



**MARYLAND
DIETETICS
IN HEALTH CARE
COMMUNITIES**

mind dietetic practice group of the
Maryland Academy
of Nutrition and Dietetics

Updates on Citations in LTC and 2022 Food Code

Anna de Jesus, MBA, RD
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& Nutrition Alliance
March 28, 2023

Food & Nutritional
SOLUTIONS



Speaker Intro

Anna de Jesus, MBA, RDN

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- President, Food and Nutritional Solutions
 - President, Nutrition Alliance
 - Treasurer, National Pressure Injury Advisory Panel
 - Active with the AND-DHCC, AHCA-AZ, ANFP, ALFA-AZ
 - 30 years of experience as a consultant, regional dietitian, food service director, expert witness, author, and speaker



Learning Objectives



DISCUSS REVISIONS TO THE CMS
LTC FOOD AND NUTRITION
SERVICES F TAGS



IDENTIFY FOOD SERVICE CITATIONS
IN MD AND NATIONALLY



BRIEFLY DISCUSS FOOD CODE 2022
CHANGES

Timeline of Changes

November 28, 2016

- F801 Change in requirements of the Director of Food & Nutrition Services
- 5 years for Food Service Director to meet qualifications if hired before 11/28/2016

September 30, 2022

- F801 New pathway to meet qualifications
- <https://www.cms.gov/files/document/r207soma.pdf>

Oct 23, 2022

- <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>
- F812 (Rev. 208; Issued:10-21-22; Effective: 10-21-22; Implementation:10-24-22)
- Pages 641 – 662
- Revised Kitchen and Dining Observation Forms



F 801 Qualified Dietary Staff: Qualifications of the Food Service Director

§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services.

(i) The director of food and nutrition services must at a minimum meet one of the following qualifications—

- (A) A certified dietary manager; or**
- (B) A certified food service manager; or**
- (C) Has similar national certification for food service management and safety from a national certifying body; or**
- D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or**

F801 continued

(E) Has 2 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; and

- (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and**
- (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.**

§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services.

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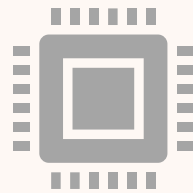
- (A) A certified dietary manager; or**
- (B) A certified food service manager; or**
- (C) Has similar national certification for food service management and safety from a national certifying body; or**
- D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or**



How often has this tag been cited?



2022 – over 150 times



States most affected

CA, IL, TX, OH, PA, MI, FL, WI, WY,
OK, OR, NY, NE, KS, MO, WV

Not cited in MD



What are the citations?

Staff competencies lacking
No qualified FSD, no FSD at all, no
RDN or

Lack of assessments and
inadequate food service oversight



F 812 Food Procedure, Store/Prepare/Serve – Sanitary

Appendix PP and F812

32 pages

- F602 Abuse & F880 Infection Control

28 pages

- F758 Psychotropic Drugs

23 pages

- F600 Abuse & F686 Pressure Injury & F689 Accidents



22 pages

- F812 food Procure/Store/Prepare/Serve-Sanitary

F812

F812

(Rev. 208; Issued:10-21-22; Effective: 10-21-22; Implementation:10-24-22)

§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.

DEFINITIONS

“Food Distribution” means the processes involved in getting food to the resident. This may include holding foods hot on the steam table or under refrigeration for cold temperature control, dispensing food portions for individual residents, family style and dining room service, or delivering *meals* to residents’ rooms or *dining areas*, etc. *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.*

“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).*

GUIDANCE

- **Guidance**

Nursing home residents risk serious complications from foodborne illness as a result of their compromised health status. Unsafe food handling practices represent a potential source of pathogen exposure for residents. Sanitary conditions must be present in health care food service settings to promote safe food handling. CMS recognizes the U.S. Food and Drug Administration's (FDA) Food Code and the Centers for Disease Control and Prevention's (CDC) food safety guidance as national standards to procure, store, prepare, distribute, and serve food in long term care facilities in a safe and sanitary manner.

GUIDANCE CONT'D

Effective food safety systems involve identifying hazards at specific points during food handling and preparation, and identifying how the hazards can be prevented, reduced or eliminated. It is important to focus attention on the risks that are associated with foodborne illness by identifying critical control points (CCPs) in the food preparation processes that, if not controlled, might result in food safety hazards. Some operational steps that are critical to control in facilities to prevent or eliminate food safety hazards are thawing, cooking, cooling, holding, reheating of foods, and employee hygienic practices

- *Web sites for additional information regarding safe food handling to minimize the potential for foodborne illness include: National Food Safety Information Network's Gateway to Government Food Safety Information at <http://www.FoodSafety.gov>;*
- *United States Food & Drug Administration Food Code Web site at <https://www.fda.gov/food/fda-food-code/food-code-2017>*

GUIDANCE CONT'D

Much of this guidance is referenced from the 2017 Recommendations of the United States Food and Drug Administration Food Code. While we do not expect surveyors to determine compliance with this Food Code we are providing a link for reference and information only.

<https://www.fda.gov/food/fda-food-code/food-code-2017>

GUIDANCE CONT'D

Hair Restraints/Jewelry/Nail Polish – *According to the current standards of practice such as the Food Code of the FDA, food service staff must wear hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food.*

According to the Food Code, food service staff must wear hairnets when cooking, preparing, or assembling food, such as stirring pots or assembling the ingredients of a salad. However, staff do not need to wear hairnets when distributing foods to residents at the dining table(s) or when assisting residents to dine.

GUIDANCE

Staff should maintain nails that are clean and neat, and wearing intact disposable gloves in good condition that are changed appropriately to reduce the spread of infection. Since jewelry can harbor microorganisms, it is recommended that staff keep jewelry to a minimum and cover hand or wrist jewelry with gloves when handling food. *According to the Food Code, gloves are necessary when directly touching ready-to-eat food. Additionally, per infection control guidance, gloves are necessary when serving residents who are on transmission-based precautions (See F880 for additional information on transmission-based precautions). However, staff do not need to wear gloves when distributing foods to residents at the dining table(s) or when assisting residents to dine, unless touching ready-to-eat food.*

GUIDANCE

Food Distribution - Various systems are available for distributing food items to residents. These include but are not limited to tray lines, portable steam tables transported to dining areas, or *mobile food* carts *that maintain food in the proper temperature and out of the Danger Zone*. The purpose of these systems is to provide safe holding and transport of the food to the resident's location. Food safety requires consistent temperature control from the *time food leaves the kitchen*, to transport and distribution to prevent contamination (e.g., covering food items). *Timely distribution is essential to ensure food and beverages are served at the proper temperature.*

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.

GUIDANCE

Food Service - Meal service may include, but is not limited to, the steam table where hot prepared foods are held and served, and the chilled area where cold foods are held and served. A resident's meal may consist of a combination of foods that require different temperatures.

Food preparation or service area problems/risks to avoid include, but are not limited to:

- Holding foods in danger zone temperatures which are between 41 degrees F and 135 degrees F;
- Using the steam table to heat food;
- Serving meals on soiled dishware and with soiled utensils;
- Handling food with bare hands or improperly handling equipment and utensils;
- *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.*

GUIDANCE

The temperature of *PHF/TCS* foods should be periodically monitored throughout the meal service to ensure proper hot or cold holding temperatures are maintained. If time is being used in place of temperature as a means of ensuring food safety, the facility must have a system in place to track the amount of time a PHF/TCS is held out of temperature control and dispose of it accordingly.

HOT TIP

Food Code 2017 and 2022

3-501.19 Time as a Public Health Control.

(A) Except as specified under ¶ (D) of this section, if time without temperature control is used as the public health control for a working supply of TIME/TEMPERATURE CONTROL FOR SAFETY FOOD before cooking, or for READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is displayed or held for sale or service:

(1) Written procedures shall be prepared in advance, maintained in the FOOD ESTABLISHMENT and made available to the REGULATORY AUTHORITY upon request that specify: ^{Pf}

(a) Methods of compliance with Subparagraphs (B)(1)-(4) or (C)(1)-(5) of this section; ^{Pf} and

(b) Methods of compliance with § 3-501.14 for FOOD that is prepared, cooked, and refrigerated before time is used as a public health control. ^{Pf}

<https://www.fda.gov/media/110822/download>

HOT TIP

Time as a Food Safety Control Policy / Procedures

POLICY:

Time as a food safety control may be used for certain Time and Temperature Controlled for Safety Foods (TCS) and Ready To Eat (RTE) potentially hazardous foods held for immediate service. Although time may be used as a control, it is important to maintain food quality and palatability.

PROCEDURE:

Hot Foods

1. The following food items are examples of hot foods that may use time as a food safety control:
French fries, tater tots, pizza, sausage, hamburger and other food items that may not retain hot holding temperature of 135° F or higher.
2. The food item shall be marked with:
 - a. START TIME - the time it was removed from the hot holding temperature control of 135° F or higher AND
 - b. DISCARD TIME - the time it will be discarded. The discard time is 4 hours after the START TIME.
3. Stickers may be used on pans, to indicate "Start Time" and "Discard Time." Alternatively, Time as a Control Logs may be used.
4. The food item must be thrown out within the marked "Discard Time." Food items may not be stored as a leftover.
5. For the Highly Susceptible Populations: Time may not be used as a food safety control for unpasteurized eggs.




HOT TIP

Time as a Food Safety Control Policy / Procedures

Cold Foods

1. The following food items are examples of cold foods that may use time as a food safety control:
Salad meats, salad bar items such as potato salad, macaroni salad, watermelon, cantaloupe, cut tomatoes, cut greens, cottage cheese, yogurt; omelet station items such as ham, cut tomatoes; soy milk, milk and other food items that may not retain cold holding temperature of 41° F or lower.
2. The food item shall be marked with:
 - a. START TIME - the time it was removed from refrigerated storage and put on the cold holding unit. Initial temperature must be 41° F or less
AND
 - b. DISCARD TIME - the time it will be discarded. The discard time is 6 hours after an internal temperature of 41° F or lower is reached. Temperature of the food item may not exceed 70° F during the 6 hour time span AND
 - c. The food item must be monitored to ensure that the warmest portion of the food does not exceed 70° F during the 6 hour period *unless* an ambient temperature of 70° F is maintained that ensures the food item does not exceed 70° F.
3. Stickers may be used on containers, to indicate "Start Time" and "Discard Time." Alternatively, Time as a Control Logs may be used.
4. The food item must be thrown out within the marked "Discard Time." Food items may not be stored as a leftover.





Forms used by Surveyors

CMS-20055
(10/2022)

- Kitchen Observation

[Nursing Homes | CMS](#)

Survey Resources – Longterm care pathways – Kitchen observation & Dining Observation

Kitchen/Food Service Observation

Kitchen/Food Service Observation: Complete the initial brief kitchen tour upon arrival at the facility, with observations focused on practices that might indicate potential for foodborne illness. Make additional observations throughout the survey process in order to gather all information needed. Refer to the current FDA Food Code as needed.

Initial Brief Tour of the Kitchen: Review the first two CEs to ensure practices prevent foodborne illness.

- Potentially hazardous foods, such as beef, chicken, pork, etc., have not been left to thaw at room temperature.
- Food items in the refrigerator(s) are labeled or dated.
- Potentially hazardous foods such as uncooked meat, poultry, fish, and eggs are stored separately from other foods (e.g., meat is thawing so that juices are not dripping on other foods).
- Hand washing facilities with soap and water are separate from those used for food preparation.
- Staff are practicing appropriate hand hygiene and glove use when necessary during food preparation activities, such as between handling raw meat and other foods, to prevent cross-contamination.
- Cracked or unpasteurized eggs are not used in foods that are not fully cooked (per observation or interview).
- Food is prepared, cooked, or stored under appropriate temperatures and with safe food handling techniques.
- Staff are employing hygienic practices (e.g., not touching hair or face without hand washing) and then handling food.
- Facility staff are wearing hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food, per current Food Code requirements.*

1. During the initial brief tour, are foods stored and/or prepared under sanitary conditions? Yes No F812

2. During the initial brief tour, does the facility *store*, prepare, distribute, *and serve* food in a manner that prevents foodborne illness to the residents? Yes No F812

Follow Up Visits to the Kitchen: If staff are preparing food during the initial brief tour, proceed with observations. If not, answer the remaining items in future trips to the kitchen.

Storage Temperatures

- Refrigerator temperatures that are at or below 41 degrees Fahrenheit (°F) (check temperatures between meal service activities to allow for stable temperatures).
- Freezer temperatures maintained at a level to keep frozen food solid.
- Internal temperatures of 41°F or lower for potentially hazardous, refrigerated foods (e.g., meat, fish, milk, egg, poultry dishes) that are not within acceptable ranges:
 - What are the temperatures?

Dining Observation

Dining Observation - Each survey team member will be assigned a dining area. If there are fewer surveyors than dining areas, observe the dining areas with the most dependent residents. The team is responsible for observing the first meal upon entrance into the facility. Additional observations may be required if the team identifies concerns. The surveyor assigned primary responsibility will answer all CEs. Any other surveyor assigned a dining location will complete the observations and answer CEs of concern. While it is not mandatory, the team member responsible for the Kitchen task should also consider completing the Dining task. Potential nutrition or hydration concerns should be investigated under the resident.

Meal Services

- Determine whether staff are using proper handling techniques, such as:
 - Preventing the eating surfaces of plates from coming in contact with staff clothing;
 - Handling cups/glasses on the outside of the container; and
 - Handling knives, forks, and spoons by the handles.
- Observe whether staff are using proper hygienic practices such as keeping their hands away from their hair and face when handling food.
- Facility staff are wearing hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food, per current Food Code requirements.*

1. Does staff distribute and serve food under sanitary conditions? Yes No F812

Infection Control

- Determine whether staff have any open areas on their skin, signs of infection, or other indications of illness.
- Appropriate hand hygiene must be practiced between residents after direct contact with resident's skin or secretions.

2. Did the facility provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections? Yes No F880

Dignity: Observe whether staff (list is not all-inclusive):

- Provide meals to all residents at a table at the same time, *if they are seated at the same time. For open seating dining, residents are served upon arrival.*
- Provide napkins and nondisposable cutlery and dishware (including cups and glasses).
- Consider residents' wishes when using clothing protectors.
- Wait for residents at a table to finish their meals before scraping food from plates at that table.
- Sit next to residents while assisting them to eat, rather than standing over them.
- Talk with residents for whom they are providing assistance rather than conducting social conversations with other staff.
- Allow residents adequate time to complete their meal.
- Speak with residents politely, respectfully, and communicate personal information in a way that maintains confidentiality.
- Respond to residents' requests in a timely manner?

FOOD AND NUTRITION SERVICES ***

F800	Provided Diet Meets Needs of Each Resident
F801	Qualified Dietary Staff
F802	Sufficient Dietary Support Personnel
F803	Menus Meet Res Needs/Prep in Advance/Followed
F804	Nutritive Value/Appear, Palatable/Prefer Temp
F805	Food in Form to Meet Individual Needs
F806	Resident Allergies, Preferences and Substitutes
F807	Drinks Avail to Meet Needs/ Preferences/ Hydration
F808	Therapeutic Diet Prescribed by Physician
F809	Frequency of Meals/Snacks at Bedtime
F810	Assistive Devices - Eating Equipment/Utensils
F811	Feeding Asst - Training/Supervision/Resident
F812	Food Procurement, Store/Prepare/Serve - Sanitary
F813	Personal Food Policy
F814	Dispose Garbage & Refuse Properly

Yellow – Kitchen Observation
Aqua – Dining Observation

Kitchen/Food Service Observation

Kitchen/Food Service Observation: Complete the initial brief kitchen tour upon arrival at the facility, with observations focused on practices that might indicate potential for foodborne illness. Make additional observations throughout the survey process in order to gather all information needed. Refer to the current FDA Food Code as needed.

Initial Brief Tour of the Kitchen: Review the first two CEs to ensure practices prevent foodborne illness.

- Potentially hazardous foods, such as beef, chicken, pork, etc., have not been left to thaw at room temperature.
- Food items in the refrigerator(s) are labeled or dated.
- Potentially hazardous foods such as uncooked meat, poultry, fish, and eggs are stored separately from other foods (e.g., meat is thawing so that juices are not dripping on other foods).
- Hand washing facilities with soap and water are separate from those used for food preparation.
- Staff are practicing appropriate hand hygiene and glove use when necessary during food preparation activities, such as between handling raw meat and other foods, to prevent cross-contamination.
- Cracked or unpasteurized eggs are not used in foods that are not fully cooked (per observation or interview).
- Food is prepared, cooked, or stored under appropriate temperatures and with safe food handling techniques.
- Staff are employing hygienic practices (e.g., not touching hair or face without hand washing) and then handling food.
- Facility staff are wearing hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food, per current Food Code requirements.

1. During the initial brief tour, are foods stored and/or prepared under sanitary conditions? Yes No F812

2. During the initial brief tour, does the facility store, prepare, distribute, and serve food in a manner that prevents foodborne illness to the residents? Yes No F812

Follow Up Visits to the Kitchen: If staff are preparing food during the initial brief tour, proceed with observations. If not, answer the remaining items in future trips to the kitchen.

Storage Temperatures

- Refrigerator temperatures that are at or below 41 degrees Fahrenheit (°F) (check temperatures between meal service activities to allow for stable temperatures).
- Freezer temperatures maintained at a level to keep frozen food solid.
- Internal temperatures of 41°F or lower for potentially hazardous, refrigerated foods (e.g., meat, fish, milk, egg, poultry dishes) that are not within acceptable ranges:

3. Is the food stored at the appropriate temperatures? Yes No F812

Food Storage

- Frozen foods are thawing at the correct temperature.
- Foods in the refrigerator/freezer are covered, dated, and shelved to allow circulation. ←
- Foods are stored away from soiled surfaces or rust.
- Canned goods have an uncompromised seal (e.g., punctures).
- Staff are only using clean utensils when accessing bulk foods and/or ice.
- Containers of food are stored off the floor, on surfaces that are clean or protected from contamination (e.g., 6 inches above the floor, protected from splash).
- There are no signs of water damage from sewage lines and/or pipelines.
- There are no signs of negative outcome (e.g., freezer burn, foods dried out, foods with a change in color).
- Raw meat is stored so that juices are not dripping onto other foods.
- Food products are discarded on or before the expiration date.
- Staff are following the facility's policy for food storage, including leftovers.

4. During follow-up visits to the kitchen, are foods stored under sanitary conditions? Yes No F812

Food Preparation and Service

- Hot foods are held at 135°F or higher on the steam table.
- Cold foods are held at 41°F or lower.
- Food surfaces are thoroughly cleaned and sanitized after preparation of fish, meat, or poultry.
- Cutting surfaces are sanitized between uses.
- Equipment (e.g., food grinders, choppers, slicers, and mixers) are cleaned, sanitized, dried, and reassembled after each use.
- If staff is preparing resident requests for soft cooked and undercooked eggs (i.e., sunny side up, soft scrambled, soft boiled), determine if a pasteurized egg product was used.
- Proper final internal cooking temperatures (monitoring the food's internal temperature for 15 seconds determines when microorganisms can no longer survive and food is safe for consumption). Foods should reach the following internal temperatures:
 - Poultry and stuffed foods: 165°F; ↑

HOT TIP

Date marking

Food Code 2017 and 2022

3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.

(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in ¶¶ (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.^{Pf}

<https://www.fda.gov/media/127796/download>



Food & Nutritional
SOLUTIONS

	Sunday March 25	Monday March 26	Tuesday March 27	Wednesday March 28	Thursday March 29	Friday March 30	Saturday March 31	Sunday April 1
Date Only								
<i>Food is labeled:</i> March 31	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Discard by midnight on Saturday, March 31 Day 7	
Day Only								
<i>Food is labeled:</i> Saturday	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Discard by midnight on Saturday Day 7	
Date and Time								
<i>Food is labeled:</i> April 1, 2018 10:00 pm		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Discard by 10pm on Sunday, April 1, 2018 Day 7

<http://www.fdagov/media/127796/download>

HOT TIP

Product Dates

US Food Safety and Inspection Services

- A "**Best if Used By/Before**" date indicates when a product will be of best flavor or quality. It is not a purchase or safety date.
- A "**Sell-By**" date tells the store how long to display the product for sale for inventory management. It is not a safety date.
- A "**Use-By**" date is the last date recommended for the use of the product while at peak quality. It is not a safety date except for when used on infant formula as described below.
- A "**Freeze-By**" date indicates when a product should be frozen to maintain peak quality. It is not a purchase or safety date.

<https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/food-product-dating>

3. Is the food stored at the appropriate temperatures? Yes No F812

Food Storage

- Frozen foods are thawing at the correct temperature.
- Foods in the refrigerator/freezer are covered, dated, and shelved to allow circulation.
- Foods are stored away from soiled surfaces or rust.
- Canned goods have an uncompromised seal (e.g., punctures).
- Staff are only using clean utensils when accessing bulk foods and/or ice.
- Containers of food are stored off the floor, on surfaces that are clean or protected from contamination (e.g., 6 inches above the floor, protected from splash).
- There are no signs of water damage from sewage lines and/or pipelines.
- There are no signs of negative outcome (e.g., freezer burn, foods dried out, foods with a change in color).
- Raw meat is stored so that juices are not dripping onto other foods.
- Food products are discarded on or before the expiration date.
- Staff are following the facility's policy for food storage, including leftovers.

4. During follow-up visits to the kitchen, are foods stored under sanitary conditions? Yes No F812

Food Preparation and Service

- Hot foods are held at 135°F or higher on the steam table.
- Cold foods are held at 41°F or lower.
- Food surfaces are thoroughly cleaned and sanitized after preparation of fish, meat, or poultry.
- Cutting surfaces are sanitized between uses.
- Equipment (e.g., food grinders, choppers, slicers, and mixers) are cleaned, sanitized, dried, and reassembled after each use.
- If staff is preparing resident requests for soft cooked and undercooked eggs (i.e., sunny side up, soft scrambled, soft boiled), determine if a pasteurized egg product was used.
- Proper final internal cooking temperatures (monitoring the food's internal temperature for 15 seconds determines when microorganisms can no longer survive and food is safe for consumption). Foods should reach the following internal temperatures:
 - Poultry and stuffed foods: 165°F;

Kitchen/Food Service Observation

- Ground meat (e.g., ground beef, ground pork, ground fish) and eggs held for service: at least 155°F;
 - Fish and other meats: 145°F for 15 seconds;
 - When cooking raw animal foods in the microwave, foods should be rotated and stirred during the cooking process so that all parts of the food are heated to a temperature of at least 165°F, and allowed to stand covered for at least 2 minutes after cooking to obtain temperature equilibrium; and
 - Fresh, frozen, or canned fruits and vegetables: cooked to a hot holding temperature of 135°F to prevent the growth of pathogenic bacteria that may be present.
- Food items that are reheated to the proper temperatures:
- The potentially hazardous food (PHF) or time/temperature controlled for safety (TCS) food that is cooked and cooled must be reheated so that all parts of the food reach an internal temperature of 165°F for at least 15 seconds before holding for hot service; and
 - Ready-to-eat foods that require heating before consumption are best taken directly from a sealed container (secured against the entry of microorganisms) or an intact package from an approved food processing source and heated to at least 135°F for holding for hot service.
- Food is cooked in a manner to conserve nutritive value, flavor, appearance, and texture.
- Nourishments and snacks that are held at room temperature are served within 4 hours of delivery. Potentially hazardous foods (e.g., milk, milk products, eggs) must be held at appropriate temperatures.
- Staff properly wash hands with soap and water to prevent cross-contamination (i.e., between handling raw meat and other foods).
- Food is covered when traveling a distance (e.g., down a hallway, to a different unit or floor), based upon standards of practice for infection control and food safety.*
- Staff utilize hygienic practices (e.g., not touching hair, face, nose, etc.) when handling food.
- Staff wash hands before serving food to residents after collecting soiled plates and food waste.
- Opened containers of potentially hazardous foods or leftovers are dated or used within 7 days in the refrigerator or according to facility policy.
- Proper cooling procedures were observed, such as cooling foods in shallow containers, and not deep or sealed containers, facilitating foods to cool quickly as required.
- Potentially hazardous foods are cooled from 135°F to 70°F within 2 hours; from 70°F to 41°F within 4 hours; the total time for cooling from 135°F to 41°F should not exceed six hours.
- Food procured from vendors meets federal, state, or local approval.
- Review the policies and procedures for maintaining nursing home gardens, if applicable.
- The time food is put on the steam table and when meal service starts. If unable to observe, determine per interview with the cook.
- How staff routinely monitors food temperatures on the steam table (review temperature logs).
- When staff starts cooking the food. If unable to observe, determine per interview with the cook.
- What cooking methods are available and used (e.g., steamer, batch-style cooking).
- Ensure staff do not compromise food safety when preparing modified consistency (e.g., pureed, mechanical soft) PHF/TCS foods.

Kitchen/Food Service Observation

- Ask staff about their knowledge of the food safety practice and facility policy around the particular concern identified.
- Does the facility have written policies (e.g., eggs) that honor resident preferences safely?
- Does the facility have a written policy regarding food brought in by family or visitors?
- Ask staff what the facility practice is for dealing with employees who come to work with symptoms of contagious illness (e.g., coughing, sneezing, nausea, fever, vomiting) or open wounds.
- If a foodborne illness outbreak occurred, did you report the outbreak to the local health department?
- Was the facility food service identified as the cause of the outbreak and what remediation steps were taken?

5. Does the facility provide each resident with a nourishing, palatable, well-balanced diet that meets his/her daily nutritional and dietary needs, taking into consideration the preferences of each resident? Yes No F800

6. Does the facility provide food prepared by methods that conserve nutritive value, flavor, and appearance and provide food and drink that is palatable, attractive, and at a safe and appetizing temperature? Yes No F804

7. Is food prepared in a form to meet individual needs of the residents? Yes No F805

8. Was food procured from approved or satisfactory sources and was food stored, prepared, distributed, and served in accordance with professional standards for food service safety? Yes No F812

9. Does the facility have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption? Yes No F813

10. During follow-up visits to the kitchen, does the facility *store*, prepare, distribute, *and serve* food in a manner that prevents foodborne illness to the residents? Yes No F812

Dinnerware Sanitization and Storage

High Temperature Dishwasher (heat sanitization):

- *Wash: 150-165 degrees F;*
- *Final Rinse: 180 degrees F (160 degrees F at the rack level/dish surface reflects 180 degrees F at the manifold, which is the area just before the final rinse nozzle where the temperature of the dish machine is measured; or 165 degrees F for a stationary rack, single temperature machine).*

- Staff ensure dishwasher temperatures are:
 - For a stationary rack, single temperature machine, 74°C (165°F);
 - For a stationary rack, dual temperature machine, 66°C (150°F);
 - For a single tank, conveyor, dual temperature machine, 71°C (160°F);
 - For a multi-tank, conveyor, multi-temperature machine, 66°C (150°F); or
 - For the wash solution in spray-type washers that use chemicals to sanitize, *must not be* less than 49°C (120°F).
 - Sanitizing solution must be at level required per manufacturer's instructions.
- Low Temperature Dishwasher (chemical sanitization):
 - Wash - 120 degrees F; and
 - Final Rinse - 50 ppm (parts per million) hypochlorite (chlorine) on dish surface in final rinse.
 - The chemical solution must be maintained at the correct concentration, based on periodic testing, at least once per shift, and for the effective contact time according to manufacturer's guidelines.
- Manual water temperature solution shall be maintained at no less than 110°F. After washing and rinsing, dishes are sanitized by immersion in either:
 - Hot water (at least 171°F) for 30 seconds; or
 - A chemical sanitizing solution. If explicit manufacturer instructions are not provided, the recommended sanitation concentrations are as follows:
 - Chlorine: 50 – 100 ppm minimum 10 second contact time
 - Iodine: 12.5 ppm minimum 30 second contact time
 - QAC space (Quaternary): 150 – 200 ppm concentration and contact time per manufacturer's instructions (Ammonium Compound)
- Dishes, food preparation equipment, and utensils are air dried. (Drying food preparation equipment and utensils with a towel or cloth may increase risks for cross-contamination.)
- Wet wiping cloths are stored in an approved sanitizing solution and laundered daily.
- Clean and soiled work areas are separated.
- Dishware is stored in a clean, dry location and not exposed to splash, dust, or other contamination, and covered or inverted.
- Ask staff how they test for proper chemical sanitization (observe them performing the test).
- Ask staff how they monitor equipment to ensure that it is functioning properly. (Review temperature/chemical logs.)

11. Were dishes and utensils cleaned and stored under sanitary conditions? Yes No F812

Dishmachine Signage



POST ON DISH MACHINE

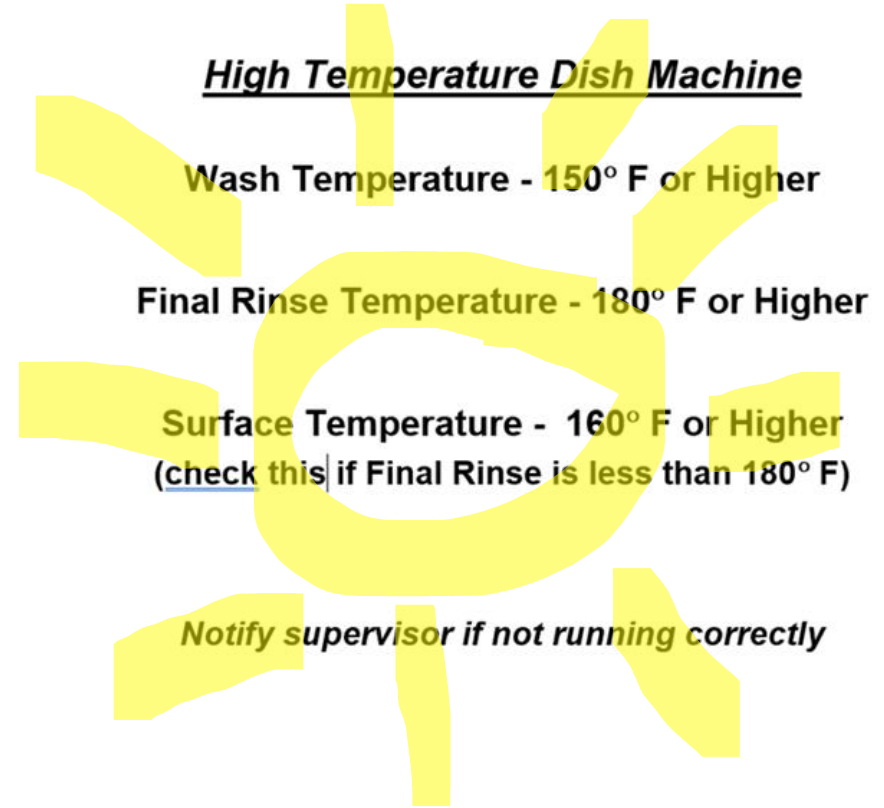
Chemical Sanitizing Dish Machine

Wash Temperature - 120° F

Chlorine Test Strip - 50 – 100ppm

Notify supervisor if not running correctly

POST ON DISH MACHINE



Equipment Safe/Clean

- Refrigerators, freezers, and ice machines are clean and in safe operating condition.
- Fans in food prep areas are clean.
- Utensils/equipment are cleaned and maintained to prevent foodborne illness.
- Food trays, dinnerware, and utensils are clean and in good condition (e.g., not cracked or chipped).
- Appropriate equipment and supplies to evaluate the safe operation of the dish machine and the washing of pots and pans (e.g., maximum registering thermometer, appropriate chemical test strips, and paper thermometers).
- How does the facility identify problems with time and temperature control of PHF/TCS foods and what are the processes to address those problems.
- Whether the facility has, and follows, a cleaning schedule for the kitchen and food service equipment.
- If there is a problem with equipment, how staff informs maintenance and follows up to see if the problem is corrected.

12. Is the food preparation equipment clean? Yes No F812

13. Is essential kitchen equipment maintained in safe operating condition? Yes No F908

Refuse/Pest Control

- Is there evidence of pests in the food storage, preparation, or service areas?
- Is the facility aware of the current problem?
- If the facility is aware of the current problem, what steps have been taken to eradicate the problem?
- Is garbage and refuse disposed of properly?
- Is there documentation of pest control services that have been provided?
- Notify team of observations and review other areas of the environment for pest concerns under the Environment task.

14. Was garbage and refuse disposed of properly? Yes No F814

15. Was food storage, preparation, and service areas free of visible signs of insects and/or rodents? Yes No F925

Unit Refrigerators



Kitchen/Food Service Observation

- Snack/nourishment refrigerators on the unit are maintained to prevent the potential for foodborne illness.
- Proper snacks/nourishment refrigerators' temperatures are maintained and food items are dated and labeled.

16. Are snack/nourishment refrigerators on the unit maintained with the proper temperature and food items are dated and labeled so as to prevent the potential for foodborne illness? Yes No F812

Menus

- Ensure staff are following the menus.
- Menus meet the nutritional needs of the residents.

17. Does the facility follow the menus and does the menu meet the nutritional needs of the residents? Yes No F803

Dietary Staff

- Interview dietary staff members to ensure the facility has a full-time qualified dietitian or other clinically qualified professional either full-time, part-time, or on a consultant basis (refer to the regulation for qualification details).
- If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, interview staff to ensure the person designated as the director of food and nutrition services is qualified (refer to the regulation for qualification details).
- Interview staff to ensure they have appropriate competencies and skill set to carry out functions of the food and nutrition services, taking into account resident assessments, care plans, number, acuity, and diagnoses of the facility's population in accordance with the facility assessment.

18. Does the facility have a qualified dietitian, other clinically qualified nutrition professional, and/or director of food and nutrition services who met the required qualifications in the timeframe allowed? Yes No F801

19. Does the facility have a sufficient number of competent staff to safely and effectively carry out the functions of the food and nutrition services? Yes No F802

CMS-20053
(10/2022)

- Dining Observation

[Nursing Homes | CMS](#)

Survey Resources – Longterm care pathways –
Kitchen observation & Dining Observation

Dining Observation

Dining Observation - Each survey team member will be assigned a dining area. If there are fewer surveyors than dining areas, observe the dining areas with the most dependent residents. The team is responsible for observing the first meal upon entrance into the facility. Additional observations may be required if the team identifies concerns. The surveyor assigned primary responsibility will answer all CEs. Any other surveyor assigned a dining location will complete the observations and answer CEs of concern. While it is not mandatory, the team member responsible for the Kitchen task should also consider completing the Dining task. Potential nutrition or hydration concerns should be investigated under the resident.

Meal Services

- Determine whether staff are using proper handling techniques, such as:
 - Preventing the eating surfaces of plates from coming in contact with staff clothing;
 - Handling cups/glasses on the outside of the container; and
 - Handling knives, forks, and spoons by the handles.
- Observe whether staff are using proper hygienic practices such as keeping their hands away from their hair and face when handling food.
- Facility staff are wearing hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food, per current Food Code requirements.*

1. Does staff distribute and serve food under sanitary conditions? Yes No F812

Infection Control

- Determine whether staff have any open areas on their skin, signs of infection, or other indications of illness.
- Appropriate hand hygiene must be practiced between residents after direct contact with resident's skin or secretions.

2. Did the facility provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections? Yes No F880

Dignity: Observe whether staff (list is not all-inclusive):

- Provide meals to all residents at a table at the same time, *if they are seated at the same time. For open seating dining, residents are served upon arrival.*

Dining Observation

3. Does the facility promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality?

Yes No F550

Homelike Environment: A "homelike environment" is one that de-emphasizes the institutional character of the setting, to the extent possible (*i.e., open seating dining*). A determination of "homelike" should include, whenever possible, the resident's or representative of the resident's opinion of the living environment.

Determine the presence of institutional practices that may interfere with the quality of the residents' dining experience, such as:

- Meals served on trays in a dining room;
- Medication administration practices that interfere with the quality of the residents' dining experience.
Note: Medication administration during meal service is not prohibited for:
 - Medications that must be taken with a meal.
 - Medication administration requested by a resident who is accustomed to taking the medication with a meal, as long as it has been determined that this practice does not interfere with the effectiveness of the medication.

Has the facility attempted to provide medications at times and in a manner that does not distract from the dining experience of the resident, such as:

- Pain medications being given prior to meals so that meals can be eaten in comfort;
- Foods served are not routinely or unnecessarily used as vehicles to administer medications (mixing the medications with potatoes or other entrees)

4. Did the facility provide a homelike dining environment? Yes No F584

Resident Self-Determination or Preferences

Determine staff response to a resident who refuses to go to the dining area, refuses the meal or meal items offered, or requests a substitute. If concerns are identified, interview the resident to determine whether:

- The resident was involved in choosing when to eat;
- The resident was involved in choosing where to eat; and/or
- The food offered takes into account the resident's food preferences.

Interview staff regarding the facility protocol to identify where and when a resident eats, how staff knows whether a specific resident eats in a specific dining room or other location, and how food preferences are identified and submitted to the dietary department.

5. Does the facility honor the resident's right to make choices about aspects of his/her life in the facility that are significant to the resident? Yes No F561

Dining Assistance

Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:

- Provision of cueing, prompting, or assisting a resident to eat in order to improve, maintain, or prevent

Dietary Needs

- Determine during the meal service, whether staff are providing services to meet the residents' needs, such as:
- How staff identify and meet residents' special dietary requirements (e.g., allergies, intolerances, and preferences).
9. Are residents receiving food that accommodates resident allergies, intolerances, and preferences?
 Yes No F806

Food and Drink Quality

- If concerns regarding palatability and/or appearance are identified, determine whether:
- Mechanically altered diets, such as pureed foods, were prepared and served as separate entree items, excluding combined foods such as stews, casseroles, etc.; and
 - Food placement, colors, and textures were in keeping with the resident's needs or deficits, such as residents with vision or swallowing deficits.
- Interview residents to confirm or validate observations and to assess food and drink palatability and temperature.
- If the team has identified concerns with food quality or residents complain about the palatability/temperature of food or drink served, the survey team coordinator may request a test tray to obtain quantitative and qualitative data to assess the complaints.
- Send the meal to the unit that is the greatest distance from the kitchen or to the affected unit or dining room.
- Check food temperature and palatability of the test meal close to the time the last resident on the unit is served and begins eating.
12. Does the facility serve meals that conserve nutritive value, flavor, and appearance, and are palatable, attractive, and a safe and appetizing temperature (e.g., provide a variety of textures, colors, seasonings, pureed foods not combined)? Yes No F804

24. Does the facility provide at least three meals daily at regular times comparable to mealtimes in the community or in accordance with residents' needs? Yes No F809

25. Does the facility provide sufficient staff to safely and effectively carry out the functions of the food and nutrition services, including preparing and serving meals, in the scheduled time frames? Yes No F802

26. Does the facility provide meals with no greater than a 14 hour lapse between the evening meal and breakfast, or 16 hours with approval of a resident group and provision of a substantial evening snack? Yes No F809

Food Substitutes: If concerns are identified with a resident who is not consuming his/her meal or has refused the meal served:

- Determine whether staff attempt to determine the reason(s) for the refusal and offer a substitute item of equal nutritive value or another food item of the resident's choice.
- If staff do not offer an alternative item, interview the resident to determine whether he/she is provided a substitution when he/she does not wish to have the item being served.

Therapeutic Diets

- Observe residents to ensure they are being served a therapeutic diet, if prescribed.
- Review the residents' records to ensure the resident is prescribed a therapeutic diet.
- Review additional information the dietary staff uses to identify those residents in need of a therapeutic diet (e.g., tray cards, dietary cards).

16. Are residents receiving therapeutic diets as prescribed? Yes No F808



Top Food Service Citations 2022

Year	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814
2022	1.1	1.7	1.9	5.9	7.6	2.5	2.8	0.4	1.3	1.5	1.1	.07	40	1.1	3.6

- #1 F812 - Food Procurement/Store/Prepare/Serve - Sanitary
- #2 F804 - Nutritive Value/Appearance/Palatable/Temperature
- #3 F803 - Menus Meet Res Needs/Prep in Advance/Followed
- #4 F814 - Dispose Garbage
- #5 F806 - Res Allergies/Food Pref/Subs
- #6 F805 - Food in Form to Meet Individual Needs
- #7 F802 - Sufficient Dietary Support Personnel
- #8 F801 - Qualified Dietary Staff
- #9 F809 - Frequency of Meals/Snacks at Bedtime
- #10 F808 - Therapeutic Diet

National Database

of Instances

Year	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814
2022	3	0	0	3	5	0	1	0	0	1	0	0	16	0	0

- # 1 F812 Food Procure/Prepare/Serve - Sanitary
- # 2 F804 Nutritive Value/Appearance/Palatable/Temperature
- # 3 F800 Provided Diet Meets Needs of Res
 - F803 Menu Meets Res Needs/Prep in Advance/Followed
- # 4 F806 Res Allergies/Food Pref/Subs
 - F809 Frequency of Meals/Snacks at Bedtime
- F692 – Nutrition/Hydration Status Maintenance

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Nursing Homes

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

Nursing home surveys are conducted in accordance with survey protocols and Federal requirements to determine whether a citation of non-compliance appropriate. Consolidated Medicare and Medicaid requirements for participation (requirements) for Long Term Care (LTC) facilities (42 CFR part 483, subpart B) were first published in the Federal Register on February 2, 1989 (54 FR 5316). The requirements for participation were recently revised to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. The revisions were published in a final rule that became **effective on November 28, 2016**.

The survey protocols and interpretive guidelines serve to clarify and/or explain the intent of the regulations. All surveyors are required to use them in assessing compliance with Federal requirements. Deficiencies are based on violations of the regulations, which are to be based on observations of the nursing home's performance or practices.

The sections below provide additional information about the background and overview of the final rule, frequently asked questions, and other related resources.

Downloads

- [Exhibit 358-11.10.2022 \(PDF\)](#)
- [Exhibit 359-11.10.2022 \(PDF\)](#)
- [CMS-802-Updated 10/24/2022 \(PDF\)](#)
- [LTCSP Initial Pool Care Areas - Updated 10/24/2022 \(ZIP\)](#)
- [Initial Surveys -10/24/2022 \(ZIP\)](#)
- [LTCSP Interim Revisit Instructions -Updated 08/03/2018 \(PDF\)](#)
- [Appendix PP State Operations Manual \(Revised 02/03/2023\) \(PDF\)](#)
- [Revision History for LTC Survey Process Documents and Files Updated 02/17/2023 \(PDF\)](#)
- [Survey Resources -02/17/2023 \(ZIP\)](#)

Quality, Safety & Oversight-Guidance to Laws & Regulations

- Ambulatory Surgery Centers
- Nursing Homes
- Community Mental Health Centers
- Critical Access Hospitals
- Dialysis
- Home Health Agencies
- Hospice
- Hospitals
- Laboratories
- Life Safety Code & Health Care Facilities Code (HCFC)
- Psychiatric Hospitals
- Psychiatric Residential Treatment Facilities
- Outpatient Rehabilitation
- Inpatient Rehabilitation
- Comprehensive Outpatient Rehabilitation Facilities
- Rural Health Clinics
- Religious Nonmedical Health Care Institutions



Revision History for LTC Survey Process Documents and Files

This document will identify revisions made to documents and files that are related to the LTC Survey Process. The revisions will be grouped by effective date.

Effective Date	Document/File Name	Description of Change
02/17/2023	<ol style="list-style-type: none"> 1. Survey Resources 2. Appendix PP 	Updated: <ol style="list-style-type: none"> 1. FIC Folder (FIC Survey Protocol) 2. LTC Survey Pathways (CMS-20068 Urinary Catheter or UTI) 3. Appendix PP State Operations Manual 4. Chapter 7 State Operations Manual 5. Entrance Conference Worksheet 6. LTCSP Procedure Guide
10/26/2022	<ol style="list-style-type: none"> 1. Survey Resources 2. Appendix PP 	Updated: <ol style="list-style-type: none"> 1. LTC Survey Pathways (CMS 20054- Infection Prevention Control and Immunization) 2. LTCSP procedure guide 3. FIC Folder (CMS 20054 – Infection Prevention Control and Immunization, Attachment A, QSO-23-02) 4. Appendix PP
10/24/2022	<ol style="list-style-type: none"> 1. CMS-802 2. LTCSP Initial Pool Care Areas 3. Initial Surveys 4. LTC Survey FAQs 5. F-Tag Crosswalk 6. New Long Term Care Survey Process – Slide Deck and Speaker Notes 7. Appendix PP 8. Survey Resources Folder 	The documents below were updated to reflect revisions effective October 24, 2022. <ol style="list-style-type: none"> 1. CMS-802 2. LTCSP Initial Pool Care Areas – RI Care Areas and Probes, RO Care Areas and Probes, RR Care Areas and Probes 3. Initial Surveys 4. LTC Survey FAQs – Deleted 5. F-Tag Crosswalk – Deleted 6. New Long Term Care Survey Process – Slide Deck and Speaker Notes - Deleted 7. Appendix PP – official version released on October 21, 2022 8. Survey Resources Folder – Extensive changes have been made. Download the <u>entire</u> survey resource folder.
09/27/2022	Survey Resources with Staff Vaccine Documents Folder	Updated: <ol style="list-style-type: none"> 1. LTC Survey Pathways (CMS 20054-Infection Prevention Control and Immunization) 2. FIC Folder (CMS 20054-Infection Prevention Control and Immunization)
09/26/2022	Survey Resources with Staff Vaccine Documents Folder	Updated: <ol style="list-style-type: none"> 1. LTC Survey Pathways (CMS 20054-Infection Prevention Control and Immunization) 2. FIC Folder (CMS 20054-Infection Prevention Control and Immunization, QSO-20-38-NH Revised, QSO-20-39-NH Revised)
06/07/22	Survey Resources with Staff Vaccine Documents Folder	Updated: <ol style="list-style-type: none"> 1. F Tag Waiver Guide 2. K Tag Waiver Guide (removal) 3. FIC folder (QSO-20-29-NH, QSO-22-07, QSO-22-09, QSO-22-11, Attachment A)

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MARYLAND DIETETICS IN HEALTH CARE COMMUNITIES

mind dietetic practice group of the
Maryland Academy
of Nutrition and Dietetics

2022

Food Code

U.S. Food and Drug Administration



Food & Nutritional
SOLUTIONS



8 + 1 = 9
Food
Allergens

1. Milk
2. Tree nuts
3. Wheat
4. Peanuts
5. Eggs
6. Fish
7. Shellfish
8. Soy
9. Sesame



Food Code 2022

- Biden-Harris Administration's National Strategy on Hunger
 - Food that is stored, prepared, packaged, displayed and labeled according to Food Code safety provisions can be donated.
- Sesame is the 9th major food allergen
- Consumers must be informed in writing, of major food allergens as ingredients in unpackaged food
- Bulk food that is available for self-dispensing, need to have major food allergens labeled.
- New requirements for pet dogs in outdoor dining areas
- Intact meat definition revised and time/temp cooking requirements clarified



Thank you

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References

- F801

<https://www.cms.gov/files/document/r207soma.pdf>

- 2567 Full text

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS>

- CMS.gov and Appendix PP

<https://www.cms.gov/medicare/provider-enrollment-andcertification/guidanceforlawsandregulations/nursing-homes>

- F812

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>