

BFS ANNUAL UPDATE

2015

Total Citations G or Greater FY 2010 - FY 2015

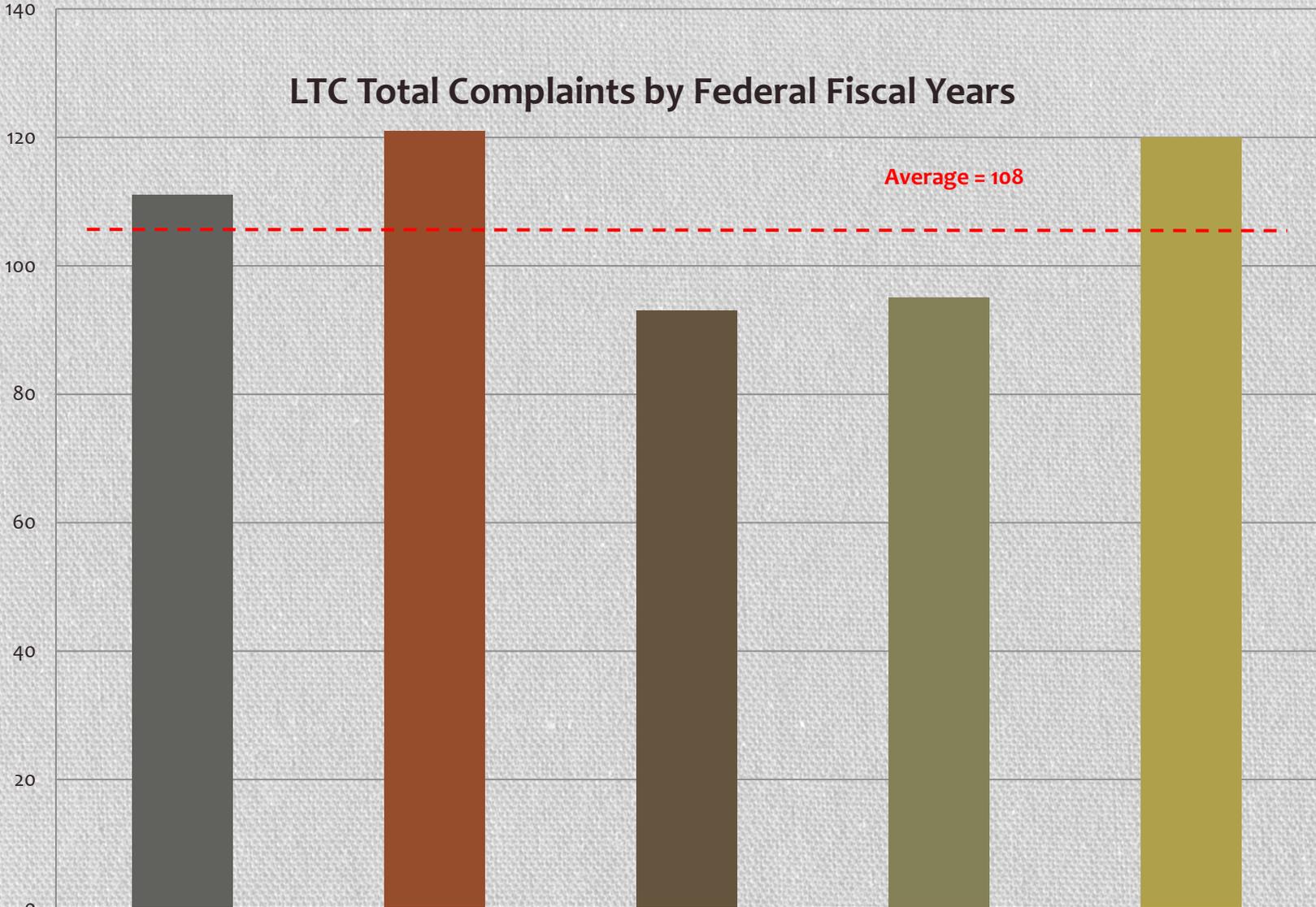
Reg Set	F-Tag	Brief Title	Total Cites	% of Total
FF07	F 157	Notify of Changes (Injury/Decline/Room, etc)	1	0.42%
FF07	F 223	Free from Abuse/Involuntary Seclusion	1	0.42%
FF08	F 225	Investigate/Report Allegations/Individuals	3	1.27%
FF09	F 226	Develop/Implement Abuse/Neglect, etc Policies	3	1.27%
FF09	F 250	Provision of Medically Related Social Service	4	1.69%
FF07	F 281	Services Provided Meet Professional Standards	2	0.84%
FF09	F 309	Provide Care/Services for Highest Well Being	30	12.66%
FF09	F 314	Treatment/Services to Prevent/Heal Pressure Sores	98	41.35%
FF09	F 315	No Catheter, Prevent UTI, Restore Bladder	7	2.95%
FF07	F 318	Increase/Prevent Decrease in Range of Motion	1	0.42%
FF08	F 319	Treatment/Services for Mental/Psychosocial Difficulties	3	1.27%
FF07	F 320	No Behavior Difficulties Unless Unavoidable	2	0.84%
FF09	F 323	Free of Accident Hazards/Supervision/Devices	69	29.11%
FF09	F 325	Maintain Nutrition Status Unless Unavoidable	9	3.80%
FF09	F 329	Drug Regimen is Free from Unnecessary Drugs	2	0.84%
FF07	F 441	Infection Control, Prevent Spread, Linens	1	0.42%
FF07	F 490	Effective Administration/Resident Well Being	1	0.42%
			237	

Data for Standard Surveys

SSSummary.rpt

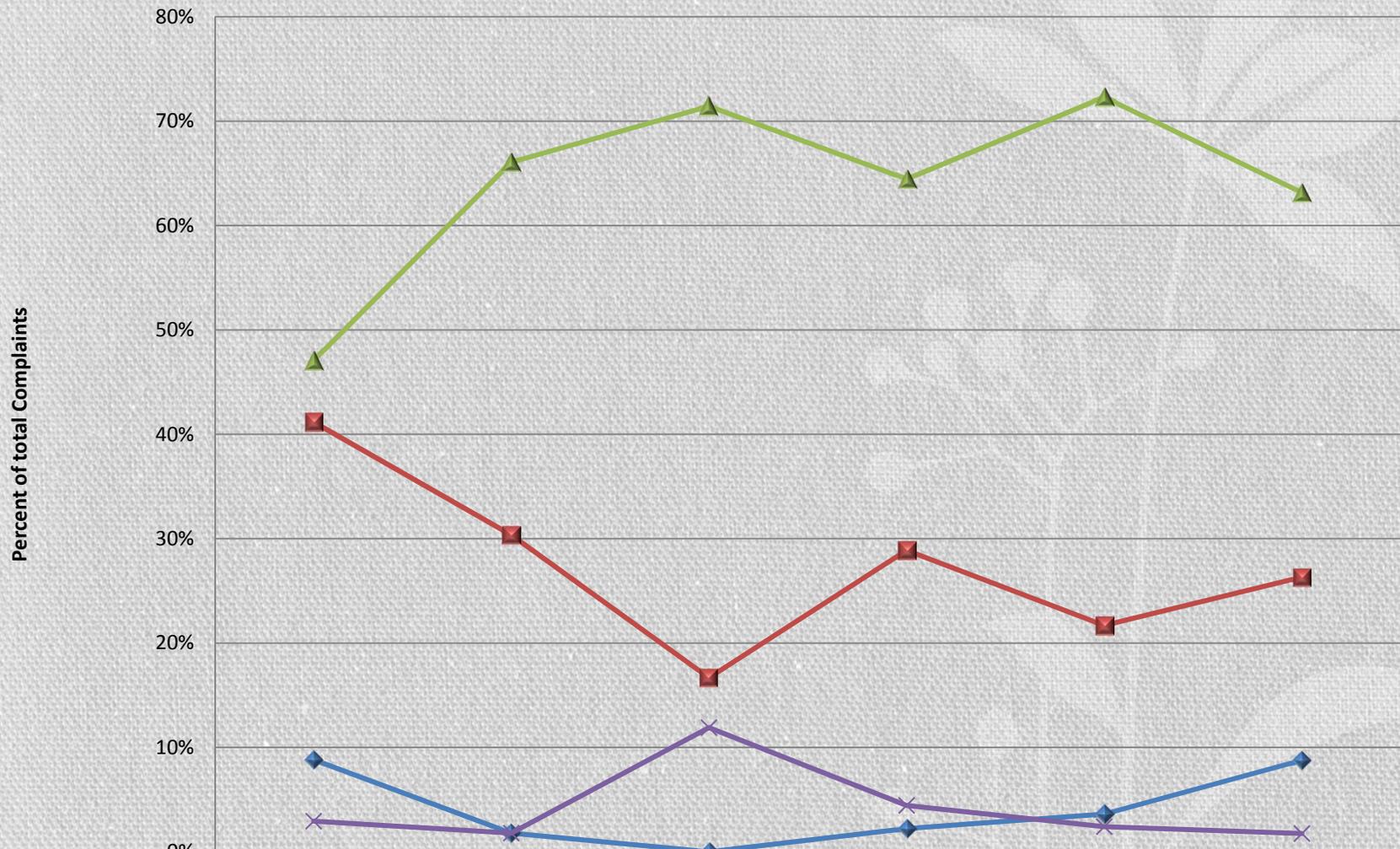
Percent Citations from Top-3 197 **83.12%**

LTC Total Complaints by Federal Fiscal Years



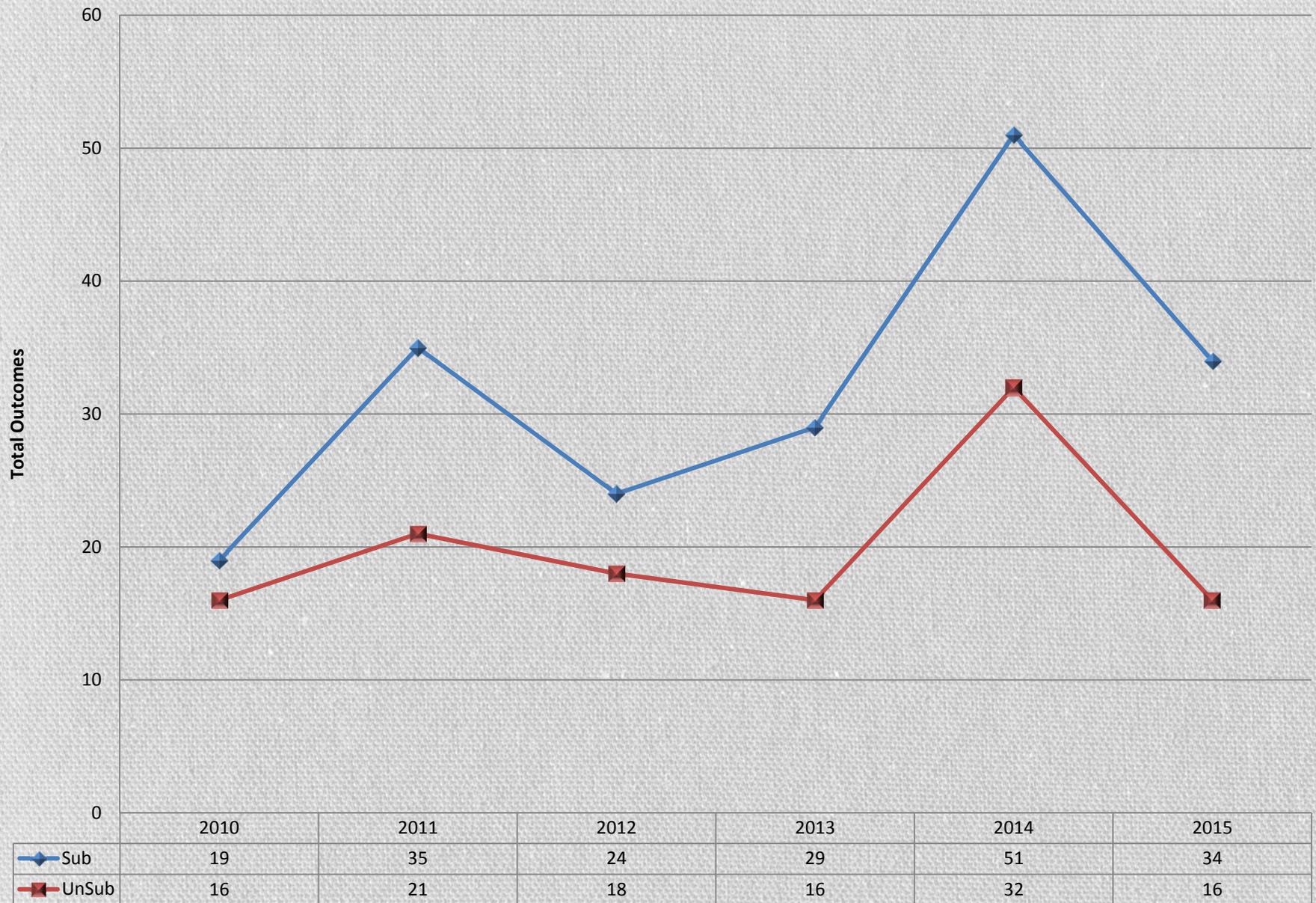
	2011	2012	2013	2014	2015
■ Total Intakes	111	121	93	95	120

LTC Complaint Priority as Percent of Total Complaints in FY Groups



	2010	2011	2012	2013	2014	2015
IJ	8.8%	1.8%	0.0%	2.2%	3.6%	8.8%
Non-IJ High	41.2%	30.4%	16.7%	28.9%	21.7%	26.3%
Non-IJ Medium	47.1%	66.1%	71.4%	64.4%	72.3%	63.2%
Non-IJ Low	2.9%	1.8%	11.9%	4.4%	2.4%	1.8%

LTC Substantiated vs Unsubstantiated by FY Groups

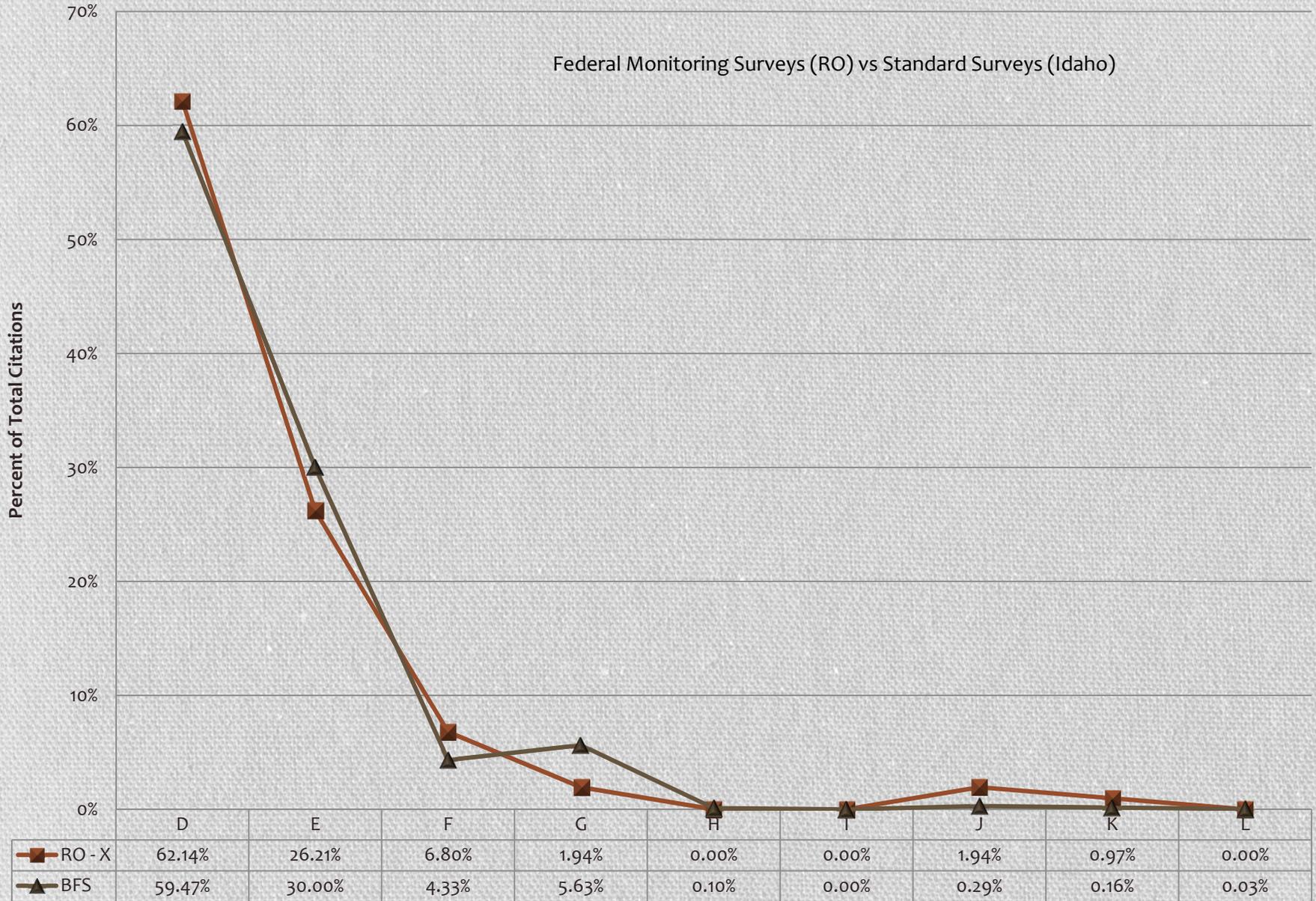


LTC Average S/S FY10 - FY15 Standard-Only Surveys

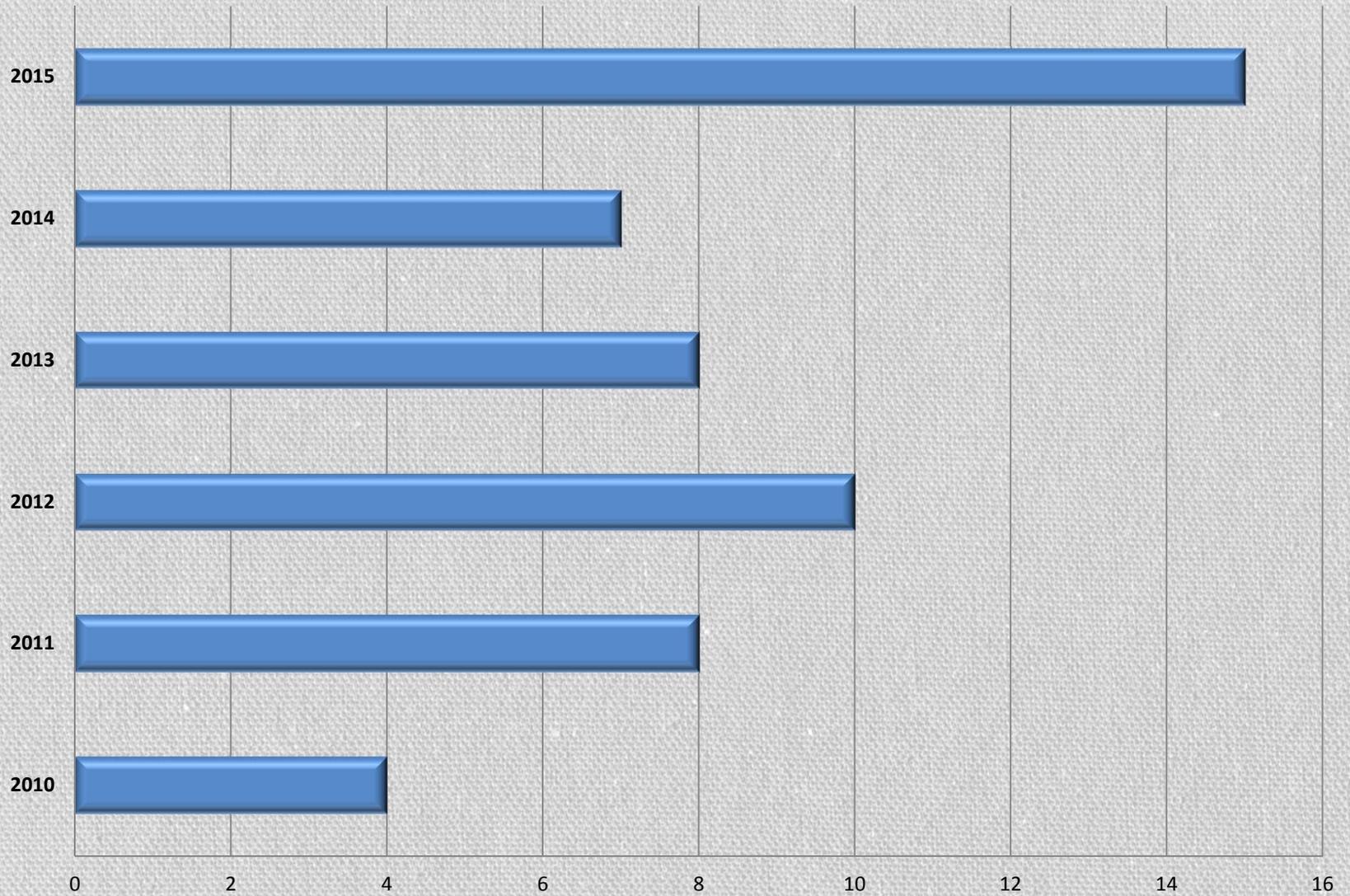


Comparison S/S Percent of Citations RO X and BFS FY10 - FY15

Federal Monitoring Surveys (RO) vs Standard Surveys (Idaho)



LTC Numbers of Failed Follow-ups by FY Groups



	2010	2011	2012	2013	2014	2015
Failed Follow-ups	4	8	10	8	7	15

IDR & IIDR FFY 2014

- 9 facilities, 15 tags
- 6 tags at 314
 - 4 upheld (G level citations)
 - 2 Deleted
- 4 tags at 323
 - 3 upheld (G level citations)
 - 1 reduced from G to D pre-hearing
- 1 tag at 172 (D level citation) upheld
- 1 tag at 166 reduced from a G to a D pre-hearing
- 1 tag at 241 (D level citation) deleted pre-hearing
- 1 tag at 309
 - Deleted (G level citation) pre-hearing
- 1 tag at 280 (E level citation) facility withdrew request
- No IIDR requests

IDR & IIDR FFY 2015

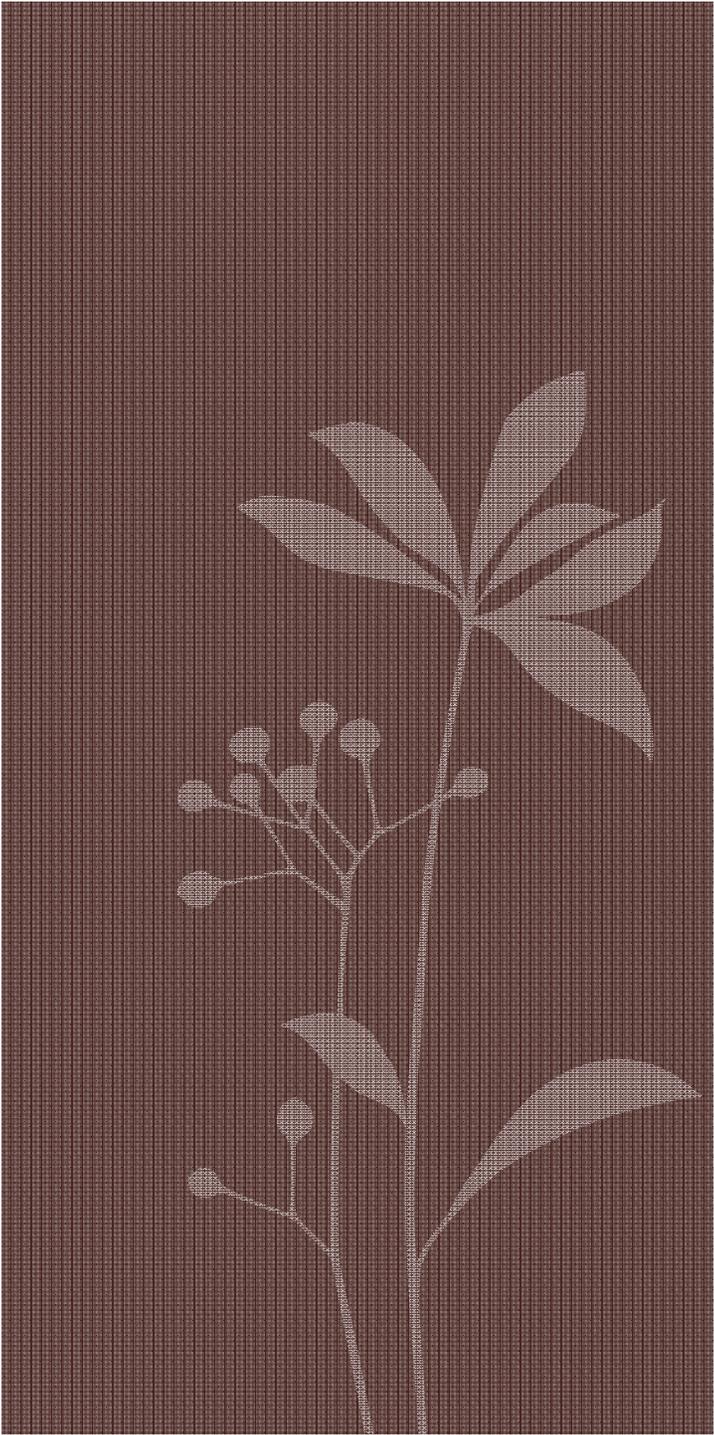
- 6 facilities, 6 tags
- 1 tag at 309 –deleted pre-hearing
- 1 tag at 323—G citation upheld
- 2 tags at 325 (both G level citations)
 - 1 was upheld
 - 1 withdrew as they did not disagree with the facts but disagreed with the S/S and wanted us to cite at past non-compliance.
- 1 tag at 226 (G level citation) being heard this month.
- 1 tag at 314 (G level citation) being heard this month.
- 1 tag at 323 (G level citation) schedule to be heard in August.

- No IIDR requested



ESRD SERVICES IN SNF

S&C letter still in clearance process. Latest update– possibly October.



IDAHO'S E-POC

Provider and Staff education started in January 2015 and is ongoing.

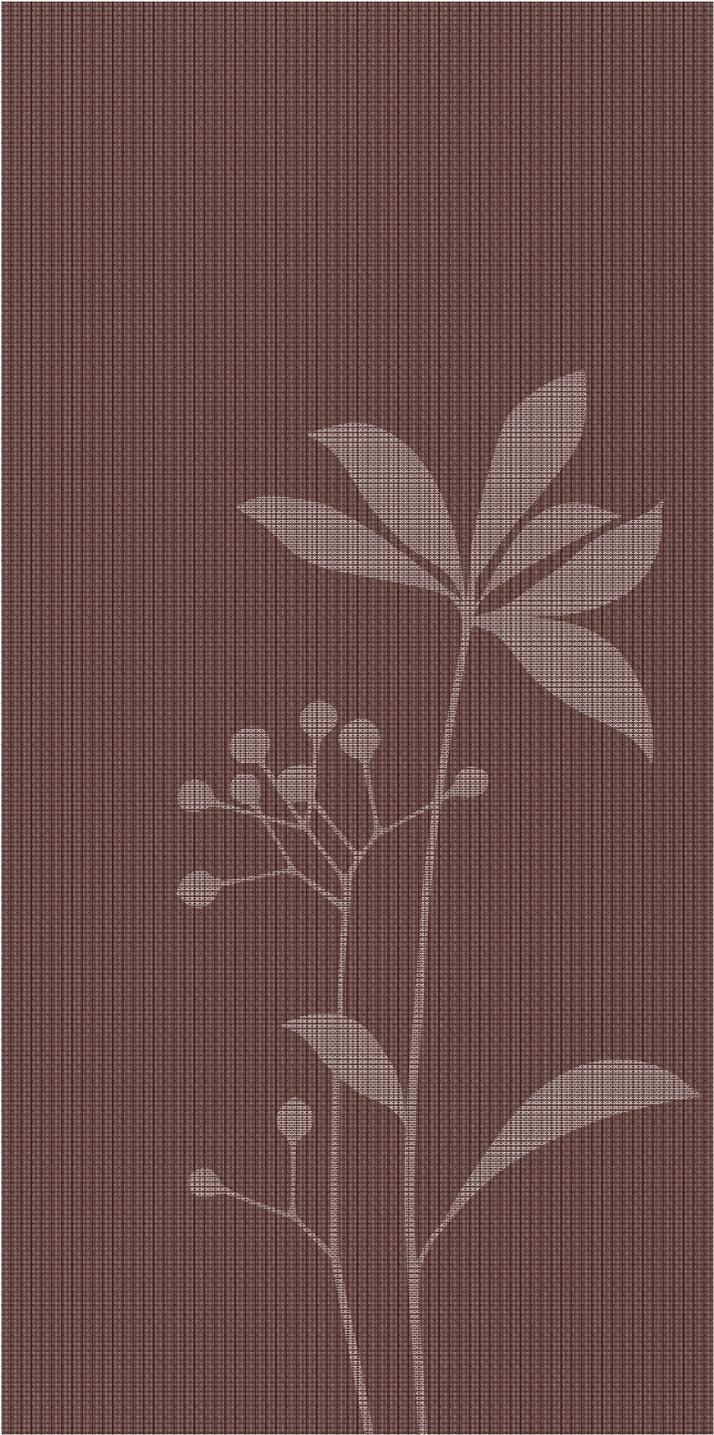
9 Providers have enrolled.

2 Providers working on the enrollment process.

1 provider dis-enrolled, failed to keep password active.

Will save time when fully integrated into survey process

Drawback is not able to use with FLS surveys due to the delinking health care and FLS survey activities.



NURSE DELEGATION

Nursing Facilities

Blood Sugar testing and CNAs

- Can CNA's do Blood Glucose testing?
- Yes under the Nurse Delegation model. Each nurse, for each resident for each CNA.
- Once the decision has made to delegate, the RN must provide written and oral training.
- The RN must have the CNA demonstrate their competency of the task to the delegating RN.
- The RN must monitor the CNA to ensure he/she are appropriately completing the testing.

Nurse delegation in Long Term Care

- In a formal nursing structure, such as LTC, there is a mechanism for the DNS to set standards that apply to everyone in that job description, and
- Each nurse could/would opt out if they felt the individual resident needs a licensed nurse to perform a task. Based on their current condition, or lack of trust with the CNA/NA assigned that day.
- Of course each individual CNA/NA still needs skill testing and training documented on hire, and periodically.
- The next slide contain the reference rules from the IBON.

IBON reference rules for delegation

- Nurse functioning as chief administrative nurse is accountable and responsible for: (5-3-03)
- **a.** Prescribing, directing and evaluating the quality of nursing services including but not limited to staff development and quality improvement; (7-1-96)
- **b.** Assuring that organizational policies and procedures, job descriptions and standards of nursing practice conform to the Nursing Practice Act and nursing practice rules; (7-1-96)
- **c.** Assuring that the knowledge, skills and abilities of nursing care staff are assessed and that nursing care activities do not exceed the legally defined boundaries of practice; and (7-1-96)
- **d.** Assuring that documentation of all aspects of the nursing organization is maintained. (7-1-96)
- **04. Management Role.** A licensed registered nurse functioning in a management role shall be accountable and responsible for: (5-3-03)
- **a.** The quality and quantity of nursing care provided by nursing personnel under his supervision; (5-3-03)
- **b.** Managing and coordinating nursing care in accordance with established guidelines for delegation; and (5-3-03)
- **c.** Providing leadership in formulating, interpreting, implementing, and evaluating the objectives and policies of nursing practice. (7-1-96)
- **IDAHO ADMINISTRATIVE CODE IDAPA 23.01.01 Board of Nursing Rules of the Idaho Board of Nursing Section 402 Page 37**

Delegation continued

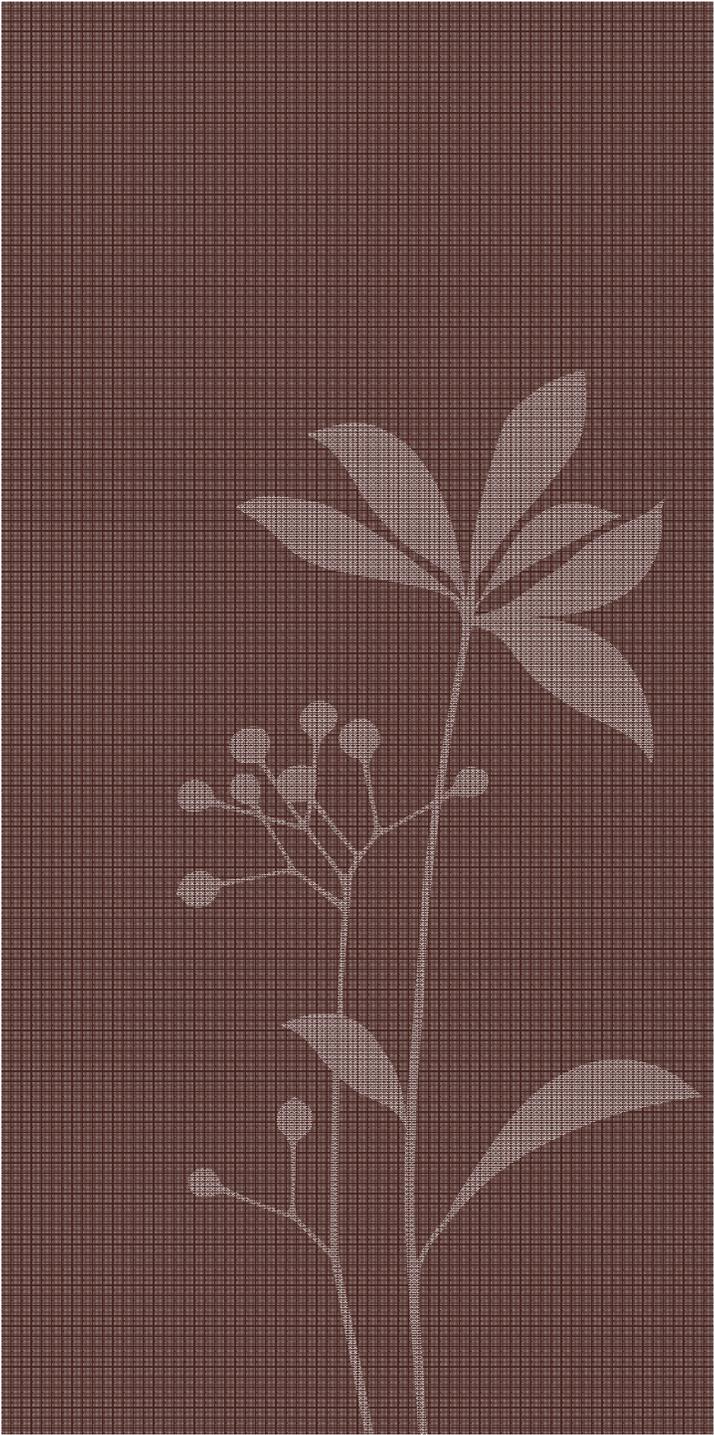
If DON has made the decision to delegate various nursing tasks surveyors will be:

- Reviewing job descriptions,
- Interviewing the delegating nurse,
- Observing and interviewing the CNA

We will be asking for and reviewing the documentation of training, competency determination and supervision.

Negative outcomes will be reported to the Board of Nursing.

Make sure if you are using one glucometer for the building, the machine is FDA approved for multiple patient use.



LTC TECHNOLOGY GRANTS

Mini-Grants

- QI Meeting members received the draft document June 23.
- Waiting for the Department/State process to use CMP money.
- CMS has approved the application process.
- Eligible facilities: All facilities that are federally certified.
- Eligible projects
 - Technology that will directly improve the quality of life and quality of care for residents.
 - Examples: IN2L, Snoezelen, interactive music systems such as Beamz, personal music through the use of portable electronic devices.
- Dollar amount awarded number of licensed beds.
 - 30 or less beds---24,2999
 - 31 or more beds—49,999

Application

- The project proposal should be no longer than 20 pages, including appendices, and provide the following:
 - An Introduction of the Long Term Care facility, residents, staff, and community
 - The purpose of the project
 - Who was involved the project design and development
 - The population it will serve
 - The need the proposal is attempting to address
 - Any problems that may be encountered in the implementation of the project and the contingency plan to address these issues.
 - How the facility will assess the results of the project (specific measures)
 - Project timeline
 - How you will ensure sustainability, and
 - A summary of the proposal

Additional information for the Project Plan

- How you will inform residents, family members, and legal guardian of the technology orally and in writing prior to the usage of the equipment
- Updating information in the admission packet on how to access and utilize the technology
- If the technology is Internet based
- How residents can access the Centers for Medicare & Medicaid Services (CMS) and State Agency websites
- How to generate and protect passwords
- How residents protect themselves from identify theft and loss of private and protected health information

Project Plan continued

- The benefits and risks associated with use of social media and social networking
- How the technology will be resident specific to help residents stay connected to their current and past interests, cope with depression, isolation, and boredom, and reduce behavioral symptoms
- If applicable how the technology will engage family members in resident care planning conferences
- The plan for acquisition and installation of the technology

Project Plan Continued

- The plan for ongoing support costs and maintenance of the technology
- How you will train newly hired and existing staff on how to utilize the technology
- Who the designated staff are on each shift to serve as technology coaches/ambassadors to help residents utilize the technology
- How the facility will ensure appropriate infection control practices are used to limit potential for cross contamination

The Last piece of the Project Plan

- Funding:
- Include an Excel spreadsheet with the budget expenses for the project, along with a narrative explanation of the costs. Mention any co-funding that you are planning to use from other sources. The narrative shall include the specific amount of Civil Monetary Penalty (CMP) funds to be used for the project, the time period for such use, and estimate of any non-CMP funds expected to be contributed to the project.
- List of any sub-contractors and organizations that are expected to carry out and be responsible for the components of the project. Copies of contracts and subcontracts shall be available upon request.

Pending CMP Scholarship Opportunities

- PUPC--approved
- Management of DM—pending submission & approval.
- CMP funds spent since October 2008—
 - \$252,008.00
 - 1,623+ individuals participated



FIRE, LIFE SAFETY & CONSTRUCTION

When do you need plan review/approval

- Change of Use –
 - Resident room to storage
 - Shower to oxygen
 - Storage to office
 - Activity to therapy
 - Other change in the use of a space
- Any modification or installation of locking devices
 - Single action to egress
 - Delayed Egress okay
 - Access controlled okay

Remodels - Additions

- Construction review and approval needed for
 - Doors, windows, or corridors affected
 - Changes to nursing stations/areas open to corridors
 - Kitchen remodels or flooring
 - Paint, carpet, finishes, and basic replacement and repair do not require prior approval
- Major projects require the use of an Engineer or Architect
- Minor projects = scalable understandable drawings usually will suffice.

New Construction

- Plan submittal form (website)
- One full size set of complete construction plans
- Fire alarm and sprinkler plans
- Functional narrative of project
- Comments letter sent back to ensure compliance
- Final licensure inspection
- Released for continuation of the licensing process

FLS general info

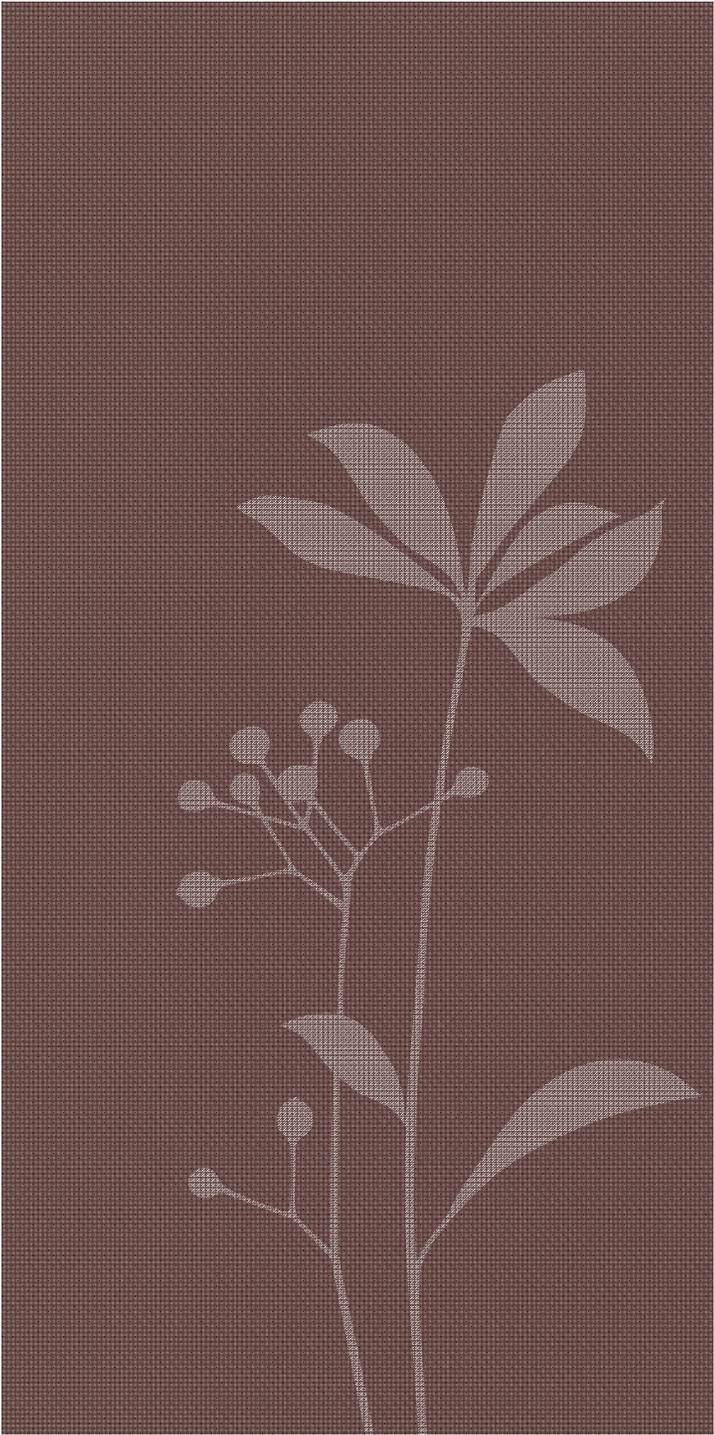
- Surveyors count ABHR dispensers
 - Reason is the increase sized and the volume of ABHR dispensers in a smoke compartment, can not exceed 10 gallons. Anything over 10 gallons must be in a special cabinet.
- Survey process requires us to check every door and every compartment.
- We evaluate every exit every survey.
- Height of extinguishers—no greater than 60 inches to the top of the extinguishers. Acceptable is 2A:10BC (5 #). There has to be one every 75 feet of travel.
- ABHR Alcohol Based Hand Rub



QIS UPDATE

QIS is undergoing a transformation.
No ETA on the debut of the new process.

No new states will be converting from the traditional survey process to QIS.



F 328 SPECIAL NEEDS

§ 483.25(k)

The facility must ensure that residents receive proper treatment and care for the following special services

- Injections
- Parenteral and Enteral Fluids
- Colostomy, Ureterostomy, or Ileostomy care
- Tracheostomy Care
- Tracheal Suctioning
- Respiratory Care
- Foot Care
- Prostheses

Where are the highest citations within this requirement?

- Respiratory Care, specifically oxygen orders, administration and documentation.
- Oxygen must have a written order by a physician or primary care provider (NP/PA) for residents in the nursing home.
- A valid order will include:
 - The resident's name
 - The liter flow (continuous, titration, for specific situations)
 - Route of administration (cannula, mask, CPAP, ventilator)
 - Monitoring—such as O₂ saturations and when they should be done

An extraordinary thorough order may look like this:

Name _____

Oxygen @ _____ (liters per minute)

Route: Nasal Cannula, Mask etc...

Continuous or PRN or specified time

Monitor oxygen saturations Q _____.

Target saturation level _____% or above.

If oxygen saturation level falls below _____%, staff may increase oxygen (by smallest amount possible) up to _____ L/min.

If saturations cannot be maintained above _____% on _____ L/min, MD must be notified for further instructions.

Not all these elements are necessary for all residents but may be for some residents who have significant respiratory conditions.

If O₂ sats are ordered, the outcome of the reading must be documented as well as the time of the reading.

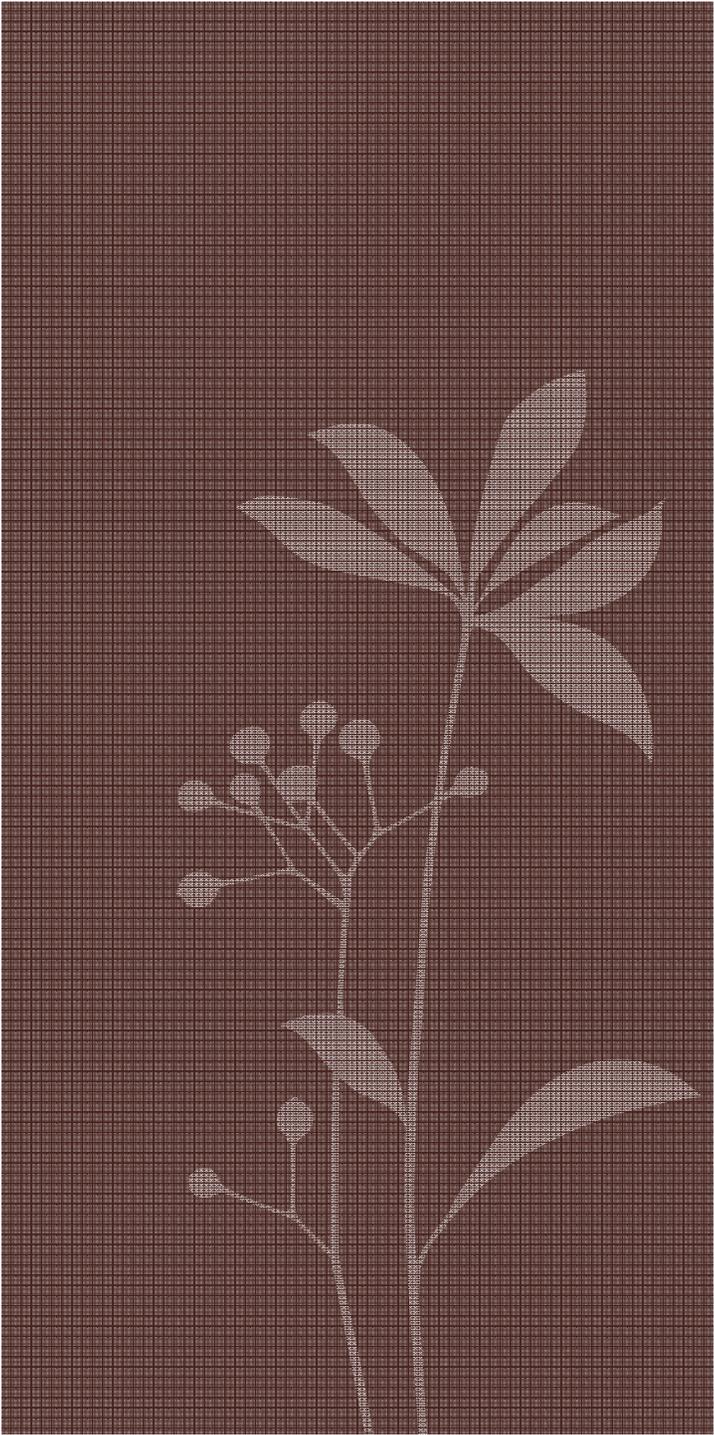
Compliance or Non-compliance

- There is a Citation at F 328
 - If the physician order does not contain
 - The resident's name
 - The liter flow (continuous, titration, for specific situations)
 - Route of administration (cannula, mask, CPAP, ventilator)
 - Monitoring—O₂ saturations and when they should be done
 - Or
 - If the order is not carried to the monthly recap
 - Or
 - If the order is discontinued and the resident is still receiving O₂
 - Or
 - The orders are not being followed as written.
- There is a citation at F280
 - If the resident is receiving the correct O₂ but the care plan is not accurate.
 - There is no regulatory requirement that O₂ is on the MAR or TAR. Facilities have the discretion how to monitor and track O₂ administration and tubing/humidifier changes.



MDS TARGETED SURVEYS

They are occurring, some are being completed by Federal Contractors.



S & C LETTER 13-50
INFO LETTER 2015-12

Facility Closure

Initiation

Facility closure or termination may be initiated:

Voluntarily by a provider

Involuntarily through action initiated by a state under state licensure law

Involuntarily through action initiated by CMS or the State Medicaid Agency

Voluntary Closure or Voluntary Termination

For voluntary closure or voluntary termination of the Medicare and/or Medicaid provider agreement:

The administrator must send written notice of its intention at least 60 calendar days prior to the date of closure or termination as required at §483.75(r) to the state, the state LTC ombudsman, residents of the facility, and the legal representatives of such residents or other responsible parties.

The notice must include the intended date of closure and/or voluntary termination and a closure plan approved by the state for the safe and orderly transfer of residents.

Involuntary Termination

For involuntary termination by CMS or a State Medicaid Agency:

When CMS or a State Medicaid Agency involuntarily terminates a facility's participation in Medicare or Medicaid or a state withdraws a state licensure, CMS and/or the state provides written notice to the provider and determines the appropriate date for notification of closure or termination.

The notice must state the reasons for, and the effective date of, the termination, and the request for a closure plan from the provider for the safe and orderly transfer of residents and explain the extent to which services will continue to be reimbursed after that date, in accordance with §489.55. In addition, CMS concurrently gives public notice of termination.

§483.75 Administration

(r) **Facility closure-Administrator.** Any individual who is the administrator of the facility must:

- (1) Submit to the State Agency, the State LTC ombudsman, residents of the facility, and the legal representatives of such residents or other responsible parties, written notification of an impending closure:
 - (i) At least 60 days prior to the date of closure; or
 - (ii) In the case of a facility where the Secretary or a State terminates the facility's participation in the Medicare and/or Medicaid programs, not later than the date that the Secretary determines appropriate;
- (2) Ensure that the facility does not admit any new residents on or after the date on which such written notification is submitted; and
- (3) Include in the notice the plan, that has been approved by the State, for the transfer and adequate relocation of the residents of the facility by a date that would be specified by the State prior to closure including assurances that the residents would be transferred to the most appropriate facility or other setting in terms of quality services, and location, taking into consideration the needs, choice, and best interests of each resident.

Notice Requirements

Notice must be provided to:

CMS

The State Survey Agency (SA) and Long Term Care (LTC) ombudsman

All the residents of the facility

Legal representatives of such residents

Other responsible parties

A final rules was published on March 19, 2013, and became effective April 18, 2013.

Facility Closure: Facility Requirements

§483.75(s) Facility Closure.

The facility must have in place policies and procedures to ensure that the administrator's duties and responsibilities involve providing the appropriate notices in the event of a facility closure, as required at paragraph (r) of this section.

§488.426 Transfer of residents, or closure of the facility and transfer of residents

(a) *Transfer of residents, or closure of the facility and transfer of residents in an emergency.* In an emergency, the State has the authority to—

- (1) Transfer Medicaid and Medicare residents to another facility; or
- (2) Close the facility and transfer the Medicaid and Medicare residents to another facility.

(b) *Required transfer when a facility's provider agreement is terminated.*

When the State or CMS terminates a facility's provider agreement, the State will **arrange** for the safe and orderly transfer of all Medicare and Medicaid residents to another facility, in accordance with §483.75(r) of this chapter.

(c) *Required notifications when a facility's provider agreement is*

terminated. When the state or CMS terminates a facility's provider agreement, CMS determines the appropriate date for notification, in accordance with §483.75(r)(1)(ii) of this chapter.

§483.12 Admission, transfer and discharge rights

(a) Transfer and discharge—

- (5) Timing of the notice. (i) Except as specified in paragraphs (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.
- (ii) Notice may be made as soon as practicable before transfer or discharge when—
- (A) The safety of individuals in the facility would be endangered under paragraph (a)(2)(iii) of this section;
 - (B) The health of individuals in the facility would be endangered, under paragraph (a)(2)(iv) of this section;
 - (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(ii) of this section;
 - (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(i) of this section; or
 - (E) A resident has not resided in the facility for 30 days.

§483.12 Admission, transfer and discharge rights continued

(a) Transfer and discharge—

(8) *Notice in advance of facility closure.* In the case of facility closure, the individual who is administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the State LTC ombudsman, residents of the facility, and the legal representatives of the residents or other responsible parties, as well as the plan for the transfer and adequate relocation of the residents, as required at §483.75(r).

Continued Payments to a Facility

SEC. 1128I. [42 U.S.C. 1320a-7j]

(h) NOTIFICATION OF FACILITY CLOSURE.—

(2) RELOCATION.—

(B) CONTINUATION OF PAYMENTS UNTIL RESIDENTS RELOCATED.—The Secretary may, as the Secretary determines appropriate, continue to make payments under this title with respect to residents of a facility that has submitted a notification under paragraph (1) during the period beginning on the date such notification is submitted and ending on the date on which the resident is successfully relocated.

42 CFR 489.55(b)

(b) The Secretary may, as the Secretary determines is appropriate, continue to make payments with respect to residents of a long-term care facility that has submitted a notification of closure as required at §483.75(r) of this chapter during the period beginning on the date such notification is submitted and ending on the date on which the residents are successfully relocated.

Emergency Situations

If the state approves a facility's temporary relocation of residents during an emergency with the expectation that the residents will return to the facility, this would NOT be regarded as a facility closure under these requirements and the notification requirements under §483.75(r) would not be applicable.

However, if the facility permanently closes or ceases to operate after an emergency, the administrator is required to provide proper notifications and follow the procedures outlined in these regulations and guidance.

§488.446 Administrator sanctions: long-term care facility closures

Any individual who is or was the administrator of a facility and fails or failed to comply with the requirements at §483.75(r) of this chapter—

(a) Will be subject to a civil monetary penalty as follows:

(1) A minimum of \$500 for the first offense.

(2) A minimum of \$1,500 for the second offense.

(3) A minimum of \$3,000 for the third and subsequent offenses.

(b) May be subject to exclusion from participation in any Federal health care program (as defined in section 1128B(f) of the Act); and

(c) Will be subject to any other penalties that may be prescribed by law.

Assessing for CMPs

The determination of the appropriate CMP amount to be imposed against the administrator is assessed based on:

The seriousness of the situation

Deficiencies that affect residents

The number of offenses for noncompliance with these regulations and requirements.

Relevant Regs

42 CFR —

§483.75(r): Facility Closure – Administrator

§483.75(s): Facility Closure – Policies and Procedures

§483.426: Transfer of Residents

§483.12(a)(5): Timing of Notice of Transfer

§483.12(a)(8): Notice in Advance of Facility Closure

§489.52: Termination by the Provider

§489.53: Termination by CMS

§489.446: Administrator Sanctions

§489.55(b): Continued Payments

Practical Application for SA

Ensure facilities have an adequate P&P for facility closure or termination ***prior*** to termination.

Select an appropriate deadline for receipt of facility closure plan and termination.

Only approve a closure plan that adequately addresses the needs of the residents, particularly regarding the safe and orderly transfer.

Monitor the closure process carefully! Act swiftly on any issues.

Keep the residents at the center of care.

S&C 13-50-NH

S&C 13-50-NH addresses Notification of Facility Closure: Revision to Tags F203 and F204.

New Tags F523 and F524 have been issued in the State Operations Manual (SOM), Appendix PP.

Facility Plans and Procedures: Notification

At a minimum, the facility's plans and procedures must include:

The process for providing notification of the facility's impending closure, including its closure plan to all facility staff, vendors, contractors and unions as appropriate.

The process and procedures for providing timely written notification of the facility's impending closure, including its closure plan to the state, the state's LTC ombudsman, payers, residents, their legal representatives or other responsible parties, and the resident's primary physician.

Facility Plans and Procedures: Provisions

The process and procedures for the safe and orderly transfer of residents, including:

How the closing facility will identify available facilities or other settings in terms of quality, services, and location, taking into consideration the needs, choice, and best interests of each resident; and,

The labeling, safekeeping and appropriate transfer of residents' personal belongings, such as clothing, medications, furnishing, etc. at the time of transfer or relocation including contact information for missing items after the facility has closed.

Facility Plans and Procedures: Operations

At a minimum, the facility's plans and procedures must include the provisions for ongoing operations and managements of the facility and its residents and staff during the closure process that include:

Payment of salaries and expenses to staff, vendors, contractors, etc.

Continuation of appropriate staffing to meet the needs of all residents.

Ongoing assessment of each resident's care needs and the ongoing provision of necessary services and care including the provision of medications, services, supplies and treatments as ordered by the resident's physician or practitioner.

Facility Plans and Procedures: Management

At a minimum, the facility's plans and procedures must include the provisions for ongoing operations and management of the facility:

Ongoing accounting, maintenance, and reporting of resident personal funds.

The provision of appropriate resident care information to the receiving facility to ensure continuity of care.

The labeling, safekeeping, and appropriate transfer of residents' personal belongings, such as clothing, medications, furnishings, etc., at the time of transfer or relocation including contact information for missing items after the facility has closed.



PROPOSED RULES,
PUBLISHED THURSDAY
7/16/15 IN THE FEDERAL
REGISTER

- To accommodate a more diverse population, the current care and service delivery practices of LTC facilities have change to meet these changing service needs. These factors not only demonstrated a need to comprehensively review the regulation but all informed the approach for revising regulations.
- Goal is to align regulations with current clinical practice and allow flexibility to accommodate multiple care delivery models to meet the needs of a diverse population.
- This will be accomplished through a competency-based approach that focuses on achieving the statutorily mandated outcome of ensuring each resident achieves, maintains their highest practicable physical, mental and psychosocial well-being.
- Resident Center Care is a pillar of the proposed changes.

Proposed Rules

- Add additional tags to cover
 - The compliance and ethics program
 - Quality Assurance and Performance Improvement
 - Reporting of suspicion of a crime
- Additional definitions at F150
 - Adverse event
 - Documentation
 - Posting/displaying
 - Resident representative
 - Abuse
 - Sexual abuse, neglect, exploitation, misappropriation of resident property
 - Person Centered Care

Major Provisions of Proposed Rule changes Resident Rights §483.10

- Comprehensive Restructuring
 - Updating the language and organization of this section.
 - Update provisions to include advances such as electronic communications.
- Eliminating language such as interested family member and replacing the term legal representative with resident representative. (Also in definitions)
- Addressing roommate choice.
- Adding language regarding physician credentialing to specify that the physician chosen by the resident must be licensed in the state where the resident resides and meet the credentialing requirements of the facility.

Proposed New Section Facility Responsibilities §483.11

- This section will focus on the responsibilities of the facility. This section parallels many residents' rights provisions.
- Visitation—open visitation, similar to hospital requirements.
- Relocate provisions from the existing Resident's Rights section (§483.10) that pertain to the responsibilities of the facility into this section.
- Relocate provisions from the existing Quality of Life section (§483.15) into this section.

Freedom from Abuse, Neglect & Exploitation

§483.12

- Renaming of §483.12 known today as Resident behavior and facility practices.

Transitions of Care §483.15

- Renaming of §483.15 known today as Admission, transfer and discharge rights.
- Adding additional requirement for specific documentation to be in the record such as:
 - H&P
 - Reason for transfer
 - Past medical/surgical history
- This information is to be shared with the receiving provider/facility when a resident is transferred.

Resident Assessments §483.20

- Clarification of what constitutes appropriate coordination of a resident's assessment with the PASARR program.
- Add a requirement to require the facility to notify Medicaid when a resident with a mental illness or developmental disability experiences a significant change.
- Change ICF/MR to ICF/ID

New Section §483.21

Comprehensive Person-Centered Care Planning

- Baseline care plan to be developed within 48 hours of admission that includes instruction needed to provide effective and person centered care that meets professional standards of quality of care.
- Specialized services/rehab recommended by PASARR are included in the care plan.
- IDT must include:
 - CNA
 - Dietary
 - Social Worker
- The facility must provide a written explanation in the clinical record if the participation of the resident and there representative is determined to not be practicable for the development of the care plan.

Comprehensive Person-Centered Care Planning

- Proposal is to implement the discharge planning requirements mandated by the IMPACT Act by revising, or adding where appropriate discharge planning for LTC facilities.
- The resident's discharge summary will include a reconciliation of all discharge medications with the resident's pre-admission medications.
- The post discharge plan of care summary to include what arrangements have been made for the resident's follow-up care and any post-discharge medical and non-medical services.

Quality of Care & Quality of Life §483.25

- Clarification that Quality of Care and Quality of Life are overreaching principles in the delivery of care to resident and should be applied to every service.
- Clarify the requirements regarding a resident's ability to perform ADLs.
- Solicit comments on the qualifications of the activity director.
- Updating practices in the area of nasogastric tubes to include enteral fluids in the requirements for assisted nutrition and hydration.
- Special needs—addition of new requirement for appropriate pain management.
- Relocation of the requirements regarding unnecessary drugs, antipsychotics, medication errors, and immunizations to Pharmacy Services §483.45

Physician Services §483.30

- In person evaluation by a physician or mid-level professional before an unscheduled transfer to a hospital.
- Allow physician's to delegate dietary orders to dietitians.
- Allow physician's to delegate therapy orders to therapists.

Nursing Services §483.35

- Addition of a competency requirement for determining sufficient nursing staff based on a facility assessment, which includes but is not limited to the number of residents, resident acuity, range of diagnoses, and the content of care plans.

New Section § 483.40

Behavioral Health Services

- This section will focus on the requirement to provide the necessary behavioral health care and services to residents in accordance with their comprehensive assessment and plan of care.
- Staffing
 - Determined through facility assessment
 - Competency Approach—staff must have the appropriate competencies and skills to provide behavioral health care and services which include caring for residents with mental and psychosocial illness and implementing non-pharmacological interventions.
 - Adding gerontology to the list of possible human services fields.

Pharmacy Services §483.45

- Drug Regimen Review
 - Additional reviews
 - Resident chart every 6 months
 - On admission to the facility
 - When a resident returns to the facility
 - Monthly when the resident is taking a
 - Psychotropic
 - Antibiotic
 - Any drug the facility QAA committee has requested
- Drug Regimen Reviews will identify any irregularities and will be sent to the DON, attending physician and Medical Director.
- The attending physician will be required to document in the clinical record that he/she has reviewed the identified the irregularity and what, if any, action they have taken to address the irregularity.

Pharmacy Services continued

- If there is not change in the medication the MD would document his/her rationale.
- Add the definition of irregularities—would include but not be limited to the definition of “unnecessary drugs.”
- Revise existing requirements re: antipsychotic drugs to refer to “psychotropic” drugs.
- Define “psychotropic” drug as any drug that affects brain activities associated with mental processes and behavior.
- PRN meds will be limited to 48 hours.
- “Psychotropic” drugs are not given unless medically indicated.
- GDR and behavioral interventions, required unless clinically contraindicated.

Dental Services §483.55

- Medicare only facilities
 - Prohibit facilities from charging residents for the loss or damage of dentures.
- Dually Certified facilities
 - Clarification that with regard to a referral for lost or damaged dentures “promptly” means within 3 business days unless

Food and Nutrition Services §483.60

- Staffing takes into consideration resident assessment, individual plans of care, including diagnosis, acuity and census.
- Dietitian Qualifications
 - Registered by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics, or
 - Who meets State licensure or certification requirements.
- Director of Food Service must be:
 - Certified dietary manager
 - Certified food service manager or
 - Has a certification for food service manager from a national certifying body or
 - Has an associates or higher degree in food service management or hospitality from an accredited college.

Food & Nutrition Services cont.

- Menus
 - Must take into account religious, cultural and ethnic needs and preferences of residents.
- Food & Drink
 - Facilities must provide food and drink that take into consideration resident allergies, intolerances and preferences.
- Ordering Therapeutic diets
 - Allows Physicians to delegate to an RD the task of prescribing a resident diet including therapeutic diet, to the extent allowed by state law.
- Frequency of Meals
 - Must provide suitable & nourishing alternative meals and snacks for residents who want to eat at non-traditional times or outside of scheduled meal times in accordance with the plan of care.
- Feeding Assistants
 - Require documentation of the clinical need and the extent of assistance needed in the comprehensive care plan.

Food & Nutrition Services cont.

- Food Safety

- Facilities may procure food items obtained directly from local producers
- May use produce from facility gardens as long

However, the producers and gardens must comply with applicable safe growing and food handling practices.

- Clarify that residents are not prohibited from consuming foods that are not procured by the facility.
- Require facilities to have a Policy regarding the use and storage of foods brought to residents by family and other visitors.

Specialized Rehab Services §483.65

- Adding respiratory therapy as a specialized rehab service.
- Clarify what constitutes rehab services for individuals with mental illness or intellectual disability.

Outpatient Rehab Services §483.67

- Establishment of new health and safety standards for facilities who choose to provide outpatient rehab services.

Administration §483.70

- Organizational changes
 - Relocation of various portions of this sections to other sections as deemed appropriate.
- Facility Assessment
 - Conduct and document a facility wide assessment to determine what resources are necessary to care for residents during both day to day operations and emergencies.
 - The assessment must address the resident population, numbers, types of care and staff competencies to meet resident needs.
 - The assessment must be reviewed and updated when there is a substantial change or at least annually.
- Clinical records
 - Mirror some of the requirements found in HIPPA

Administration §483.70 cont.

- **Binding Arbitration Agreements**
 - Must be explained to the residents
 - Resident acknowledge they understand the agreement
 - Must be entered into voluntarily
 - Arbitration session must be conducted by a neutral arbitrator in a location that is convenient to both parties.
 - Admission to the facility can not be contingent on signing the agreement
 - The agreement can not discourage the resident or anyone else from communication with federal, state, Ombudsman or local health officials.

New Section Quality Assurance and Performance Improvement §483.75

- Require LTC facilities to develop, implement and maintain an effective comprehensive, data-drive QAPI program that focuses on systems of care, outcomes of care and quality of life.

Infection Control §483.80

- Require facilities to have a system for:

preventing,

reporting

Identifying

investigating

and controlling infections and communicable diseases for all residents, staff, volunteers, visitors and other contract staff.

- Development of an antibiotic stewardship program that includes antibiotic use protocols and a system for monitoring antibiotic use.
- Must have an infection prevention and control officer (IPCO) for whom their major responsibility is infection control and prevention.
- The IPCO is a member of the QAA committee

New section Compliance and Ethics Program §483.85

- Require the operating organizations for each facility to have in operation a compliance and ethics program that has established written compliance and ethics standards, polices and procedures that are capable of reducing the prospect of criminal, civil, and administrative violations.

Physical Environment §483.90

- Changes would be effective for any facility initially certified after the effective date of the rule.
- Resident rooms
 - No more than 2 beds per room
 - Each room must have a toilet, sink and shower
- Smoking
 - Establishment of smoking policy and procedure.

New Section Training Requirements §483.95

- This section identifies all the requirements of an effective training program that facilities must develop, implement, and maintain for all new and existing staff, individuals providing services under contractual arrangement and volunteers, consistent with their expected roles.
- Training topic to include:
 - Communication
 - Resident Rights and Facility Responsibilities
 - Abuse, neglect and exploitation
 - QAPI & Infection control.
 - Compliance & Ethics
 - Behavioral Health
 - Dementia management and resident abuse training



QUESTIONS