

SOURCE: CMS CASPER, FY2024 — NATIONAL DIETARY CITATION DATA

Top 3 Dietary F-Tags, and How to Self-Audit for Them

These three findings account for the large majority of dietary-related citations nationally. Run this checklist against your own kitchen before survey day does it for you.

F812 Food Procurement, Storage & Preparation

Roughly 44% of surveyed facilities are cited here. Surveyors check date labeling, storage temperatures, cross-contamination controls, and whether staff can explain the “why” behind the rule — not just follow it.

- ☐ All refrigerated/frozen items are dated on receipt and dated again once opened
- ☐ FIFO (first in, first out) is visibly practiced, not just posted as a policy
- ☐ Walk-in and reach-in temps are logged at least twice daily, with corrective action noted for any out-of-range reading
- ☐ Raw proteins are stored below and separate from ready-to-eat items
- ☐ Dry storage is 6 inches off the floor and away from chemicals/cleaning supplies
- ☐ At least one line cook or aide can explain, in their own words, why cross-contamination matters

F880 Infection Prevention & Control Program

Cited in roughly 42% of surveyed facilities. In dietary, this usually comes down to hand hygiene compliance, glove use, and illness reporting — not paperwork.

- ☐ Handwashing sinks in the kitchen are stocked, accessible, and not used for anything else
- ☐ Staff visibly wash hands at every required transition point (raw to ready-to-eat, after gloves, after breaks)
- ☐ Glove use is observed matching policy — not worn as a hand-washing substitute
- ☐ A written illness/exclusion policy exists and staff can describe when they'd be sent home
- ☐ Sanitizer buckets/wiping cloths are changed and tested on schedule, with PPM logged

F689 Accident Hazards / Supervision

Cited in roughly 26% of surveyed facilities. On the dietary side, this most often shows up as texture-modified diet errors and inadequate supervision during meal service for at-risk residents.

- ☐ Every resident's tray matches their current physician diet order, including texture and liquid consistency
- ☐ Diet order changes are communicated to the kitchen the same day — not at the next printed tray ticket cycle
- ☐ Residents on a supervised or 1:1 meal-assist plan are actually being supervised or assisted during service
- ☐ Choking risk residents are seated where staff can see them, not in a blind corner of the dining room
- ☐ Adaptive equipment (built-up utensils, cups, etc.) is on the tray when the plan calls for it

This checklist catches the obvious gaps. It won't catch a drifting pattern over time — the kind that only shows up when someone reviews your logs every single week, not once before an inspection.

Want someone else running this audit every week, before survey day does?

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