Notes from CMS Final Rule Document Pertinent to Culture Change and Person-directed Care

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G. Benefits of Final Rule: This final rule will implement comprehensive changes intended to update the current requirements for LTC facilities and create new efficiencies and flexibilities for facilities. In addition, **these changes will support improved resident quality of life and quality of care.** Quality of life in particular can be difficult to translate into dollars saved. However, there is a body of evidence suggesting the factors that improve quality of life may also increase the rate of improvement in quality and can have positive business benefits for facilities. **Many of the quality of life improvements changes in this final rule are grounded in the concepts of person-centered care and culture change. These changes not only result in improved quality of life for the resident, they can result in improvements in the caregiver's quality of work life and in savings to the facility. Savings can be accrued through reduced turnover, decreased use of agency labor and decreased worker compensation costs.**

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Final Rule – Part 483 – Requirements for States and Long-term Care Facilities

§483.5 Definitions – **Person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.**

§483.10 Resident Rights

(a) Resident Rights. The resident has a right to a **dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility**, including those specified in this section.

(1) A facility **must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality.** The facility must protect and promote the rights of the resident.

(b) Exercise of rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

(b) (3). …**The same-sex spouse** of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage in valid in the jurisdiction in which it was celebrated.

(c) Planning and implementing care. The resident has the right to be informed of, and participate in, his or her treatment, including:

(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.

(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to… (see page 614).

(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must—

(i) Facilitate the inclusion of the resident and/or resident representative.

(ii) Include an assessment of the resident's strengths and needs.

(iii) Incorporate the resident's personal and cultural preferences in developing goals of care.

(5) The right to be informed, in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.

(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.

(7) The right to self-administer medications if the interdisciplinary team…has determined that this practice is clinically appropriate.

(d) Choice of attending physician. The resident has the right to choose his or her attending physician.

(e) Respect and Dignity. **The resident has a right to be treated with respect and dignity**, including:

(1) **The right to be free from any physical or chemical restraints** imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms…

(2) **The right to retain and use personal possessions**, including furnishings and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

(3) **The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.**

(4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.

(5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.

(f) **Self-determination**. The resident has the right to and the facility **must promote and facilitate resident self-determination through support of resident choice**, including but not limited to…

(1) The resident has a **right to choose activities, schedules (including waking and sleeping times), health care and providers of health care services consistent with his or her interests, assessments, plan of care…**

(2) The resident has **the right to make choices about aspects of his or her life in the facility that are significant to the resident.**

(3) The resident has **a right to interact with members of the community and participate in community activities both inside and outside the facility**.

(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.

(G) (vi) A facility must meet the following requirements:

(B) Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse **(including a same-sex spouse),** a domestic partner **(including a same-sex domestic partner)**, another family member, or a friend, and his or her right to withdraw or deny such consent at any time.

(C) Not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, **gender identity, sexual orientation** or disability.

(D) Ensure that all visitors enjoy full and equal visitation privileges **consistent with resident preferences.**

(5) The resident as a **right to organize and participate in resident groups** in the facility.

(9) The resident has a **right to choose to or refuse to perform services for the facility** and the facility must not require a resident to perform services for the facility (see page 620).

(h**) Privacy and confidentiality**.

(i) …includes accommodations, medical treatment, written and phone communications, personal care, visits and meetings of family and resident groups.

(i) Safe environment. The resident has the **right to a safe, clean, comfortable and homelike environment** including, but not limited to, receiving treatment and supports for daily living safely…

§483.12 Freedom from abuse, neglect and exploitation. The resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation…

(2) **Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms.**

(a) The facility must:

(2) Same as above but adds: When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.

§483.20 Resident assessment.

(1) Resident assessment instrument (RAI). A facility must make a **comprehensive assessment of a resident's needs, strengths, goals, life history and preferences,** using the RAI specified by CMS.

(xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, **as well as communication with the resident, as well as communication with licensed and unlicensed direct care staff members on all shifts.**

§483.21 Comprehensive person-centered care planning

(a) Baseline care plans. (1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and **person-centered care** of the resident that meet professional standards of quality care. (page 652 – 653). **(To be implemented in Phase 2, effective 11/28/17).**

(b) Comprehensive care plans. (1) The facility must develop and implement a **comprehensive person-centered care plan for each resident**, consistent with the resident rights set forth at 483.10(c)(2) and 483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being as required under 483.24, 483.25 or 483.40 (page 653).

(2) A comprehensive care plan must be

(i) Developed within 7 days after completion of the comprehensive assessment.

(ii) Prepared by an interdisciplinary team, that includes but is not limited to

(A) The attending physician.

(B) A registered nurse with responsibility of the resident.

(C) A nurse aide with responsibility for the resident.

(D) A member of food and nutrition services staff.

(E) **To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.**

§483.24 Quality of life.

Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.

(a) Based on the comprehensive assessment of a resident **and consistent with the resident's needs and choices, t**he facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable.

(c) Activities. (1) The facility **must provide based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities**, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.

§483.25 Quality of care.

Quality of care is a fundamental principle that applies to all care and services provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choices, including but not limited to the following: (pages 659-664).

(a) Vision and hearing…

(b) Skin integrity (1) Pressure ulcers

(2) Foot care

(c) Mobility

(d) Accidents

(e) Incontinence. (1) The facility must ensure that a resident who is continent of bladder and bowel on admission receives services and **assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain**. (p.661)

(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that

(iii) **A resident who is incontinent of bladder receives appropriate treatment and services to restore as much normal bowel function as possible**.

(g) Assisted nutrition and hydration. Based on a resident's comprehensive assessment, the facility must ensure that a resident

(1) Maintains acceptable parameters of nutritional status…unless the resident's clinical condition demonstrates that this is not possible **or resident preferences indicate otherwise.**

(k) Pain management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice**, the comprehensive person-centered care plan, and the resident's goals and preferences.**

(n) Bed rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail…(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation**.**

§483.30 Physician Services. A resident's attending physician may delegate the task of writing dietary orders or other clinically qualified nutrition professional…

(2) A resident's attending physician may delegate the task of writing dietary orders, consistent with §483.60, to a qualified dietitian or other clinically qualified nutrition professional.

§483.35 Nursing Services. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessment and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment…

(4)(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

§483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. **Behavioral health encompasses a resident's whole emotional and mental well-being,** which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.

(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial wellbeing of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:

(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and

(2) **Implementing non-pharmacological interventions.**

(b) Based on the comprehensive assessment of a resident, the facility must ensure that—

(3**) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.**

§483.45 Pharmacy services.

(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:

(i) Anti-psychotic;

(ii) Anti-depressant;

(iii) Anti-anxiety; and

(iv) Hypnotic.

(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.

(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.

(d) Unnecessary drugs — General. Each resident's drug regimen must be free from

unnecessary drugs. An unnecessary drug is any drug when used--

(1) In excessive dose (including duplicate drug therapy); or

(2) For excessive duration; or

(3) Without adequate monitoring; or

(4) Without adequate indications for its use; or

(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or

(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this

section.

(e) Psychotropic drugs. Based on a comprehensive assessment of a resident, the facility must ensure that—

(1) **Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;**

(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

§483.60 Food and nutrition services.

The facility must provide each resident with a nourishing**, palatable**, well-balanced diet that meets his or her daily nutritional and special dietary needs, **taking into consideration the preferences of each resident.**

(c) Menus and nutritional adequacy. Menus must—

(1) Meet the nutritional needs of residents in accordance with established national guidelines;

(2) Be prepared in advance;

(3) Be followed;

(4) Reflect, based on a facility's reasonable efforts, the religious, cultural, and ethnic needs of the resident population, as well as input received from residents and resident groups;

(7) **Nothing in this paragraph should be construed to limit the resident's right to make personal al dietary choices.**

(d) Food and drink. Each resident receives and the facility provides—

(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;

(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature;

(3) Food prepared in a form designed **to meet individual needs**;

(4) Food that accommodates resident allergies, intolerances, **and preferences;**

(5) **Appealing options** of similar nutritive value to residents who **choose** not to eat food that is initially served or who **request a different meal choice;** and

(6) Drinks, including water and other liquids **consistent with resident needs and preferences** and sufficient to maintain resident hydration.

(e) **Therapeutic diets.** (1) Therapeutic diets must be prescribed by the attending physician.

(2) The attending physician **may delegate to a registered or licensed dietitian the task of prescribing a resident's diet**, including a therapeutic diet, to the extent allowed by State law.

(f) Frequency of meals. (1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community **or in accordance with resident needs, preferences, requests, and plan of care.**

(3) **Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care.**

(i) Food safety requirements. The facility must—

(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.

(2) Store, prepare, distribute, and serve food in accordance with professional standards for food service safety.

(3) 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…

§483.75 Quality assurance and performance improvement. (To be implemented in Phase 3 - 11/28/18) except for (2) and (3) below which are to be implemented in Phase 2 – 11/28/17)

(a) Quality assurance and performance improvement (QAPI) program. Each LTC facility, including a facility that is part of a multiunit chain, **must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.** The facility must--

(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities;

(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; (11/28/17)

(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and

(4) Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request.

(b) Program design and scope. A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:

(1) Address all systems of care and management practices;

(2) Include clinical care, quality of life, and resident choice;

(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.

(4) Reflect the complexities, unique care, and services that the facility provides.

(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:

(1) Facility maintenance of effective systems **to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.**

(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.

(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.

(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.

(d) Program systematic analysis and systemic action. (1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.

(2) The facility will develop and implement policies addressing:

(i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems;

(ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems ; and

(iii) How the facility will monitor the effectiveness of its performance improvement

activities to ensure that improvements are sustained.

(e) Program activities. (1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; **and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.**

(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.

(3) As a part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). **Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section.**

(f) Governance and leadership. The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that—

(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.

(2) The QAPI program is **sustained during transitions in leadership and staffing;**

(3) The QAPI program is **adequately resourced, including ensuring staff time, equipment, and technical training as needed;**

(4) The QAPI program **identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to resident based on performance indicator data, and resident and staff input, and other information.**

(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and

(6) Clear expectations are set around safety, **quality, rights, choice, and respect.**

(g) Quality assessment and assurance. (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of:

(i) The director of nursing services;

(ii) The Medical Director or his or her designee;

(iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and

(iv) The infection control and prevention officer.

The committee must:

(i) Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects required under the QAPI program, are necessary; and

(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; and

(iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements. The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program…

The committee must:

(i) Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects required under the QAPI program, are necessary; and

(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; and

(iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, **and act on available data to make improvements.**

§483.90 Physical environment. (Implemented in Phase One except for (f)(1) to be implemented in Phase 3 and (h)(5) to be implemented in Phase 2)

(i) Accommodate no more than four residents. **For facilities that receive approval of construction or reconstruction plans by State and local authorities or are newly certified after November 28, 2016, bedrooms must accommodate no more than two residents.**

(f) Bathroom facilities. Each resident room must be equipped with or located near toilet and bathing facilities. For facilities that receive approval of construction from State and local authorities or are newly certified after November 28, 2016, each resident room must have its own bathroom equipped with at least a commode and sink.

(g) Resident call system. The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from—

(1) Each resident's bedside; and (Phase 3)

(h) (2) Be well ventilated;

(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account non-smoking residents. (Phase 2).

§483.95 Training requirements. (To be implemented in Phase 3 except for (c) and (g)(1), (g)(2) and (g)(4) and (h) which are to be implemented in Phase 1)

A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment as specified at §483.70(e). Training topics must include but are not limited to--

(a) Communication. A facility must include effective communications as mandatory training **for direct care staff.**

(b) Resident's rights and facility responsibilities. A facility must ensure that staff members are educated on the rights of the resident and the responsibilities of a facility to properly care for its residents as set forth at §483.10, respectively**.**

(c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in §483.12, **facilities must also provide training to their staff that at a minimum educates staff on—**

(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at §483.12.

(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property.

(3) Dementia management and resident abuse prevention.

(d) Quality assurance and performance improvement. A facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program as set forth at §483.75.

(e) Infection control. A facility must include as part of its infection prevention and

control program mandatory training that includes the written standards, policies, and procedures for the program as described at §483.80(a)(2).

(f) Compliance and ethics. The operating organization for each facility must include as part of its compliance and ethics program, as set forth at §483.85--

(1) An effective way to communicate that program's standards, policies, and procedures through a training program or in another practical manner which explains the requirements under the program.

(2) Annual training if the operating organization operates five or more facilities.

(g) Required in-service training for nurse aides. In-service training must--

(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.

(2) Include **dementia management training and resident abuse prevention training**.

(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at §483.70(e) and may address the special needs of residents as determined by the facility staff.

(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

(h) Required training of feeding assistants. A facility must not use any individual working in the facility as a paid feeding assistant unless that individual has successfully completed a State-approved training program for feeding assistants, as specified in §483.160.

(i) Behavioral health. A facility must provide behavioral health training consistent with the requirements at §483.40 and as determined by the facility assessment at §483.70(e).