

Paid Feeding Assistants

Guidance Training

CFR §483.35(h), 483.160
F373

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F373 Paid Feeding Assistants

Today's Agenda

- Regulation
- Wisconsin Feeding Assistant Training
- Interpretive Guidelines
- Triggers to Investigation
 - Task 2, Entrance Conference
 - Dining & Food Service Protocol
 - Complaints (on & off site)
- Investigative Protocol
- Determination of Compliance
- Deficiency Categorization

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F373 Paid Feeding Assistants

Training Objectives

- To describe the intent of the Paid Feeding Assistant regulation
- To describe how to utilize the components of the investigative protocol
- To identify compliance with the regulation
- To assign appropriate level of severity for noncompliance

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F373-§483.35(h) - Paid feeding assistants

- (1) State-approved training course. A facility may use a paid feeding assistant, as defined in §488.301 of this chapter, if—
 - (i) The feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and
 - (ii) The use of feeding assistants is consistent with State law.



F373-§483.35(h) - Paid feeding assistants

- (2) Supervision.
 - (i) A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).
 - (ii) In an emergency, a feeding assistant must call a supervisory nurse for help on the resident call system.



F373-§483.35(h) - Paid feeding assistants

- (3) Resident selection criteria.
 - (i) A facility must ensure that a feeding assistant feeds only residents who have no complicated feeding problems.
 - (ii) Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings.
 - (iii) The facility must base resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care.



WI Feeding Assistant Training Requirements

Federally-mandated topics, during a minimum of 8 hours:

- Feeding techniques
- Assistance with feeding & hydration
- Communication & interpersonal skills
- Appropriate responses to resident behavior
- Safety & emergency procedures, including the Heimlich
- Infection control
- Resident rights
- Recognizing changes in residents & reporting changes to the nurse

And WI specific topics, including:

- Wisconsin's Caregiver Program
- Resident population who will be served in a facility-based program



WI Feeding Assistant Training Curriculum

Allowed to choose one of the following pre-approved, standardized curriculum models:

1. **Assisted Dining: The Role and Skills of Feeding Assistants**, by Bonnie Walker, Ph.D., and Claire S. Cole, MA, RN, C., American Health Care Association publication
2. **Eating Matters - A Training Manual for Feeding Assistants**, an American Dietetic Association publication
3. **Wisconsin Feeding Assistant Training Program**, by the Wisconsin Department of Health and Family Services



WI Feeding Assistant Training Certificate of Completion

Certificate of Successful Completion

Wisconsin Department of Health and Family Services
Division of Quality Improvement
Office of Consumer Quality



This certificate is awarded to

on _____ 20____

for successful completion of

Wisconsin's Feeding Assistant Training Program



Evaluator's Signature _____

Feeding Assistant Training Program Name and Number _____



WI Feeding Assistant Training Record Retention

Training records for minimum of 3 years:

- All student skill checklists, written examinations, certificates
 - Documentation of the training conducted & identification of instructor
 - Record of all individuals who have successfully completed
- And personnel records:
- Feeding assistant roster, recording all individuals employed
 - Copy of the feeding assistant training or grandparenting certificate, kept in the personnel file
 - Selected resident's medical record, documenting no complicated feeding condition exists
 - Annual in-service session(s), relating to feeding assistant duties
 - Annual evaluation documentation, determining a feeding assistant's continued competence



Interpretive Guidelines Components

- Intent
- Definitions
- Overview
- Investigative Protocol



Interpretive Guidelines Intent

To ensure that paid feeding assistants (PFAs):

- Are used only when consistent with State law and when they have successfully completed a State approved training program;
- Are supervised by an RN or LPN;
- Only assist residents who DO NOT have complicated feeding problems; and
- Provide assistance based on resident assessment and care plan.



Interpretive Guidelines

Definitions

- Paid Feeding Assistant
- Resident Call System



Interpretive Guidelines

Overview

- To provide nutrition and hydration support to residents who:
 - May be at risk for unplanned weight loss and dehydration.
 - Have no complicated problems associated with eating or drinking,
 - Cannot or do not eat independently due to physical or cognitive disabilities, or
 - Need cueing or encouragement to eat.
- The use of paid feeding assistants is:
 - To supplement certified nurse aides, and
 - Not to substitute for nurse aides or licensed nursing staff.



Interpretive Guidelines

Charge Nurse Assessment

- Resident selection based upon:
 - Current assessment of resident's condition
 - Latest comprehensive assessment & plan of care.
- Only residents who **do not** have complicated eating or drinking problems.



Interpretive Guidelines Supervision of Paid Feeding Assistants

Paid feeding assistants must:

- Be supervised by an RN or LPN
- In the event of an emergency immediately call a supervisory nurse for help on the resident call system.



Interpretive Guidelines Resident Call System

In an emergency, a feeding assistant must call a supervisory nurse for help on the resident call system.



Interpretive Guidelines Use of Existing Staff

- Facilities may use existing staff to assist eligible resident to eat & drink.
- The employees must have successfully completed a State-approved training course for paid feeding assistants.



Interpretive Guidelines

Maintenance of Records

- Facility must maintain a record of all individuals who are paid feeding assistants.
- Records should include verification that paid feeding assistant successfully completed State approved paid feeding assistant training.



Paid Feeding Assistants

Investigative Protocol



Investigative Protocol

Components

- Use
- Objectives
- Procedure



Investigative Protocol- Use

Triggers for use

- Concerns identified through:
 - Observation
 - Interviews
 - Record Review



Investigative Protocol- Use

Triggers for Use:

- Task 2 Entrance Conference:
 - Ask the administrator if the facility utilizes paid feeding assistants.
 - If yes, request further information about how & where the paid feeding assistants receive their training
 - Request the names of staff, including agency staff, who have successfully completed paid feeding assistant training.

****NOTE: Facilities that have a nursing waiver cannot use paid feeding assistants when a licensed nurse is not available.**



Investigative Protocol Procedures

- The surveyor should conduct observations at the next opportunity for fluids or food to be served; or
- If dining observations have already been conducted, it is the team's discretion as to whether additional observations are necessary.



Investigative Protocol Observations

- Determine if residents with complicated feeding problems are being fed by paid feeding assistants.
- If a concern with technique and/or outcomes is identified, investigate further to determine if:
 - the resident is eligible for this assistance; and
 - how supervision is provided.



Investigative Protocol Interviews: Resident &/or Representative

- Interview the selected resident (if interviewable) to determine:
 - Why they are receiving the services of a paid feeding assistant
 - Whether they are receiving the assistance they need to eat or drink.
 - If concerns are identified did they report these to a nurse.
- If the resident is not interviewable ask these question of their representative



Investigative Protocol Interviews: Paid Feeding Assistant

- Interview the paid feeding assistant to determine whether there are concerns with:
 - Training
 - Supervision
 - Selection of resident



Investigative Protocol

Interviews: Charge & Supervisory Nurse

- Interview the charge nurse to determine:
 - How they assess a resident to receive services from a paid feeding assistant.
- Interview the charge & supervisory nurse to determine:
 - How supervision is provided for the paid feeding assistant.



Investigative Protocol

Record Review

Review the facility records that are maintained for all paid feeding assistants regarding their successful completion of the State approved paid feeding assistant training course.



Paid Feeding Assistants

Determination of Compliance



Determination of Compliance

- Synopsis of regulation
- Criteria for compliance
- Noncompliance for F373



Determination of Compliance Synopsis of Regulation

The paid feeding assistant requirement has five aspects:

1. State-approved training course.
2. Resident selection
3. Supervision by an RN or LPN
4. Only assists residents who have no complicated feeding problems
5. Maintenance of records



Determination of Compliance Criteria for Compliance

The facility is in compliance with this requirement if they have met all of the aspects for:

- Training & supervision of paid feeding assistants
- Selection of residents to receive these services
- Maintenance of records



Determination of Compliance Noncompliance for F373

Noncompliance for F373 may include, but is not limited to, one or more of the following:

- Failure to complete the State-approved training program
- Failure to supervise
- Failure to select appropriate resident
- Failure to maintain records



Additional Investigation

Potential Tags for Additional
Investigation



Paid Feeding Assistants

Deficiency Categorization

Deficiency Categorization Severity Determination

The key elements for severity determination are:

- Presence of harm or potential for negative outcomes because of lack of appropriate treatment
- Degree of harm (actual or potential) related to the non-compliance
- The immediacy of correction required



Deficiency Categorization Severity Determination Levels

- **Level 4:** Immediate Jeopardy to resident health or safety
- **Level 3:** Actual Harm that is not Immediate Jeopardy
- **Level 2:** No actual harm with potential for more than minimal harm that is not immediate jeopardy
- **Level 1:** No actual harm with potential for minimal harm



Deficiency Categorization Severity Level 4: Immediate Jeopardy

Level 4: Immediate Jeopardy to resident health or safety

- Noncompliance with one or more requirements of participation:
 - Has resulted in or is likely to result in serious injury, harm, impairment, or death to a resident; and
 - Requires immediate correction



Deficiency Categorization Severity Level 3: Actual Harm

Level 3: Actual harm that is not immediate jeopardy

- Noncompliance resulted in actual harm
- May include clinical compromise, decline, or resident's inability to maintain and/or reach his/her highest practicable level of well-being



Deficiency Categorization Severity Level 2: No Actual Harm/Potential

■ **Level 2:** No actual harm with potential for more than minimal harm that is not immediate jeopardy

Noncompliance resulted in:

- No more than minimal discomfort to resident; and/or
- Has potential to compromise resident's ability to maintain or reach his/her highest practicable level of well-being



Deficiency Categorization Severity Level 1: Potential for Minimal Harm

Level 1: No actual harm with potential for minimal harm



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