



LeadingAge Florida



Regulatory Topics for Assisted Living Facilities and Nursing Homes

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Objectives

- Identify specific strategies to avoid noncompliance in some of the most commonly cited regulatory areas.
- Assess applicability of QAPI to improved nursing home and assisted living facility operations
- Identify strategies for improved dementia care for residents of nursing homes and assisted living facilities.



Most Frequently Cited Deficiencies and Related Survey Concerns



Top Ten Nursing Home Health Deficiency Citations January 1, 2014 - December 31, 2014


Rank	Tag	Description
1	F0441	Infection Control, Prevent Spread, Linens (483.65 C.F.R.)
2	F0371	Food Procure, Store/Prepare/Serve - Sanitary (483.35(I) C.F.R.)
3	F0282	Services By Qualified Persons/Per Care Plan (483.20(K)(3)(II) C.F.R.)
4	F0309	Provide Care/Services For Highest Well Being (483.25 C.F.R.)
5	F0431	Drug Records, Label/Store Drugs & Biologicals (483.60(B), (D), (E) C.F.R.)
6	F0253	Housekeeping & Maintenance Services (483.15(H)(2) C.F.R.)
7	F0323	Free Of Accident Hazards/Supervision/Devices (483.25(H) C.F.R.)
8	F0241	Dignity And Respect Of Individuality (483.15)(A) (C.F.R.)
9	F0329	Drug Regimen Is Free From Unnecessary Drugs (483.25(L) C.F.R.)
10	F0514	Resident Records-Complete/Accurate/Accessible (483.75)(L) (1) (C.F.R.)

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F441 Infection Control, Prevent Spread, Linens (483.65)

Survey concerns:

- Surveillance and investigation to prevent, to the extent possible, the onset and the spread of infection
- Use records of infection incidents to improve its infection control processes and outcomes by taking corrective actions, as indicated
- Implement hand hygiene practices consistent with accepted standards of practice, to reduce the spread of infections and prevent cross-contamination
- Properly store, handle, process, and transport linens to minimize contamination




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Nursing Home Health Care Acquired Infections

- 380,000 deaths nationally among NH/SNF residents every year ¹
- 150,000 hospitalizations each year and a resultant \$673 million in additional health care costs
- 765,000 to 2.8 million infections occurring in US NHs/SNFs every year²

1. Strausbaugh LJ, Joseph CL. The Burden of Infection in Long-Term Care. *Infect Control Hosp Epidemiol* 2000; 21: 674-679. 2. Teresi JA, Holmes D, Bloom HG, Monaco C & Rosen S. Factors differentiating hospital transfers from long-term care facilities with high and low transfer rates. *Gerontologist*. Dec 1991; 31(6):795-806.




6

F371
**Food Procure, Store/Prepare/Serve -
Sanitary (483.35(l))**

Survey concerns:

- Food products maintained at safe temperatures
- Store raw foods (e.g., meats, fish) in a manner to reduce the risk of contamination of cooked or ready-to-eat foods;
- Cook food to the appropriate temperature to kill pathogenic microorganisms that may cause foodborne illness;
- Cool food in a manner that prevents the growth of pathogenic microorganisms;
- Utilize proper personal hygiene practices (e.g., proper hand washing and the appropriate use of gloves) to prevent contamination of food; and
- Use and maintain equipment and food contact surfaces (e.g., cutting boards, dishes, and utensils) to prevent cross-contamination.




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F 282
**Services By Qualified Persons/Per Care Plan
(483.20(K)(3)(ii))**

Survey concerns:

- Inadequate implementation of the care plan
- Incorrect implementation of the care plan




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F309
**Provide Care/Services For Highest Well Being
(483.25)**

F309 includes, but is not limited to, care such as end-of-life, diabetes, renal disease, fractures, congestive heart failure, non-pressure-related skin ulcers, pain, or fecal impaction.

(Unnecessary medications/antipsychotics for residents with dementia.)




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F309
Provide Care/Services For Highest Well Being
(483.25)

Survey concerns:

- Coordination of care for hospice and dialysis residents
- Management of residents' pain
- Recognition and assessment of factors placing residents at risk
- Interventions implemented in accordance with resident needs, goals, and recognized standards of practice
- Approaches monitored and revised as appropriate




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F 431
Drug Records, Label/Store Drugs & Biologicals
(483.60(B), (D), (E))

Survey concerns:

- Safe and secure storage (including proper temperature controls, limited access, and mechanisms to minimize loss or diversion) and safe handling (including disposition) of all medication
- Accurate labeling to facilitate consideration of precautions and safe administration of medications
- Outdated medications available for use
- Effective system to account for the receipt, use, disposition and reconciliation of all controlled medications




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F253
Housekeeping & Maintenance Services
(483.15(H)(2))

Survey concerns:

- Sanitary resident care equipment
- Resident areas are not properly maintained
- Residents or staff cannot function in the resident area unimpeded




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F323
Free Of Accident Hazards/Supervision/Devices
(483.25(H))

Survey concerns:

- Resident falls
- Unsafe wandering
- Resident elopement




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F241
Dignity And Respect Of Individuality
(483.15(A))

Survey concerns:

- Maintaining resident privacy while transporting throughout the facility
- Clothing protectors (except by resident choice)
- Staff interacting with each other rather than the resident while assisting them
- Staff fail to speak in a respectful manner
- Signage




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F329
Drug Regimen Is Free From Unnecessary Drugs
(483.25(L))

Survey concerns:


- Failure to document the risk/benefit of medications
- Failure to document discussion with caregiver/resident
- Failure to monitor/document efficacy or adverse consequences of medications
- Failure to document consultation with prescriber, Medical Director and/or pharmacist
- Failure to consider tapering medications as appropriate for new admissions or residents returning from the hospital



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F514
Clinical Records (483.75)(1)


- The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are;
 - Complete;
 - Accurately documented;
 - Readily accessible; and
 - Systematically organized.



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F514
Clinical Records (483.75)(1)


- 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;
 - The date and time is recorded from the computer's internal clock at the time of entry;
 - An entry is not to be changed after it has been recorded, and;
 - The computer program controls what sections/areas any individual can access or enter data, based on the individual's personal identifier (and, therefore his/her level of professional qualifications).



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F514
Clinical Records (483.75)(1)


- Reminders
 - The facility must grant access to any medical record, including EHRs, when requested by the survey team. If access to an EHR is requested by the surveyor, the facility will;
 - (a) provide the surveyor with a tutorial on how to use its particular electronic system and
 - (b) designate an individual who will, when requested by the surveyor, access the system, respond to any questions or assist the surveyor as needed in accessing electronic information in a timely fashion. Each surveyor will determine the EHR access method that best meets the need for that survey



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F514
Clinical Records (483.75)(1)

- Survey concerns:
 - Facility failure to ensure record contains sufficient information to identify the resident.
 - Facility failure to ensure records are complete, accurately documented, readily accessible and organized.



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**Requirements for LTC
Facilities –
Hospice Services**



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42 CFR 483.75(t)

- Requirements for LTC facilities: Hospice Services
 - Regulation published June 27, 2013
 - Effective date of August 26, 2013



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Purpose

Will improve quality and consistency of care between hospices and LTC facilities in the provision of hospice care to LTC residents.



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New Language

- New language included in 42 CFR 483.25 will be incorporated into Quality of Care (F309)
 - Hospice Care and Services Provided by a Medicare-certified Hospice
 - Coordinated Plan of Care



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Proposed Investigative Protocol

- Investigative Protocol F309-End of Life and Hospice Care and Services
- Use for a resident:
 - Receiving hospice care from a Medicare certified provider.



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New Regulatory Tag

- 42 CFR 483.75(t) –Hospice Services (F525)
 - LTC facility may either
 - Arrange for the provision of hospice services; **OR**
 - Not arrange for the provision of services at the facility



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Overview of F525

- F525
 - Definitions
 - Hospice care;
 - Palliative care;
 - Terminally ill; and
 - Bereavement counseling



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Overview of F525 continued


- Shared Communication between the hospice and the facility- the plan of care should identify;
 - A common problems list;
 - Palliative interventions;
 - Palliative outcomes;
 - Responsible disciplines;
 - Responsible providers; and
 - Resident goals.



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Determination of Compliance


- Criteria for Compliance
 - Written agreement between a Medicare certified hospice
 - The facility has designated a member of the facility IDT who is responsible for working with the hospice representative
 - Each residents current nursing home/hospice plans of care are coordinated and communicated



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Determination of Compliance

- Criteria for Noncompliance
 - Failed to develop a written agreement
 - Failed to establish a communication process
 - Failed to immediately notify the hospice about significant changes in the residents condition
 - Failed to designate a member of the facility's IDT who is responsible for working with the hospice
 - Failed to have a written plan of care
 - Failed to delineate responsibilities of hospice and facility



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Top Ten Assisted Living Facility Deficiency Citations January 1, 2014 - December 31, 2014

Rank	Tag	Description
1	A0078	Staffing Standards-Staff (58A-5.019(2) FAC)
2	A0030	Resident Care - Rights & Facility Procedures (58A-5.0182(6) F.A.C.; 429.28 F.S.)
3	A0081	Training - Staff In-Service (58A-5.0191(2) F.A.C.)
4	A0052	Medication - Assistance With Self-Admin (58A-5.0185(3) F.A.C.)
5	A0008	Admissions - Health Assessment (58A-5.0181(2) F.A.C.)
6	A0093	Food Service - Dietary Standards (58A-5.020(2) F.A.C.)
7	A0084	Training-Assist Self-Admin Meds & Med Mgmt (58A-5.0191(5) FAC)
8	A0025	Resident Care - Supervision (58A-5.0182(1) F.A.C.)
9	A0162	Records-Resident (58A-5.024(3) FAC)
10	A0054	Medication - Records (58A-5.0185(5) F.A.C.)

Note: The entire description of each deficiency can be found at: http://shca.myflorida.com/MCHQ/Current_Reqs.html




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A0078
Staffing Standards-Staff
(58A-5.019(2)FAC)

Survey concerns:

- Employee records with no statement from a health care provider indicating freedom from communicable disease within 30 days of hire.
 - RN or LPN does not meet the definition of a health care provider according to 58A-5.0131(16), FAC
 - "Health Care Provider" means a physician or physician's assistant licensed under Chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under Chapter 464, F.S.
- No annual documentation of freedom from tuberculosis.




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A0030
Resident Care-Rights and Facility Procedures
(58A-5.0182(6)FAC; 429.28FS)

Survey concerns:

- Staff treatment of residents.
- Ongoing physical plant issues.
- Locking the refrigerator resulting in limitation on access.
- Limiting residents' access to telephone communication including the ability to contact the Agency or the Ombudsman Program.
- Punishing residents' by withholding food (example, dessert)
- Use of restraints other than half-bed rails




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A0081
Training-Staff In-Service
(58A-5.0191(2)FAC)

Survey concerns:

- Failure to maintain documentation of required staff training including
 - Resident rights
 - Reporting incidents
 - Recognizing and reporting resident abuse, neglect and exploitation
 - Resident behavioral needs
 - Emergency procedures including resident elopement
 - Infection control including safe food handling




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A0052
Medication – Assistance with Self-Administration
(58A-5.0185(3)FAC)

Survey concerns:

Unlicensed staff performing activities beyond the scope allowed in rule and in 429.256 (3) and (4), FS including

- Preparation of syringes for injections
- Administration of medications for which the time of administration, the amount, the dosage, the method of administration or the reason for administration requires judgment or discretion on the part of the unlicensed person




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A0008
Admissions - Health Assessment
(58A-5.01812(1)FAC)

Survey concerns:

- Resident health assessment is incomplete
 - Form not dated
 - Form missing health care provider's signature
 - Level of assistance, particularly medication, is not indicated
- Resident health assessment is not current




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A0093
Food Service – Dietary Standards
(58A-5.020(2)FAC)

Survey concerns:

- Facility failure to follow the menu
- Failure to maintain a food substitution log
- Menu not reviewed annually by dietitian




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A0084
Training – Assist Self Admin Meds & Med Mgmt
(58A-5.0191(5)FAC)

Survey concerns:

- Failure to maintain documentation of required training
- Training is not provided by qualified individuals (Registered Nurse or Pharmacist)




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A0025
Resident Care - Supervision
(58A-5.0182(1)FAC)

Survey concerns:

- Failure to provide the level of care/service the resident requires
 - Falls
 - Elopements
 - Resident/resident assault
- Failure to properly follow up on resident significant change




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A0162
Resident Records
(58A-5.024(3)FAC)

Survey concerns:

- Resident agreement/contract lacking resident signature
- Failure to maintain documentation of weight records for residents receiving assistance with the activities of daily living
 - Weight recorded semi-annually
- Failure to maintain documentation of the healthcare surrogate, health care proxy, guardian or the existence of power of attorney where applicable




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A0054
Medication – Records
(58A-5.0185(5)FAC)


Survey concerns:

- Medication observation record
 - Lack of signature
 - Accurate reflection as to whether the resident received the medication
 - Discrepancy between the MOR and the medication label or order



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Assisted Living Facility Statutory
Changes



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Changes to Chapter 429, Part I, FS

- Extended Congregate Care Specialty
 - Admission criteria
 - Provisional license if licensed less than two years
 - Monitoring frequency
- Limited Nursing Services Specialty
 - Monitoring frequency
 - Nursing services authorized within the nurses' scope of practice may be provided to persons who meet ALF eligibility criteria
- Limited Mental Health Specialty
 - Specialty required for one or more LMH residents
 - Community living support plan clarification
- Independent Living
 - Independent residents in a CCRC or retirement community are excluded from the staffing requirements for ALF residents. The facility must keep a log of these residents available to surveyors



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Changes to Ch. 429, Part I, FS, Continued...

- Administrative penalties
 - Denial or revocation
 - Two moratoria within two year period
 - Two or more unrelated class I violations during same survey
 - Two or more class I violations from separate surveys within two year period
 - Moratorium for prohibiting access
 - Facility must allow confidential interviews and access to records



Changes to Ch. 429, Part I, FS, Continued...

- Administrative penalties continued...
 - Eliminates the requirement for a 45-day notice of discharge if the ALF is closing or must relocate residents due to AHCA action
 - Specifies the fine amounts for background screening noncompliance at \$500
 - Creates a fine of \$2,500 if an ALF does not show good cause for discharging a resident for exercising their rights



Changes to Ch. 429, Part I, FS, Continued...

- Assistance with self-administration of medication includes:
 - Prefilled insulin syringes and insulin pens
 - Nebulizer including filling premeasured doses
 - Glucometers
 - Anti-embolism (T.E.D.) hose
 - Applying and removing oxygen cannula but not titrating the prescribed setting
 - Use of a continuous positive airway pressure device – but not titrating prescribed setting
 - Measuring vital signs
 - Colostomy bags



Changes to Ch. 429, Part I, FS, Continued...

- Staff training
 - Preservice orientation for new staff as of October 1, 2015.
 - Assistance with self-administration of medication training increased from four to six hours
- Consumer information
 - By November 1, 2015, the Agency will expand ALF information available for consumers on the Agency's website.



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CMS Initiatives Partnership to Improve Dementia Care In Nursing Homes



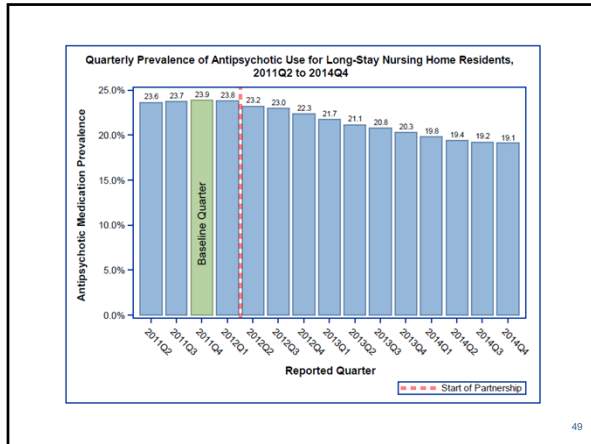
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National Partnership to Improve Dementia Care

- Launched by CMS in 2012
- Goal: expand the use of non-pharmacological approaches to care and reduce antipsychotic medication use in long-stay nursing home residents.
- By Q4 2014 US nursing homes achieved a 20.1% reduction in antipsychotic drug use.




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Partnership Results – Florida


- Q4 2011 – Florida 24.5
Q4 2014 – Florida 20.8*
Reduction of 15.1%
Florida Ranks – 39
- Q4 2011 – Nation 23.9
Q4 2014 – Nation 19.1
Reduction of 20.1%

*Increase over Q3 2014



2015 and 2016 Goals

- CMS & partners recently announced updated goal to reduce the national prevalence of antipsychotic medication use in long-stay nursing home residents:
 - By 25% by the end of 2015
 - By 30% by the end of 2016
- February 2015, CMS added measures of antipsychotic use (long stay/ short-stay) to algorithm used to calculate quality measure scores on the CMS Five Star Quality Rating System that is publicly available on the CMS Nursing Home Compare website.
 - www.medicare.gov/nursinghomecompare



Checklist - "Review of Care & Services for a Resident with Dementia"

Assessment and Underlying Cause ID:

- Did staff describe behavior? (onset, duration, intensity, possible precipitating events or environmental triggers)
- If the behaviors represent a sudden change, did staff contact the attending practitioner immediately for a medical evaluation?
- If medical causes are ruled out, did staff attempt to establish other root causes?



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Checklist - "Review of Care & Services for a Resident with Dementia"

Care Planning

- Was the resident/representative involved in discussions about use of interventions? Was this documented? If they refuse Tx/ approach, is counseling on consequences provided?
- Does the care plan reflect an individualized team approach with measurable goals, timetables & specific interventions for the management of behavioral and psychological symptoms?



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Checklist - "Review of Care & Services for a Resident with Dementia"

Implementation of the Care Plan

- Is there a sufficient number of staff to consistently implement the care plan?
- Do staff consistently implement the care plan, over time and across various shifts?
- If there is a sudden change in the resident's condition and medical causes of behavior or other symptoms (e.g., delirium or infection) are suspected, is the physician contacted immediately and treatment initiated?



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Checklist - "Review of Care & Services for a Resident with Dementia"

Care Plan Revision/Monitoring and Follow up

- Does staff, in collaboration with the practitioner, adjust the interventions based on the impact on behavior or other symptoms as well as any adverse consequences related to treatment?



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Checklist - "Review of Care & Services for a Resident with Dementia"

Quality Assessment and Assurance

- Do resident care P&Ps outline a systematic process for the care of residents with dementia?
- Does the QAA Committee monitor for consistent implementation of the P&Ps for the care of residents with dementia?
- Has the QAA committee corrected any identified quality deficiencies related to resident care?
- Has the committee provided monitoring for resident care?



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Indications for Use of Medication

The identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and is consistent with manufacturer's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies or evidence-based review articles that are published in medical and/or pharmacy journals.



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Indications for Use of Medication

- An appropriately detailed evaluation of mental, physical, psychosocial, and functional status, including comorbid conditions and pertinent psychiatric symptoms and diagnoses and a description of resident complaints, symptoms, and signs
- Each resident's goals and preferences
- Allergies to medications and foods and potential for medication interaction



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Indications for Use of Medication

- A history of prior and current medications and non-pharmacological interventions.
- Recognition of the need for end-of-life or palliative care; and
- The refusal of care and treatment, including the basis for declining it, and the identification of pertinent alternatives.



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Monitoring for Efficacy and Adverse Consequences


The key objectives for monitoring the use of medications are to track progress towards the therapeutic goal(s) and to detect the emergence or presence of any adverse consequences.

- Effective monitoring:
 - understanding the indications and goals for use,
 - identifying relevant baseline information,
 - identifying criteria for evaluating benefit(s) of the med,
 - recognizing and evaluating adverse consequences.



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Safely Reduce Hospitalizations



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Readmission Definition


- CMS defines a readmission as a subsequent inpatient admission to any acute care facility which occurs within 30 days of the discharge date of an eligible index admission.

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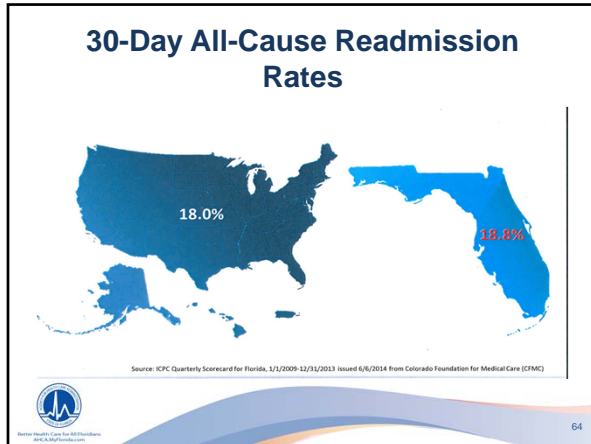
Care Coordination: Scope of the Problem

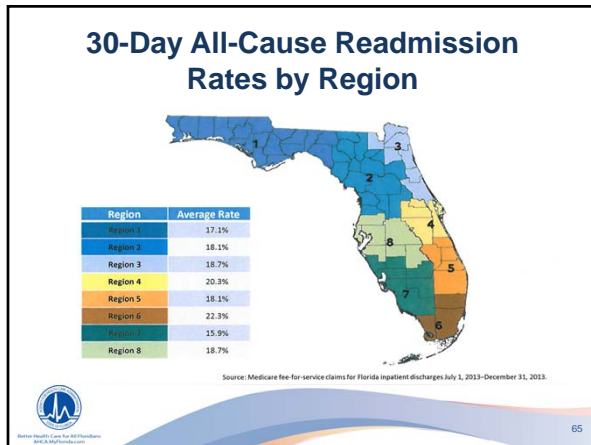
- Avoidable readmissions and patient satisfaction with discharge-related care are recognized challenges nationwide. In Florida, nearly 19% of Medicare fee-for-service (FFS) patients return to the hospital within 30 days of their hospital stay, costing Medicare approximately \$1.2 billion.¹
- This costly and quick return to the hospital indicates that there may have been a failure in the coordination of care as the patient transferred from the hospital to other care settings. Furthermore, people with Medicare coverage [report greater dissatisfaction regarding discharge-related care](#) than with any other aspect of care that Medicare measures.²

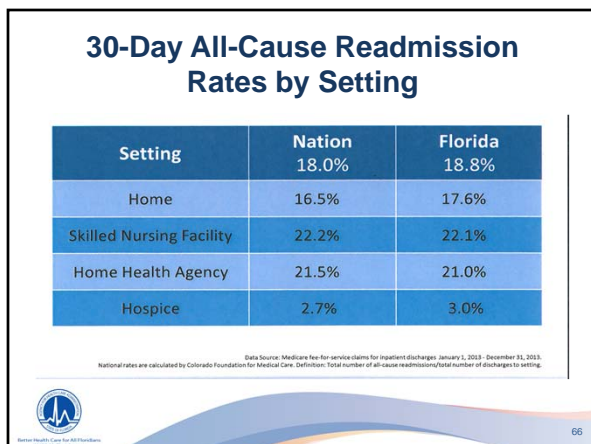
¹ CMS, 2013, Part-A claims for Fee-for-Service beneficiaries, Part A Standard Analytical Table (ASAT) data file for HSAG.
² www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalLHCAHPS.html

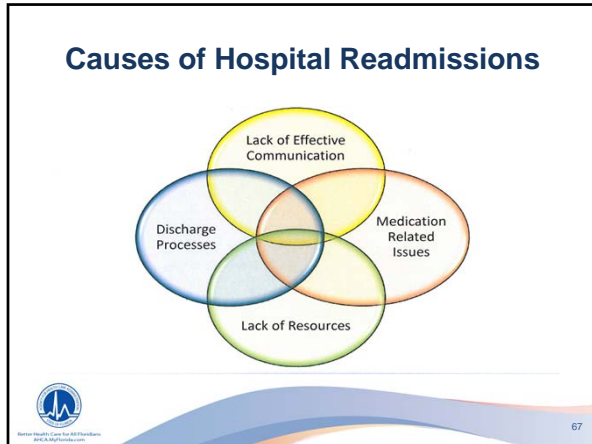


63







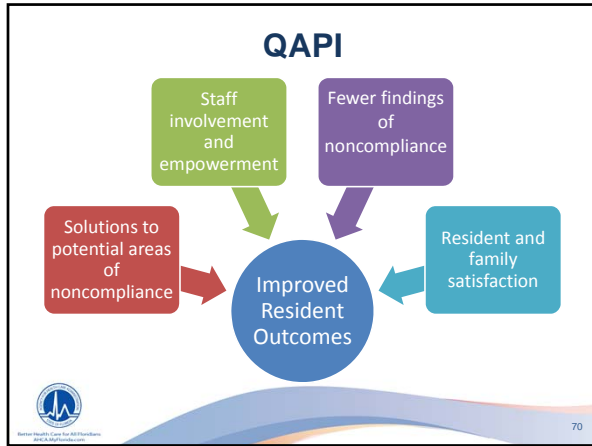


- ### CMS Coordination of Care Goals
- Reduce readmission rates by 20% by 2019
 - Increase medication safety through improved quality of care coordination
 - Expand the length of time a beneficiary remains in their home between hospitalizations and short-term institutional stays (community tenure)
 - Increase the number of cross-setting communities to positively impact the majority of Medicare beneficiaries in the state
- Better Health Care for All Americans
HHS & Health Resources
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Quality Assurance and Performance Improvement

Better Health Care for All Americans
HHS & Health Resources

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Other CMS Initiatives

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The slide displays the title "Other CMS Initiatives" in a large, bold, dark blue font. A logo is visible in the bottom left corner of the slide.

- ## Changes to Nursing Home Compare
- Antipsychotic utilization measure
 - Nurse staffing
 - Facilities must have at least one 4 star rating in staffing to get a 4 star overall
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- The slide lists two key changes to Nursing Home Compare. The first is "Antipsychotic utilization measure". The second is "Nurse staffing", which includes a sub-point: "Facilities must have at least one 4 star rating in staffing to get a 4 star overall". A logo is visible in the bottom left corner of the slide.

Dementia Care Survey

- Pilot surveys were conducted in 2014 by five states and additional pilot surveys will be conducted in 2015.
 - 80% of the surveys conducted resulted in deficiencies in either F309 or F329.
 - Citations at the harm level were uncommon.
- CMS plans to incorporate components of the Dementia Care Survey into the routine nursing home survey process.



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MDS Focused Surveys

- Pilot surveys were completed by five volunteer states in 2014.
- Results of the pilot surveys include:
 - Few issues noted with RN coordination and assessment timing requirements.
 - Concerns related to MDS 3.0 and residents' medical record agreement.



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MDS Focused Surveys

- Surveys will be conducted nationwide in 2015.
- These surveys will include a review of facility staffing.
- Surveyor training in Florida during April 2015.
- Surveys will be separate from routine surveys and will involve 2 surveyors for 2 days.
- Deficiencies identified during these surveys will result in relevant citations and enforcement actions in accordance with existing CMS policy and regulations.
- Care concerns during this survey could trigger a separate onsite review (investigation) if not investigated as part of the current MDS focused survey.



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Contact Information

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Better Health Care for All Americans
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