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**IHCA Annual
Conference
BFS Update**

2014

Introductions

Patrick L. Guzzle, MA, MPH, REHS

Idaho Food Protection Program Manager

Division of Health, Department of Health & Welfare

Negotiated rule making re: updating of the Idaho Food Code

David Scott, RN new Co-Supervisor of Long Term Care

New LTC survey staff, we are fully staffed but not yet fully trained.

Top 10 LTC HC Citations

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
F 309	Provide Care/Services for Highest Well Being	24	24.4%	49.0%
F 323	Free of Accident Hazards/Supervision/Devices	20	23.1%	40.8%
F 280	Right to Participate Planning Care-Revise Care Plan	20	25.6%	40.8%
F 314	Treatment/Services to Prevent/Heal Pressure Sores	15	16.7%	30.6%
F 441	Infection Control, Prevent Spread, Linens	14	17.9%	28.6%

F323

Looked at the last 13 surveys—7 citations for:
Failure to identify and implement appropriate interventions/supervision - 4

Lack of side rail safety assessment - 3

Staff mistakes during care that resulted in falls - 2

Note: In the last 7 months, we have had 3 examples of lone staff rolling a resident in bed away from staff, resulting in the resident falling out of bed

F 241	Dignity and Respect of Individuality	13	15.4%	26.5%
F 329	Drug Regimen is Free from Unnecessary Drugs	12	15.4%	24.5%
F 431	Drug Records, Label/Store Drugs & Biologicals	10	12.8%	20.4%
F 225	Investigate/Report Allegations/Individuals	10	10.3%	20.4%
F 514	Resident Records- Complete/Accurate/Accessible	10	12.8%	20.4%
F 328	Treatment/Care for Special Needs	10	11.5%	20.4%

Total Number of Surveys = 49

Active Providers = 78

F 309

Last 14 surveys where F309 cited, no G's, there may have been more than one area cited in each tag.

Not following MD orders - 4

Pain Management - 2

Communication/Care issues with residents who are receiving dialysis - 4

Lack of P&P for Baclofen pumps

Coordination/Care issues between Hospice & SNF

Lack of assessment for increased pain

Lack of implementation of less restrictive interventions

F329

Looked at the last 13 surveys—8 citations for:

Duplicate therapy without rationale - 4

Lack of identification and tracking of specific target symptoms - 4

Lack of indication for use - 4

Black box warning not disclosed to resident/legal rep - 2

CMP Funds

Next Scholarship Opportunities

Scholarships are specific to the position
Regional Staff not eligible for scholarships

Hearing the Voice of Persons with Dementia November 6, 2014

- Administrator
- DON
- CNA
- Activity Director

Idaho Pressure Ulcer Coalition 8th Annual Consensus Meeting

November 7, 2014

1 RN and one other licensed nurse

Coming to you in the future: Mini Grant opportunities

Mini-grants to support implementation of enhancements to improve the quality of care/quality of life for residents through the use of technologies.

Eligibility

- Any dual certified nursing facility
- Dollar amount awarded shall be contingent upon the LTC's licensed beds, the ability to meet all participation requirements and CMS's approval.
- Award notices are contingent upon the availability of funding, and approval from the Department and the Centers for Medicare & Medicaid Services (CMS).
- Mini-grant funds may be used to purchase and implement technology that will directly improve the quality of life and quality of care for residents.

Prohibited Uses:

- CMP funds may not be used to pay for capital improvements.
- CMP funds may not be used to pay for nursing home services or supplies that are already the responsibility of the nursing home, such as laundry, linen, food, heat, staffing costs, etc.

Reporting

If the facility is awarded a CMP the facility will submit to the Bureau of Facility Standards:

- A quarterly report on the status of the project ;
- A second report (including specific measure of success, barriers that had to be overcome, and lessons learned) will be due six months after the project has been implemented;
- Submission of Excel spreadsheet documenting all expenses, documentation supporting those expenditures.

- o Still working on questions and process with The Department and CMS before we send out the announcement and application.

How many facilities across the State are providing a Music and Memory program? What are the results to date? Does CMS and the State have a position on this program?

I am not aware of any facility who has implemented the program. I am aware that the State of Wisconsin has a research program funded by CMPs on this topic. I have not seen the outcome of the study.

The next slides and data are from Qualis Health.
Congratulations on the hard work and improvements.

Also, as you review the slide and the information
remember to review the guidance at F309 and F329

PARTNERSHIP TO IMPROVE DEMENTIA CARE IN NURSING HOMES

The State median rate of antipsychotic use is 15% in Idaho.

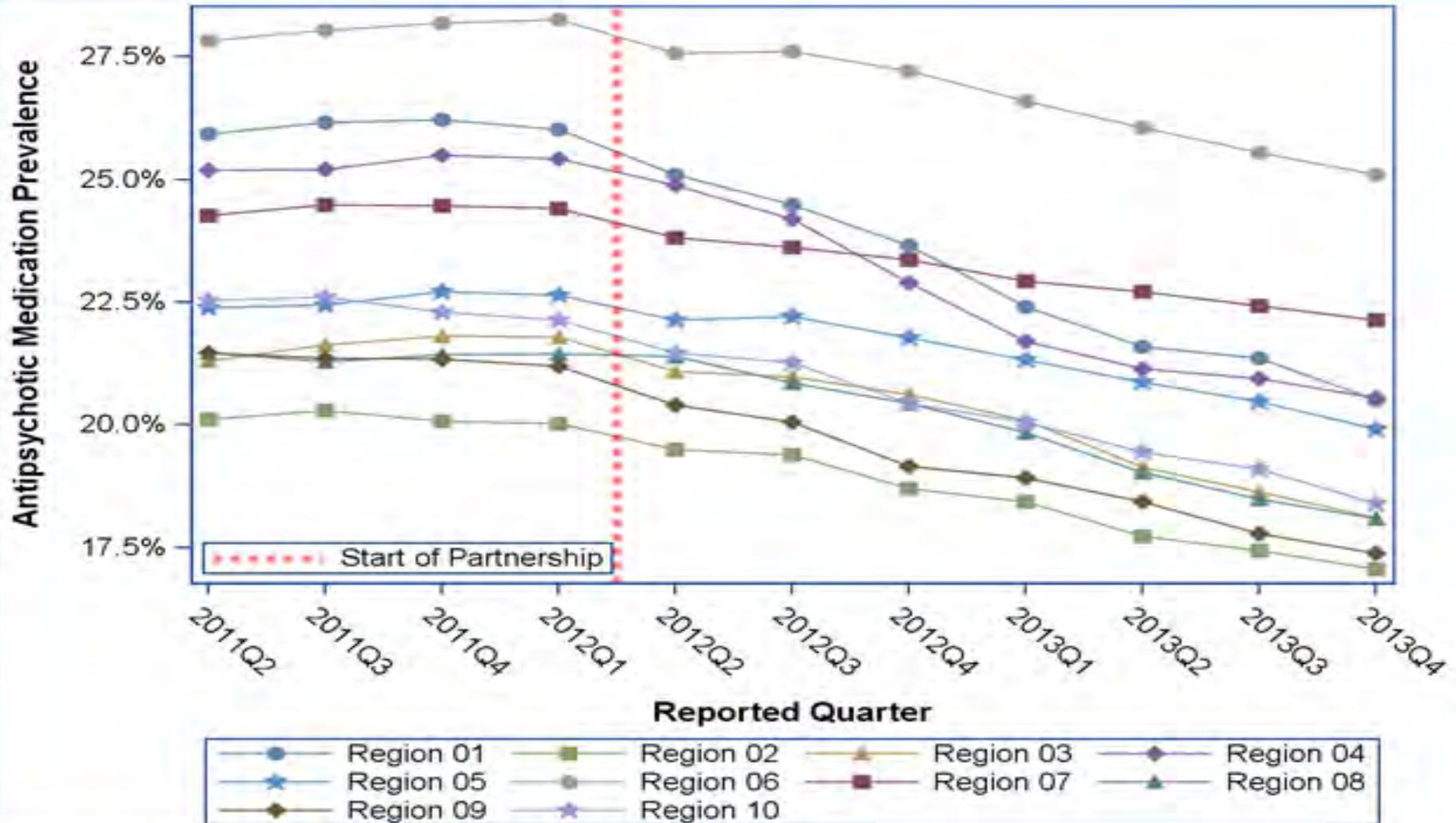
The average or aggregate rate for all homes is skewed higher because of a handful of facilities with behavior health specialty and likely appropriate use of these medications for on-label uses. There are also some facilities that use very little of this medication.

Facilities that worked with Qualis in The Quality Care Collaborative specifically worked on their systems for Dementia Care. As part of a nationwide effort, homes re-evaluated use of antipsychotic medications.

By May 2014- Compared to the percent long-stay residents who received antipsychotic medication in January 2013, Idaho Collaborative homes had a had a 23% relative improvement rate.

Quarterly Prevalence of Antipsychotic Use for Long-Stay Residents, CMS Regions 2011Q2 to 2013Q4

CMS Region- and State-specific data are displayed below. These data show the change in the single-quarter prevalence of antipsychotic medication use amongst long-stay residents since 2011Q2 and shows the change since the start of the Partnership



Region	2011Q2	2011Q3	2011Q4	2012Q1	2012Q2	2012Q3	2012Q4	2013Q1	2013Q2	2013Q3	2013Q4	Percentage point difference (2011Q4-2013Q4)	Percent change
National	23.6%	23.7%	23.9%	23.8%	23.2%	23.0%	22.3%	21.7%	21.1%	20.8%	20.3%	-3.60	-15.1%
Region 01	25.9%	26.2%	26.2%	26.0%	25.1%	24.5%	23.7%	22.4%	21.6%	21.4%	20.5%	-5.71	-21.8%
Region 02	20.1%	20.3%	20.1%	20.0%	19.5%	19.4%	18.7%	18.4%	17.7%	17.4%	17.1%	-3.02	-15.0%
Region 03	21.3%	21.6%	21.8%	21.8%	21.1%	21.0%	20.6%	20.1%	19.1%	18.6%	18.1%	-3.71	-17.0%
Region 04	25.2%	25.2%	25.5%	25.4%	24.9%	24.2%	22.9%	21.7%	21.1%	20.9%	20.5%	-4.97	-19.5%
Region 05	22.4%	22.5%	22.7%	22.7%	22.1%	22.2%	21.8%	21.3%	20.9%	20.5%	19.9%	-2.80	-12.3%
Region 06	27.8%	28.1%	28.2%	28.3%	27.6%	27.6%	27.2%	26.6%	26.1%	25.6%	25.1%	-3.09	-11.0%
Region 07	24.3%	24.5%	24.5%	24.4%	23.8%	23.6%	23.4%	22.9%	22.7%	22.4%	22.1%	-2.34	-9.5%
Region 08	21.5%	21.3%	21.4%	21.5%	21.4%	20.9%	20.4%	19.8%	19.0%	18.5%	18.1%	-3.35	-15.6%
Region 09	21.5%	21.4%	21.3%	21.2%	20.4%	20.1%	19.2%	18.9%	18.4%	17.8%	17.4%	-3.94	-18.5%
Region 10	22.5%	22.6%	22.3%	22.1%	21.5%	21.3%	20.4%	20.1%	19.5%	19.1%	18.4%	-3.89	-17.5%

State	2011Q2	2011Q3	2011Q4	2012Q1	2012Q2	2012Q3	2012Q4	2013Q1	2013Q2	2013Q3	2013Q4	Rank in 2013Q4 (lower=better)	Percentage point difference (2011Q4-2013Q4)	Percent change
ALABAMA	27.0%	27.4%	27.3%	27.5%	26.5%	26.0%	24.0%	22.9%	22.2%	22.3%	22.2%	42	-5.13	-18.8%
ALASKA	15.6%	15.1%	13.7%	13.4%	13.0%	13.6%	12.4%	12.5%	11.8%	15.0%	12.8%	2	-0.89	-6.5%
ARIZONA	22.4%	22.5%	22.7%	22.7%	21.7%	21.6%	20.9%	20.4%	20.2%	19.9%	20.7%	33	-2.07	-9.1%
ARKANSAS	25.7%	27.0%	26.1%	26.1%	25.3%	25.8%	25.5%	25.1%	24.4%	23.8%	22.8%	44	-3.28	-12.6%
CALIFORNIA	21.7%	21.6%	21.6%	21.3%	20.4%	20.1%	19.2%	19.0%	18.4%	17.7%	17.1%	14	-4.46	-20.7%
COLORADO	19.8%	19.7%	19.9%	19.9%	20.3%	19.6%	19.4%	18.5%	17.5%	17.0%	16.4%	11	-3.48	-17.5%
CONNECTICUT	25.8%	26.1%	26.0%	25.8%	25.0%	24.3%	23.2%	22.4%	21.6%	22.0%	21.0%	34	-5.09	-19.5%
DELAWARE	21.1%	21.0%	21.3%	21.8%	22.6%	21.9%	20.9%	18.0%	16.8%	16.8%	15.5%	7	-5.76	-27.0%
DISTRICT OF COLUMBIA	21.4%	20.0%	20.0%	19.4%	18.8%	19.4%	18.2%	17.4%	17.6%	15.9%	14.5%	4	-5.48	-27.4%
FLORIDA	24.2%	24.3%	24.5%	24.6%	23.8%	23.5%	23.3%	22.7%	22.1%	21.8%	21.2%	37	-3.26	-13.3%
GEORGIA	28.4%	28.4%	28.7%	28.7%	28.0%	27.1%	24.2%	22.7%	21.8%	21.4%	21.1%	35	-7.56	-26.4%
HAWAII	11.4%	12.2%	12.5%	13.5%	15.3%	13.2%	11.7%	11.0%	11.4%	12.1%	11.6%	1	-0.87	-7.0%
IDAHO	26.4%	25.7%	25.3%	26.4%	25.1%	24.5%	23.9%	23.1%	21.9%	20.7%	19.3%	26	-6.07	-24.0%

Quarterly Prevalence of Antipsychotic Use for Long-Stay Residents
2011 Q2 to 2013 Q4

This and That

Status of the QIS survey process

Status of Survey– Where are we?

Can the State apply for a waiver to CMS if there are not enough surveyors to complete all the necessary surveys? No

Special Focus Facility Program is back.

CMS is also evaluating the program for additional facilities and other interventions.

Currently Idaho has one SFF.

Glucometers

Test Strips Storage—check meter manual, containers should not be left open as humidity, temperature & altitude affect accuracy

Make sure you are using the appropriate strip for the specific glucometer. Test strips are not interchangeable.

Dehydration affects test results.

Make sure you are using to correct control solution and strips when performing accuracy checks.

More This and That

State info letter 2014-04

Power Outage— Not all facilities have generators or generators that can power the facility for greater than an hour.

- Expectation is the facility notifies us if the power is out and you are running on generator power for an hour or greater. We want to know:
 - The cause
 - How long it is anticipated to last
 - What is the capacity of the generator
 - How residents are affected
 - Systems that are affected
 - At what time you will implement transfer of residents and to where.
 - When the power has been restored and you are no longer running on generator power.

This and That 3

Residents who have chronic renal disease

Receiving dialysis care/treatments (under the care of an offsite ESRD) in the nursing home through home hemodialysis. The home hemodialysis treatments may be provided by:

Staff employed by the certified ESRD facility (Staff-assisted home dialysis); or

Staff employed by the nursing home who are trained by the ESRD facility.

For Medicare reimbursement of home hemodialysis, the patient or his or her caregiver must have completed a training program provided by a certified ESRD facility approved for home dialysis training and support.

More to come from CMS

This and That 4

Pharmacy question: Resident medication is changed mid-month. How do you handle? We are seeking further clarification from CMS. Most recent response from all Region X states and CMS is that the label on the medication must match the order and MAR. The concern as I understand it is how to get the bubble package relabeled to match the new MD order since NO one other than a pharmacist may re-label the package.

Psychiatric Services in the State

Questionable Practices :

Getting residents up during normal sleeping hours for bathing.

Doing routine daily dressing changes during normal sleeping hours.

This and That 5

Younger resident's who go out or have brought in alcohol or marijuana? What is the expectation when a resident returns and staff suspect the resident is impaired?

Marijuana is illegal in Idaho. You want to put in admission agreement, that you prohibit marijuana in all forms, esp. facilities that border Oregon and Washington.

Drinking is not illegal in Idaho.

The IDT (physician included) should determine if there is a medical need for the resident to abstain or limit alcohol. If yes, discuss the risks associated with drinking.

Residents have the right to make an informed decision. If the resident is out of the facility and returns and you suspect they are under the influence what do you do?

Keep them safe. Inform the physician if resident is presenting adverse interactions due to medical condition or medication interactions.

Wait until the next day and have a discussion (LSW and possibly the Ombudsman) with the resident re: your concerns: fall risk, adverse interaction with medications, behaviors. Update care plan, develop a contract...

Schedule a care conference when family can attend to discuss concerns and outcomes and agreements made with the resident .

This and That 6

Board of Nursing Rule change

Did it change anything?

Does it change how nurses practice in nursing homes?

What we expect to see re: delegation:

Facility Policy and Procedure

To include how delegation is documented—can not be a blanket statement by administration.

Poor outcomes will be cited.

Poor outcomes of delegated practice will be referred to the BON. The referral will be for the nurse who delegated the activity and the DON.

State required consultant visits made by Medical Records Professionals and Licensed Social Workers reports are available to survey staff upon request.

The Final This and That

You may be invited to participate in a call with CMS and SA if....
The facility is close to the termination date and has have a poor compliance history or has not submitted an acceptable POC.

Referrals we may make:

OCR—HIPAA & privacy concerns,

BON– Nurse practice, including delegation

CMS—Quality of Physician practice, questions of curious activity

IBOL—Nursing Home Administrator Board

Board of Social Workers

Adult Protection

Criminal History Unit

Board of Medicine

Board of Pharmacy

IDR Quiz

CMS tells states how to conduct IDR?

May a facility argue the assignment of scope and severity?

May the staff representing the Facility and Survey team ask each other questions?

May attorneys write the argument for the facility?

May attorneys attend the hearing?

Is this a formal legal proceeding?

May a facility submit information that was available at the time of survey but 1) given to the team and you don't think they read it or 2) not given to the team?

May the facility present additional information at the time of the hearing ?

Does the panel need the resident's entire clinical record?

How much time do the facility have to present each tag?

Does the panel have full authority and autonomy for the decision?

Tips for IDR

Take a deep breath and breathe.

Be ready for questions from the panel.

Present your position and why the information you provided is relevant.

Do not read the regulations or guidance to the panel.

Make sure the information you submitted for the panel's consideration is:

- Relevant to the argument

- Is organized and labeled for the panel to reference as part of your presentation.

IDR data FFY 2014

7 facilities, 11 tags

4 tags at 314

2 upheld (G level citations)

2 scope and severity reduced to D neither went to panel

3 tags at 323

3 upheld (G level citations)

1 tag at 309

Deleted (G level citation) did not go to panel

1 tag at 166

Reduced from G to D did not go to panel

1 tag at 241

Deleted did not go to panel

1 tag at 280

Facility withdrew request

Currently pending:

2 facilities with 4 tags

314 x2

172

323

IIDR

What is IIDR?

May a facility request IIDR for any survey?

May a facility request IDR and IIDR for the same citations?

Who gives you your IIDR rights?

The same panel who hears IDR requests hears IIDR requests?

0 IIDR requests for FFY 2014

1 in 2013 & 2012. Neither facility prevailed.



CMS Updates

CMS updates

F281: New probe

Does the staff follow facility policies for assuring each resident has a sufficient supply of medications to meet the needs of residents and does the staff adhere to the facility's system for reordering medications?

F371: Addition to definition of Highly Susceptible Population

The Food and Drug Administration's Food Code (Section 3-801.11) includes nursing facilities in its definition of a "highly susceptible population."

Addition to Overview: *CMS recognizes the U.S. Food and Drug Administration's (FDA) Food Code and the Centers for Disease Control and Prevention's (CDC) food safety guidance as national standards to procure, store, prepare, distribute and serve food in long term care facilities in a safe and sanitary manner.*

F371 continued

Eggs, raw or unpasteurized, Cook until all parts of the egg are completely firm. Unpasteurized eggs when cooked to order in response to resident request and to be eaten promptly after cooking must be cooked until all parts of the egg are completely firm;

Pooled eggs-addition; Salmonella infections associated with unpasteurized eggs can be prevented by using pasteurized shell eggs or be substituted for raw eggs in the preparation of foods that will not be thoroughly cooked, such as but not limited to Caesar dressing, Hollandaise or Béarnaise sauce, egg fortified beverages, ice cream and French toast¹³.

Nursing Home Gardens – Nursing homes with gardens are compliant with the food procurement requirements as long as the facility has and follows policies and procedures for maintaining the gardens. The facility should immediately report any outbreaks of food borne illnesses, for any cause, to their local health department.

NOTE: If there are local or State requirements related to food grown on the facility grounds for resident consumption, facilities are to be in compliance with the **specific State requirement**

F286 addition

Facilities may maintain MDS data electronically regardless of whether the entire clinical record is maintained electronically and regardless of whether the facility has an electronic signature process in place. ***This is in accordance with state and local law, and when this is authorized by the long-term care facility's policy.***

F161 Assurance of Financial Security added;

NOTE: *The surety bond is not limited to personal needs allowance funds. Any resident funds that are entrusted to the facility for a resident must be covered by the surety bond, including refundable deposit fees.*

F516 Resident identifiable information

Discusses EHR and referrals to OCR for potential HIPPA violations.

F387, F 388 & F390 Physician Visits

For the purposes of this guidance, “non-physician practitioner (NPP)” means a nurse practitioner (NP), clinical nurse specialist (CNS) or physician assistant (PA) as defined above.

An MD **must** conduct the initial comprehensive visit. NPPs may conduct every other visit.

*NPP’s may perform other medically necessary visits prior to and after the physician’s initial visit, as allowed by State law.****

Seems to be in conflict with other re

*For residents receiving Medicaid benefits, the **NPP may not be an employee of the facility and must be working in collaboration with a physician.***

More clarification and a table added to the guidance.

F332 & F333 Medication

Definitions §483.25(m)(1) and (2)

“Medication Error” the observed preparation or administration of *medications* or biologicals which is not in accordance with *The prescriber’s order*;

Manufacturer’s specifications (not recommendations) regarding the preparation and administration of the *medication* or biological;

NOTE: *Significant and non-significant medication errors observed at 5% or greater during the Medication Administration Observation task should continue to be cited at F332. However, any **significant** medication error included in the F332 (5% or greater) citation should **also** be cited at F333. If concerns are identified related to the administration of medications at F332-Medication Errors,, then additional requirements may also be considered and investigated such as F425 - Pharmacy Services.*

Added Medication through out

Significant medication errors are cited in the following circumstances:

When observed during the medication administration observation. A significant medication error observed during a medication administration observation should be cited, regardless of whether the facility error rate is 5% or greater;

When identified during the course of a resident record review, including a revisit survey or a complaint investigation. A surveyor may cite a deficiency at F333 based upon either a resident record review and/or an observation of a medication preparation or administration. Surveyors must conduct any follow up investigation to obtain corroborating information regarding the error, such as interviews with the nurse, Director of Nursing, or the pharmacist.

Medications continued

The failure to “shake” a medication that is labeled “shake well” may lead to an under dose or over dose depending on the product and the elapsed time since the last “shake.”

The crushing of tablets or capsules for which the manufacturer instructs to “do not crush” requires further investigation.

Medications Administered Via Enteral Feeding Tubes

The placement of the feeding tube should be confirmed in accordance with the facility’s policy.

NOTE: *If the placement of the tube is not checked, it is not a medication error, but should be evaluated under F322, §483.25(g)(1) and (2) – Nasogastric Tubes.*

Determine if the staff member administers each medication separately and flushes the tubing between each medication. An exception would be if there is a physician’s order that specifies a different flush schedule because of a fluid restriction. For a resident who requires fluid regulation, the physician’s order should include the amount of water to be used for the flushing and administration of medications.

Medications continued

NOTE: *Failure to flush before and in between each medication administration is considered a single medication error and would be included in the facility's medication error rate calculation.*

Medications continued

Discussion of herbal and alternative products are considered to be dietary supplements.

These supplements are to be documented in the clinical record.

They are to be monitored for potential side effects as they can interact with other medications.

Medication errors involving vitamins and/or minerals should be documented at F332 and counted towards the error rate calculation.

Additional clarification re: eye drops

Inhalers—must follow manufacture's product information including wait times between inhalations.

Medications continued

Medication Regimen Review (MMR)

The requirement for the MRR applies to each resident, including residents who:

- Are receiving respite care;*
- Are at the end of life or have elected the hospice benefit and are receiving respite care;*
- Have an anticipated stay of less than 30 days; or*
- Have experienced a change in condition.*

A complex resident generally benefits from a pharmacist's review during the transition from hospital to skilled nursing facility.¹

Medication review upon transition of care may prevent errors due to drug-drug interactions, omissions, duplication of therapy, or miscommunication during the transition from one team of care providers to another.

Medications (continued)

Concerns identified regarding a controlled medication and the resulting investigation identifies diversion of a resident's medication, the surveyor must review for F224 - Misappropriation of Resident's Property. If it is determined that a resident's medications were diverted for staff use, the State Agency must make referrals to appropriate agencies, such as local law enforcement; Drug Enforcement Administration; State Board of Nursing; State Board of Pharmacy; and possibly the State licensure Board for Nursing Home Administrators.

F441 Infection Control

New definition

"Hygienically Clean" means being free of pathogens in sufficient numbers to cause human illness."

Single-use disposable equipment

Single-use disposable equipment is an alternative to sterilizing reusable medical instruments. Single-use devices must be discarded after use and are never used for more than one resident. Nursing homes may purchase reprocessed single-use devices when these devices are reprocessed by an entity or a third party reprocessor that is registered with the FDA. The nursing home must have documentation from the third party reprocessor that indicates that it has been cleared by the FDA to reprocess the specific device in question.

F441 Infection Control (cont.)

Single Dose/Single Use Medications (SDVs)

Administering drugs from one SDV to multiple residents without adhering to USP <797> standards is not acceptable.

Insulin Pens

*Insulin pens are designed to be used multiple times by a single resident **only** and must never be shared.*

Insulin pens must be clearly labeled with the resident's name or other identifiers to verify that the correct pen is used on the correct resident.

Facilities should review their policies and procedures and educate their staff regarding safe use of insulin pens.

S&C Letter 14-36 sent to facilities 07/02/14

Infection Control Breaches and reporting.

Infection Control one last item;

Washing machines

Detergent, water temps, doors open, ozone systems

F492 Compliance with Federal, State and Local Laws & Professional Standards—clarification

F514 Clinical Records

If the facility is unable to provide direct print capability to the survey team, the provider must make available a printout of any record or part of a record upon request in a timeframe that does not impede the survey process. Impeding the survey process by unnecessarily delaying or restricting access to the medical records may lead to determinations of noncompliance and enforcement actions. The facility should ensure that data are backed up and secure, and access does not impede the survey process or the provision of care and services to the resident.

Medical Records (cont.)

If a facility implements the use of electronic signatures, they must have policies in place and implemented that identify those who are authorized to sign electronically and describe the security safeguards to prevent unauthorized use of electronic signatures. Such security safeguards (policies) include, but are not limited to, the following:

Built-in safeguards to minimize the possibility of fraud;

That each staff responsible for an attestation has an individualized identifier;

Questions

