CERTIFICATION BUREAU QUALITY ASSURANCE DIVISION

MHCA – SPRING 2019

AGENDA

- Todd Boucher – Introductions, Update Bureau & CMS

- Tyler Smith – Non Long Term Care, Complaints & Disputes

- Break

- Tina Smith – Phase 3 Regulations, CMS Focus Areas, Top Ten Deficiencies, Pain Management, Staffing

- Tony Sanfilippo – Top 10 LSC & EP, Winter Issues

CERTIFICATION BUREAU COMMITMENTS

Public Protection
Communication
Consistency
Accurate Surveys
Continuous Education

CERTIFICATION BUREAU LEADERSHIP

Supervisors:

LSC/CLIA/EP   Tony Sanfilippo (Tony.Sanfilippo@mt.gov)   406-444-4170

LTC   Tina Smith (Tensina.Smith@mt.gov)   406-444-4463

Non-LTC   Tyler Smith (tsmith8@mt.gov)   406-444-3459

Bureau Chief   Todd Boucher   (tboucher3@mt.gov)   406-444-2038

CERTIFICATION SPECIALISTS

❖ NATP Programs, CNAs, New Providers, Change in Ownerships, ePoC Questions, Montana Reportable Incident Questions, Survey Reports

Brittney Nelson   (bnelson2@mt.gov)   406-444-3437

Becky Yancy   (ryancy@mt.gov)   406-444-5380

COMMUNICATION LINKS TO US

- https://dphhs.mt.gov/qad/Certification (website)

- mtssad@mt.gov (email)

- 406-444-2099 (Reception Desk)

- 406-444-3456 (facsimile)

SURVEY AND CERTIFICATION SURVEYORS

- Health Facility Surveyors - 18 – 3 new
- FLS/EP - 3
- CLIA - 1

MONTANA IMMEDIATE JEOPARDY SINCE FFY*2014 TO FFY2019

FEDERAL FISCAL YEAR	NUMBER OF IJs
FFY2014	5
FFY2015	9
FFY2016	14
FFY2017	11 (1 NLTC)
FFY2018	6
FFY2019	1 (as of 3/6/19)

*FFY = October1 to September 30

MONTANA LTC SCOPE/SEVERITY G OR HIGHER DATA FROM QCOR.CMS (DATA AS OF 3/4/2019)

FISCAL YEAR	DATE RANGE		TOTAL DEFICIENCIES	SCOPE & SEVERITY						TOTAL
				G	H	I	J	K	L	
FFY2013	October 1 2012	September 30 2013	697	19	0	0	5	0	0	24
FFY2014	October 1 2013	September 30 2014	778	18	1	0	10	5	0	34
FFY2015	October 1 2014	September 30 2015	713	20	3	0	4	20	13	60
FFY2016	October 1 2015	September 30 2016	730	65	1	0	15	19	0	100
FFY2017	October 1 2016	September 30 2017	656	40	9	0	8	15	2	74
FFY2018	October 1 2017	September 30 2018	677	51	3	1	4	8	0	67
FFY2019	October 1 2018	September 30 2019	131	13	0	0	0	0	0	13
FFY2019	Estimate		354	27	3	0	6	0	0	36

MONTANA LTC SCOPE & SEVERITY B TO F DATA FROM QCOR.CMS (DATA AS OF 3/4/2019)

FISCAL YEAR	DATE RANGE		TOTAL DEFICIENCIES	SCOPE & SEVERITY					
				B	C	D	E	F	TOTAL
FFY2013	October 1 2012	September 30 2013	697	26	26	334	223	64	673
FFY2014	October 1 2013	September 30 2014	778	26	27	376	273	42	744
FFY2015	October 1 2014	September 30 2015	713	5	19	353	226	50	653
FFY2016	October 1 2015	September 30 2016	730	8	15	310	244	63	640
FFY2017	October 1 2016	September 30 2017	656	7	3	309	238	40	597
FFY2018	October 1 2017	September 30 2018	677	6	7	321	254	22	610
FFY2019	October 1 2018	September 30 2019	131	8	0	78	26	6	118
FFY2019	Estimate		354	24	0	222	72	21	339

HOT TOPICS FROM CMS

- Appendix Q Immediate Jeopardy
- Areas of Focus for FFY2019
- Resident Discharges
- iQIES System
- Phase 3 Regulations
- QSO Policy & Memos to States & Regions

CMS QSO & ADMINISTRATIVE MEMOS TO STATES & REGIONS

- QSO Memos are posted on the S&C website: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html.

- Admin Info memos are posted on the S&C website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Administrative-Information-Memos-to-the-States-and-Regions.html

Questions

NON-LONG TERM CARE | COMPLAINTS | DISPUTES

TYLER SMITH

MT Reportable Incidents (Bounds Portal)

Updates:

- Print capability of incident

- Generate reports

MT REPORTABLE INCIDENTS (BOUNDS)

MT Reportable Incidents (Bounds Portal)

Updates:

- Print capability of

incident

MT REPORTABLE INCIDENTS (BOUNDS)

MT Reportable Incidents

(Bounds Portal)

Updates:

- Print capability of incident

MT REPORTABLE INCIDENTS (BOUNDS)

MT Reportable Incidents (Bounds Portal)

Updates:

- Generate reports

MT REPORTABLE INCIDENTS (BOUNDS)

MT Reportable Incidents (Bounds Portal)

Updates:

- Generate reports
  - Incidents By Type
  - Incidents By Day of Week
  - Incidents By Time of Day
  - Incidents Totals by Date Range

CAH REGULATIONS

CAH Regulations

- Current Edition: **10-12-18**

- CAH – 250 Pages

- Swing-Bed – 22 Pages
  - Appendix PP – 185 Pages

CAH REGULATIONS

CAH Regulations

- **C361 - Resident Rights***

- 483.10(b)(7) - Pages 10-13;

- 483.10(c) – pages 13-14

- 483.10(c)(2)(iii) – pages 14-16

- 483.10(c)(6)

- 483.10(d) – pages 18-19

- 483.10(e)(2) – pages 19-20

- 483.10(e)(4) – pages 21-22

- 483.10(f)(4)(ii) - 483.10(f)(4)(iii) – pages 26-27

- 483.10(f)(9) – pages 31-32

- 483.10(g)(8) – pages 45-46

- 483.10(g)(17) - 483.10(g)(18)– pages 53-56

- 483.10(h) – pages 56-58

CAH REGULATIONS

Swing-Bed Regulations

- **C361 - Resident Rights***
  - **F551 –** Rights Exercised by Representative
  - **F552 –** Right to be Informed / Make Tx Decisions
  - **F553 –** Right to Participate in Planning Care
  - **F578 –** Request/Refuse/Discontinue Tx; Experimental Research; Form Advanced Directives
  - **F555 –** Right to Choose / Be Informed of Physician

- **F557** – Respect, Dignity / Right to Personal Property
- **F559** – Choose / Be Notified of Room(mate) Change
- **F563** – Right to Received / Deny Visitors
- **F566** – Right to Perform Facility Services or Refuse
- **F576** – Right to Forms of Communication with Privacy
- **F582** – Medicaid / Medicare Coverage / Liability Notice
- **F583** – Personal Privacy / Confidentiality of Records

　
CAH Regulations

- **C 373 - Admission, Transfer and Discharge Rights***

- 483.15(c)(1), (c)(2), (c)(3), (c)(4), (c)(5), (c)(7), (c)(8), (c)(9) – pages 154-168

CAH REGULATIONS

CAH Regulations

- **C 373 - Admission, Transfer and Discharge Rights***
  - **F 621** – Equal Practices Regardless of Payment Source
  - **F 622** – Transfer and Discharge Requirements
  - **F 623** – Notice Requirements Before Transfer / Discharge
  - **F 624** – Preparation for Safe / Orderly Transfer / Discharge

CAH Regulations

- **C381 - Freedom from Abuse, Neglect, and Exploitation***

- 483.12(a)(1), (a)(2), (a)(3)(i), (a)(3)(ii), (a)(4), (b)(1), (b)(2), (c)(1), (c)(2), (c)(3), and (c)(4) – pages 66-132 and 140-148

CAH REGULATIONS

CAH Regulations

- **C381 - Freedom from Abuse, Neglect, and Exploitation***
  - **F600 –** Free from Abuse and Neglect
  - **F602 –** Free from Misappropriation / Exploitation
  - **F603 –** Free from Involuntary Seclusion
  - **F604 –** Right to be Free from Physical Restraints
  - **F605 –** Right to be Free from Chemical Restraints
  - **F606 –** Not Employ / Engage Staff with Adverse Actions
  - **F607 –** Develop / Implement Abuse / Neglect Policies
  - **F609 –** Reporting of Alleged Violations
  - **F610 –** Investigate / Prevent / Correct Alleged Violations

CAH Regulations

- **C385 – Patient Activities***
  - 483.24(c) – pages 241-247

CAH Regulations

- **C385 – Patient Activities***
  - **F679 –** Activities Meet Interest / Needs of Each Resident
  - **F680 –** Qualifications of Activity Professional

CAH REGULATIONS

CAH Regulations

- **C386 – Social Services***

- 483.40(d) and 483.70(p) – pages 450-451 and 617

CAH Regulations

- **C386 – Social Services***

  - **F 745 –** Provision of Medically Related Social Services

  - **F 850 –** Qualifications of Social Worker >120 Beds

    - **(A CAH would not meet this designation)**

CAH REGULATIONS

CAH Regulations

- **C388 – Comprehensive Assessment, Care Plan, and Discharge Planning***

  - 483.20(b), 483.21(b), and (c)(2) - pages 177-182, 206-218 and 224-229

CAH REGULATIONS

CAH Regulations

- **C388 – Comprehensive Assessment, Care Plan, and Discharge Planning***
  - **636 –** Comprehensive Assessments and Timing
  - **637 –** Comprehensive Assessments After Significant Change
  - **656 –** Develop / Implement Comprehensive Care Plan
  - **657 –** Care Plan Timing and Revision
  - **658 –** Services Provided Meet Professional Standards
  - **659 –** Qualified Persons
  - **661 –** Discharge Summary

CAH REGULATIONS

CAH Regulations

- **C402 – Specialized Rehabilitative Services***
- 483.65 – pages 572-577

CAH REGULATIONS

CAH Regulations

- **C402 – Specialized Rehabilitative Services***

  - **F 825 –** Provide / Obtain Specialized Rehabilitative Services

  - **F 826 –** Rehab Services – Physician Order / Qualified Persons

CAH REGULATIONS

CAH Regulations

- **C404 – Dental Services***

  - 483.55 – pages 526-531

CAH REGULATIONS

CAH Regulations

- **C404 – Dental Services***
  - **F 790 –** Routine / Emergency Dental Services in SNFs
  - **F 791 –** Routine / Emergency Dental Services in NFs

CAH REGULATIONS

CAH Regulations

- **C410 – Nutrition***

- 483.25(g)(1) and (g)(2) – pages 321-332

CAH Regulations

- **C410 – Nutrition***
  - **F 692 –** Nutrition / Hydration Status Maintenance

COMPLAINTS

Complaints Received and Accepted in Montana

- General Overview
  - Received vs. Accepted
  - Chapter 5
  - Complaints vs. Incidents
- Number, Severity, and Types

COMPLAINTS

Number, Severity, and Types

- **Number**
  - Calendar year 2018 – 161
  - Calendar year 2017 – 127
  - Calendar year 2016 – 138

COMPLAINTS

Number, Severity, and Types

- **Severity (2018)**
  - IJ – 2 ➡ 5 Working Days
  - Non-IJ High – 10 Working Days ➡ 45 Calendar Days
  - Non-IJ Medium – Must be Scheduled ➡ Must be with Next Onsite ➡ Referral to AO
  - Non-IJ Low – Investigate During Next Onsite ➡ Track/Trend ➡ Referral to AO
  - No Action Necessary – No Further Investigation, Analysis, or Action is Necessary

COMPLAINTS

Number, Severity, and Types

- **Types – Top 10 Deficiencies**

10 / 9

F 658 – Services Meet Professional Standards

F812 – Food Procurement Store/Prepare/Serve Sanitary

COMPLAINTS

Number, Severity, and Types

- **Types – Top 10 Deficiencies**

8

F 610 – Investigate / Prevent / Correct Alleged Violation

COMPLAINTS

Number, Severity, and Types

- **Types – Top 10 Deficiencies**

7 / 6 / 5

F 600 – Free from Abuse and Neglect

F 657 – Care Plan Timing and Revision

F 758 – Free from Unnecessary Psychotropics

COMPLAINTS

Number, Severity, and Types

- **Types – Top 10 Deficiencies**

4 / 3

F 656 – Develop / Implement Comprehensive Care Plan

F 761 – Label / Store Drugs and Biologicals

Number, Severity, and Types

- **Types – Top 10 Deficiencies**

2

F 880 – Infection Prevention & Control

COMPLAINTS

Number, Severity, and Types

- **Types – Top 10 Deficiencies**

F 689 – Free of Accident Hazards / Supervision / Devices

Questions

LTC REGULATION CHANGES | PAIN MANAGEMENT | STAFFING

TINA SMITH

PHASE 3 – REGULATION CHANGES - 11/28/19

The following regulatory areas are planned for implementation November 28, 2019.

- *§ 483.12 - Freedom from abuse, neglect, and exploitation -* (b)(4) Coordination with QAPI Plan

- *§ 483.21 - Comprehensive person-centered care planning -* (b)(3)(iii) Trauma informed care

- *§ 483.25 - Quality of Care -* (m) Trauma-informed care

- *§ 483.40 - Behavioral health services -* (a)(1) As related to residents with a history of trauma and/or post-traumatic stress disorder

- *§ 483.70 - Administration -* (d)(3) Governing body responsibility of QAPI program

PHASE 3 – CONTINUED

- *§ 483.75 - Quality assurance and performance improvement -* This section will be implemented in Phase 3 with exceptions of details implemented in phase 1 and 2, and included the addition of the ICPO, which will be implemented Phase 3.

- *§ 483.80 - Infection control -* (b) Infection preventionist (IP), (c) IP participation on QAA committee

- *§ 483.85 - Compliance and ethics program -* This entire section will be implemented in Phase 3.

- *§ 483.90 - Physical environment -* (f)(1) Call system from each resident's bedside

- *§ 483.95 - Training requirements -* This entire section, with exceptions of components implemented in Phase 1.

TOP TEN DEFICIENCIES

Watch New Outliers In 2019

10/1/17 to 10/1/18

- Develop/Implement Comprehensive Care Plan -30
- Infection Control - 29
- Care Plan Timing/Revision - 24
- Free of Accidents/Hazards - 24
- Label/Store Drugs/Biologicals - 24
- Free from Unnec Psychotropic Meds/PRN use - 20
- Professional Standards – 18
- Food Procurement, Store/Prepare/Serve Sanitary - 14
- Notice of Requirements Prior to D/C - 13
- Pharmacy Services/Records/Procedures - 13

10/1/18 to 2/1/19

- *Care Plan Timing/Revision* - 9
- *Develop/Implement Comprehensive Care Plan* – 8
- *Food Procurement, Store/Prepare/Serve Sanitary* - 8
- *Professional Standards* - 7
- *Free of Accidents/Hazards* – 6
- *Infection Control* – 6
- Treatment/Svcs to Prevent/Heal Pressure Ulcers - 6
- Free from Unnec Psychotropic Meds/PRN use - 4
- Quality of Care - 4
- Free of Abuse and Neglect - 4

Cited - 2017   *Bold* - 2016   Outliers 10/1/18 – 2/1/19

QUALITY SURVEY OVERSIGHT – AREAS OF FOCUS

- **Pain Management**
- **Staffing**
- Abuse and Neglect
- Infection Control

PAIN MANAGEMENT

MAINTAINING QUALITY OF LIFE

WHAT IS PAIN?

- Physical suffering or discomfort caused by an illness or injury

- Subjective

- Different for each individual

- May be felt with no clear cause

- Measured by the person who is experiencing the pain

PAIN – AN EPIDEMIC

ETAT 2017
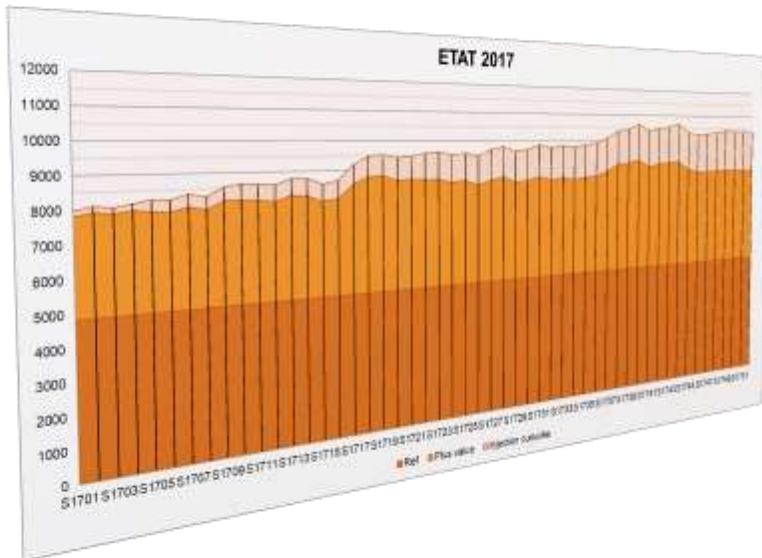
- Affects more Americans than diabetes, heart disease, and cancer combined
- Cited as the most common reason Americans access the health care system
- Is a leading cause of disability; and a major contributor to health care costs
- An estimated 11% of adults experience daily pain

TYPES OF PAIN

Two Primary Types of Pain:

- ***Acute*** – Arises suddenly; response to injury; treatable

- ***Chronic*** – Persists over time; resistant to treatment; ADLs and QOL affected

  Two types of chronic pain:

  - Nociceptive – Damage to tissue; usually somatic, well localized

  - Neuropathic – Lesions causing damage to sensory system; doesn't resolve quickly

TYPES OF PAIN - CONTINUED

- **Allodynia**
  - Does not normally evoke any pain sensation; acquired after person has pain for a long time; hypersensitive to touch

- **Hyperalgesia**
  - Increased response to a stimulus which is normally painful

- **Paresthesia**
  - Abnormal sensation described as "pins and needles"

- **Hyperpathia**
  - Abnormally painful reaction to a stimulus

TYPE OF PAIN – CONTINUED

- **Cancer**
  - Associated with life-threatening disease; short time or long term; intense
- **Breakthrough Pain**
  - Chronic pain is aggravated; results in person needing treatment, above and beyond normal treatment, to obtain relief; it usually comes on quickly; may last a few minutes to several hours
- **Complex Regional Pain Syndrome I**
  - Continuous pain of either Allodynia or Hyperalgesia; located in the extremities resulting from trauma; worsened by movement; cool clammy skin, pale, stiff and atrophied
- **Complex Regional Pain Syndrome II**
  - Also called Causalgia; burning type of pain along a partially damaged peripheral nerve; skin normally affected (cold, moist, swollen)

TYPES OF PAIN – CONTINUED

- **Phantom Limb**
  - Felt in the amputated part of the body (squeezing, burning, crushing)
- **Psychogenic**
  - Psychological disorders; persistent pain without evidence of cause; *is real pain*; chronic pain syndrome
- **Anesthesia Dolorosa**
  - Felt in part of body that is numb to other sensation
- **Angina**
  - Of cardiac origin; oppression or tightness; disruption of blood supply to heart muscle
- **Idiopathic**
  - When a reasonable cause cannot be determined

PAIN – TREATMENT GOALS

- Acute and chronic pain have different treatment goals.

    - Acute - The primary goal is to diagnose the source and *remove it.*

    - Chronic -The goal is to *minimize the pain* and maximize the person's functioning.

The Pain Pathway

1 Site of injury

2 Spinal cord

3 Brainstem

4 Cerebrum

PAIN - IDENTIFICATION AND ASSESSMENT

0 1 2 3 4 5 6 7 8 9 10

No Pain | Mild | Moderate | Severe | Very Severe | Worst Pain Possible

0 | 1-3 | 4-6 | 7-9 | 10
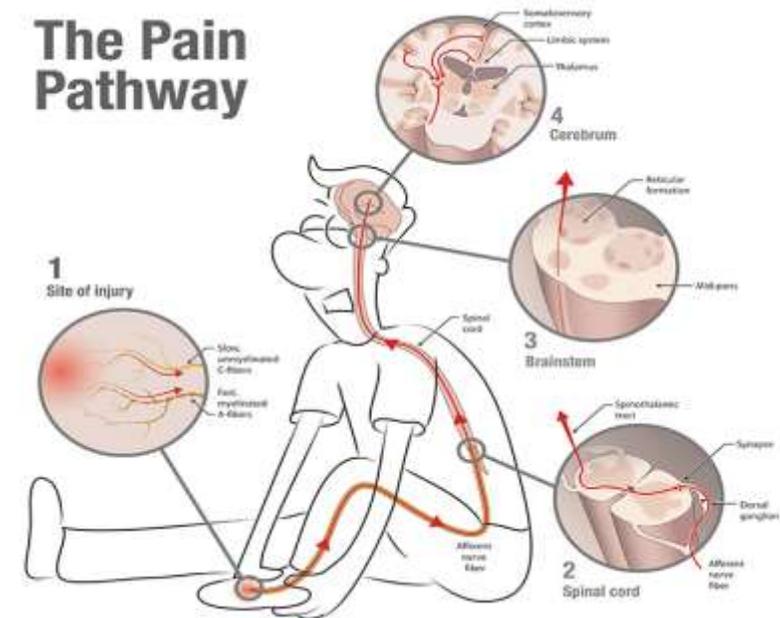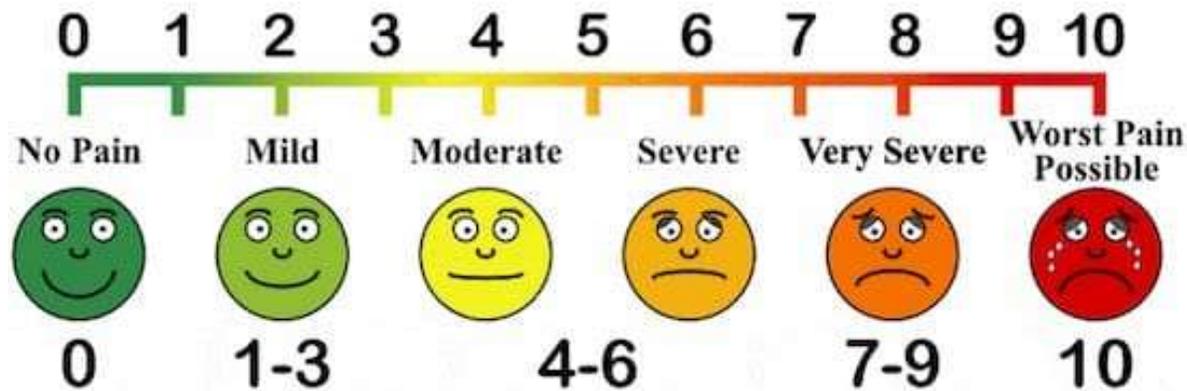
- Assessment of pain
- Description
- Intensity
- Location
- Duration
- Alleviation or Aggravation

PAIN – IDENTIFICATION AND ASSESSMENT

- History – Length of time, changes, type, severity, treatment, barriers, diagnosis

- Type – Supportive evidence and treatment successes

- Symptoms – Description, type, verbal vs non verbal, awareness of symptoms

- Treatments – Trials and tribulations, successes and failures

PAIN – TREATMENT REGIMEN

Treatment will vary from person to person and for the identified type(s) of pain. May be difficult to treat.

Treatment should encompass a holistic approach for the mind and body, and may include medications, therapies, and mind-body techniques.

Direct care staff should be aware of pain objectives, treatments available, and interventions for relief of pain for the assigned resident(s).

PAIN – MONITORING

- Policy, Procedure, Tools Used
- Staff Education - Awareness
- Consistency
- Resident and Family Participation
- Monitoring Tools and Practices
- Current Standards of Practice
- Identification and Reporting
- Accurate and Consistent Documentation

Attempt to verify treatment objectives with actual evidence, using the evidence based approach.

PAIN – CARE PLAN FOR SUCCESS

- Type(s) of pain and diagnosis(es)

- Cause(s) of pain

- Descriptors

- Symptoms exhibited

- Resident verbal, non-verbal, cognitive status, barriers

- Treatment regimen – Medicinal and non-medicinal

- Individualized interventions for comfort

- Monitoring – any program details for staff to be aware of; *measurable*
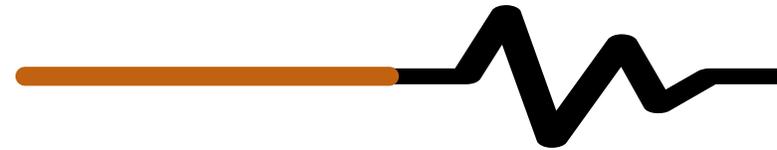
PAIN – BEHAVIORS FOR COGNITIVELY IMPAIRED

- Facial expressions – Frown, grimace, rapid blinking, tightened eyes

- Verbalizations or vocalizations – Sighing, moaning, noisy breathing, requesting help, verbally abusive

- Body movements – Rigid, tense, guarding, rocking, restricted movement

- Changes in interpersonal interactions – Aggressive, resisting care, decreased socialization, disruptive

- Changes in activity patterns – Refuses care, lack of sleep or change in sleep pattern, wandering

- Mental status change – Crying, tearful, increased confusion, irritability, distress, change in normal behavior

PAIN – SURVEYOR INVESTIGATION

- Critical Element Pathway

- Current facility assessments and documentation

- Identification of pain, type, cause, diagnosis, frequency, treatments, relief

- Physician orders and monitoring, trends, concerns

- Breakthrough pain management

- Treatments identified, interdisciplinary approach, treating the resident holistically

PAIN – SURVEYOR INVESTIGATION - CONTINUED

- Care plan, do staff know plan, use the plan and interventions, and help alleviate pain

- Therapies, and the multidiscipline approach

- Outside agency Interventions, such as physicians, therapies, or activities

- Standards of Practice

- Do staff know the policies, procedures, tools to use, and documentation requirements

PAIN – IDENTIFYING TRENDS OR CONCERNS

PRN Pain Management - MAR														
Physician Order: Hydrocodone, 5/325, 1 tablet, every four hours, as needed, for breakthrough pain related to tibula fracture														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Time 8am	9am	11am	8:15am	8:30am	9:15am	10am	8:15am	8:45am	7:45am	10:30 AM	8:26am	8:40am	9:12am	10am
Pain Level 5	6	9	5	5	6	8	5	6	5	7	5	5	6	7
Result +	+	-	+				+	+	+	-	+	+	+	
Nurse Sig	TD	SR	SR	SR	TD		TD	SR	SR	TD	TD		SR	SR

- Resident is on a scheduled pain regimen, same dose, 5 a.m. & 5 p.m. (up at 5:30 a.m.).
- The MAR shows the resident has increased pain around 8:45 a.m., elevating in intensity.
- Scheduled dose not meeting resident's need for pain relief and comfort.
- May alter the scheduled pain regimen prior to the elevation in pain.
- The missing documentation is a concern, and it may be addressed by the facility.

STAFFING

F725 – 483.35 SUFFICIENT AND COMPETENT STAFF

- State Operations Manual – Appendix PP
    - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

- Sufficient nursing staff with the appropriate <u>competencies</u> and <u>skills sets</u> to provide <u>nursing and related services.</u>

- <u>To assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident</u>, as determined by resident assessments and individual plans of care.

- Considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment.

SUFFICIENT STAFF

- The facility must provide services by <u>sufficient numbers</u> of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents <u>in accordance with resident care plans.</u>

- Licensed nurses; Other nursing personnel; including but not limited to nurse aides.

STAFFING SUFFICIENTLY – IDENTIFY NEED

- Many factors must be considered when determining whether a facility has sufficient nursing staff to care for a resident's needs.

- <u>Facility assessment</u>, <u>resident assessments</u>, and as described in <u>their plan of care</u>.

- A staffing deficiency under this requirement may or may not be directly related to an adverse outcome to a resident's care or services. It may also include the **potential** for physical or psychosocial harm.

STAFFING – WHAT IS COMPETENCY

- The facility must show staff are able to demonstrate competency in skills and techniques necessary to care for resident needs, as identified through resident assessments, and described in the individual residents' plan of care.

- "Competency" is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.

- All nursing staff must also meet the specific competency requirements as part of their license and certification requirements defined under State law or regulations.

STAFFING – STAFF COMPETENCY

- Each staff member has a unique set of skills, paired with facility training, policies, protocols, and resources available. If a surveyor has a concern with staff competency, the surveyor will investigate to determine the individual person's abilities and knowledge related to a deficient practice or concern. Questions may relate to:

  - Education and training

  - Use and knowledge of policies and protocols

  - Any trainings provided by the facility

  - Are tools, manuals, or items provided by the facility, contractor, vendor, etc., to assist staff on their duties

  - Has the staff person asked for assistance, further training, or guidance

STAFFING – SAMPLE STAFFING AND COMPETENCY CONCERN

The resident stated he got up on his own, walked to the bathroom, and fell. He soiled himself while on the floor and was embarrassed. He suffered a fracture during the fall. He stated, **"I yelled out for twenty minutes, but no one came to help. I told the girl I had to go, I could not wait any longer!"** The CNA became teary and told him she had **15 other people to care for, and was new**. She **did not feel she had adequate time** to learn her duties. The CNA **did not know he could not walk** on his own, and **had not been informed of his needs**.

When leaving the resident's room, after the interview, the surveyor noted three call lights were **still on**, from before she entered the resident's room. When the surveyor checked, staff had **not helped or responded** to the resident needs.

STAFFING – CRITICAL ELEMENT PATHWAY

- FORM CMS–20062 (2/2017), **Sufficient and Competent Nurse Staffing Review,** is used during the investigation process.

CENTERS FOR MEDICARE & MEDICAID SERVICES

Sufficient and Competent Nurse Staffing Review

☐ How is the residents' acuity, needs, and diagnoses considered when determining staffing requirements and assignments?

Staff Sufficiency:

☐ How does the facility's census impact staffing levels? For example, are staffing assignments routinely changed based on census? If so, how do you accommodate for the changes and for weekend staffing adjustments? How do you handle call-ins?

☐ Do staff, residents, or families bring workload concerns to you? How do you handle the concerns? Is there a system in place to address these concerns?

☐ What is your turn-over rate? Do you conduct exit interviews with staff? Do you report interview findings to your QA&A meeting?

☐ Do you use position-change alarms? Why?

☐ Are there any devices used to help keep residents from falling, moving in certain ways, or wandering into certain areas? If so, why? Which residents?

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html

STAFFING – ASSESSMENT & CARE PLAN

- Prior to the care plan development, a comprehensive assessment needs to be done of the resident's physical, social, emotional, and mental needs.

- A good care plan **facilitates communication between nursing home staff** and <u>ensures that residents' needs are met</u>. The plan should be individualized, personalized, and used by staff.

- Check-off and cookie-cutter style baseline care plans do not meet the intent of the regulation.

STAFFING – CARE PLAN

- The care plan is a living, breathing document. Drives care and services the resident needs <u>at any moment in time</u>.

- The care plan should encompass the resident's <u>desires, wishes, interests, and dislikes</u>. The plan should strike a balance between conditions and risks affecting the resident.

- Anyone who needs to care for the resident, should be able to pick up the care plan, and use it to guide the resident's care.

- The care plan is unique and focuses on <u>the resident as the center of control</u> and supports each resident in making <u>his or her own choices</u>.

STAFFING – CARE PLAN USE AND KNOWLEDGE

- Lead by example.

- Use CP daily, update it regularly, and show it is an important factor for resident care.

- Provide training on the care plan, regularly, to include when it is updated.

- Show the residents staff use the care plan to guide their care and preferences

STAFFING – CARE PLAN SUCCESS

- Not Individualized:

  - Resident attends activities
  - Goes to bed early
  - Groom and help
    at bedtime
  - Likes females

- Individualized:

  - Prefers to be called "Cowboy Bob"
  - Likes country music, watching old westerns, attends social hour on Friday; does not like Bingo or church; likes 2 coca cola, add rum flavor, each night before bed.
  - Preferred bedtime - 6-7 pm – wears own pajamas; teeth brushed, 3 flat pillows, two blankets minimum.
  - Flirts innocently, does not advance, speak to, or touch females. Ensure safety of others.

STAFFING – POSITIVE OUTCOME – CARE PLAN

The resident appeared well groomed and comfortable, and she reported being turned 20 minutes prior. She loved the staff, knew the facility had staffing challenges, but staff provided warm, tasty meals, that she enjoyed. Staff knew their jobs well, and helped her often. Her room was clean, and staff always answered her call light. Staff never complained. She took three baths a week, attended activities she liked, and staff knew her likes, interests, and dislikes. She stated, "The staff are very good, and they make me feel important, like I'm valuable."

STAFFING – PAYROLL BASED JOURNAL (PBJ)

- In April 2018, CMS began using PBJ data to calculate staffing levels. Data affected includes Nursing Home Compare and the Five Star Quality Rating System.

- Areas identified on the PBJ, which affect survey include: No RN onsite, or high number of days with no RN, and Low Nurse Staffing on Weekends.

- CMS is now requiring states to conduct at least 10% of the standard health surveys on the weekend, before 8:00 a.m., or after 6:00 p.m., and 50% of these are required to be on weekends. CMS reviews PBJ data and reports concerns to the SA, related to facilities at high risk for staffing concerns.

- Information for the PBJ data, submissions and requirements, may be found at:
  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html

STAFFING – FIVE STAR RATING SYSTEM

- # Health Inspections

- Staffing

- Quality Measures

- Scored 1-5, with 5 being quality care and service

- The staffing rating has information about the number of hours of care provided, on average, to each resident, each day, by nursing staff. The differences in the levels of resident care needs, are considered in the rating. Example: More severe or higher levels of care require more staff.

- For review of the 5 Star Rating system, go to:

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/cutpointstable.pdf

STAFFING – WHO IT AFFECTS?

- **The Resident -** Quality of Life
- Family/Responsible Party
- **Staff** – Satisfaction/Turnover/Quality
- The Facility – Success/Profitability
- Five Star Quality Rating Program
- PBJ – Payroll Based Journal
- Quality Measures
- Health Inspections
- Community Perception
- Other Providers

- Quality Care and Services:
  - Accidents and Hazards/Safety
  - Provision of ADLs
  - Wound Prevention
  - Infections – Prevention
  - Meal assistance – Nutrition
  - Resident Monitoring
  - System Failures
  - Daily Satisfaction
  - Increased Neglect/Abuse

Questions

LSC TOP 10 | EP TOP 10 | WINTER WEATHER REMINDERS

TONY SANFILIPPO

TOP 10 LSC DEFICIENCIES FOR FFY2019 (SO FAR)

TONY SANFILIPPO

Top 10 LSC Deficiencies for FFY 2019 (10/1/18 to 2/20/19)

RANK	TAG	TAG DESCRIPTION	# Citations	% Surveys Cited
1	K353	Sprinkler System - Maintenance and Testing	15	75%
2	K222	Egress Doors	13	65%
3	K321	Hazardous Areas - Enclosure	12	60%
4	K363	Corridor- Doors	9	45%
5	K761	Maintenance, Inspection and Testing (Doors)	9	45%
6	K293	Exit Signage	8	40%
7	K211	Means of Egress - General	8	40%
8	K920	Electrical Equipment- Power cords	7	35%
9	K712	Fire Drills	7	35%
10	K923	Gas Equipment- Cylinder and Container Storage	7	35%

TOP 10 LSC DEFICIENCIES FFY2019: #1

Sprinkler System Maintenance & Testing K353

- Lighting fixtures within 1 foot of sprinkler heads
- Body of light below sprinkler head
- Annual test documentation
- 5 Year obstruction test of internal piping
- Gauges tested or replaced every 5 years

NFPA 13, 2010 Edition & NFPA 25, 2011 Edition

TOP 10 LSC DEFICIENCIES FFY2019: #2

Egress Doors K222

- Adding additional latches on inside of doors
  - Create two processes to open
  - Shall be only one operation

NFPA 101, 2012 Edition, Section 7.2.1.5 Locks

TOP 10 LSC DEFICIENCIES FFY2019: #3

Hazardous Area Enclosure K321

- Self closing devices on doors

- No kickdown devices

- Door positively latches when closed

- Penetrations in room fully sealed

NFPA 101, 2012 Edition, Section 19.3.2.1 & 19.3.5.9

TOP 10 LSC DEFICIENCIES FFY2019: #4

Corridor Doors K363

- Storage handle broken

- Latching mechanism failed

- Any corridor door must latch – resident rooms, closets, office doors, hazardous areas, etc.

NFPA 101, 2012 Edition, Section 19.3.6.3

TOP 10 LSC DEFICIENCIES FFY2019: #5

Maintenance, Inspection and Testing – K761

- Fire doors assemblies inspected and tested annually

- Written records of inspection and testing are maintained and available for review

NFPA 80, 2010 Edition

TOP 10 LSC DEFICIENCIES FFY2019: #6

Exit Signage – K293

- Exit signage to have continuous illumination
- Served by the emergency lighting system

NFPA 101, 2012 Edition, Section 18.2.10.1 and 19.2.10.1

TOP 10 LSC DEFICIENCIES FFY2019: #7

Means of Egress K211 – Corridors, pathways, doors

- Maintained free of obstructions or impediments to full instance use in case of fire or other emergency

- Equipment, unused bed & cabinets stored in egress path

NFPA 101, 2012 Edition, Section 7.1.1

TOP 10 LSC DEFICIENCIES FFY2019: #8

Electrical Equipment – Power Cords & Extension Cords K920

- Power strip
  - Used for refrigerators, microwaves, or heating & air conditioners
  - Tripping hazard
  - Securely mounted – not hung from cord
- Shall Be Rated for Appliance Draw
- Shall Not Be Utilized as a Substitute for Fixed Wiring

NFPA 99, 2012 Edition, Chapter 10

TOP 10 LSC DEFICIENCIES FFY2019: #9

Fire Drills K712

- Held at least quarterly, on each shift

- Staff must be familiar with procedures

- Between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms

NFPA 101, 2012 Edition, Section 18.7.1.4 through 18.7.1.7

TOP 10 LSC DEFICIENCIES FFY2019: #10

Gas Equipment – Cylinder & Equipment Storage K923

- Tanks unsecured

- Signage of storage rooms – Medical Gases No Smoking or Open Flame

- Combustible storage in room

NFPA 99, 2012 Edition Section 11.6 or Section 5.1.3.1.9

TOP 10 LIFE SAFETY CODE DEFICIENCIES FOR FFY2019 (SO FAR)

Questions

EMERGENCY PREPAREDNESS DEFICIENCIES FFY2019
(SO FAR)

TONY SANFILIPPO

EMERGENCY PREPARDNESS REFERENCES

- DPHHS Public Health Emergency Preparedness (PHEP)
  http://dphhs.mt.gov/publichealth/phep

- CMS State Operations Manual Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance (Updated 2/1/19)
  https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SOM-Appendix-Z.pdf

- **Quality, Safety & Oversight Group - Emergency Preparedness**

  https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html

TOP 10 EP DEFICIENCIES FFY2019 (10/1/18 TO 2/20/19)

RANK	TAG #	TAG DESCRIPTION	# CITATIONS	% Surveys Cited
1	E0026	Roles Under a Waiver Declared by Secretary	12	75%
2	E0037	EP Training Program	8	50%
3	E0039	EP Testing Requirements	6	38%
4	E0036	EP Training and Testing	6	38%
5	E0033	Methods for Sharing Information	5	31%
6	E0024	Policies/Procedures- Volunteers and Staffing	5	31%
7	E0015	Subsistence Needs for Staff and Patients	5	31%
8	E0007	EP Program Patient Population	4	25%
9	E0035	LTC Sharing Plan with Patients	4	25%
10	E0025	Arrangement with other Facilities	3	19%

E0026 Roles Under a Waiver Declared by Secretary

- Role of LTC facility under a waiver

- Section 1135 of the ACT

- Care and treatment provided at an alternate site

E0037   EP Training Program

- Initial training (new and existing staff)

- Annual training

- Documentation of training

- Staff knowledge of emergency procedures

E0039 No Documentation of Annual Testing

- Annual tabletop

- Full scale exercises

- Full-scale community based exercise

- Update to emergency program based on this analysis.

E0036 EP Training and Testing Program

- Copies of the facility's initial emergency preparedness training and annual emergency preparedness training offerings

- Determine staff knowledge of plan

- Review and update at least annually

EMERGENCY PREPAREDNESS #5

E0033 Methods for Sharing Information

- Sharing of medical Information for residents
- Maintain continuity of care

E0024 Policies/Procedures for Volunteers and Staffing

- Use of volunteers in an emergency

- Staffing strategies

- Integration of State and Federally designated health professionals to address surge needs

111

E0015 Subsistence

- Food, water, medical and pharmaceutical supplies
- Alternate sources of energy to maintain the following:
  - (A) Temperatures
  - (B) Emergency lighting.
  - (C) Fire detection, extinguishing, and alarm systems.
  - (D) Sewage and waste disposal.

EMERGENCY PREPAREDNESS #8

E0007 EP Program Patient Population

- Address patient population
  - ➢ Persons at risk
- Types of services facility can provide in an emergency
- Continuity of Operations
- Succession Plans

E0035 LTC Family Notifications

- Method for sharing plan with residents and their families

E0025 Arrangement with Other Facilities

- Transfer agreements

- Maintain continuity of services to facility patients

TOP 10 EMERGENCY PREPAREDNESS DEFICIENCIES FOR FFY2019 (SO FAR)

Questions

WINTER & OTHER REMINDERS

- Emergency Generator Fuel Testing

- Means of Egress Clear & Passable

- Heating and Air Conditioning

- Legionella's Disease

Questions

Any Other Questions

DPHHS QAD CERTIFICATION BUREAU

THANK YOU