




2018 UPDATES
BUREAU OF HUMAN SERVICES LICENSING

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DHS Updates

- DHS Secretary Teresa Miller – Confirmed
- DHS Office of Administration Deputy Secretary – Carolyn Ellison

Community Health Choices (CHC)

- ALR allowable setting for HCBS when:
 - CHC-MCO can provide LTSS in settings complying with 42 C.F.R. § 441.301.
 - NFCE Participants residing in PCH as of implementation date will be permitted to remain there while in CHC.
 - Settings cannot be located on grounds of a SNF, ICF, institution for mental disease or a hospital – unless it meets standards for heightened scrutiny process established under 42 C.F.R. § 441.301(c)(5) and is included in the PCSP.

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Assisted Living Residence Reg Initiative

Public Notice: Bed Fees, adjusted from \$75 to \$35 ~ Anticipated effective date July 1, 2018 ~

- Definitions – Additions & amendments
- General – Reinspect; Bed Fee/Aggregate; Resident Notice
- Staffing – Administrator Training/Credits; Hours/Week
- Physical Site – SCU Tub/Shower; Med Eval Timeline
- Transportation – Provision
- Services – Supplemental HC Svcs; Mobility Criteria; Certification Providers (PA)
- Resident Records – Paper/Electronic Forms

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BHSL Transitioning

- January 31, 2018 – Central Regional Office move
 - Health & Welfare Bldg (HQ)
 - 625 Forster Street, Suite 631, Harrisburg 17120
 - Main phone numbers & fax numbers √ √ √
 - ~~Licensing Rep desk phone numbers~~

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2017 Top 10 Citations ALRs			
2016		2017	
187 (a)	Medications – required info for each resident meds are administered to	185 (a)	Medications – accountability of meds and controlled substances procedures
183 (d)	Medications – storage/disposal of meds and supplies; only current for current residents kept by residence	69	Staffing – addit dementia-specific trng of ≥ 4 hrs w/in 30 days of hire; 2hrs annually thereafter
187 (d)	Medication – follow prescribed orders	227 (c)	Services – final support plan revised w/in 30 days of annual (or change condition) assessment; modified quarterly
25 (a)	General – resident/residence contract prior to or w/in 24 hrs of admission	141 (a) (11)	Resident health – If TB test not w/in 2 yrs, complete w/in 15 days of admission
132 (d)	Fire safety – residents evacuate w/in timeframe specified by fire safety expert	187 (d)	Medications – follow prescribed orders
231 (c) (1)	Special care units – preadmission screening for res with Alzheimer’s or dementia	183 (d)	Medications – storage/disposal meds and supplies; only current for current residents kept by residence
162 (c)	Nutrition – meals	65 (i)	Staffing – specific trng topics for annual direct care staff trng
42 (b)	Specific rights – resident abuse	187 (a)	Medications – records info for each resident meds are administered to
141 (a)	Resident health – resident medical evaluation and health care relating to application and admission	132 (d)	Fire safety – residents evacuate w/in timeframe specified by fire safety expert
25 (b)	General – resident/residence contract signatures	132 (h)	Fire safety – resident evacuation during each fire drill
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Regional Trends			
WESTERN		NORTHEAST	
<ul style="list-style-type: none"> ↑ Glucometers – unsafe practices ↑ Resident Records - unlocked 		<ul style="list-style-type: none"> ↑ Glucometers – sharing ↑ 227(d) RASP not updated reflecting services 	
CENTRAL		SOUTHEAST	
<ul style="list-style-type: none"> ↑ Glucometers ↑ Resident Privacy ↑ Video Recording 		<ul style="list-style-type: none"> ↑ Glucometers – unsafe practices and sharing 	
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Best Practices – Philadelphia “Ban on the Box”

- **§ 2600.51 & § 2800.51 Criminal History Checks**

Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).


- **Consult with an attorney > liability, prohibited offense**

- **Philadelphia Commission on Human Relations**


- Employers cannot ask about criminal background on job applications or during an interview.
- Employer can run criminal background check ONLY AFTER a conditional offer of employment is made.

Best Practices – DME, RASP, Hospice

- **Hospice=Significant Change**, requires DME and assessment
- Trending > resident’s condition declines > hospice > RASP not updated [2600.225(c)2]
- RASP needs updated documenting services provided by home & hospice
- Understand what services hospice provides and how to meet other needs when hospice is not onsite
- Hospice requires physician documentation, but not necessarily on the DME, depending on timing of the significant change
- Resident’s health is ultimately the home’s responsibility

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Best Practices – Smoother Inspection



- Be prepared: “Inspection-Readiness” binder
- Entrance Conference Guide
- In advance: Request inspection forms, scoresheet, checklist
- Conduct *your own* quality management “mock survey”
- Have requested documents, policies, procedures, staff list, resident list, etc.
- Be transparent, honest, proactive, enthusiastic, receptive to constructive criticism
- Committed to measuring regulations fairly and consistently while developing partnerships with providers

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Best Practices - Communication

- Understand Licensing Rep’s role
- Preliminary violations - provide as much info as possible
- Positive outreach & technical assistance
- Call Immediately > Regional Director, Director of Operations
- BHSL Operator Support Hotline – 866.503.3926
- BHSL Complaint Hotline – 877.401.8835
- Website <http://www.dhs.pa.gov/provider/longtermcareservices/>
- ListServe <http://listserv.dpw.state.pa.us/Scripts/wa.exe?A0=DPW-LICENSED-PROVIDERS-PCH>

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Q & A – Medical Marijuana

- Department of Health’s vision is a high quality, efficient and compliant medical marijuana program for commonwealth residents with serious medical conditions as defined by Act 16.
- Three key aspects: The patient, administration of the law, and a highly monitored supply chain with Departmental oversight.
- What does this mean for the PCH and ALR provider?
 - .18 Applicable health & safety laws
 - .181--.191 Medications
 - Discussing within BHSL and seeking DOH guidance.

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Questions & Answers - Glucometers

Dear Colleague:

March 17, 2015

The Pennsylvania Department of Human Services (Department) has recently identified serious infection control breaches in several personal care homes related to the improper use and sharing of diabetic testing supplies. These breaches likely resulted in a large outbreak of Hepatitis B in one facility resulting in tragic resident outcomes and dire consequences for the facility operator.

Please take this opportunity to comprehensively review infection control best practices and your responsibilities as an employer and care provider to prevent transmission of infectious diseases.

State and federal regulations and national guidelines exist to protect your residents, staff and you. As you know, the Department specifically prohibits the use of shared blood glucose testing and insulin administration equipment and supplies under section 85(a) (relating to sanitary conditions) in the personal care home and assisted living residence regulations to prevent the spread of blood-borne disease.

Practices in accordance with these requirements must be part of an overall infection control plan, and are vital to preventing the spread of potentially-deadly blood borne illnesses such as Hepatitis B and C (HBV/HCV), and the Human Immunodeficiency Virus (HIV).

Specifically, we require that each individual who uses insulin or has other blood glucose testing needs have his or her own glucometer, lancets, lancet device, test strips, insulin vial or pen, and syringes, and that there may be no sharing of these supplies or equipment. In practice, the Department has observed significant challenges in ensuring that diabetic supplies are not shared.

Consistent with Centers for Disease Control (CDC) recommendations, single-use, disposable supplies should be used (e.g., single-use, auto-disabling fingerstick devices) whenever possible. When single-use supplies are not available, be sure that individuals have their own devices (e.g., glucometer) for their exclusive use. Empower residents to verify their ownership of the glucometer before use. Insulin pens and multi-dose insulin vials must also be dedicated to individual residents and used and stored with extreme caution to prevent cross-contamination and inadvertent sharing.

As you can imagine, the personal impact of contracting these serious diseases cannot be overstated, and the public health and regulatory consequences of spreading disease due to complacency in blood glucose testing and insulin administration practices can be profound. For this reason, you are again asked to immediately review practices to ensure that supplies, equipment or medications are never shared by multiple residents.

Naturally, your medication administration staff are an important link in any comprehensive infection control program. Conduct a refresher training for all staff who administer medications with an emphasis on these specific issues. You must convey the importance of sanitary practices to them in strongest possible terms, with methods for supervisory staff to check their practices, and immediate consequences for staff who violate policies. Understand that nothing can be taken for granted in this regard.

Nonetheless, in previous investigations, the Department has identified and cited repeated violations related to shared blood glucose testing supplies within weeks of the discovery of original violations, and within days of staff retraining. This underscores the importance of going beyond staff re-training to comprehensively review your infection control plans and implement systems changes to safeguard against individual error.

Honestly evaluate your facility's description of services to ensure that you can safely serve people with blood testing and insulin administration needs. If you identify an infection control breach now or in the future, please immediately notify your regional Bureau of Human Services Licensing Office.

Enclosed are some references to make your blood glucose testing and insulin administration program safer. As previously noted, these recommendations are one part of a comprehensive infection control plan. You are encouraged to review infection control best practices and your obligation to provide a safe work environment under OSHA's bloodborne pathogen standard. We plan to provide statewide provider training on this topic in the near future. Please feel free to contact your regional Bureau of Human Services Licensing Office with any questions.

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Questions & Answers – Glucometers

Best Practices –

- Resident-specific labeling and use
- Calibration according to manufacturer’s instructions
- Glucometer reading and MAR must match
- Follow infection control standards – proper glove and hand hygiene protocols

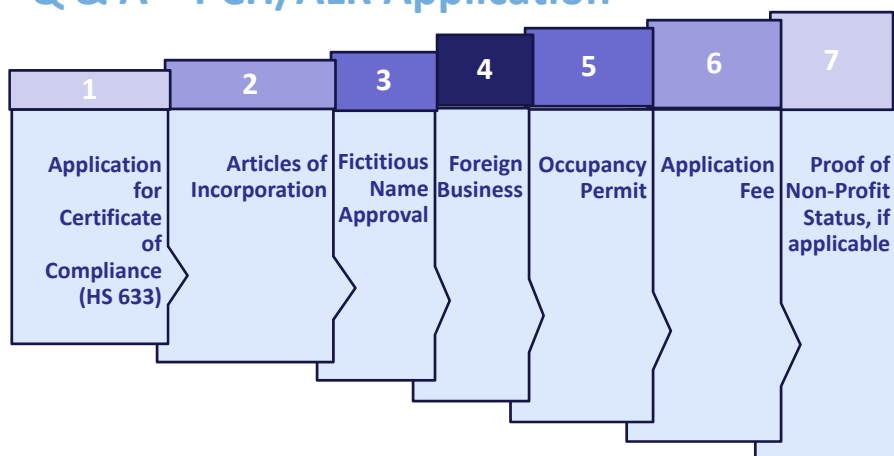
- PHCA Presentation March 31, 2016:


https://www.phca.org/wp-content/uploads/2016/03/Breakout_D_Medication_Errors.pdf

- CDC Recommendations:

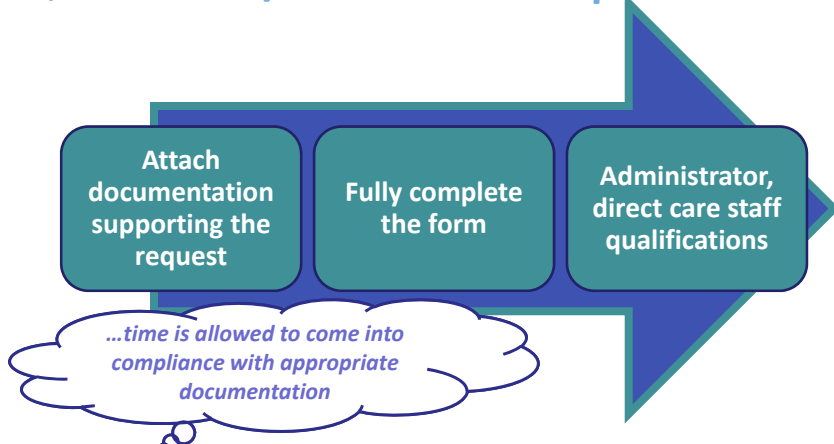
<https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html>

Q & A – PCH/ALR Application



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Q & A – PCH/ALR Waiver Requests



Attach documentation supporting the request

Fully complete the form

Administrator, direct care staff qualifications

...time is allowed to come into compliance with appropriate documentation

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