Senior Living Compliance — How PlatePrep Helps Communities Pass State Surveys and CMS Inspections

The Regulatory Landscape

Skilled nursing facilities (SNFs) that accept Medicare or Medicaid are regulated directly by the Centers for Medicare & Medicaid Services (CMS) under 42 CFR Part 483, with the food and nutrition services requirements codified at §483.60. CMS enforces these rules through the State Operations Manual, Appendix PP, which state health department surveyors use as their inspection script (CMS State Operations Manual). Assisted living communities, by contrast, are licensed and inspected at the state level — the specific rules, survey frequency, and dietary staffing requirements vary widely by state, so a Florida or Connecticut assisted living community answers to a different rulebook than a New York or New Jersey one, even though many operate a CCRC campus that also contains a CMS-regulated skilled nursing unit.

For CMS-certified facilities, dietary compliance is scored through the F-Tag system — a standardized set of citation codes surveyors use to document deficiencies. The food and nutrition services F-Tags run from F800 through F814 and cover everything from dietary staffing qualifications to menu adequacy, food temperature and texture, allergy accommodation, therapeutic diet orders, and sanitary food handling (StateFoodSafety; Dietitians On Demand). Every certified SNF undergoes a standard survey at least once every 15 months, and by law these surveys are unannounced — CMS's manual explicitly requires surveyors to vary the time of day, day of week, and time of month so facilities cannot predict or prepare for the visit (CMS State Operations Manual §7207.2). Standard surveys typically run three days on-site, with surveyors observing meal service, interviewing residents and staff, and pulling records in real time.

Deficiencies are scored on a severity/scope grid, and dietary citations are not treated as minor paperwork issues. F812 (Food Procurement, Storage, Preparation, and Sanitary Service) was the single most-cited F-Tag in skilled nursing nationally in 2024, appearing in roughly 44% of standard surveys (ProviderMagazine; SignalCare F-Tag data). Severe or repeated dietary findings can be scored as Immediate Jeopardy, which can trigger an admissions freeze, mandatory correction plans, civil monetary penalties, and even suspension of Medicare/Medicaid payments until the facility demonstrates the hazard is resolved. Two clinical frameworks sit underneath most dietary F-Tag findings: the International Dysphagia Diet Standardisation Initiative (IDDSI), the global standard for naming and testing texture-modified foods and thickened liquids used to prevent choking and aspiration (IDDSI Framework; JMIR Research Protocols), and the requirement that every therapeutic diet — diabetic, renal, low-sodium, mechanically altered/texture-modified — be physician-prescribed and reviewed by a qualified dietitian or clinically qualified nutrition professional who meets specific federal education and supervised-practice standards (CMS Manual §483.60(a)(1)).

Top 5 Compliance Areas Where Communities Get Cited

1. **F812 — Food Procurement, Storage, Preparation, and Sanitary Service.** Requires food from safe sources, correct storage/holding temperatures, and sanitary handling throughout the kitchen. It is

the #1 cited F-Tag nationally, found in ~44% of standard surveys, usually for temperature logs, expired product, or inconsistent sanitation practice (ProviderMagazine). PlatePrep's **Prep Management + Task Communication** modules give kitchens a real-time, timestamped prep and temperature log plus task checklists staff actually complete — turning a paper trail surveyors can poke holes in into a defensible digital record.

2. **F803 — Menus Meet Resident Needs, Prepared in Advance, and Followed.** Requires that posted menus be nutritionally reviewed, followed as written, and that any substitution be nutritionally equivalent and documented (licamedman.com F803 guidance). The most common failure is a mismatch between the posted menu, the production sheet, and what actually lands on the tray (Dietary Solutions). PlatePrep's **Chef AI + Recipe IP** locks a single source of truth for every recipe and menu cycle, so what's planned, what's produced, and what's served all trace back to the same record.

3. **F805 / F808 — Food in a Form to Meet Individual Needs / Therapeutic Diets Prescribed by Physician.** Covers texture-modified diets (IDDSI-aligned purees, thickened liquids) and physician-ordered therapeutic diets (diabetic, renal, low-sodium). Common failure modes are untracked texture changes, missing physician orders, or no dietitian sign-off on substitutions. This is the clearest gap in PlatePrep's current senior-living readiness — closing it requires the planned **Recipe IP therapeutic-modifications module**, which would let a base recipe carry IDDSI-coded texture variants and diet-order flags tied to each resident's plan.

4. **F806 — Resident Allergies, Preferences, and Substitutions.** Requires the kitchen to know and honor every resident's allergies and food preferences, with equivalent substitutions available. Failures typically surface when a server or line cook doesn't know a resident's restriction. PlatePrep's **Order Guide + Recipe IP**, paired with a **per-resident allergen matrix** (a build we'd need to add), would let kitchens flag allergens directly on the recipe and production ticket rather than relying on staff memory.

5. **F813 — Personal Food Policy / Substitution and Refusal Handling.** Governs how a facility responds when a resident declines the planned meal, requiring a nutritionally comparable alternative rather than an ad hoc swap. This is a training and communication gap as much as a documentation one. PlatePrep's **Training Videos + Task Communication** give staff a standard, repeatable protocol for offering and logging substitutions, closing the loop between what a resident is served and what's documented.

PlatePrep's Positioning Angle for Senior Living

- Lead with **operational consistency, not compliance software** — Chad's discovery calls should frame PlatePrep as the same kitchen-operating system independent restaurants use to standardize prep and recipes, now applied to a dining department that happens to face heavy regulatory scrutiny.
- Use **chef-driven, award-winning kitchens as the wedge** — communities already competing for culinary recognition (DISHED, ICAA, CALA Chef Challenge) have chefs who care about precision and presentation; PlatePrep protects that standard across shifts and dining venues, which resonates before compliance ever comes up.
- Position compliance value as a **secondary, high-ROI benefit** — a clean, timestamped prep/recipe record is exactly what a surveyor wants to see during an unannounced F812/F803 review, but it's a

byproduct of running better kitchens, not a separate ask.

Product Gaps to Build for This Vertical

- Therapeutic diet modifications module (diabetic, renal, low-sodium, cardiac) tied to physician orders
- IDDSI texture-level coding on recipes and production tickets (Level 0–7 framework)
- Per-resident allergen matrix linked to recipes and daily menus
- Registered dietitian sign-off workflow for menus, substitutions, and therapeutic diet changes
- Therapeutic diet substitution logic (nutritionally-equivalent swap suggestions when a resident declines a planned meal)
- CMS/state survey prep checklists mapped to F800–F814 for self-audit before inspections

Discovery Questions Chad Should Ask

1. How is your kitchen currently tracking food temperatures and prep logs — paper, spreadsheet, or a system?

2. Who is your consulting or staff registered dietitian, and how often do they review menus and therapeutic diet orders?

3. How do you currently document texture-modified diets and IDDSI levels for residents with swallowing precautions?

4. When a resident declines their planned meal, how is the substitution tracked and confirmed as nutritionally equivalent?

5. How does your kitchen team communicate resident allergies and preferences to line cooks and servers day to day?

6. When was your last state survey, and were there any F-Tag citations in food and nutrition services (F800–F814)?

7. How many dining venues or service periods does your team manage, and how do you keep recipes and prep consistent across them?

8. How does your Executive Chef or Director of Dining currently train and onboard new kitchen staff on standards and recipes?

9. What tools, if any, are you using today to manage recipe costing, prep schedules, or task communication in the kitchen?

10. Who signs off on menu changes or seasonal menu rotations, and how is that approval documented?

Sources: CMS State Operations Manual, Appendix PP / Chapter 7 · CMS 42 CFR §483.60 Manual System · StateFoodSafety CMS Dietary Regulations Guide · Dietitians On Demand — F-Tags in Long-Term Care · SignalCare F-Tag Citation Data · ProviderMagazine — F812 Citation Trends · Dietary Solutions — F-803 Menu Compliance · IDDSI Framework · licamedman.com F803 Guidance · NursingHome411 Food & Dietary Services Fact Sheet