January 27, 2025 Weekly Clinical Update

NOTE: To start, through communication with Hawley Hunt, from AHCA, there is no definitive word from CMS about any potential delays in implementation of QSO-25-12-NH including the REVISION of 1-17-25 postponing the implementation of the regulatory changes. But they will let us all know as soon as CMS issues implementation information. Please note that some of the revisions were just clarification and organizational changes to clarify current regulatory requirements, i.e., requirements for non-pharmacological interventions for both pain management and use of psychotropic medications, etc., so review of current regulations is warranted in order to be prepared in case the regulatory changes are implemented on the current timeframe.

Since F812, Food Procurement, Store/Prepare/Serve-Sanitary is in the top 5 cited deficiencies in both Standard and Complaint surveys. It says:

§483.60(i) Food safety requirements.
The facility must –
§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.
(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.
(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.
(iii) This provision does not preclude residents from consuming foods not procured by the facility.
§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.

Adhering to the F812 regulation is essential for preventing foodborne illnesses and ensuring the safety and wellbeing of residents. Food is both a quality of care and a quality of life issue for our residents. That is evidenced by the fact that food issues are the number one issued verbalized by residents during Resident Council meetings. So what are the requirements for food preparation?

- Food Procurement: The facility must procure food from sources approved or considered “acceptable” by Federal, State, or local authorities. It includes food items obtained directly from local producers, but the facility must provider surveyors with a policy during the survey entrance process outlining the facility’s

policy & procedures for food brought into the facility and grown by the facility in facility gardens, ensuring safe growing and food handling practices.

- Storage: Food must be stored in accordance with professional standards for food service safety including inspecting food deliveries for safe transport, acceptable quality, ensuring proper storage of perishable foods and labeling and dating items as required (frequently cited on statements of deficiencies); and dry storage must be contaminant-free and pest-free and handled to maintain integrating of packaging.
- Food Preparation and Distribution: All food must be prepared, distributed, and service following professional standards for food service safety including maintaining proper temperatures for potentially hazardous foods and time/temperature control for safety of foods; cold foods must be kept at or below 41 degrees F and hot foods must be kept at or above 135 degrees F and that includes during transportation of trays.
- Personal Hygiene: Staff must follow proper personal hygiene practices including hand washing, hand hygiene, appropriate use of gloves to prevent contamination during food preparation processes, food serving processes, food delivery processes and assisting residents with meals. It also includes appropriate use of hairnets and beard guards during cooking, preparing, and assembling food.
- Cross-Contamination Prevention: Processes must be taken to prevent cross-contamination including using separate cutting boards and utensils for raw and ready-to-eat foods. Raw foods must be stored in a manner that reduces the risk of contamination to cooked or ready-to-eat foods.
- Cooking and Cooling: Foods must be cooked to appropriate temperature to kill pathogenic microorganisms and cooled in a manner that prevents the growth of food bacteria.

If you facility has ever experienced a foodborne illness outbreak, you know the dangerous potential outcomes. To be compliant with F812, there are so many aspects that have to be taught, and monitored. Food sanitation is no minor matter in long term care facilities…in LTC, SNFs, and Assisted Living facilities. Thousands of residents have been sickened resulting in hundreds of hospitalizations, and multiple deaths of residents. QAPI processes including direct and frequent involvement of the facility's Infection Preventionist, the Registered Dietitian, and the CDM are essential for adherence to this regulation.