

2013 LTC UPDATE

Idaho Department of Health & Welfare
Licensing & Certification Division
Bureau of Facility Standards
Loretta Todd and Lorene Kayser

TOPICs for Today

- Top Citations for calendar 2012
- Systems needing ongoing review
 - Side rail safety review
 - Coumadin orders and monitoring PT/INR
- Changes in our organization
- Changes in survey process
- Changes in regulatory guidance
- Supporting the right to refuse care

Top 6 Last Summer

- 1. F309 - Nursing Care in general
- 2. F441 - Infection Control
- 3. F323 – Accidents/Supervision/Falls
- 4. F329 – Unnecessary Drugs
- 5. F280 – Care Plan Revisions
- 6. F514 – Medical Records

Top 6 This Summer

- 1. F309 – same
- 2. F323- moved up from #3 last year
- 3. F280 – moved up from #5 last year
- 4. F441 – dropped from #2 last year
- 5. F329 – dropped from #4 last year
- 6. F314 – pressure sores

F309

- Bowel care plan not followed
- Hospice issues
- Dialysis issues
- Pain management
- Lack of assessment of clinical issue
- Positioning, BG monitoring not done

F441

- Glucometer hygiene
- Linen handling/hygiene
- Isolation precautions issues
- Hand Hygiene
- Surveillance system issues

F323

- Develop/implement fall prevention interventions
 - still seeing heavy reliance on alarms, not implementing interventions from fall prevention training of Feb '12, i.e.
 - Every hour rounding, checking 4Ps, personal needs, pain, positioning, placement
 - Bed at the right height
 - Root cause analysis
- Supervision of residents with intrusive wandering

F329 Unnecessary Drugs

- No GDR attempted, no rationale
- No sleep monitoring with hypnotic
- No monitoring of PRN effectiveness
- Lack of behavior monitoring with psychotropic use
- Medication ordered without diagnosis
- Duplicate therapy without rationale

F280 Care Plans

- Not updated to resident's current care needs
- Interventions either missing, conflicting, or too vague to tell staff what to do, i.e. 1-2 person transfer

Systems Needing Ongoing Review

- Side rail safety review – can the resident avoid entrapment?
- Coumadin – tracking orders and PT/INR

Changes at Facility Standards

- Have hired several new surveyors. All LTC positions full today
- Lost 2 support positions to other sections in L&C, resulting in-
 - Phone system change. A machine answers.
 - CMS 671 and 672 forms- if data is incorrect, we will enter a number the system will take. Could affect your data on Nursing Home Compare.

*Abuse reporting to go on line within the next year

Changes to Survey Process

- Team will request the names of all residents who have current orders for antipsychotic medication. Indicate which ones have dementia. At least one of these residents must be included on the Phase 1 sample.
- Team will request policies related to the use of antipsychotics in residents with dementia

Changes to Survey Process

- A total of 4 residents receiving antipsychotics must be included on the sample.
- Phase 2 meeting should occur on Wednesday rather than Thursday. Some tasks may be done later in the week.

Change to Med Pass

- Surveyors will watch at least 25 medications given (opportunities for error)
- If an error is identified, we no longer expand the review to include another 20-25 medications given.
- Will still watch multiple routes (as available)
 - Through a feeding tube
 - Eye drops
 - inhalers
 - injections

Reg Guidance Changes

- F309 Dementia care guidance –
 - Has a good check list of possible causes of behavior changes to consider before drugs
 - Has some good examples about accommodating needs related to fear of showers

- F322 – tube feeding guidance –
 - emphasis on decision making
 - flush the tube between each medication

Changes to Reg Guidance

- F329 – Unnecessary Drugs
 - changes to all sections relating to antipsychotics,
 - Changes to indications for use
 - Changes in Table 1 in area of antipsychotics

F155 Advance Directives

Right to Refuse Care

- If you only have time to read one reg change, read this one!
- Page 15 has a list of what a facility needs to do in cases of refusal of care
 - Check for AD and offer to help formulate one
 - Periodically assess for decision-making capacity. Invoke legal rep if needed.
 - Identify the primary decision-maker

More Steps for Refusals

- Define and clarify medical issues, choices
- Assess the reasons for refusal, involve LSW
- Advise resident of consequences of refusal
- Offer pertinent alternatives
- Continue to provide all other appropriate care
- Review choices at quarterly care plan meeting
- Identify situations where health care decision making is needed, such as a sig change.
- Document and communicate resident choices

More Steps for Refusals

- Establish a care plan that incorporates these choices
 - Example, Resident refuses repositioning every 2 hours. Offer Repositioning every 3 hours, notify nurse and document if this is refused.
 - Example: Resident is combative when awakened during night rounds. Let resident sleep undisturbed from 11pm to 5am. Check on him at 1am and 3am, Only change resident if he is awake or restless.

Other Stuff

- Electronic Medical Records – be prepared for a system crash!! This has happened! 4 days before survey
- Do not take out bathing facilities without notifying our office
- Staffing changes in Region X Seattle – 2 federal surveys left before Sept 30. Could see federal surveyors from other regions

More Other Stuff

- CMS is working on an electronic Plan of Correction
- QIS survey for Idaho – timeframe remains indefinite
- Nursing Home Compare now displays 3 years of survey data, along with verbatim deficiencies

Sleep Deprivation Training

- August 19, all day
- Held at BSU
- Scholarships available from Facility Standards