

Care plan interventions may include but are not limited to:

- Therapy or restorative care to improve swallowing or feeding skills
- Provision of assistive devices needed for drinking skills
- Provision of fluid between meals and with meals and alternative methods of providing fluids such as gelatins, soups, broths, etc.
- Monitoring of fluid intake and when to report deviations; establish resident parameters to include estimated fluid needs and the resident's usual fluid intake
- Identification of resident's fluid preference to improve fluid intake
- Alternatives if the resident refuses or resist staff interventions to consume fluids

*If resident is under palliative care and/or receiving end of life care the care plan should be consistent with the resident's wishes and interventions should address hydration concerns, good mouth care, preservation of resident dignity, and promote comfort rather than specific fluid intake goals.

If deficient practice is identified under F327, non-compliance may also be identified with related process and/or structure requirements which may include:

- 42 CFR 483.10 Resident Rights
F157 Notification of change
- 42 CFR 483.20 Resident Assessment
F271 Admission orders
F272 Comprehensive assessment
F279 Comprehensive care plan development
F280 Comprehensive care plan review and revision
F281 Professional standards of quality
F282 Comprehensive care plan implementation
- 42 CFR 483.30 Nursing Services
F353 Sufficient nursing staff
- 42 CFR 483.35 Dietary Services
F373 Paid feeding assistants
- 42 CFR 483.40 Physician Services
F385 Physician supervision