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What to Expect on Your Next DOH Survey

PHCA
PENNSYLVANIA HEALTH CARE ASSOCIATION

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- Understand the status of the Phase 3 Requirements of Participation implementation, as well as the recent proposed revisions to the Requirements of Participation
- Recognize the most frequently cited deficiencies in Pennsylvania and nationally under the Long-Term Care Survey Process
- Learn about systems enhancements and quality improvement actions that facilities can take to avoid deficiencies in the most frequently cited areas

What do we want to accomplish today?

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2019 National Top 10

1. F880 Infection Prevention and Control
2. F812 Kitchen Sanitation
3. F656 Develop CCPs
4. F761 Storage of Drugs & Biologicals
5. F689 Accidents
6. F684 Quality of Care
- 7. F758 Unnecessary Psychotropics/ PRN Use***
8. F657 Revise CPs
9. F641 Accuracy of Assessments
10. F550 Resident Rights

2019 Pennsylvania Top 10

1. F812 Kitchen Sanitation
2. F656 Develop CCPs
3. F880 Infection Prevention & Control
4. F684 Quality of Care
5. F689 Accidents
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8. F641 Accuracy of Assessments
9. F550 Resident Rights
- 10. F623 Notice Before Transfer/ Discharge***

CMS Data current as of 8/28/19

2019 Most Frequently Cited Deficiencies National vs. PA

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#1 F812 Kitchen Sanitation



F812 Kitchen Sanitation


- IJ citation: Failure to follow proper sanitization procedures for dish machine and sanitizing sink (S/S: L)
- High-Risk Areas:
 - Unlabeled/Undated Food Items
 - Handwashing/ Glove Use
 - Cooling Procedures
 - Kitchen Cleanliness – Ice buildup, food debris, dirty equipment

Proposed RoP Update


- F801 Qualified Dietary Staff –Revise required education standards to provide more flexibility for experienced Director of Food and Nutrition Services

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#2 F656 and #7 F657 re: Care Planning



F656 – Develop Comprehensive Care Plans

- High-Risk Areas:
 - IV Therapy
 - Behavior Management
 - Devices
 - Precautions
 - Hospice


F657 Care Plan Timing & Revision

- High Risk Areas:
 - Psychoactive Medications
 - Wound Care
 - Incontinence


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#3 F880 Infection Prevention and Control



F880 Infection Prevention & Control

- High-Risk Areas:
 - Med Administration
 - Glucometers
 - Dressing Changes
 - PPE
 - Antibiotic Stewardship Program
 - Lack of IC Surveillance Log/Tracking


Proposed Phase 3 Update

- Infection Preventionist
 - No delay for IP requirement overall
 - **Potential 1-year delay** for Designation/ Training
 - IP to “spend enough time” in the facility to achieve objectives of Infection Prevention and Control Program vs. “part-time”


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#4 F684 Quality of Care




F684 Quality of Care


- High-Risk Areas:
 - Lack of physician notification
 - Change in condition
 - Med/tx refusals
 - Weight Gain/Loss
- Blood pressure
- Constipation
- Therapeutic Diet

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#5 F689 Free of Accident Hazards/ Supervision / Devices



F689 Accidents


- IJ Citation: Adequate fire safety training not provided to agency staff (S/S: L)
- High-Risk Areas:
 - Falls
 - Transfer assistance
 - Side Rails

Proposed Update to RoPs

- Revise regulatory language regarding bedrails at F700 to remove references to “installation” and only refer to “use” of bed/side rails


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#6 F761 Storage of Drugs & Biologicals




F761 Drugs & Biologicals

- High Risk Areas:
 - Med Fridges
 - Storage temperatures
 - Narcotics boxes
 - Med Carts
 - Expired multi-dose insulin
 - Meds left on top of med carts unattended
 - Med carts left unlocked
- Med Rooms
 - Expired meds/biologicals stored with unexpired products


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#8 F641 Accuracy of Assessments



Accuracy of Assessments

- High Risk Areas:
 - Medications – Anti-anxiety
 - PASARR
 - Pressure Ulcers
 - Falls
 - Transfers and Bed Mobility

Don't Forget


- MDS Accuracy + Skilled Nursing Documentation are essential for PDPM payments!

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#9 F550 Resident Rights



F550 Resident Rights


- High-Risk Areas
 - Residents not well-groomed
 - Lack of timely call bell response
 - Staff entering rooms without knocking
- Dining
 - Staff standing while providing meal assistance
 - No verbal interaction between staff and residents during meals
 - Residents at same table not served at same time

Proposed Changes to Residents Rights Regs


- F555 Right to Choose/ Be Informed of Attending Physician
 - Remove language “remain informed” and require residents only be informed of physician information at admission, when there is a change, or upon request
- F585 Grievances
 - Clarify “resident feedback” vs. “grievance”
 - Require written grievance decisions to include “pertinent information”
 - Remove specific duties of designated Grievance Official
 - Reduce retention period from 3 years to 18 months

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#10 F623 Notice Before Transfer/ Discharge



F623 Notice – Transfer/Discharge


- High-Risk Areas:
 - Written notice not provided to residents/ representatives for hospital transfers
 - Written notices not including all required information:
 - Reason for transfer
 - Contact info for LTC Ombudsman office
 - If applicable- info for Agency responsible for protection/advocacy of people with developmental disabilities and mental disorder or related disabilities

Proposed Change to RoPs

- Require facilities to send copy of transfer or discharge notice to the LTC Ombudsman Office *only* when it is facility-initiated

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Facility Assessment

- Remove “unnecessary” requirements
- Biennial refresh vs. annual update
- EPP Facility-wide assessment can be used


Physical Environment

- LSC– Facilities certified before July 5, 2016 could use Fire Safety Equivalency System (FSES) to determine fire protection levels and continue to use 2001 FSES mandatory values for certain areas
- Resident Rooms & Bathrooms – Requirements at F911 and F918 would only apply to new construction and newly certified facilities that were not LTC facilities before

Other Proposed RoPs Updates

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Behavioral Health

- Remove duplicative requirement at F741 for Sufficient/Competent Staffing that exists at F725
- Remove duplicative requirement at F744 Treatment/Service for Dementia to provide specialized rehab (exists under F825)


Pharmacy Services

- Remove requirement for 14-day limits for PRN antipsychotic orders
- Orders could be extended if physician documents rationale in medical record and indicates order duration

Other Proposed RoPs Updates

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QAPI

- Potential 1-year delay
- Increased flexibility and less prescriptive to allow facilities to develop a QAPI program to meet their individual needs


Compliance and Ethics

- Potential 1-year delay
- Remove designated compliance officer/ contact person
- Periodic update vs. annual

Other Proposed Phase 3 RoPs Update (Potential Delays)

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Phase 3 + Survey

- Providers need to be prepared for all existing RoPs – including Phase 3, as written! Delays are not effective – yet.
- Regulations effective Phase 3:
 - F699 Trauma-Informed Care
 - F866 QAPI/QAA Data Collection and Monitoring
 - F882 Infection Preventionist Qualifications/Role
 - F895 Compliance and Ethics Program
- Training Requirements: F940 Training Requirements – General / F941 Communication Training / F942 Resident’s Rights Training / F944 QAPI Training / F945 Infection Control Training / F946 Compliance and Ethics Training / F949 Behavioral Health Training

Thinking About Phase 3 and Survey

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Thank you to PHCA for the opportunity to present today on
"What to Expect on Your Next DOH Survey."

For post-acute/long-term care compliance news, as well as our
"Ftag of the Week" Blog series, visit the **CMSCG Blog**:
<http://cmscompliancegroup.com/blog>

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Thank you!

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