



# RoP Phase 3 Updates: Training

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# §483.95- Training Requirements

- **F940- Training Requirements:**
  - Facilities must develop, implement, and maintain effective training programs for all new and existing staff, including anyone who provides services under contractual arrangement, and volunteers.
  - Determine the amount and type of training necessary based on the facility assessment as specified at 483.70(e).
- **F941- Communication Training:**
  - Facility must Include effective communications as mandatory training for direct care staff.
  - Effective communication is a process of dialogue between individuals that includes the skill of speaking to others in a way that they can understand, as well as active listening and observation of verbal and non-verbal cues.



# §483.95- Training Requirements

- F942- Resident Rights Training:
  - Facilities must have an ongoing education program that is developed and implemented related to resident rights and facility responsibilities.
  - The program should support the current scope and standards of practice and ensure all facility staff understand and foster the rights of every nursing home resident.
  - Surveyors will investigate compliance through interviews, observations, and record review for concerns with staff knowledge and understanding of resident rights and the facility responsibilities.



# §483.95- Training Requirements

- F944- QAPI Program Training
  - Facility must conduct mandatory training for all staff on the facility's QAPI program that includes the goals and various elements of the program.
  - Include the staff's role in the facility's QAPI program and how to communicate concerns, problems, or opportunities for improvement to the facility's QAA Committee.
  - When updates are made to the facility's QAPI program or goals, the facility's training should also be updated and staff trained on the updates, as appropriate.
  - A process should be in place to track staff participation in the required training.



# §483.95- Training Requirements

- F945- Infection Control Training
  - Facility must develop, implement, and permanently maintain an effective training program for all staff which includes training on the standards, policies, and procedures for the infection prevention and control program, (as described in 483.80(a)(2)) that is appropriate and effective, as determined by staff need.
  - Changes to the facility's population, community infection risk, national standards, staff turnover, physical environment, or facility assessment may necessitate ongoing revisions to the facility's training program for infection prevention and control.
  - Training should support current scope and standards of practice through curricula which detail learning objectives, performance standards, evaluation criteria, and address potential risks to residents, staff, and volunteers if procedures are not followed.
  - A process should be in place to track staff participation in and understanding of the infection control training. Surveyors will utilize interview, observations, and record reviews to determine training concerns.



# §483.95- Training Requirements

- **F946- Compliance and Ethics Training**
  - The operating organization for each facility must provide a training program or another practical manner to effectively communicate the standards, policies, and procedures of the compliance and ethics program to its entire staff,
  - There must be a process in place to track staff participation in the required trainings.
  - For the operating organizations that operate five or more facilities, annual training for staff on the compliance and ethics program must be conducted.
- **F947- In-service Training for Nurse Aides**
  - Facility must develop, implement, and permanently maintain an in-service training program for nurse aides that is appropriate and effective, as determined by nurse aide performance reviews and the facility assessment as specified at 483.70(e).
  - Training may be facilitated through any combination of in-person instruction, webinars, and/or supervised practical training hours and should be reflective of nurse aides' performance reviews to address identified weaknesses.
  - When able, each nurse aide should be evaluated based on individual performance, and the facility should develop training that can be utilized and beneficial to all nurse aide staff when applicable.



# §483.95- Training Requirements

- F949- Behavioral Health Training
  - Facility must develop, implement, and maintain behavioral health training for all staff.
  - Must be appropriate and effective, as determined by staff need and the facility assessment.
  - Training should include competencies/skills necessary to provide:
    - Person-centered care reflective of resident's goals for care;
    - Interpersonal communication that promotes mental/psychosocial well-being
    - Meaningful activities which promote engagement/positive relationships
    - An environment/atmosphere that is conducive to mental/psychosocial well-being
    - Individualized, non-pharmacological approaches to care
    - Care specific to the individual needs of residents diagnosed with a mental, psychosocial, or substance use disorder, a history of trauma, and/or post-traumatic stress disorder, or other behavioral health condition
    - Care specific to the individual needs of residents diagnosed with dementia.



# Action Items

- Examine existing policy and/or process of staff training programs to ensure communication, resident rights, QAPI program, infection control, compliance and ethics, in-service training, and behavioral health training are incorporated.
- Determine when policies/procedures are updated, how you will transition them to the training program.
- Review the facility assessment and update training programs as needed based on the facility assessment.
- Review nurse aide performance reviews to identify areas of weakness or opportunities for improvement and tailor training to meet staff needs.
- Ensure all staff are trained and you have a method in place to track attendance at each training



# §483.60-Food and Nutrition Services

- F801-Qualified Dietary Staff
  - The director of food and nutrition services must, at a minimum, meet one of the qualifications listed:
    - Has two or more years of experience in the position of director of food and nutrition services in a nursing facility setting; and
    - Has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving.



# §483.60-Food and Nutrition Services

- F812-Food Procurement, Store/Prepare/Serve-Sanitary
- Separates the definitions of food distribution and food service operations as they were previously grouped together.
- Clarifies ‘food distribution’ by adding the sentence, “When meals are assembled in the kitchen and then delivered to residents’ rooms or dining areas to be distributed, covering foods is appropriate, either individually or in a mobile food cart.”
- New definition for food service to state, “Food Service means the processes involved in actively serving food to the resident. When actively serving residents in a dining room or outside a resident’s room where trained staff are serving food/beverage choices directly from a mobile food cart or steam table, there is no need for food to be covered. However, food should be covered when traveling a distance (i.e., down a hallway, to a different unit or floor).”



# §483.60-Food and Nutrition Services

- F812-Food Procurement, Store/Prepare/Serve-Sanitary (Continued)
- Unsafe food handling practices represent a potential source of pathogen exposure for residents, and sanitary conditions must be present in health care food service settings to promote safe food handling.
- CMS added detail on when staff must wear hair restraints to state, “according to the Food Code of the Food and Drug Administration, food service staff must wear hairnets when cooking, preparing, or assembling food, such as stirring pots or assembling the ingredients of a salad.”
- Staff do not need to wear hairnets when distributing food to residents at the dining table(s) or when assisting residents to dine



# §483.60-Food and Nutrition Services

- F812-Food Procurement, Store/Prepare/Serve-Sanitary (Continued)
- CMS clarifies when staff glove use is necessary, such as when touching ready-to- eat foods or when serving residents who are on transmission-based precautions.
- Staff do not need to wear gloves when distributing food to residents at the dining table(s) or when assisting residents to dine, unless touching ready-to-eat food.
- Statement added regarding systems for distributing food that mobile food carts “maintain food in the proper temperature and out of the danger zone” as well as “timely distribution is essential to ensure food and beverages are served at the proper temperature”.



# §483.60-Food and Nutrition Services

- F812-Food Procurement, Store/Prepare/Serve-Sanitary (Continued)
- CMS references that dining locations include any area where one or more residents eat their meals.
- These can be located adjacent to the kitchen or a distance from the kitchen, such as residents' rooms and dining rooms on other floors or areas of the building.
- Food prep and service area problems may include staff distributing meals without first properly washing their hands and serving food to residents after collecting soiled plates and food waste without proper hand washing.



# Action Items

- Examine current policies and/or procedures to ensure food is covered when required.
- Examine current policies and/or procedures to ensure hair restraints are worn when required: cooking, preparing, or assembling food, such as stirring pots or assembling the ingredients of a salad.
- Examine current policies and/or procedures to ensure staff are wearing gloves when necessary to include when touching ready-to-eat foods or when serving residents who are on transmission-based precautions.
- Evaluate current processes to ensure staff are washing their hands when staff are distributing meals and serving food to residents after collecting soiled plates and food waste.
- Train/educate staff on proper food and nutrition preparation.
- Ensure the director of food and nutrition services meets one of the qualifications outlined in the requirements



# Questions?

- Contact Debra Wright at [dwright@qualityinsights.org](mailto:dwright@qualityinsights.org)

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