LeadingAge’s Virtual Update will begin shortly...
The Attendee Control Panel

Listen in through computer audio. Headset recommended.

Handouts (click to download)

Type your questions or just say hello here.

Select “Phone Call” to see the number to call, Access Code and PIN.
RoPs Compliance Update
Housekeeping

- The Question-and-Answer period will be conducted after the presentation.
- To ask a question, type your question in the Questions pane of the control panel.
- You may send in your question at any time.
- Navigate to the “Handouts” pane of your control panel to download the slide deck.
Speakers

Janine Finck-Boyle
Vice President of Regulatory Affairs
LeadingAge
JFinck-Boyle@LeadingAge.org

Jodi Eyigor
Director of Nursing Home Quality and Policy
LeadingAge
JEyigor@LeadingAge.org
Revised Long-Term Care Surveyor Guidance

CMS Memo QSO-22-19-NH released June 29, 2022

Compliance date: October 24, 2022

New or revised guidance:

• Requirements of Participation, Phases 2 and 3
• Arbitration agreements
• Investigating complaints and Facility-Reported Incidents
• Psychosocial Outcome Severity Guide
Abuse and Neglect

Preventing abuse and neglect: resident-to-resident altercations, capacity and consent, bed rails, communication across shifts

Reporting suspicions of crime, preventing retaliation for reporting

Coordination with QAA committee
Abuse and Neglect - Implementation

Policies and Procedures

Required timeframes

Evidence of investigation

Results of investigation

Appropriate action

Audit
Admission, Transfer, and Discharge

Facility-initiated vs. resident-initiated discharge, transfer vs. discharge
  Allowable facility-initiated discharge

Notice prior to transfer or discharge
  Exceptions to 30-day notice requirement

Permitting residents to return following hospitalization / leave of absence
Admission, Transfer, and Discharge - Implementation

Policies and Procedures

Training

Audits
Mental Health / Substance Use Disorder

Know signs/symptoms of substance use and triggers

Provide additional monitoring/supervision
  Visitation, law enforcement, resident possessions, overdose/Naloxone

Care planning: activities, treatment, non-pharmacological interventions, resident altercations, elopement
Mental Health / Substance Use Disorder - Implementation

Knowledge training – competency

Policies and Procedures

Care Plan review
Nurse Staffing / Payroll-Based Journal

Sufficient numbers and competencies – beyond ratios, facility assessment

Identify staffing issues through PBJ

Also: use of devices, chairs, medications
Nurse Staffing / Payroll-Based Journal - Implementation

Review staffing needs to residents

Facility Assessment

PBJ data submission
Resident Rights

Substance use: personal possessions, visitation

Visitation during communicable disease outbreak

Clarifies NOMNC and SNF ABN
Resident Rights - Implementation

Policies and Procedures

Environmental scan

Forms and document review

Communication

Facility Assessment
Potential Inaccurate Diagnosis and/or Assessment

Inaccurate diagnosis for antipsychotic use

May result in referrals to state medical board, state board of nursing
Potential Inaccurate/Inappropriate Diagnosis - Implementation

Interaction with Medical Director

Audits

Care plan review
Pharmacy

Fentanyl patch disposal to prevent exposure, diversion

Requirements apply to all psychotropics (should not be impacted by antipsychotics)

Track by drug class

Gradual dose reductions

Evaluating for psychosocial harm due to side effects
Pharmacy - Implementation

Policies and Procedures

Environmental scan

Forms and document review

Communication

Facility Assessment
Infection Control

Define/apply standard, transmission-based precautions
  Selection and use of PPE, cleaning and disinfection

Water management program for waterborne pathogens – assessment and mitigation measures

Address MDROs through contact precautions or nationally accepted standards (EBP)
Infection Control – Infection Preventionist

Education, certification, and remain current on infection control
Specialized training based on resident need

Must work on site

Hours based on nursing home characteristics and resident population - variable
Infection Control - Implementation

Specialized training

Program system review

Screening policy and procedure

Standard and transmission – based precautions definitions
Infection Control – Implementation (continued)

Environmental and disinfection procedures

Water management program

MDRO – contact and droplet precautions policy and procedures

Blood glucose monitors policy and procedure
Arbitration agreements on/after September 16, 2019

Voluntary, optional. Cannot be condition of admission, continued stay

Transparency: implications, right to refuse, embedded in other documents

Proof of understanding, 30-day rescission
Arbitration continued

Neutral arbitrator, convenient venue

Notify of relationship, past arbitration

Maintain copies of agreement, decision for 5 years

Evaluate for psychosocial harm
Arbitration - Implementation

Contract review

Training

Legal expert
Trauma Informed Care

Screen for trauma in assessments

Identify and address triggers, interrelation with other health in care plan; identify needs in facility assessment

Individualized interventions, consistent with accepted professional standards, incorporate cultural considerations

Staff trained on triggers, interventions, trauma-informed approach
Trauma Informed Care - Implementation

Program and Process

Assessment, Care planning, Monitoring

Training

Communication

Support group
Compliance and Ethics

Preventing and detecting criminal, civil, administrative violations

Identify risks in facility assessment

P&Ps: program contact, reporting (anonymous, no retaliation), disciplinary standards

Coordinate with QAPI to identify patterns
Compliance and Ethics continued

High-level personnel oversight, governing body

5 or more: compliance officer, compliance liaison

Reasonable steps to achieve compliance: monitoring/auditing, publicizing reporting system, ensuring integrity of reported data

Review annually
Compliance and Ethics - Implementation

Program with policies and procedures

Compliance hotline

Training and notice standards

Audit
Quality Assurance and Performance Improvement

Develop, maintain, provide evidence of ongoing QAPI program

Cover full range of services, overseen by governing body
  Include medical errors, adverse events

Feedback from residents, representatives, staff, other sources
  Data: consistent collection, reproducible, accurate, valid, reliable

Develop, evaluate, monitor performance indicators
Quality Assurance and Performance Improvement

QAA committee:
- Review and analyzes data, develops and implements action plans
- Must evaluate drug regiment review data
- IP must attend
- Must report to governing body (may be administrator)
Quality Assurance and Performance Improvement - Implementation

Program analysis
Feedback policies and procedures
Data collection
Performance indicators
Systemic Analysis
Priorities

Policies and Procedures
Documentation and Evidence
PIP*
Governing Body
Infection Preventionist
Quality of Care

Infection control related to foot care, equipment

E-cigarette smoking policy

Minimizing risks for residents on IV therapy

Opioids for pain management – overdose interventions (Naloxone)

Bed rails: assessment, alternatives, documentation
Quality of Care - Implementation

- Policies and procedures
- Facility assessment
- Care planning
- Communication
- Training
- QAPI - audits
Food and Nutrition Services

Critical Control Points for risk: thawing, cooking, cooling, holding, reheating, employee hygienic practices

Identify hazards, how to prevent/reduce/eliminate
Food and Nutrition Services - Implementation

Policies and Procedures

Training

Review Dining locations

QAPI
Physical Environment

Call system: accessible in bed “or other sleeping accommodations”

Accessible in toilet, bathing areas
  Accessible while lying on floor

Must have alternative call system, including loss of power
  Communicate with residents, families
Physical Environment - Implementation

Bed capacity review

Environmental rounds, Nursing rounds
Training Requirements

Required topics: communication, resident rights, QAPI, infection control, compliance and ethics, behavioral health, nurse aide in-servicing

Training needs determined by facility assessment, performance reviews

Curricula: learning objectives, performance standards, evaluation criteria

Maintain records of training, track staff participation, document competency
Training Requirements - Implementation

Mandatory training

Facility assessment

All staff – providing direct care services

Topics: General training, communication, QAPI, Infection control, Compliance and Ethics, Behavioral health, Trauma Informed Care and Resident Rights

Documentation

Assessment and evaluation
Psychosocial Outcome Severity Guide

Used to determine severity level of citation

Evaluates psychosocial outcomes, may not be apparent

Reasonable person concept

Referenced heavily in abuse, also in other sections
Resources

LeadingAge Learning Hub
  • QuickCasts

LeadingAge Nursing Home RoPs Tools and Resources page
  • Implementation Checklists
  • Toolkits
Questions?

Enter your questions into the “Questions” pane of the control panel

If we don’t get to your question, send us an email:

JFinck-Boyle@LeadingAge.org
JEyigor@LeadingAge.org