

Section for Long Term Care Regulation Provider Meeting, Fall 2017

Offsite Prep

- ▶ Team Coordinator (TC) completes offsite preparation
 - Repeat deficiencies
 - Results of last Standard survey
 - Complaints
 - FRIs (Facility Reported Incidences- federal only)
 - Variances/waivers
- ▶ Necessary documents are printed

Offsite Prep cont'd

- ▶ Unit and mandatory facility task assignments
 - Dining
 - Infection Control
 - Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review
 - Resident Council Meeting

Offsite Prep cont'd

- ▶ Unit and facility task assignments, continued
 - Kitchen
 - Medication administration and storage
 - Sufficient and competent nurse staffing
 - QAA/QAPI
- ▶ No offsite preparation meeting

Facility Entrance

- ▶ Team Coordinator (TC) conducts an Entrance Conference
 - Updated entrance conference worksheet
 - Updated facility matrix
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
- ▶ Brief visit to the kitchen
- ▶ Surveyors go to assigned areas

Facility Entrance Form

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	
ENTRANCE CONFERENCE WORKSHEET		ENTRANCE CONFERENCE WORKSHEET	
INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE		ENTRANCE CONFERENCE WORKSHEET	
1. Census number	25. Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program	25. Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program	
2. Complete matrix for new admissions in the last 30 days who are still residing in the facility	26. Influenza / Pneumococcal Immunization Policy & Procedures	26. Influenza / Pneumococcal Immunization Policy & Procedures	
3. An alphabetical list of all residents (note any resident out of the facility)	27. QAA committee information (name of contact, names of members and frequency of meetings)	27. QAA committee information (name of contact, names of members and frequency of meetings)	
4. A list of residents who smoke, designated smoking times, and locations	28. QAPI Plan	28. QAPI Plan	
ENTRANCE CONFERENCE		29. Abuse Prohibition Policy and Procedures	
5. Conduct a brief Entrance Conference with the Administrator	30. Description of any experimental research occurring in the facility	30. Description of any experimental research occurring in the facility	
6. Information regarding full time DON coverage (verbal confirmation is acceptable)	31. Facility assessment	31. Facility assessment	
7. Information about the facility's emergency water source (verbal confirmation is acceptable)	32. Nurse staffing waivers	32. Nurse staffing waivers	
8. Signs announcing the survey that are posted in high-visibility areas	33. List of rooms meeting any one of the following conditions that require a variance:	33. List of rooms meeting any one of the following conditions that require a variance:	
9. A copy of an updated facility floor plan, if changes have been made	• Less than the required square footage	• Less than the required square footage	
10. Name of Resident Council President	• More than four residents	• More than four residents	
11. Provide the facility with a copy of the CASPER J	• Below ground level	• Below ground level	
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE		• No window to the outside	
12. Schedule of meal times, location of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors	• No direct access to an exit corridor	• No direct access to an exit corridor	
13. Schedule of Medication Administration times	INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY		
14. Number and location of med storage rooms and med carts	34. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident's medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 4 which is titled "Electronic Health Record Information."		
15. The actual working schedules for licensed and registered nursing staff for the survey time period	INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE		
16. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services)	35. Completed Medicare/Medicaid Application (CMS-671)		
17. If the facility employs paid feeding assistants, provide the following information:	36. Completed Census and Condition Information (CMS-672)		
a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training	37. Please complete the attached form on page 3 which is titled "Beneficiary Notice - Residents Discharged Within the Last Six Months"		
b) The names of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks			
c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants			
INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE			
18. Complete matrix for all other residents. Ensure the TC confirms the matrix was completed accurately.			
19. Admission packet			
20. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable			
21. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable			
22. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable			
23. Does the facility have an onsite separately certified ESRD unit?			
24. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers)			

8/2017

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Initial Pool

Initial Pool Process

- ▶ Surveyors screen all residents in their assigned area.
- ▶ Conduct interviews, observations, and limited record review
 - ~8 residents/surveyor
 - Offsite, preselected residents
 - Residents identified onsite as a result of screens (prioritized by new admissions, vulnerable residents)
 - Facility Matrix used to identify other specific concerns(e.g., dialysis, hospice, smoking, ventilator, infection, etc.)

Resident Representative/Family Interviews

- ▶ Non-interviewable residents
- ▶ Familiar with the resident's care
- ▶ Complete at least three during initial pool process or early enough to follow up on concerns
- ▶ Sampled residents if possible
- ▶ Investigate further or no issue

Sample

Sample size based on census (approximately 20% of census):

- 70% offsite selected
- 30% selected onsite by team:
 - Vulnerable
 - New Admission
 - Complaint
 - FRI (Facility Reported Incidents- federal only)
 - Identified concern

Sample

■ Complaints

- ~30% of standard surveys included complaints
- Of surveys with complaints, 94% included no more than five complaint residents

▶ Policy

- States may add up to five residents associated with a complaint or FRI
- If more than five residents are added to the sample, team size or survey time is extended

Investigations

Investigations

- All concerns for sample residents requiring further investigation
- CE Pathways - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
- Closed records
- Facility tasks

Investigations

- ▶ Majority of time spent observing and interviewing with relevant review of record to complete investigation
- ▶ Use Appendix PP and critical elements (CE) pathways

Investigations

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Activities of Daily Living (ADL) Critical Element Pathway

Use this pathway for a resident who requires assistance with or is unable to perform ADLs (Hygiene – bathing, dressing, grooming, and oral care; Elimination – toileting; Dining – eating, including meals and snacks; and Communication including – speech, language, and other functional communication systems) to determine if facility practices are in place to identify, evaluate, and intervene, to maintain, improve, or prevent an avoidable decline in ADLs. Refer to the Positioning/Mobility/ROM pathway, for concerns related to mobility (transfer, ambulation, walking), positioning, contractures, or ROM.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ Review the most current comprehensive assessment and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAs for Sections C – Cognitive Patterns, E – Behavior – E0500 (Impact on Resident) and E0800 (Rejection of Care), F – Preferences for Customary Routine and Activities, G – Functional Status, J – Health Conditions – Pain, O – Special Treatment/Proc/Prog – SLP (O0400A), OT (O0400B), PT (O0400C) and Restorative Nursing Program (O0500).
- ☐ Physician's orders (e.g., therapy, restorative, and ADL needs).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., ADL assistance, specific care interventions staff will provide, premedication prior to ADLs, environmental approaches and devices used to maximize independence, therapy interventions, or restorative approach).

Observations Across Shifts:

- ☐ Ensure ADLs are provided in accordance with accepted standards of practice, the care plan, and the resident's choices and preferences.
- ☐ For a resident receiving assistance with ADLs observe the following. If concerns are identified, describe.
 - Observe for the provision of ADL's (e.g., teeth clean, hair clean and brushed, nails clean and trimmed, bathing, based upon preferences whether shaving is provided or female facial hair removed, appropriate hygiene including toileting and continence care, and dressed per resident's preference)?
 - Did staff explain all procedures to the resident prior to providing the care? Does the resident require special communication devices? If so, are they being used?
 - Does staff encourage the resident to perform ADLs as much as the resident is able?
 - Did staff provide the necessary level of assistance that meets the
- ☐ For a resident who is unable to carry out ADLs observe for the following. If concerns are identified, describe.
 - Observe for the provision of ADL's (e.g., teeth clean, hair clean and brushed, nails clean and trimmed, bathing, based upon preferences whether shaving is provided or female facial hair removed, appropriate hygiene including toileting and continence care, and dressed per resident's preference)?
 - Did staff explain all procedures to the resident prior to providing the care?
 - If the resident refuses the care, how does staff respond?
 - Is assistance with ADL's provided within a timely manner and per resident preference?
 - ☐ Does staff provide assistive devices to maximize independence, including but not limited to the following?
 - Hygiene – assistive grooming devices such as built up grooming

Form CMS 3096 (03/17) Page 1

Closed Record Reviews

- ▶ Complete timely during the investigation portion of survey
- ▶ Unexpected death, hospitalization, and community discharge last 90 days
- ▶ System selected or discharged resident
- ▶ Use Appendix PP and CE pathways

Dining – First Full Meal

- ▶ Dining – observe first full meal
 - Cover all dining rooms and room trays
 - Observe enough to adequately identify concerns
 - If feasible, observe initial pool residents with weight loss
 - If concerns identified, observe another meal

Dining – Subsequent Meal, if Needed

- ▶ Second meal observed if concerns noted
- ▶ Use Appendix PP and CE Pathway for Dining
- ▶ Dining task is completed outside any resident specific investigation into nutrition and/or weight loss

Infection Control

- ▶ Throughout survey, all surveyors should observe for infection control
- ▶ Assigned surveyor coordinates a review of influenza and pneumococcal vaccinations
- ▶ Assigned surveyor reviews infection prevention and control, and antibiotic stewardship program

Infection Control Cont...

- ▶ The Antibiotic Stewardship Program:
 - Implemented in Phase 1
 - The protocol must include:
 - A system for monitoring Antibiotic use;
 - The frequency of monitoring/review;
 - The use of tools and criteria; and
 - A mode and frequency of education for prescribing physicians and nursing staff on antibiotic use

SNF Beneficiary Protection Notification Review

- ▶ A new pathway has been developed
- ▶ List of residents (home and in-facility)
- ▶ Randomly select three residents
- ▶ Facility completes new worksheet
- ▶ Review worksheet and notices

Kitchen Observation

- ▶ In addition to the brief kitchen observation upon entrance, conduct full kitchen investigation
- ▶ Follow Appendix PP and Facility Task Pathway to complete kitchen investigation

Medication Administration

Medication Administration

- Recommend nurse or pharmacist
- Include sample residents, if opportunity presents itself
- Reconcile controlled medications if observed during medication administration
- Observe different routes, units, and shifts
- Observe 25 medication opportunities

Medication Storage

Medication Storage

- Observe half of medication storage rooms and half of medication carts
- If issues, expand medication room/cart

Resident Council Meeting

- ▶ Group interview with active members of the council
- ▶ Complete early to ensure investigation if concerns identified
- ▶ Refer to updated Pathway

Sufficient and Competent Nurse Staffing Review

- ▶ Is a mandatory task, refer to revised Facility Task Pathway
- ▶ Sufficient and competent staff
- ▶ Throughout the survey, consider if staffing concerns can be linked to QOL and QOC concerns

Environment

- ▶ Investigate specific concerns
- ▶ Eliminate redundancy with LSC
 - Disaster and Emergency Preparedness
 - O2 storage
 - Generator

Team Meetings

- ▶ Brief meeting at the end of each day
 - Workload
 - Coverage
 - Concern
 - Synchronize/share data (if needed)

Survey Team Composition

Census	Sample Size	% of Census	# of Surveyors
≤ 48	≤ 12	≥ 25%	2
49 - 95	13 - 19	20% – 27%	3
96 - 174	20 - 34	20%	4
≥ 175	35	≤ 20%	5

Survey Team Composition

- Survey time onsite is expected to be similar to current time spent onsite
- Expect some lengthening while surveyors learn the new process
- Number of surveyors and time onsite also impacted by other factors such as State licensure, facility history, or complaints
- Continuous monitoring and dialogue

Available Training for Providers and the Public

- ▶ National Calls and Q&As –Fall 2017
- ▶ Training available through ISTW
- ▶ Specific provider training
- ▶ Survey documents
 - Entrance worksheet
 - Facility Matrix
 - Procedure guide
- ▶ Frequently Asked Questions

New Survey Process Websites

- ▶ <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
- ▶ <https://surveyortraining.cms.hhs.gov/index.aspx>

QUESTIONS?

Overview of Regulatory Changes and Update

- ▶ F-Tag Numbering
- ▶ Regulation
- ▶ Intent and Definitions
- ▶ Guidance
- ▶ Brief Overview of the New Survey Process

Implementation Timeframe

- ▶ **Phase 1:** Existing requirements, those requirements relatively straightforward to implement, and require minor changes to survey process (11-28-16)

Phase 2: Requirements that providers need more time to develop, foundational elements, new survey process can assess compliance (11-28-17)

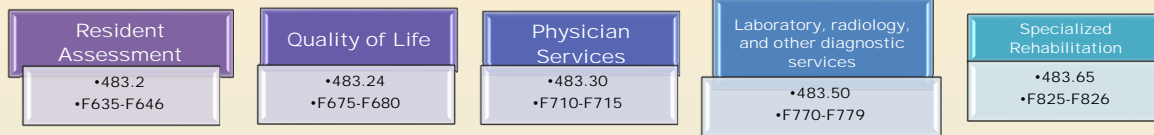
Phase 3: Requirements that need more time to implement (personnel hiring and training, implementation of system approaches to quality) (11-28-19)

Overview of Changes

- Phase I has been effective since November 28th, 2016
- Phase II will take effect November 28th, 2017
 - This will include the new F-Tag numbering
 - All but Phase III regulatory changes and updates in Appendix PP of the SOM will be implemented
 - New and updated interpretive guidance in conjunction with the F tags
 - The New Long Term Care Survey Process
 - Tablet/Computer based
 - Surveyors will utilize Critical Elements pathways built into the program
 - There will not be a formal tour

Highlights of Phase I Changes

- 5 out of 21 Regulatory Sections were fully implemented in Phase I



- 15 out of 21 Regulatory Sections were partially implemented



- F550-Resident Right/Exercise of Rights
- F551-Rights Exercised by Representative
- F552-Right to be informed/Make Treatment Decisions
- F553-Right to Participate in Planning Care
- F554-Resident Self-Admin Meds-Clinically Appropriate
- F555-Right to Choose/Be Informed of Attending Physician
- F557-Respect, Dignity/Right to have Personal Property
- F558-Reasonable Accommodations of Needs/Preferences
- F559-Choose/Be Notified of Room/Roommate Change
- F560-Right to Refuse Certain Transfers
- F561-Self Determination
- F562-Immediate Access to Resident
- F563-Right to Receive/Deny Visitors
- F564-Inform of Visitation Rights/Equal Visitation Privileges
- F565-Resident/Family Group and Response
- F566-Right to Perform Facility Services or Refuse
- F567-Protection/Management of Personal Funds
- F568-Accounting and Records of Personal Funds
- F569-Notice and Conveyance of Personal Funds
- F570-Surety Bond-Security of Personal Funds
- F571- Limitations on Charges to Personal Funds
- F572-Notice of Rights and Rules
- F573-Right to Access/Purchase Copies of Records
- F574-Required Notices and Contact Information
- F575-Required Postings
- F576-Right to Forms of Communication with Privacy
- F577-Right to Survey Results/Advocate Agency Info
- F578-Request/Refuse/Discontinue Treatment; Formulate Adv. Directive
- F579-Posting/Notice of Medicare/Medicaid on Admission
- F580-Notify of Changes (Injury/Decline/Room, Etc.)
- F582- Medicaid/Medicare Coverage/Liability Notice
- F583-Personal Privacy/Confidentiality of Records
- F584-Safe/Clean/Comfortable/Homelike Environment
- F585-Grievances
- F586-Resident Contact with External Entities

483.10 Resident Rights

- ▶ All residents' rights retained but language and organization were updated
- ▶ Clarification of regulations where necessary (ie: physician credentials)
- ▶ Updating provisions to include advances (ie: electronic communications)
- ▶ All changes implemented in Phase I, except 483.10 (g)(4)(ii, iii, iv, and v) F574
 - Implemented in Phase II, November 28, 2017

F574 483.10(g)(4) Required Notices and Contact Information

- ▶ *The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including:*
 - ii. information and contact information for State and local advocacy organizations including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program and the protection and advocacy system;*
 - iii. Information regarding Medicare and Medicaid eligibility and coverage;*
 - iv. Contact information for the Aging and disability Resource Center*
 - v. Contact information for the Medicaid Fraud Control Unit; and*

483.12 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, etc. Policies
- ▶ F608– Reporting of Reasonable Suspicion of a Crime
- ▶ F609– Reporting of Alleged Violations
- ▶ F610– Investigate/Prevent/correct Alleged Violation

483.12 Freedom from Abuse, Neglect, and Exploitation

- ▶ Phase I:
 - Strengthens existing protection, in addition to receive of policies and procedures
 - Additional language related to resident (ie: “right to be free from neglect and exploitation”)
- ▶ Phase 2:
 - Regulatory inclusion 1150 B requirements (Reporting reasonable suspicion of a crime). Currently an existing requirement under the Statute.
- ▶ Phase 3:
 - QAPI must be involved in review of allegation/incidences of abuse, neglect, and exploitation.

F607 483.12(b) Develop/Implement Abuse/Neglect, etc. Policies

- ▶ (5) *Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the social Security act. The policies and procedures must include by are not limited to the following elements*
 - i. Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual's obligation to comply with the following reporting requirements
 - A. Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.
 - B. Each covered individual shall report **not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 ours if the events that cause the suspicion do not result in serious bodily injury**
 - ii. Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act
 - iii. Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the act

483.15 Admission, Transfer, and Discharge Rights

- ▶ F620– Admissions Policy
- ▶ F621– Equal Practices Regardless of Payment Source
- ▶ F622– Transfer and Discharge Requirements
- ▶ F623– Notice Requirements Before Transfer/Discharge
- ▶ F624– Preparation for Safe–Orderly Transfer/Discharge
- ▶ F625– Notice of Bed Hold Policy Before/Upon transfer
- ▶ F626– Permitting Residents to Return to Facility

483.15 Admission, Transfer, and Discharge Rights

- ▶ Discharge planning requirements strengthened
- ▶ All sections implemented in Phase I expect for (c)(2) Transfer/Discharge Documentation
 - Implemented in Phase II

F622 483.15(c)(2) Transfer and Discharge Requirements

- ▶ When the facility transfers or discharges a resident under any of the circumstances specified in (c)(1) facility requirements, *the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.*
 - i. Documentation in the resident's medical record must include:*
 - A. The basis for the transfer*
 - B. If the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s)*
 - ii. The documentation must be made by–*
 - A. The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and*
 - B. A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section*

F622 483.15(c)(2) Transfer and Discharge Requirements, cont.

iii. *Information provided to the receiving provider must include a minimum of the following*

- A. Contact information of the practitioner responsible for the care of the resident;*
- B. Resident representative information including contact information;*
- C. Advance Directive information;*
- D. All special instructions or precautions for ongoing care as appropriate;*
- E. Comprehensive care plan goals;*
- F. All other necessary information, including a copy of the resident discharge summary, which includes **but is not limited to**:*
 - a) Resident Status, including baseline and current mental, behavioral, and functional status, reason for transfer, recent vital signs;*
 - b) Diagnoses and allergies;*
 - c) Medications (including when last received); and*
 - d) Most recent relevant labs, other diagnostic tests, and recent immunizations, consistent with 483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.*

483.20 Resident Assessments

- F635: Admission Physician Orders for Immediate Care
- F636: Comprehensive Assessments & Timing
- F637: Comprehensive Assessment After Significant Change
- F638: Quarterly Review Assessment
- F639: Maintain 15 Months of Resident
- F640: Encoding/Transmitting Resident Assessment
- F641: Accuracy of Assessments
- F642: Coordination of PASARR and Assessments
- F644: Coordination of PASARR and Assessments
- F645: PASARR Screening for MD & ID
- F646: MD/ID Significant Change Notification

483.20 Resident Assessment

- ▶ Fully implemented in Phase I
- ▶ Clarification to what constitutes appropriate coordinator of a resident's assessment with the Preadmission Screening and Resident Review (PASARR) program under Medicaid
- ▶ Addition of statutory requirement references that were inadvertently omitted from the regulation when sections 1819 and 1919 of the Act were first implemented

483.21 Comprehensive Resident Centered Care Plans

- F655: Baseline Care Plan
- F656: Develop/Implement Comprehensive Care Plan
- F657: Care Plan Timing and Revision
- F658: Services Provided Meet Professional Standards
- F659: Qualified Persons
- F660: Discharge Planning Process
- F661: Discharge Summary

483.21 Comprehensive Person-Centered Care Planning

- ▶ Many of requirements maintained– implemented in Phase I except F655 Baseline care plan
 - Implemented in Phase II
- ▶ (b)(3)(iii) Trauma informed care
 - Implemented in Phase III

F655 Baseline Care Plan

Must develop and implement for each resident. Must include instructions needed to provide effective and person-centered care.

Must—

- Be developed within 48 hours of admission.
- Include info necessary to care for a resident including, but not limited to
 - Initial goals based on admission orders
 - Physician orders
 - Dietary orders
 - Therapy services
 - Social services
 - PASSARR recommendation, if applicable.

F655 Baseline Care Plan

- ▶ May develop a comprehensive care plan in place of the baseline care plan as long as it's developed within 48 hours and meets the requirements for a comprehensive care plan.
- ▶ Must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: Initial goals, a summary of meds and dietary instructions; services and treatments to be administered by the facility; and any updated info based on details of the comprehensive care plan, as necessary.

483.24 Quality of Life

- ▶ F675– Quality of Life
- ▶ F676– Activities of Daily Living (ADLs)/Maintain Abilities
- ▶ F677– ADL Care Provided for Dependent Residents
- ▶ F678– Cardio–Pulmonary Resuscitation (CPR)
- ▶ F679– Activities Meet Interest/Needs of Each Resident
- ▶ F680– Qualifications of Activity Professional

483.24 Quality of Life

- ▶ No brand new requirements
- ▶ Change in the language of “Highest Practicable Well-Being”
 - *Each resident to receive and the facility to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident’s comprehensive assessment and plan of care*
- ▶ Implemented in Phase 1

483.25 Quality of Care

- | | |
|--|---|
| ▶ F684– Quality of Care | ▶ F692– Nutrition/Hydration Status Maintenance |
| ▶ F685– Treatment/Devices to Maintain Hearing/Vision | ▶ F693– Tube Feeding Management/Restore Eating Skills |
| ▶ F686– Treatment/Services to Prevent/Heal Pressure Ulcers | ▶ F694– Parenteral/IV Fluids |
| ▶ F687– Foot Care | ▶ F695– Respiratory/Tracheostomy care and Suctioning |
| ▶ F688– Increase/Prevent Decrease in ROM/Mobility | ▶ F696– Prostheses |
| ▶ F689– Free of Accident Hazards/Supervision/Devices | ▶ F697– Pain Management |
| ▶ F690– Bowel/Bladder Incontinence, Catheter, UTI | ▶ F698– Dialysis |
| ▶ F691– Colostomy, Urostomy, or Ileostomy Care | ▶ F699–Trauma Informed Care (Phase III) |
| | ▶ F700–Bedrails |

483.25 Quality of Care

- ▶ Added special care issues, many of which were previously cited under F309, if there were care issues
 - Specific areas: restraints (F700), pain management (F697), bowel incontinence (F690), and dialysis services (F698)
- ▶ All of this section was implemented in Phase I except for trauma-informed care which will be implemented in Phase III

483.30 Physician Services

- ▶ F710– Resident's Care Supervised by a Physician
- ▶ F711– Physician visits– Review Care/Notes/Order
- ▶ F712– Physician visits– Frequency/Timelines/Alternate NPPs
- ▶ F713– Physician for Emergency Care, Available 24 hours
- ▶ F714– Physician Delegation of Tasks to NPP
- ▶ F715– Physician Delegation to Dietitian/Therapist

483.30 Physician Services

- ▶ Final rule removed language in proposed rule regarding physician visit prior to transfer
- ▶ Ability to delegate dietary orders
- ▶ All of this section was implemented in Phase I

483.35 Nursing Services

- ▶ F725– Sufficient Nursing Staff
- ▶ F726– Competent Nursing Staff
- ▶ F727– RN 8 Hrs/7days/Wk, Full Time DON
- ▶ F728– Facility Hiring and Use of Nurse
- ▶ F729– Nurse Aide Registry verification, Retraining
- ▶ F730– Nurse Aide Perform Review– 12 Hr/Year In-Service
- ▶ F731– Waiver–Licensed Nurses 24 Hr/Day and RN Coverage
- ▶ F732– Posted Nurse Staffing Information

483.35 Nursing Services

- Need both sufficient and competent staffing based on resident population
- This determination is tied to the Facility's Assessment (Phase II)
- This section contains existing requirements and was implemented in Phase I

F725 483.35 Nursing Services

- The facility must have sufficient nursing staff *with the appropriate competencies and skills sets* to provide nursing and related services to *assure resident safety and* attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care *and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).*

483.40 Behavioral Health Services

- ▶ F740– Behavioral Health Services
- ▶ F741– Sufficient/Competent Staff–Behavioral Health Needs
- ▶ F742– Treatment/Services for Mental/Psychosocial Concerns
- ▶ F743– No Pattern of Behavioral Difficulties Unless Unavoidable
- ▶ F744– Treatment/Service for Dementia
- ▶ F745– Provision of Medically Related Social Services

483.40 Behavioral Health Services

- ▶ New Section
- ▶ Most in Phase II
- ▶ Comprehensive assessment and medically-related social services implemented in Phase I
- ▶ Residents with history of trauma/PTSD will be implemented in Phase III

F740 483.40 Behavioral Health Services

Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.

F741 Sufficient/Competent Staff–Behavioral Health Needs

- ▶ *§483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e).*

F741 Sufficient/Competent Staff–Behavioral Health Needs cont...

- ▶ *These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:*
 - *Facilities must have sufficient direct care staff (nurse aides and licensed nurses) with knowledge of behavioral health care and services in accordance with the care plans for all residents, including those with mental or psychosocial disorders.*
 - *Facilities may be concerned about accessing sufficient professional behavioral health resources (e.g., psychiatrists) to meet these requirements due to shortages in behavioral and mental health providers in their area. **A facility will not be cited for non-compliance, if there are demonstrated attempts to access such services.***
 - *Facilities are not expected to provide services that are not covered by Medicare or Medicaid. They are expected to take reasonable steps to seek alternative sources (state, county or local programs) but if they are not successful, it is not the basis for a deficient practice.*

F741 §483.40(a)(2) Implementing non-pharmacological interventions.

- ▶ *Examples of individualized, non-pharmacological interventions to help meet behavioral health needs may include, but are not limited to:*
 - *Ensuring adequate hydration and nutrition, exercise; and pain relief;*
 - *Individualizing sleep and dining routines, as well as schedules to use the bathroom,*
 - *Adjusting the environment to be more individually preferred and homelike*
 - *Assigning staff to optimize familiarity and consistency with the resident and their needs;*
 - *Supporting the resident through meaningful activities that match his/her individual abilities, interests, and needs, based upon the comprehensive assessment, and that may be reminiscent of lifelong work or activity patterns;*
 - *Utilizing techniques such as music, art, massage, aromatherapy, reminiscing; and ;*
 - *Assisting residents with substance use disorders to access counseling programs to the fullest degree possible.*

F742 & F743

- ▶ Some implementation in Phase I and some in Phase III in regards to the trauma and/or PTSD

F744 Treatment/Service for Dementia

- ▶ *§483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.*
 - *Providing care for residents living with dementia is an integral part of the person-centered environment, which is necessary to support a high quality of life with meaningful relationships and engagement.*
 - *Fundamental principles of care for persons living with dementia involve an interdisciplinary approach that focuses holistically on the needs of the resident living with dementia, as well as the needs of the other residents in the nursing home.*

F744 Treatment/Service for Dementia cont...

- *Additionally, it includes qualified staff that demonstrate the competencies and skills to support residents through the implementation of individualized approaches to care (including direct care and activities) that are directed toward understanding, preventing, relieving, and/or accommodating a resident's distress or loss of abilities.*
- *It is expected that a facility's approach to care for a resident living with dementia follows a systematic care process.*
- *In order to ensure that residents' individualized dementia care needs are met, the facility is expected to assess, develop, and implement care plans through an interdisciplinary team (IDT) approach that includes the resident, their family, and/or resident representative, to the extent possible.*

F744 Treatment/Service for Dementia

- ▶ *§483.40(c) If rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, and rehabilitative services for mental disorders and intellectual disability, are required in the resident's comprehensive plan of care, the facility must—*
 - *§483.40(c)(1) Provide the required services, including specialized rehabilitation services as required in §483.65; or*
 - *§483.40(c)(2) Obtain the required services from an outside resource (in accordance with §483.70(g) of this part) from a Medicare and/or Medicaid provider of specialized rehabilitative services.*

483.45 Pharmacy Services

F755: Pharmacy Services/Procedures/Pharmacist/Records

F756: Drug Regimen Review, Report Irregular, Act On

F757: Drug Regimen is Free From Unnecessary Drugs

F758: Free from Unnecessary Psychotropic Meds/PRN Use

F759: Free of Medication Error Rates of 5% or More

F760: Residents Are Free of Significant Med Errors

F761: Label/Store Drugs & Biologicals

F756: Drug Regimen Review

- ▶ 483.45(c)(5)– *The pharmacist's monthly drug regimen review must now include a review of the resident's medical chart*
- ▶ Interpretive Guidance 483.45(c)(1),(2),(4), and (5)
 - **Overview:** The surveyor's review of medication use is not intended to constitute the practice of medicine. However, surveyors are expected to investigate the basis for decisions and interventions affecting residents, *including whether or not the resident, resident's family and/or representative were informed about risks, benefits, and treatment options and involved in the decision-making process.*

F756 Drug Regimen Review

► Interpretive Guidance: Medication Regimen Review (MRR)

- *Facilities must develop policies and procedures to address the MRR. The policies and procedures must specifically address:*
 - *The appropriate time frames for the different steps in the MRR process; and*
 - *The steps a pharmacist must follow when he or she identifies an irregularity that requires immediate action to protect the resident and prevent the occurrence of an adverse drug event.*
- *MRR policies and procedures should also address, but not be limited to:*
 - *MRRs for residents who are anticipated to stay less than 30 days;*
 - *MRRs for residents who experience an acute change of condition and for whom an immediate MRR is requested after appropriate staff have notified the resident's physician, the medical director, and the director of nursing about the acute change.*

F758 Free from Unnecessary Psychotropic Meds/PRN Use

- *483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:*
 - i. *Anti-psychotic;*
 - ii. *Anti-depressant;*
 - iii. *Anti-anxiety; and*
 - iv. *Hypnotic*
- *The intent of this requirement is that:*
 - *Each resident's entire drug/medication regimen is managed and monitored to promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being;*
 - *The facility implements gradual dose reductions (GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and*
 - *PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.*

F758: Free From Unnecessary Psychotropic Meds/PRN Use

The facility must ensure that:

- (1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record.*
- (2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;*
- (3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record;*

F758: Free from Unnecessary Psychotropic Medication/PRN Use

- (4) PRN orders for psychotropic drugs (other than anti-psychotics; see #5 for anti-psychotic specifics) are limited to 14 days and if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.*
- (5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.*
 - (Interpretive guidance states the required evaluation entails the attending physician or prescribing practitioner "directly examining the resident" and "report of the resident's condition from facility staff to the attending physician or prescribing practitioner does not constitute an evaluation".

From Interpretive Guidance at F758

Type of PRN order	Time Limitation	Exception	Required Actions
<u>PRN orders for psychotropic</u>	14 days	<i>Order may be extend beyond 14 days if the attending physician or prescribing practitioner believes it is appropriate to extend the order.</i>	<i>Attending physician or prescribing practitioner should document the rationale for the extended time period in the medical record and indicate a specific duration.</i>
<u>PRN orders for antipsychotic medications only</u>	14 days	None	<i>If the attending physician or prescribing practitioner wishes to write a new order for the PRN antipsychotic, the attending physician or prescribing practitioner must first evaluate the resident to determine if the new order for the PRN antipsychotic is appropriate</i>

483.50 Laboratory, Radiology, and Other Diagnostic Services

- ▶ F770– Laboratory Services
- ▶ F771– Blood Bank and Transfusion Services
- ▶ F772– Lab Services Not Provided On-Site
- ▶ F773– Lab Services Physician Order/Notify of Results
- ▶ F774– Assist with Transport Arrangements to Lab Services
- ▶ F775– Lab Reports in Record–Lab Name/Address
- ▶ F776– Radiology/Other Diag. Services
- ▶ F777– Radiology/Diag. Services Ordered/Notify Results
- ▶ F778–Assist with Transport Arrangements to Radiology
- ▶ F779– X-Ray/Diagnostic Report in Record–Sign/Dated

F773 Lab Services Physician Order/Notify of Results

- ▶ **§483.50(a)(2)** The facility must—
- ▶ (i) Provide or obtain laboratory services only when ordered *by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.*
- ▶ (ii) Promptly notify the *ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders.*

F773 Lab Services Physician Order/Notify of Results cont...

- ▶ ***Interpretive Guidance States:***
 - *For purposes of this requirement “promptly” means that results shall be relayed with little or no delay to the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist according to facility policies and procedures for notification and the medical orders.*
 - *Facility policies and procedures should be developed in consultation with the medical director and follow current standards of practice.*
 - *Such policies may include defining categories that are considered outside clinical reference ranges for laboratory values, the urgency of reporting values, and a process for monitoring the effectiveness of communication to ensure that communication was received, and delegation by the ordering provider to a qualified on-call individual as appropriate.*

483.55 Dental Services

- ▶ F790– Routine/Emergency Dental Services in SNFs
- ▶ F791– Routine/Emergency Dental Services in NFs

F790 Routine/Emergency Dental Services in SNFs

- ▶ *483.55(a)(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;*
- ▶ *483.55(a)(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.*

F791 Routine/Emergency Dental Services in NFs

- ▶ *483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.*
- ▶ *483.55(a)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;*

483.60 Food and Nutrition Services

- ▶ F800– Provided Diet Meets Needs of each resident
- ▶ F801– Qualified Dietary Staff
- ▶ F802– Sufficient Dietary Support Personnel
- ▶ F803– Menus Meet Resident Needs/Prep in Advance/Followed
- ▶ F804– Nutritive Value/Appear, Palatable/Prefer Temp
- ▶ F805– Food in Form to Meet Individual Needs
- ▶ F806– Resident allergies, Preferences, and Substitutes
- ▶ F807– Drinks Available to Meet Needs/Preferences/Hydration
- ▶ F808– Therapeutic diet Prescribed by Physician
- ▶ F809– Frequency of Meals/Snacks at Bedtime
- ▶ F810– Assistive Devices– Eating Equipment/Utensils
- ▶ F811– Feeding Asst.– Training/Supervision/Resident
- ▶ F812– food Procurement, Store/Prepare/Serve– Sanitary
- ▶ F813– Personal Food Policy
- ▶ F814– dispose Garbage & Refuse Properly

483.60 Food and Nutrition Services

- ▶ Previously Dietary services
- ▶ Primarily implemented in Phase I
- ▶ Continues food and nutrition protections
- ▶ Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care

F801 Qualified Dietary Staff

- ▶ §483.60(a) Staffing
 - The facility must employ *sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)*
 - §483.60(a)(1) *This includes:*
 - A Qualified dietitian or other clinically qualified nutrition profession is one who:
 - Holds a bachelor's or higher degree;
 - Completed at least 900 hours of supervised dietetics practice;
 - Is licensed or certified as a dietitian or nutrition professional by the State; and
 - Meets the requirements of education
 - If hired before November 28, 2016, have 5 years to meet the requirements

F801 Qualified Dietary Staff cont...

- §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services
 - *Designated persons include:*
 - A certified dietary manager (or)
 - A certified food service manager (or)
 - Someone who has similar national certification for food service management and safety from a national certifying body (or)
 - Someone who has an associate's or higher degree in food service management or in hospitality, if the course study includes food services or restaurant management, from an accredited institution of higher learning.
 - For Designations hired prior to November 28, 2016, meets the requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 if hired after November 28, 2016.

483.65 Specialized Rehabilitative Services

- ▶ F825– Provide/Obtain Specialized Rehab Services
- ▶ F826– Rehab Services– Physician Order/Qualified Person

483.65 Specialized Rehabilitative Services

- ▶ Language updated to include respiratory therapy
- ▶ Strengthened PASRR

483.70 Administration

- | | |
|---|--|
| ▶ F835– Administration | ▶ F843– Transfer Agreement |
| ▶ F836– License/Comply w/Fed/State
/Local Law/Prof Std | ▶ F844– Disclosure of Ownership
Requirements |
| ▶ F837– Governing Body | ▶ F845– Facility closure–
Administrator |
| ▶ F838– Facility Assessment | ▶ F846– Facility closure |
| ▶ F839– Staff Qualifications | ▶ F849– Hospice Services |
| ▶ F840– Use of Outside Resources | ▶ F850– Qualifications of Social
Worker > 120 Beds |
| ▶ F841– Responsibilities of Medical
Director | ▶ F851– Payroll based Journal |
| ▶ F842– Resident Records–
Identifiable Information | |

483.70 Administration

- ▶ Primarily implemented in Phase I
- ▶ Existing Requirements maintained
- ▶ Includes recent regulations such as facility closure, hospice, and payroll based journal
- ▶ Facility Assessment under this section

F838 Facility Assessment

- ▶ ***§483.70(e) Facility assessment.***
 - *The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies.*
 - *The facility must review and update that assessment, as necessary, and at least annually.*
 - *The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.*

F838 Facility Assessment

The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary care and services the residents require.

- ▶ While a facility may include input from its corporate organization, **the facility assessment must be conducted at the facility level.**
- ▶ To ensure the required thoroughness, individuals involved in the facility assessment should, **at a minimum**, include the administrator, a representative of the governing body, the medical director, and the director of nursing.
 - The environmental operations manager, and other department heads (for example, the dietary manager, director of rehabilitation services, or other individuals including direct care staff should be involved as needed.

F838 Facility Assessment cont...

- ▶ ***The facility assessment must address or include:***
 - (1) ***The facility's resident population, including, but not limited to,***
 - i. *Both the number of residents and the facility's resident capacity;*
 - ii. *The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;*
 - iii. *The staff competencies that are necessary to provide the level and types of care needed for the resident population;*
 - iv. *The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and*
 - v. *Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.*

F838 Facility Assessment cont...

► *The facility assessment must address or include:*

(2) The facility's resources, including but not limited to,

- i. All buildings and/or other physical structures and vehicles;*
- ii. Equipment (medical and non- medical);*
- iii. Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies;*
- iv. All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;*
- v. Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and*
- vi. Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.*

(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.

F838 Facility Assessment

► An assessment of the resident population is the foundation of the facility assessment and must include:

- An evaluation of diseases, conditions, physical, functional or cognitive status, acuity of the resident population, and any other pertinent information about the residents that may affect and plan for the services the facility must provide (e.g., MDS data, Facility Characteristics report form CMS 672).
- Will also contribute to identifying the physical space, equipment, assisted technology, individual communication devices, or other material resources that are needed to provide the required care and services to residents.

F838 Facility Assessment

- ▶ *The regulation outlines that the individualized approach of the facility assessment is the foundation to determine staffing levels and competencies. This must include:*
 - An evaluation of the overall number of facility staff needed to ensure sufficient number of qualified staff are available to meet each resident's needs.
 - A competency-based approach to determine the knowledge and skills required among staff to ensure residents are able to maintain or attain their highest practicable physical, functional, mental, and psychosocial well-being and meet current professional standards of practice.
 - This also includes any ethnic, cultural, or religious factors that may need to be considered to meet resident needs, such as activities, food preferences, and any other aspect of care identified.
 - **Should** consider a review of individual staff assignments and systems for coordination and continuity of care for residents within and across these staff assignments.

F838 Facility Assessment Must Include or Address

- ▶ The facility's resources which include but are not limited to the a facility's operating budget, supplies, equipment or other services necessary to provide the needs of residents.
- ▶ An evaluation of the facility's training program to ensure any training needs are met for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles
- ▶ **Should** also include an evaluation of what policies and procedures may be required in the provision of care and that these meet current professional standard of practice
- ▶ An evaluation of any contracts, memorandums of understanding including third party agreements for the provision of goods, services or equipment to the facility during both normal operations and emergencies;

F838 Facility Assessment Must Include or Address cont...

- ▶ Their process for overseeing these services and how those services will meet resident needs and regulatory , operational, maintenance, and staff training requirements;
- ▶ Consider health information technology resources, such as managing resident records and electronically sharing information with other organizations;
- ▶ Evaluation of how the facility needs to be equipped and maintained to protect and promote the health and safety of residents
- ▶ The facility's emergency preparedness plans;

CMS Medicare Learning Network (MLN)

- ▶ Developed a modifiable Facility Assessment Tool to allow a team to consider and add items appropriate for their own facility and to individualize their assessment to meet the intent of the regulation
- ▶ The use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance
- ▶ Here is a link to the tool:
 - <http://qioprogram.org/facility-assessment-tool>
 - Attachment 2 included in the assessment tool is a sample process for conducting the assessment (for internal nursing home use only)

483.75 Quality Assurance and performance Improvement (QAPI)

- ▶ F865– QAPI Program/Plan, Disclosure/Good Faith Attempt
- ▶ F866– {Phase III} QAPI/QAA Data Collection and Monitoring
- ▶ F867– QAPI/QAA Improvement Activities
- ▶ F868– QAA Committee

483.75 QAPI

- ▶ Phase I: Participation in QAA Committee and maintain existing QAA requirements
- ▶ Phase II– QAPI Plan– as required by Affordable Care Act
- ▶ Phase III– Full Implementation of QAPI and integration of Infection Preventionist

483.75 QAPI

- ▶ The following QAPI items need to be in place now
 - A QAA committee that is composed of:
 - Director of Nursing;
 - Medical Director (or designee); and
 - 3 other staff, one of which must be the Administrator, owner, board member or other individual in a leadership role; and
 - By Phase III an Infection Control & Prevention Officer
 - QAA need to meet at least quarterly and as needed to:
 - Identify which QAA activities are necessary, and
 - Develop & implement appropriate plans of action to correct identified quality deficiencies

F865 QAPI Program/Plan, disclosure/Good Faith Attempt

- ▶ All but (a)(2) implemented in Phase III
- ▶ *(a)(2) Present its QAPI plan to the State Survey Agency no later than one year after the promulgation of this regulation.*
- ▶ A QAPI Plan:
 - Describes the process for conducting QAPI/QAA activities such as identifying and correcting quality deficiencies and opportunities for improvement
 - Should be tailored to reflect the specific units, programs, departments, and unique population each facility services

483.80 Infection Control

- ▶ F880– Infection Prevention & Control
- ▶ F881 – Antibiotic Stewardship Program
- ▶ F882 – {Phase–III} Infection Preventionist Qualifications/Role
- ▶ **F883– Influenza and Pneumococcal Immunizations**

483.80 Infection Control

- ▶ Phase I included all the current requirements:
 - Infection Control Program;
 - Linens; and
 - Flu and Pneumonia Vaccines
- ▶ Phase II implementation of Antibiotic Stewardship Program
- ▶ Phase III implementation of the Infection Control Preventioist with Specialized Training

F881 Antibiotic Stewardship Program

- ▶ *§483.80(a) Infection prevention and control program.*
 - *The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:*
 - *§483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.*

F881 Antibiotic Stewardship Program Intent

- ▶ The intent of this regulation is to ensure that the facility:
 - Develops and implements protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic, are prescribed the appropriate antibiotic;
 - Reduces the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use; and
 - Develops, promotes, and implements a facility-wide system to monitor the use of antibiotics.

CDC's Core Elements of an Antibiotic Stewardship Program in Long-Term Care Facilities

- ▶ Facility leadership commitment to safe and appropriate antibiotic use;
- ▶ Appropriate facility staff accountable for promoting and overseeing antibiotic stewardship;
- ▶ Accessing pharmacists and others with experience or training in antibiotic stewardship;
- ▶ Implement policies or practice to improve antibiotic use;
- ▶ Track measures of antibiotic use in the facility;
- ▶ Regular reporting on antibiotic use and resistance to relevant staff such as prescribing clinician and nursing staff; and
- ▶ Educate staff and residents about antibiotic stewardship

Antibiotic Stewardship Program must include:

- ▶ Development of protocols and a system to monitor antibiotic use; and
- ▶ Leadership support and accountability via the participation of the medical director, consulting pharmacist, nursing and administrative leadership, and individual with designated responsibility for infection control program if different.

Antibiotic Stewardship Program Protocols

- ▶ Describe how the program will be implemented and antibiotic use will monitored, consequently protocols must:
 - Be incorporated in the overall infection prevention and control program;
 - Be reviewed on an annual basis and as needed;
 - Contain a system of reports related to monitoring antibiotic usage and resistance date;
 - Incorporate monitoring of antibiotic use, including the frequency of monitoring/review
 - Assess residents for any infection using standardized tools and criteria; and
 - Include the mode and frequency of education for prescribing practitioners and nursing staff on antibiotic use.

483.85 Compliance and Ethics Program

- ▶ Will be implemented in Phase III
- ▶ F895 {Phase III} Compliance and Ethics Program

483.90 Physical Environment

- ▶ F906– Emergency Electrical Power System
- ▶ F907– Space and equipment
- ▶ F908– Essential Equipment, Safe Operating Condition
- ▶ F909– Resident Bed
- ▶ F910– Resident Room
- ▶ F911– Bedroom Number of Residents
- ▶ F912– Bedrooms Measure at Least 80 Sq. Ft/Resident
- ▶ F913– Bedrooms Have Direct Access to Exit Corridor
- ▶ F914– Bedrooms Assure Full Visual Privacy
- ▶ F915– Resident room Window
- ▶ F916– Resident Room floor Above Grade
- ▶ F917– Resident Room Bed/Furniture/Closet
- ▶ F918– Bedrooms Equipped/Near Lavatory/Toilet
- ▶ F919– Resident Call System
- ▶ F920– Requirements for Dining And Activity Rooms
- ▶ F921– Safe/Functional/Sanitary/ Comfortable Environment
- ▶ F922– Procedures to Ensure Water Availability
- ▶ F923– Ventilation
- ▶ F924–Corridors Have Firmly Secured Handrails
- ▶ F925– Maintains Effective Pest Control Program
- ▶ F926– Smoking Policies

483.90 Physical Environment

- ▶ Primarily Phase I
 - Maintained many of the existing protections:
 - Emergency Power
 - Two residents to a room for new construction/reconstruction
 - Regular inspection of bed frames, mattresses, and bed rails and ensuring compatibility if mattresses and frames used separately
- ▶ Phase II
 - Smoking Policies
- ▶ Phase III
 - Resident call next to the bed

F926 Smoking Policies

- ▶ *§483.90(i)(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, including tobacco cessation, smoking areas and safety, including but limited to non-smoking residents.*

483.95 Training Requirements

- ▶ F940– {Phase III} Training Requirements–General
- ▶ F941– {Phase III} Communication Training
- ▶ F942– {Phase III} Resident’s Rights Training
- ▶ F943– Abuse, Neglect, and Exploitation Training
- ▶ F944– {Phase III} QAPI Training
- ▶ F945– {Phase III} Infection Control Training
- ▶ F946– {Phase III} Compliance and Ethics Training
- ▶ F947– Required In–Service Training for Nurse Aides
- ▶ F948– Training for Feeding Assistants
- ▶ F949– {Phase III} Behavioral Health Training

483.95 Training Requirements

- ▶ Phase I included:
 - Incorporates training requirements previously found elsewhere (required training for nurse aides and prohibition of abuse and neglect)
 - Adds in requirements from Affordable Care Act
 - Dementia Care training.
- ▶ Phase II
 - The only implementation is the addition of the facility assessment in Nurse aide training
- ▶ Phase III implementation of majority of training requirements
 - Training requirements for all staff, contractors, and volunteers.

New Long-Term Care Survey Process

- ▶ Starts November 28, 2017
- ▶ Electronic based on tablet
- ▶ New Entrance Conference form
- ▶ CMS 802 Facility Matrix revised
- ▶ New documentation required after entrance
- ▶ No official tour with facility staff
- ▶ Surveyors will be using Critical Element Pathways throughout the survey

Critical Element Example

SNF Beneficiary Protection Notification Review

Beneficiary Protection Notification Review: Complete the review for residents who received Medicare Part A Services. Medicare beneficiaries have specific rights and protections related to financial liability and the right to appeal a denial of Medicare services under the Fee for Service (Original) Medicare Program. These financial liability and appeal rights and protections are communicated to beneficiaries through notices given by providers. The objective of the Beneficiary Liability Protection Notice Review is to determine if the facility covers notices as required under 42 CFR Part 405.1200-1204 and §1879(a)(3) of the Social Security Act. This protocol is intended to evaluate a nursing home's compliance with the requirements to notify Original (Fee-For-Service) Medicare beneficiaries when the provider determines that the beneficiary no longer meets the skilled care requirement. This review confirms that residents receive timely and specific notification when a facility determines that a resident no longer qualifies for Medicare Part A skilled services when the resident has not used all the Medicare benefit days for that episode. This review does not include Admission notifications or Medicare Part B only notifications.

The two forms of notification that are evaluated in this review are:

1. **Skilled Nursing Facility Advance Beneficiary Notice (SNF ABN)**—Form CMS-10055, or, the facility may instead use one of the 5 alternative denial letters, often incorrectly referred to as "cut letters":
 - SNF Determination on Continued Stay—this would be an appropriate alternate letter to the SNF ABN.
 - UR Committee on Continued Stay—this would be an appropriate alternate letter to the SNF ABN.
 - Interim Determination of Non-coverage—this is basically the communication to the beneficiary of the result of the "demand bill" or request for redetermination. Provider wouldn't use this as an alternative to the SNF ABN for the initial determination.
 - UR Committee Determination of Admission—not surveying for this condition.
 - SNF Determination on Admission—again, not surveying for this condition.
2. **Notice of Medicare Non-coverage**—Form CMS 10123-NOMNC, also referred to as a "practic notice."

Entrance Conference Worksheet: The following information was requested during the Entrance Conference:

- A list of Original (Fee for Service) Medicare beneficiaries who were discharged from a Medicare covered Part A stay with benefit days remaining in the past 6 months prior to the survey. Exclude the following residents from this review:
 - Beneficiaries who received Medicare Part B benefits only.
 - Beneficiaries covered under Medicare Advantage insurance.
 - Beneficiaries who expired during the sample date range.
 - Beneficiaries that were transferred to an acute care facility or another SNF.

Review Three Notices:

- Randomly select 3 residents from that list. We recommend selecting one resident who went home and two residents who remained in the facility, if available.
- Fill in the name of the selected residents at the top of each Beneficiary Notification Checklist.
- Give the provider one Beneficiary Notification Checklist for each of the three residents to complete and return to the surveyor. Do not give the provider the scenarios.
- The provider completes one checklist for each of the three residents in this sample and returns the checklist and notices to the survey team.
- Review the checklists and notices with the provider.

3. Were appropriate notices given to the residents reviewed? ☐ Yes ☐ No ☐ F882 ☐ NA

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SNF Beneficiary Protection Notification Review

SNF Beneficiary Protection Notification Review for Residents who Received Medicare Part A Services

Facility Representative: Please complete all fields of this form. The intent of the checklist is to provide the surveyor with all copies of the forms issued to the resident, and if the notification was not required, an explanation of why the form was not issued.

Resident Name: _____

Medicare Part A Skilled Services Episode Start Date: _____

Last covered day of Part A Service: _____
(Part A terminated/ended or resident was discharged)

How was the Medicare Part A Service Termination/Discharge determined?

- ☐ Voluntary, i.e., self-initiated in consultation with physician, family, or AMA.
- ☐ The facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted.
- ☐ Other (explain): _____

1. Was an SNF ABN, Form CMS-10055 or any of the 5 alternative denial notices provided to the resident?

- ☐ Yes -- If yes, provide a copy of the form(s) that were acknowledged by the beneficiary or the beneficiary's representative.
- ☐ No -- If no, explain why the form was not provided:
 - ☐ The resident was discharged from the facility and did not receive non-covered services.
 - ☐ Other: Explain: _____

2. Was a NOMNC (CMS 10123) provided to the resident?

- ☐ Yes -- If yes, provide a copy of the form(s) that were acknowledged by the beneficiary or the beneficiary's representative.
- ☐ No -- If no, explain why the form was not provided:
 - ☐ 1. The beneficiary initiated the discharge. If the beneficiary initiated the discharge, provide documentation of these circumstances (examples: Resident asked doctor to go home, got orders, & discharged in the same day; Resident discharged AMA).
 - ☐ 2. Other: Explain: _____

--- "H802 issued and should have been F882"

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Beneficiary Liability Protection Notice Scenarios for Surveyors

Scenario	Denial Letter or ABN	Notice of Medicare Non-Coverage (NOMNC)	Both (if) Not Required
Resident has skilled benefit days remaining and is being discharged from Part A services and is leaving the facility immediately following the last covered skilled day.		X	
Resident has skilled benefit days remaining and is being discharged from Part A services and will continue living in the facility.	X	X	
Resident has skilled benefit days remaining and elects the Hospice benefit, but the coverage criteria for that eligibility for Part A skilled and Hospice are not met.	X	X	
Resident discharges self as an unplanned discharge.			X
Resident has an unplanned discharge to the hospital.			X
Resident discharges to another SNF for continued skilled care.			X
Resident exhausts their skilled Part A benefit (has no days remaining).			X

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Questions?