the noon and evening meals. She explained that the nurses utilized the most current MDS assessment and the speech therapist's evaluations to determine if a resident was able to be assisted by a PFA. She indicated that these evaluations were not in writing.

However, she explained that each unit had a care flow sheet that identified any specific instructions the staff would follow during meals, including who could and could not be assisted by a PFA. The DON also explained that any resident who required swallowing strategies would only be fed by a CNA or nurse.

The DON and surveyor reviewed a list of residents who needed to be fed by the staff. Resident #48 was on the list, had swallowing problems, and should not be fed by a PFA. Further review indicated that there were no residents identified on the care flow sheet with specific feeding instructions. The information flow record contained no information that would indicate that a resident had swallowing problems, per this facility’s policy.

Non-compliance Scenario Example #2 F373/K

Residents #66 and #57, who had swallowing difficulties, were observed being fed by FAs #100 and #101. Additionally, the facility did not have a system in place to establish which residents were eligible and appropriate for PFAs to feed. Therefore, five additional residents (#1, #2, #3, #4, and #5) with swallowing problems were also at risk for Immediate Jeopardy when the three PFAs were delegated to feed them in the past.

Residents #66 and #57 had swallowing problems and a diagnosis of dysphagia. Resident #66 was admitted with a diagnoses including dysphagia and esophageal reflux. Review of the care plan indicated the resident had swallowing problems. A comprehensive assessment indicated the resident was severely cognitively impaired, totally dependent on one staff person for eating, and had a mechanically altered diet. The physician's order sheet revealed the resident required a mechanical soft diet. Review of the speech therapy evaluation and plan of care indicated the resident was being treated for dysphagia and was an aspiration risk. A family member reported Resident #66 was coughing during meals. Resident #66 was lying in bed with the head of the bed elevated at a 45 degree angle being fed by PFA #100.

During an interview with LPN #103, stated Resident #66 did not have swallowing difficulties. LPN told PFA #100 to feed Resident #66. LPN was not aware of Resident #66's diagnosis of dysphagia and indicated she worked on different units of the facility. Review of the dining assistant policy indicated PFAs would not feed residents with complicated feeding problems or difficulty swallowing unless under the supervision of a RN or LPN. Observations revealed an altered diet list was located at the dietary door and in a binder at all three nursing stations. The list contained the food and liquid consistencies for residents who required them. However, there was no indication of which residents were aspiration risks, had complicated feeding problems, or were eligible for feeding by PFAs.

During an interview with PFAs #100 and #101, they noted which residents they had fed in the past. Five additional residents fed by the PFAs were identified by the facility as having swallowing difficulties or dysphagia (Residents #1, #2, #3, #4, and #5):

- Medical record review revealed Resident #1 had a Speech Therapy Evaluation. This evaluation indicated the resident had a diagnosis of dysphagia. Physician orders revealed “nectar thick liquids due to choking with thin liquids.” Resident #1 was ordered a Pureed diet with nectar thick liquids.
- Resident #2 had a Speech Therapy Evaluation that indicated dysphagia was the diagnosis requiring treatment. The evaluation indicated the resident was observed choking on thin liquids. Resident #2 was ordered a Regular diet with pureed meats and nectar thick liquids.
- Resident #3 had a Speech Therapy Language Evaluation that indicated dysphagia was the diagnosis requiring treatment. The evaluation indicated the resident demonstrated coughing after drinking nectar thick liquids. Resident #3 was ordered a Mechanical Soft diet with pureed meats and honey thick liquids.
- Resident #4 had a Speech Language Evaluation that indicated dysphagia was the diagnosis requiring treatment. The evaluation indicated the resident was an aspiration risk. Resident #4 was ordered a Pureed diet with nectar thick liquids.
- Resident #5 had a Speech Therapy Evaluation indicating dysphagia was the diagnosis requiring treatment. The evaluation indicated feeding complexities related to history of cerebral vascular accident with cerebellar infarct (the cerebellum is involved in the control of voluntary muscular movements). Resident #5 was ordered a Mechanical Soft diet with pureed vegetables and nectar thick liquids.

Interview with the DON stated the "nurses" determined which nursing assistant or PFA fed the residents at the beginning of each meal. She was unable to specify which nurses made the decision of feeding assignments. She further confirmed seven individuals who had been fed by the PFAs that had swallowing difficulties or a diagnosis of dysphagia.

Non-compliance Scenario Example #3 F373/J

The facility failed to ensure that Paid Feeding Assistants (PFA) fed only residents who had no difficulty swallowing (dysphagia) and were not at risk for choking or aspiration. The selection of residents fed by PFAs was not in accordance with the charge nurse's current assessment of the resident's conditions, latest comprehensive assessment, and plan of care. This resulted in Immediate Jeopardy for two (Residents #8 and #34) of five sampled residents with dysphagia who consumed meals in the main dining room. The facility identified two PFAs (PFA #1 and #2) that successfully completed the training program and were feeding residents with complicated feeding problems at the time of the survey.

Record review revealed Resident #8 had a diagnoses that included dysphagia, dementia, and abnormal posture. The speech therapy medical workup form signed by the physician indicated Resident #8 was at "definite risk of aspiration, aspiration pneumonia, choking, frequently coughing up food during swallow, and delayed or slow swallow reflex." The Speech Therapy evaluation revealed Resident #8 was referred due to coughing at meals and poor intakes.

The most recent comprehensive assessment documented that Resident #8 had short and long term memory deficits, severe cognitive impairment, was dependent on one staff person to eat meals, was rarely or never understood, and rarely or never understood others. This assessment documented Resident #8 had swallowing problems. Review of Resident #8's current care plan for swallowing difficulties did not include any documentation regarding which staff could or could not feed the resident. This care plan documented staff were to monitor for signs and symptoms of choking, aspiration, and chewing or swallowing problems.

During dining observation, Resident #8 was fed a pureed breakfast by PFA #1 (dietary technician). During interview, PFA #1 verified she fed Resident #8 at breakfast that morning. She stated she fed residents in the main dining room on Mondays and Wednesdays for the noon meal and for breakfast on Tuesdays and Thursdays. She stated she also worked until 7:00 P.M. once a month and she usually went to the dining room to assist residents with the evening meal. PFA #1 stated she was not assigned to feed any specific resident in the dining room. She stated she went to any resident needing assistance when she entered the dining room. She stated she and PFA #2 alternated meals and days in the dining room. During interview, PFA #2 (the dietary manager) indicated she was not assigned by the nurse to feed or assist specific residents. She stated she fed any resident who needed assistance in the dining room. She stated she assisted in the main dining room for breakfast on Mondays and Wednesdays and for the noon meal on Tuesdays and Thursdays.

Interviews with PFAs #1 and #2 revealed they were not directed by nurses to feed or not to feed specific residents. They stated there was no list of residents with history of aspiration, choking or difficulty swallowing and should not be fed by a PFA. PFA #2 stated she usually did not feed residents who were "difficult" and chose alert residents and residents on mechanical soft diets to feed. PFA #2 stated the paid feeding assistant training did not include information regarding which residents not to feed. Because she learned about dysphagia, she thought it was permissible to feed residents with that diagnosis.

The policy was silent for PFA assignment based on residents' latest comprehensive assessment and plan of care. The policy also documented, "Dining assistants cannot feed residents with complicated feeding problems. This would include, but is not limited to, individuals with a need for tube or parenteral feeding, recurrent lung aspirations, or difficulty swallowing that requires assistance with eating or drinking by a registered nurse, licensed practical nurse, or nurse aide." If a feeding problem, such as choking, was observed, the nurse would feed the resident. PFAs would feed anyone else. PFAs were not required to ask the nurse for an assignment. Most of the time, the nurse would tell the PFAs who to feed. RN#1 stated she knew about the most recent assessments and care plans for residents, but these were not the basis for PFA assignment. RN #1 stated because the dining room was always supervised by a nurse and the PFAs had training, then the PFAs could feed anyone.

Non-compliance Scenario Example 4 F373 /J

Medical record review revealed Resident #18 was admitted with diagnoses including cerebrovascular accident, dementia, and swallowing dysfunction. Physician orders revealed the resident's current diet order was pureed with nectar thick liquids. Review of a comprehensive assessment (Minimum Data Set 2.0) revealed the resident exhibited long and short term memory impairment, no recall ability, and moderately impaired decision making skills. The resident was assessed to have chewing and swallowing problems and required extensive assistance from one staff member for eating. A nutritional plan of care revealed the resident had potential for altered nutrition due to swallowing dysfunction. The care plan contained no written evidence that the resident had been assessed or could be fed by a paid feeding assistant.

The evaluation indicated the resident exhibited decreased alertness and poor oral intake. The resident was assessed to have deficits related to eating and swallowing initiation with moderate residual of food. The resident's diet was downgraded to pureed diet with extra moisture.

Resident #18 was observed sitting in a wheelchair in the B-C lounge area on the first floor. An employee (PFA #1) was observed feeding the resident her breakfast. The resident had a pureed breakfast tray with nectar thickened liquids. A second resident, Resident #53, was observed to be brought into the lounge area. Resident #53 received a pureed breakfast tray with regular consistency liquids and PFA #1 began to physically assist this resident to eat. The resident's current diet order was for a dysphagia diet, which was a mechanically altered, soft to chew foods diet. A medical workup form, signed by the physician, indicated the resident had a history of aspiration problems and was at risk for aspiration, reverse aspiration, choking, and wet/gurgly voice after consuming liquids.

PFA #1 was observed to take Resident #89's lunch tray from the tray cart. The PFA went to the resident's room. Resident #89 was observed sitting in a recliner chair. PFA #1 set up the resident's tray and then physically assisted the resident to eat. Interview with PFA #1 revealed she had been directed by another aide to feed Resident #89 his lunch. PFA #1 indicated she had never assisted the resident before and was unfamiliar with him. A second aide had informed her that Resident #89 was a total feed.

Observation of Resident #89's bathroom revealed an orange sign with the resident's swallowing guidelines hung on the wall on a clipboard in a confidential folder. None of the three residents (Residents #18, #53, and #89) observed being fed by PFA #1 had an assessment to show evidence that the resident was eligible to receive assistance from a feeding assistant.