

DOCUMENT RESUME

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[Survey of Dietetic Services in Selected Nursing Homes in Georgia and South Carolina]. July 25, 1978. 6 pp. + 2 appendices (2 pp.).

Report to Virginia M. Smyth, Regional Administrator, Health Care Financing Administration: Region IV, Atlanta, GA; by Marvin Colbs, Regional Manager, Field Operations Div.: Regional Office (Atlanta).

Contact: Field Operations Div.: Regional Office (Atlanta).
Organization Concerned: Department of Health, Education, and Welfare; Margaret's Convalescent Center, Charleston, SC.
Authority: =45 C.F.R. 249. =49 C.F.R. 405.

Dietetic services in selected nursing homes in Georgia and South Carolina were surveyed to determine if long-term care facilities were meeting Health, Education, and Welfare (HEW) standards for dietetic services and whether failure to meet established standards affected patient health. Eight of the 17 nursing homes surveyed did not meet the HEW standard for therapeutic diets, and six other facilities were not preparing and serving the diets as ordered by physicians. Noncompliance ranged from serving slightly more food than prescribed to serving basically the same meal to all patients even though calorie control diets ranged from 1,200 to 2,000 calories. HEW's Rapid Data Retrieval System showed that from 5.2% to 16.2% of skilled nursing facilities in individual States did not comply with therapeutic diet standards. Review of selected medical charts did not indicate that patients who were served incorrect therapeutic diets experienced health problems as a result. Improper therapeutic diets did not adversely affect the condition of diabetic patients either. One facility in Charleston, South Carolina, did not recognize or meet either the normal or therapeutic nutritional needs of its residents. The Region IV office should: require State survey agencies to place more emphasis on filling vacant nutrition consultant positions, assist State survey agencies in identifying reasons why long-term care facilities do not serve therapeutic diets correctly, and ensure that Margaret's Convalescent Center's participation in the medicaid program is terminated unless the home meets HEW standards. (RRS)



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UNITED STATES GENERAL ACCOUNTING OFFICE
REGIONAL OFFICE
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JUL 25 1978

Ms. Virginia M. Smyth
Regional Administrator
Health Care Financing
Administration
Atlanta, Georgia 30323

Dear Ms. Smyth:

We have completed a survey of dietetic services in selected nursing homes in Georgia and South Carolina. The purpose of our survey was to determine if long-term care facilities were meeting Health, Education, and Welfare (HEW) standards for dietetic services, and, if they were not, whether evidence indicated that the failure to meet established standards was affecting patient health.

With the help of State dietitians we compared the storage, preparation, and serving of food in the nursing homes with the standards established by HEW. Our survey did indicate that most nursing homes did not serve therapeutic diets correctly and that, in particular, one intermediate care facility (ICF) was not complying with any dietetic services standards established by HEW. Although the few doctors we spoke to said they could see no discernable adverse effects on their patients from the discrepancies in diets, it seems clear to us that continued use of inappropriate diets will have adverse effects on patients over the long term.

SCOPE

We conducted the survey at HEW's Health Care Financing Administration in Region IV, at the Georgia Department of Human Resources, the South Carolina Department of Health and Environmental Control, and at eight nursing homes in Georgia and nine in South Carolina. Dietitians from each of the States accompanied us on visits to the nursing homes and performed their normal survey procedures for dietetic services.

BACKGROUND

Individual States are responsible for administration of the Medicaid program. This responsibility includes

- conducting annual surveys of nursing homes to determine their compliance with Medicaid conditions,
- investigating complaints,

- consulting with facilities to help them improve their services, and
- making follow-up visits to facilities to verify correction of deficiencies cited during a survey.

Each HEW Regional Office has an Office of Health Standards and Quality (HS&Q) which is responsible for monitoring the States' enforcement of Medicaid standards.

THERAPEUTIC DIETS WERE
NOT SERVED AS ORDERED
BY ATTENDING PHYSICIANS

Federal regulations (45 CFR 249.12 and 405.1125) require nursing homes to provide a dietetic service that meets the daily nutritional needs of patients in accordance with physicians' orders and, as far as medically possible, to comply with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The regulations also provide that therapeutic diets, when prescribed by the attending physician, will be planned in writing and prepared and served as ordered, with supervision or consultation from a dietitian.

Our survey of 17 nursing homes showed that eight did not meet the HEW standard for therapeutic diets. In addition, six other facilities were not preparing and serving the diets as ordered by physicians. Whether or not a facility was cited for noncompliance depended upon the degree to which it failed to meet HEW standards. Circumstances constituting noncompliance ranged from serving slightly more food than the physician prescribed, to serving basically the same meal to all patients even though their calorie control diets ranged from 1,200 to 2,000 calories. While in many cases, the State dietitian found that therapeutic diets were served incorrectly, the variance from the prescribed diets was often relatively minor.

The eight State survey agencies in HEW's Region IV report survey findings to the Region, which records them in HEW's Rapid Data Retrieval System (RADARS). As of December 30, 1977, this system showed that from 5.2 to 16.2 percent of the Skilled Nursing Facilities in individual States did not comply with the therapeutic diet standard. In six of the eight States, more than 10 percent of these facilities failed to comply; for Georgia and South Carolina the out-of-compliance percentage rates were 9.5 and 16.2 respectively. We have not included compliance statistics for intermediate care facilities because ICF survey findings recorded in RADARS were incomplete.

State dietitians in Georgia and South Carolina said that their surveys disclosed more problems with therapeutic diets than with any other area of dietetic services. However, compliance with the diet standard has improved as the number of dietitians included on survey teams has increased and as more consultation has been provided to nursing homes. When dietitian vacancies in each of the two State agencies are filled, the State dietitians expect further improvement.

Review of selected medical charts did not indicate that patients who were served incorrect therapeutic diets experienced health problems as a result. Although some patients did not lose weight to the extent expected, others were not overweight even though they had received more calories than prescribed. Nurses reported that patients who had not lost weight refused to stay on their diets and often received food from other sources. Records indicate that improper therapeutic diets did not adversely affect the condition of diabetic patients either. In some cases, patients whose diabetes was not under control had also received therapeutically incorrect meals. But factors other than facility-prepared food appeared to be affecting their condition. For example, these patients sometimes got food from vending machines or from family and friends.

The physicians we contacted stated that they were willing to accept a range of plus or minus 100 to 200 calories in the diets and, for diabetic patients, were more concerned that their patients were receiving a consistent number of calories each day. Although the few doctors we spoke to said they could see no discernable adverse effects on their patients from the discrepancies in diets, it seems clear to us that continued use of inappropriate diets will have adverse effects on patients over the long term. These doctors stated that the therapeutic diets are important and that the facilities should try to serve them more accurately.

ONE ICF DID NOT
MEET PATIENTS'
NUTRITIONAL NEEDS

Margaret's Convalescent Center in Charleston, South Carolina, did not recognize or meet either the normal or therapeutic nutritional needs of its residents. However, as a condition of participation in the Medical Assistance Program, Federal regulations (45 CFR 249.10 and 249.12) require that an ICF meet both the daily nutritional needs and the special dietary needs of its patients.

The State dietitian who accompanied us on this survey found that this facility did not comply with any Federal standards for dietetic services in an ICF. Staff size was less than prescribed by Federal standards, and personnel did not understand the dietary regulations. Examples of other problems found were:

- Three dietary personnel were responsible for preparing meals for 44 ICF residents and about 45 boarding home residents. Yet, the State calculated that about five people, not including the food service supervisor, would be necessary to serve the 44 ICF residents alone.
- The kitchen working space and equipment was inadequate for preparing meals.
- The protein content of several meals on the three week cycle of menus was inadequate. The protein content of the meal served during the survey was also inadequate.
- The dietary department served the same meals to each patient regardless of the individual diet prescribed and did not have menus for several therapeutic diets.
- Four of seven medical records reviewed showed discrepancies between physicians' orders and dietary records: an 1800 calorie American Dietetic Association (ADA) diet was listed as a low salt diabetic; a 1500 calorie ADA diet was listed as a 1600 ADA diet; a diabetic diet was listed as a diabetic salt restricted diet; and a low sodium diet (2 grams) did not have a diet order listed.
- The facility only provided spoons for the residents to use during the meal, and nursing service did not assist in serving meals.

Documents on file in the State's Division of Certification showed that this facility has a history of problems in the dietary department. For example, HEW surveyed this facility on August 6 and 7, 1975 and made the following comments in its Statement of Deficiencies:

"***the cook (dietetic service manager) does not have sufficient training to carry out menus as planned. Menu orders are not always carried out as written."

* * * * *

"Therapeutic diets are planned by a registered dietitian but not adhered to by the dietetic services supervisor."

In summarizing the findings of their report, the survey team stated that "*** based on this visit and documentation in the State agency file showing a history of non-compliance it is doubtful that the facility has the administrative management capabilities to obtain and maintain compliance with the ICF regulations."

Two State surveys, one completed on June 17, 1976, one on April 1, 1977, both found deficiencies in meeting the dietary supervision standard which provides that "A designated staff member suited by training or experience in food management or nutrition is responsible for planning and supervision of menus and meal service". The Food Service Supervisor has had no formal training that meets the requirements of this standard. Although she enrolled in a food services supervisor's course in 1977, she never completed it.

As a result of our findings, the State sent a full survey team from the Division of Certification to this facility in April 1978. The Director of the agency sending the team indicated that the State's Division of Licensure had also recently made a survey of this facility and found significant problems with its operation.

In a telephone conversation with us on May 2, 1978, the State dietitian stated that:

- The State survey agency performed a survey and found significant repeat deficiencies in its survey of Margaret's Convalescent Center on April 25, 1978.
- The agency made a follow-up survey on May 19, 1978, and found that the facility had not made the necessary deficiency corrections.
- The agency has decertified the facility and notified the South Carolina Department of Social Services.

HS&Q officials from the Regional Office stated that all residents of this facility have been relocated and that the State has notified the owner that his license was revoked effective June 30, 1978. The owner was given 21 days to appeal this decision.

CONCLUSIONS

We found that most long-term care facilities surveyed were not serving therapeutic diets as ordered by the attending physician. We also found that State systems designed to assure that long-term care facilities provide the daily nutritional needs of patients were not functioning properly. Both the Georgia and South Carolina State survey agencies had openings for nutrition consultants. By filling these vacancies, we believe the State survey agencies could better fulfill their responsibility to provide consultation to facilities which need help in improving their dietetic services.

Margaret's Convalescent Center has a history of non-compliance. We doubt that the facility has either the administrative or the technical management capabilities to obtain and maintain compliance with HEW dietetic services standards. Action taken by management on past deficiencies has not brought the facility into compliance with HEW standards.

RECOMMENDATIONS

To better assure that long-term care facilities provide a dietetic service that meets the daily nutritional needs of patients, we recommend that the Region IV HS&Q office

- require State survey agencies to place more emphasis on filling vacant nutrition consultant positions;
- assist the State survey agencies in identifying the reasons why long-term care facilities do not serve therapeutic diets correctly and assist them in developing a solution to this problem; and
- ensure that the South Carolina State survey agency follows through in terminating Margaret's Convalescent Center's participation in the Medical Assistance Program unless the home is able to meet HEW standards.

We appreciate the cooperation and courtesy extended to us by HS&Q Region IV officials during the survey. Please advise us of actions taken by HEW on the observations and suggestions contained in this letter.

Sincerely yours,

MARVIN COLBS

Marvin Colbs
Regional Manager

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Schedule of deficiencies in therapeutic diets
at the 12 skilled nursing facilities visited

	Therapeutic diet deficiencies			
	Standard F222	F223 Diets prescribed by attending physician.	F224 Menus planned in writing, prepared and served as ordered with supervision or consultation from the dietitian and advice from the physician.	F225 Approved diet manual readily available to attending physicians, nurses, and dietetic services personnel.
<u>Facilities visited</u>				
<u>Georgia</u>				
Groveland	X	X	X	X
Heart of Georgia		X	X	
Medical Arts	X	X	X	
Moody	X		X	
New Perry			X	
Wills Memorial			X	
<u>South Carolina Facilities</u>				
Aiken			X	
Alta Vista	X		X	
Camphaven 2/			X	
Carolina 1/	X		X	
Commander 2/			X	
Morrell 1/			X	

1/ These facilities also contained intermediate care beds.

2/ These facilities had no deficiencies under therapeutic diets.

Schedule of deficiencies in therapeutic diets at
the five intermediate care facilities visited

<u>Facilities visited</u>	<u>Therapeutic diet deficiencies</u>	
	<u>Standard T112</u>	<u>Element T113</u>
	<u>Special diet menus are planned by a qualified dietitian or are reviewed and approved by the attending physician.</u>	<u>The facility provides supervision of the preparation and serving of the meals.</u>
<u>Georgia</u>		
Peachbelt Retreat	X	X
<u>South Carolina</u>		
Margaret's Convalescent Center	X	X
Oakmont West	X	
Richland Convalescent Center <u>1/</u>		

1/ This facility had no deficiencies under therapeutic diets.