

## **Documentation Checklist: Process Guideline for Altered Nutritional Status**

**November 8, 2005**

**Resident:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If a concern related to altered nutritional status is triggered during the survey process, the facility will be given the opportunity to demonstrate that it has followed the steps in this checklist, as evidence to support an appropriate care process related to altered nutritional status. Evidence of an appropriate care process will be considered in determining whether an adverse event (a negative outcome), or the potential for an adverse event, related to the management of altered nutritional status can be attributed to a deficient facility practice. If attributable to a preventable (avoidable) deficient facility practice, this checklist may also be used in analyzing the severity of the deficiency, if a citation should result.**

**F- tags, which could be associated with altered nutritional status concerns, are provided within the checklist. Other tags may also be appropriate.**

**DOCUMENTATION CHECKLIST:  
Process Guideline for Altered Nutritional Status**

**November 8, 2005**

|   | Yes | No | N/A |
|---|-----|----|-----|
| <b>ASSESSMENT/PROBLEM RECOGNITION:</b><br>May relate to F Tags: F272 (Assessment), F325 (Maintenance of nutritional status)   |     |    |     |
| 1. Did the staff review and define the individual's nutritional status?   |     |    |     |
| 2. Did staff weigh the individual, or indicate why it was not feasible or indicated?  |     |    |     |
| 3. Did staff identify risk factors for impaired nutrition?  |     |    |     |
|   |     |    |     |
| <b>DIAGNOSIS/CAUSE IDENTIFICATION:</b><br>May relate to F Tags: F272 (Assessment), F325 (Maintenance of nutritional status), F386 (Physician review of total plan of care)  |     |    |     |
| 4. Did the staff and practitioner evaluate and clarify the significance and causes of any nutrition-related abnormalities?  |     |    |     |
| 5. Did the staff and practitioner consider medical and nonmedical causes of nutrition risk and altered nutritional status?  |     |    |     |
| 6. Did the staff and practitioner analyze relevant information and provide a clinically pertinent basis for their conclusions?  |     |    |     |
|   |     |    |     |
| <b>TREATMENT/PROBLEM MANAGEMENT:</b> May relate to F Tags: F360 (Dietary services), F 363 (Menus & nutritional adequacy), F325 (Maintenance of nutritional status), F386 (Physician review of total plan of care) |     |    |     |
| 7. Did the staff provide basic nutritional needs?   |     |    |     |
| 8. Did the staff and practitioner address underlying causes of impaired nutrition or risk?  |     |    |     |
|   |     |    |     |
| <b>MONITORING:</b> May relate to F Tags: F272 (Assessment) F 325 (Maintenance of nutritional status), F 386 (Physician review of total plan of care)  |     |    |     |
| 9. Did the staff monitor the subsequent course of weight loss or other significant nutritional imbalance?   |     |    |     |
| 10. Did the staff and practitioner review and adjust interventions based on a clinically appropriate rationale?   |     |    |     |
|   |     |    |     |

\_\_\_\_\_  
Signature of person completing the form

\_\_\_\_\_  
Date