Section for Long-Term Care Regulation Update

Section Update

Staffing Changes:
Region 7 Manager – Michael Ponder
Quality Assurance and Education Manager – Sheila Winchester

Section Update

Provider Meetings –
Agenda item requests on email message from Section

Meetings planned for Fall, 2019 with same format anticipated
  · Some different locations
  · More interaction from audience
Section Update

Emergency Phone Numbers

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<thead>
<tr>
<th>Region</th>
<th>Main Office</th>
<th>Emergency Only Cell Number</th>
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<tbody>
<tr>
<td>#1 Springfield</td>
<td>(417) 895-6435</td>
<td>(417) 495-8780</td>
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<tr>
<td>#2 Poplar Bluff</td>
<td>(573) 541-9950</td>
<td>(573) 777-6435</td>
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<td>#3 Kansas City</td>
<td>(866) 865-0868</td>
<td>(866) 513-2089</td>
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<td>#4 Cameron</td>
<td>(866) 562-6641</td>
<td>(866) 652-9371</td>
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<td>#5 Macon</td>
<td>(660) 378-5783</td>
<td>(660) 640-1461</td>
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<tr>
<td>#6 Jefferson City</td>
<td>(573) 751-2279</td>
<td>(573) 690-3358</td>
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<tr>
<td>#7 St Louis</td>
<td>(314) 540-7960</td>
<td>(314) 613-2832</td>
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Emergency Preparedness

Policies and Procedures:
The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:
- (i) Food, water, medical and pharmaceutical supplies
- (ii) Alternate sources of energy to maintain the following:
  - (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
  - (B) Emergency lighting.
  - (C) Fire detection, extinguishing, and alarm systems.
  - (D) Sewage and waste disposal.

Section Update

Nursing Facility Level of Care
- Draft algorithm based on InterRAI Home Care assessment tool (currently utilized by HCBS service providers)
- Draft algorithm posted on Section’s blog site at https://ltc.health.mo.gov/
- Password required for access to algorithm and InterRAI. Email slcr@health.mo.gov to receive password
- Feedback is critical, especially for those at or close to current level of care threshold
Section Update

Nursing Facility Level of Care

- Draft algorithm based on a blended system of eligibility criteria
  - Points system
  - Triggers
- Areas of draft algorithm
  - Behavioral
  - Cognition – includes trigger
  - ADLs – includes mobility (includes trigger), eating (includes trigger), toileting, bathing, dressing and grooming
  - Rehabilitation
  - Treatments
  - IADLs – includes managing medications and meal preparation
- Safety

Section Update

Most Frequently Cited Class Is

- CPR
- Anti-coagulant Monitoring
- Fire Alarm Systems
- Abuse

Survey Process Update

Statistics

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Survey Process Update

Statistics

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<tr>
<th>State</th>
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<tr>
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<td>6.5</td>
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</table>

Survey Process Update

Most Frequently Cited Deficiencies

0880 Provide and implement an infection prevention and control program.
0812 Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.
0656 Develop and implement a complete care plan that meets all the resident’s needs, with timetables and actions that can be measured.
0689 Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.
0761 Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.

Survey Process Update

Most Frequently Cited Deficiencies

0657 Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.
0684 Provide appropriate treatment and care according to orders, resident’s preferences and goals.
0758 Implement 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 for the resident.
0641 Ensure each resident receives an accurate assessment.
0550 Honor the resident’s right to a dignified existence, self-determination, communication, and to exercise his or her rights.
Survey Process Update

Revisit and complaint process in development

Website for new survey process information:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html

National Partnership to Improve Dementia Care in Nursing Homes

2012- CMS launched the Partnership to Improve Dementia Care in Nursing Homes to promote comprehensive dementia care and therapeutic interventions for nursing home residents with dementia-related behaviors.

Goals
- focus on person-centered care
- reduction of unnecessary antipsychotic medication use in nursing homes and eventually other care settings

MOLANE- Partnership between LTC associations, state survey agency, quality improvement organization, QIPMO, Ombudsman Program

National Partnership to Improve Dementia Care in Nursing Homes

2012- (Recently Updated) Hand in Hand: A Training Series for Nursing Homes
- The updated Hand in Hand: A Training Series for Nursing Homes is now available on the Centers for Medicare & Medicaid Services’ (CMS) Integrated Surveyor Training Website (ISTW). Hand in Hand is available as a self-paced training as well as an instructor-led course and may be accessed using the links below. The self-paced training may take approximately 24 hours to complete.

Self-Paced Online Training
Hand in Hand: A Training Series for Nursing Homes Online

Downloadable Materials for Instructor-Led Training
Hand in Hand: A Training Series for Nursing Homes Download
National Partnership to Improve Dementia Care in Nursing Homes

2013
- Mandatory Surveyor Training
- Revised guidance in State Operations Manual

2014
Dementia-Focus Survey Pilot Program

2016
New survey process includes focus on dementia care and unnecessary medications with critical element pathways

National Partnership to Improve Dementia Care in Nursing Homes

Percent of long-stay nursing home residents receiving an antipsychotic medication

Missouri
2011 - 26.16% (Nationwide 23.9 %)
2014Q2 - 21.6%
2015Q3 - 19.33%
2018Q4 - 18.6% with the rates dropping 7.56 since the inception of the program

How are we doing? Missouri ranks 49th in the nation, with only Alabama and Oklahoma having higher rates.

March 1, 2019 – CMS released QSO19-07 NH Enhanced Oversight Enforcement of Non-Improving Late Adopters
- 1,500 facilities referred to as late adopters. In December 2017, CMS notified these facilities of this identification.
- As of January 2019, 335 late adopter nursing homes cited for noncompliance with federal regulations related to unnecessary medications or psychotropic medications two or more times since January 1, 2016. Group 1 – 41 facilities, 3 citations. Group 2 – 194 facilities, 2 citations.
- If these facilities are determined not to be in substantial compliance with requirements for Chemical Restraints, Dementia Care, or Psychotropic Medications during a survey, they will be subject to enforcement remedies for such noncompliance.
  - Group 3 – DPNA and Per Day CMP
  - Group 2 – DPNA
National Partnership to Improve Dementia Care in Nursing Homes

MDLANE Facility Identified Common Challenges/Barriers in Reducing (and Maintaining) Lower Rates:
- Education of family/residents
- Education of nursing staff
- Education of physicians/hospital physicians
- Overprescribing by hospitals

National Partnership to Improve Dementia Care in Nursing Homes

Resources

Consumer Voice- Family
https://theconsumervoice.org/issues/issue_details/misusing-antipsychotics

National Nursing Home Quality Improvement Campaign- Family and Professionals
https://www.nhqualitycampaign.org/family/ProviderDementia.aspx#ConsumerResources
https://www.nhqualitycampaign.org/professionalDementia.aspx

CMS Update

QSO Memo 19-02-NH
Payroll Based Journal (PBJ) Policy Manual Updates, Notification to States and New Minimum Data Set (MDS) Census Reports

CMS will begin informing state survey agencies of facilities with potential staffing issues: facilities with significantly low nurse staffing levels on weekends; and facilities with several days in a quarter without an RN onsite

Facilities identified as having low staffing on weekends: States shall be required to conduct at least fifty percent of the required off-hours surveys on weekends using the list of facilities provided by CMS.

Facilities identified as having reported days with no RN onsite: When conducting a standard or complaint survey (regardless of the type of complaint), surveyors should investigate compliance with the requirement for a facility to provide the services of an RN seven days a week, eight hours a day. If this requirement has not been met, the facility shall be cited for noncompliance under deficiency F-tag 727
Legionella
What is Legionnaires? A very serious type of pneumonia caused by a bacteria called Legionella.
Symptoms: Cough-Muscle Aches-Fever-Shortness of Breath-Headache
Increased Risk for Legionnaires: Age 50+, hx of smoking, COPD, weakened immune system (cancer, diabetes, kidney failure)
How is it spread? Usually water droplets in the air. Large Complex water systems found in hospitals, hotels, nursing homes and cruise ships. Most likely found: water used for showering, cooling towers, decorative fountains, hot tubs/whirlpools.
Mortality Rate: 10%- LTC cases 25%

Legionella QSO 17-30-Hospitals/CAHs/NHs Revised 07.06.2018
Requirement to Reduce Legionelle Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires’ Disease (LD)
Expectations for Healthcare Facilities
Facilities must have water management plans and documentation that, at a minimum, ensure each facility:
• Conducts a facility risk assessment to identify where Legionelle and other opportunistic waterborne pathogens could grow and spread in the facility water system.
• Develops and implements a water management program that considers the ASHRAE industry standard (https://www.ashrae.org/) and the CDC toolkit (https://www.cdc.gov/legionella/wmp/toolkit/index.html).
• Specifies testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained.
• Maintains compliance with other applicable Federal, State and local requirements.

Note: CMS does not require water cultures for Legionella or other opportunistic water borne pathogens. Testing protocols are at the discretion of the provider.
Legionella

The water management plan must be specific to the facility and should be reflective of what the facility is actively doing. For example:

- If checking disinfectant levels is part of the testing protocols in the policy and procedure manual, there should be evidence of consistent monitoring of disinfectant levels.
- If the policy states the facility will form a water management program team to regularly assess risk areas and review the water management program, there should be documentation that the team has conducted a water program review at least annually, as stated. The annual review should: 1) be implemented; 2) record findings and updates; 3) record participants; and 4) be submitted to the Executive Director.
- Training should be provided to those responsible for implementing and monitoring the water management program should be documented.
- Accuracy: If the policy mentions decorative fountains and cooling towers, these references should be removed if the facility has neither of these structures.
- If the policy indicates the minimum hot water temperature for tubs and showers is 110 degrees, however, temperature is measured at 106° F in the shower of room 103—what are they doing to correct the temperatures?
- If the policy states that temperatures are monitored weekly at the cooling tower, water heaters, sinks, showers, and kitchen appliances—does this documentation show this has been completed.

Legionella

The policy should provide specific actions to take in response to a legionella positive water sample.

The policy should address management of the hydrotherapy tub(s), which have a heated water reservoir. This should be addressed in the water management plan.

The policy should address backflow prevention device inspection frequency.

Legionella

QSO 17-30-Hospitals/CAHs/NHs Revised 07.06.2018

Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires’ Disease (LD)

Expectations for Surveyors and Accrediting Organizations

LTC surveyors will expect that a water management plan (which includes a facility risk assessment and testing protocols) is available for review but will not cite the facility based on the specific risk assessment or testing protocols in use. Further LTC surveyor guidance and process will be communicated in an upcoming survey process computer software update. Until that occurs, please use this paragraph as guiding instructions.
Legionella

The optimal growth temperature for Legionella bacteria is between 77 degrees and 108 degrees. The facility should make efforts to keep water storage and delivery vessels temperatures out of the optimal Legionella bacteria growth range.

All backflow devices in the facility should be inspected annually.

Legionella- Resources

Free online training program on Legionella water management programs called PreventLD. This would be for any staff member who would be responsible for implementing a water management plan. Details and the link to register are available here:
https://www.cdc.gov/ncohl/eveh/elearn/prevent-LD-training.html

List of factors to consider when looking to hire a Legionella consultant: https://www.cdc.gov/legionella/wmp/consultant-considerations.html

Other Helpful Resources

• Subscribe to the LTC Information Update Listserv by visiting and following the prompts at:
  ➤ http://cntysvr1.lphamo.org/mailman/listinfo/ltcr_information_update

• To view past Listserv posts and the LTC blog, visit:
  ➤ http://health.mo.gov/blogs/ltcblog/

• Visit the site below to view newsletters and additional resources:
  ➤ http://health.mo.gov/seniors/nursinghomes/providerinfo.php
Helpful Resources

• http://www.cms.hhs.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/
  • CMS Quality, Safety and Oversight Group Memos – click on ‘Policy and Memos to States and Regions’
    ✓ Normally released on Fridays
  • State Operations Manual
    ✓ Chapter 7 – Survey and Enforcement for SNF and NPs

Helpful Resources

• http://health.mo.gov/seniors/rulesregs.php
  ➢ State regulations for all levels of care

• http://health.mo.gov/safety/cnaregistry/
  ➢ CNA, CMT and Insulin Administration Registry

QUESTIONS

Section for Long Term Care Regulation
573-522-6228

Shelly.Williamson@health.mo.gov