

## Types of Diseases and Conditions

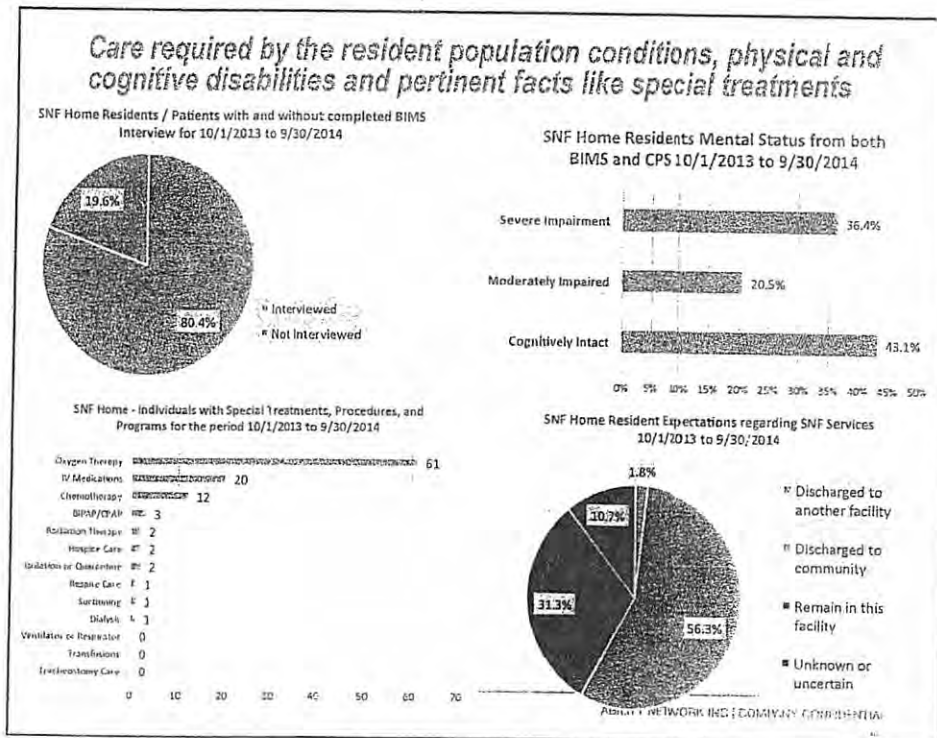
On the right are the categories of MDS check boxes and ICD10 codes from I8000A-J

Conditions	Counts of Conditions and Diseases present in Residents
Cancer	34
Heart/Circulation	1134
Gastrointestinal	107
Genitourinary	90
Infections	132
Metabolic	622
Musculoskeletal	231
Neurological	455
Nutritional	29
Psychiatric/Mood Disorder	373
Pulmonary	175
Vision	67

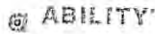
ICD10 Chapter Title	Count of ICD10 Codes assigned to Residents
Certain infectious and parasitic diseases (A00-B99)	0
Neoplasms (C00-D49)	58
Blood & blood-forming organs and disorders of immune mech. (D50-D89)	40
Endocrine, nutritional and metabolic diseases (E00-E90)	166
Mental and behavioral disorders (F01-F99)	35
Diseases of the nervous system (G00-G99)	169
Diseases of the eye and adnexa (H00-H59)	46
Diseases of the ear and mastoid process (H60-H95)	6
Diseases of the circulatory system (I00-I99)	352
Diseases of the respiratory system (J00-J99)	52
Diseases of the digestive system (K00-K93)	119
Diseases of the skin and subcutaneous tissue (L00-L99)	52
Diseases of the musculoskeletal system and connective tissue (M00-M99)	626
Diseases of the genitourinary system (N00-N99)	142
Pregnancy, childbirth and the puerperium (O00-O99)	0
Certain conditions originating in the perinatal period (P00-P96)	0
Congenital malformations, deformations & chromosomal abnorm (Q00-Q99)	7
Symptoms, signs & abnormal clinical & laboratory findings, not else classified (R00-R99)	642
Injury, poisoning and certain other consequences of external causes (S00-T98)	66
External causes of morbidity (V01-Y99)	3
Factors influencing health status and contact with health services (Z00-Z99)	227

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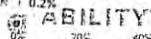
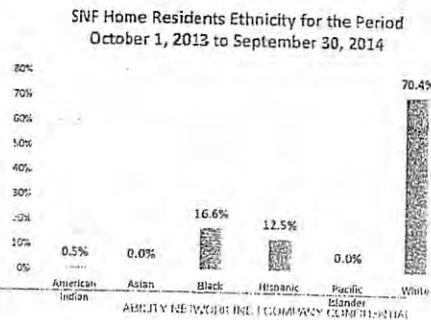
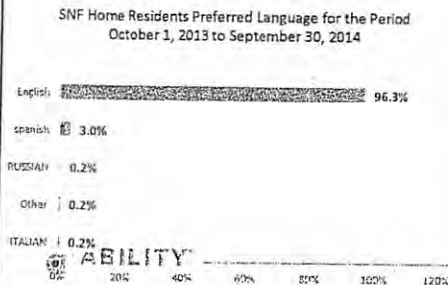
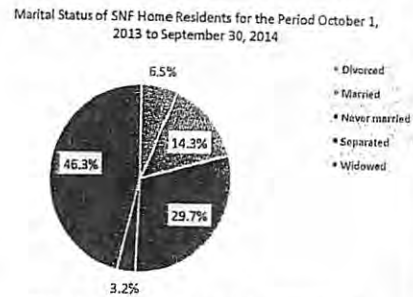
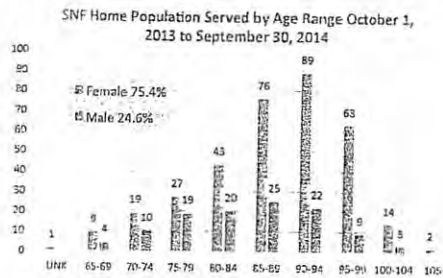


## Physical and Cognitive disabilities

- Physical
  - ADL
  - Communication
- Cognitive
- Show how you use information on Form 672 – in Care
  - RESIDENT CENSUS AND CONDITIONS OF RESIDENTS
- Show how you use information on Form 802 – in Care
  - ROSTER/SAMPLE MATRIX



## The care required by the resident population considering the pertinent ethnic and cultural factors present within population;



## Vision and Hearing

Vision		
Status	Residents	Lenses
Adequate	505	374
Impaired	56	38
Moderately Impaired	23	15
Severely Impaired	16	5
Highly Impaired	14	9

Special circumstances		
Comatose	1	
Hearing		
Hearing	Residents	Have Hearing Appliance
Adequate	404	28
Minimal Difficulty	149	0
Moderate Difficulty	46	15
Highly Impaired	17	6
Speech Clarity		
Status	Residents	
Clear Speech	557	
Unclear Speech	45	
No Speech	14	
Makes Self Understood		
Status	Residents	
Understood	449	
Usually Understood	121	
Sometimes Understood	43	
Rarely Understood	19	
Ability to Understand Others		
Status	Residents	
Understands	424	
Usually understands	194	
Sometimes understands	45	
Rarely / Never Understands	13	



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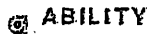
21

## Activities of Daily Living

0 – least impaired

16 = Most Impaired

ADL Scores for All Residents in 12 Months		
Score	Residents at ADL Score	Percent
0	77	11.7%
1	14	2.1%
2	18	2.7%
3	51	7.8%
4	16	2.4%
5	25	3.8%
6	137	20.9%
7	9	1.4%
8	89	13.6%
9	21	3.2%
10	32	4.9%
11	10	1.5%
12	64	9.8%
13	17	2.6%
14	39	5.9%
15	28	4.3%
16	9	1.4%
<b>Total</b>	<b>656</b>	<b>100.0%</b>



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22

## Urinary Continence

Level of Urinary Continence with Cognition		All Residents		Short Stay		Long Stay		[X]
		Ct	%	Ct	%	Ct	%	
Always Continent	Cognitively Intact	95	14%	68	10%	27	4%	
	Moderately Impaired	20	3%	7	1%	13	2%	
	Severely Impaired	10	2%	1	0%	9	1%	
Occasionally Incontinent	Cognitively Intact	112	17%	76	12%	36	5%	
	Moderately Impaired	40	6%	18	3%	22	3%	
	Severely Impaired	24	4%	8	1%	16	2%	
Frequently Incontinent	Cognitively Intact	74	11%	39	6%	35	5%	
	Moderately Impaired	38	6%	14	2%	24	4%	
	Severely Impaired	45	7%	15	2%	30	5%	
Always Incontinent	Cognitively Intact	24	4%	8	1%	16	2%	
	Moderately Impaired	32	5%	9	1%	23	4%	
	Severely Impaired	63	10%	9	1%	54	8%	

## Bowel Continence

Level of Bowel Continence with Cognition		All Residents		Short Stay		Long Stay		[X]
		Ct	%	Ct	%	Ct	%	
Always Continent	Cognitively Intact	193	29%	129	20%	64	10%	
	Moderately Impaired	59	9%	23	4%	36	5%	
	Severely Impaired	38	6%	11	2%	27	4%	
Occasionally Incontinent	Cognitively Intact	38	6%	22	3%	16	2%	
	Moderately Impaired	19	3%	6	1%	13	2%	
	Severely Impaired	14	2%	5	1%	9	1%	
Frequently Incontinent	Cognitively Intact	36	5%	21	3%	15	2%	
	Moderately Impaired	18	3%	9	1%	9	1%	
	Severely Impaired	33	5%	10	2%	23	4%	
Always Incontinent	Cognitively Intact	24	4%	5	1%	19	3%	
	Moderately Impaired	33	5%	8	1%	25	4%	
	Severely Impaired	61	9%	9	1%	52	8%	

What about .... How might we go about building this information for the Facility Assessment?

- Mood
- Behavior
- Preferences and Customer Routine
- Pain
- Nutrition
- Oral Dental
- Skin
- Medications
- Participation in Goal Setting
- CAAs

*Care required by the resident population diseases, conditions, physical and cognitive disabilities – so defined by the CAAs*

Care Area Assessments Mandated by MDS Triggers	Care Symptom Triggered	Care Plan Created		Care Symptom Not Triggered	No Care Plan Created
Delirium	26	18		482	490
Cognitive Loss/Dementia	196	231		312	277
Visual Function	102	102		406	406
Communication	220	220		288	288
ADL Potential	472	485		36	23
Urinary	503	491		5	17
Psychosocial Well-Being	128	122		380	386
Mood State	50	48		458	460
Behavioral Symptoms	18	20		490	488
Activities	90	93		418	415
Falls	507	494		1	14
Nutrition/Status	431	495		77	13
Feeding Tube	14	13		494	495
Dehydration	140	135		368	373
Dental Care	135	133		373	375
Pressure Ulcer	508	497		0	11
Psychotropic Drug Use	328	322		180	186
Physical Restraints	0	0		508	508
Pain	40	293		468	215
Return to Community Referral	0	0		508	508

## Assessment of Resources

### **2) The facility's resources, including but not limited to,**

- i. All buildings and/or other physical structures and vehicles*
- ii. Equipment (medical and non-medical)*
- i. And ii. Can be addressed in a review of the Budget!**
  - i. Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies*
  - ii. All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care*

### **Physical therapy, pharmacy, and specific rehabilitation therapies**

- Physical Therapy Department
  - Size of Gym
  - Staff, scope of staff practice, credentials
  - List of Therapies offered and used
  - List of Therapy equipment accessed
  - List and Frequency of Therapy Assessments and outcomes
- Pharmacy
  - Credentials of Consulting Pharmacist
  - Findings from Drug Regimen Reviews
  - Basis for ongoing Rx Therapies

***All staff, employees, contractors and volunteers***

- ***Education and/or training***
- ***Competencies related to resident care***
- ***Is there Sufficient Staff to meet Resident Care Needs***
  - ***Minimum Staffing***
  - ***Acuity Based Staffing***
  - ***Sufficiency of Staff***
  - ***5-Star Staffing***

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**Staff Sufficiency**

- **Sufficiency –**
  - What do residents need, SS and LS?
- **PBJ reveals**
  - Staff working more than 80 hours in a week
  - Staff working more than 300 hours in a month
  - Days without an RN
  - Individuals who have rendered extreme service
    - What does this mean?

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## Institute of Medicine Core Competencies

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

From *Health Professions Education: A Bridge to Quality*. Institute of Medicine, 2003.

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## Provide patient-centered care

- Identify, respect, and care about patients'
  - differences, values, preferences, and expressed needs;
  - listen to, clearly inform, communicate with, and educate patients;
  - share decision making and management;
  - and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.

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## Work in interdisciplinary teams

- Build and Manage Care Delivery Teams To ensure that care is continuous and reliable.
- This means that the teams
  - Cooperate
  - Collaborate
  - Communicate, and
  - Integrate care

## Employ evidence-based practice

- Integrate best research with clinical expertise and patient values for optimum care
- participate in learning and research activities to the extent feasible.

## Apply quality improvement

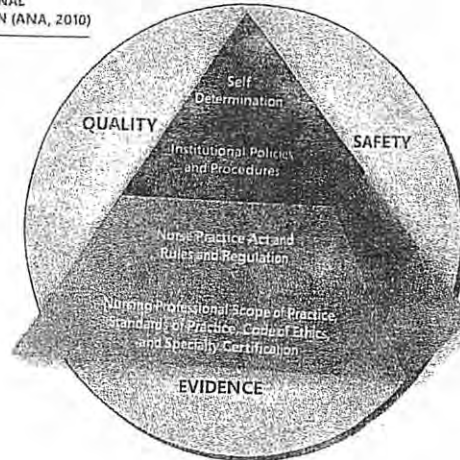
- Identify errors and hazards in care
- Understand and implement basic safety design principles, such as standardization and simplification
- Continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs
- Design and test interventions to change processes and systems of care, with the objective of improving quality.

## Utilize informatics

- Use information technology to:
  - Communicate
  - Manage knowledge
  - Mitigate error
  - Support decision making

## Care Plan, Care Competencies

FIGURE 1. MODEL OF PROFESSIONAL NURSING PRACTICE REGULATION (ANA, 2010)



## Assuring Competencies

- Regulatory agencies define minimal standards of competence to protect the public.
- The employer is responsible and accountable to provide a practice environment conducive to competent practice.
- Assurance of competence is the shared responsibility of
  - the profession
  - individual nurses
  - professional organizations
  - credentialing and certification entities
  - regulatory agencies
  - Employers
  - and other key stakeholders (ANA, 2010).

## Registered Nurse Competencies – ANA 2010

- **Collaboration** - collaboration surfaces in the competencies related to participative management and building collaborative relationships. Nurse leaders must be able to work in collaboration with other health professionals and leaders from other disciplines including finance
- **Communication** - communication is reflected in the competencies that embrace effectively communicating information and ideas in writing and verbally as well as expressing ideas clearly and concisely and inspiring others.
- **Education** - attains knowledge and competence that reflects current nursing practice
- **Environmental Health** - registered nurse practices in an environmentally safe and healthy manner - related to wellness and self-care—the elements embodied in image, initiative, and self-awareness.

## Registered Nurse Competencies – ANA 2010 (cont'd)

- **Ethics** - integrity competency that includes elements of honesty, responsibility, credibility, and the ability to use ethical considerations to guide decisions and actions
- **Evidence-based Practice and Research** - integrates evidence and research findings into practice and is reflected in competencies of business acumen, systems thinking, and learning capacity
- **Leadership** - three key areas for leading the self, leading others, and leading the organization.
- **Professional Practice Evaluation** - professional practice evaluation is embodied in the competencies of self-awareness, learning capacity, image, adaptability, interpersonal savvy, and self-management, self-insight, and self-development

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## Registered Nurse Competencies – ANA 2010 (cont'd)

- **Quality of Practice** - through creativity, innovation and overall quality improvement
- **Resource utilization** - utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible as highlighted in the competencies of business acumen, influence, systems thinking, vision and strategy

## Facility Assessment and QAPI – Greatest Challenge

- **Recruit, Retain, Motivate a new Workforce**
  - All Staff
    - Administrators, Registered Nurses, Licensed Nurses, Certified Nurse Aides, all support and operations associates
  - Find, recruit, educate, maintain, sustainable and committed workforce
- **Dichotomy – passion for job, versus Survey Expectation of do what needs to be done and doing it right – according to the S & C requirement**
  - This is a challenge because creative thinking needs educated and part of a group process for support, action and positive results
    - Measure more than twice .....

## How much staff is sufficient

- Staff to Acuity
  - Measure RUG 53 Case Mix and Nursing Minutes
  - Build a Spreadsheet to determine "expected staffing"
  - Aggregate the results in the Spreadsheet
- Or Use the Nursing Minutes in your MDS Scrubbing and Analysis Software
  - CareWatch Nursing Minutes Page

## Staffing Formulas

- National Average RN Hours = 0.7472
- National Average Total Staff Reported = 4.0309
- Five Star Staff Hours Adjusted = (Hours Reported (PPD) / Hours Expected) X Hours National Average
- To Know the staff you need for 5-Stars.
  - RN Hours Reported (PPD) = (Hours Expected / Hours National Average) X Adjusted hours for the given star level
  - Total Staff Hours Reported = (Total Staff Hours Expected / Total Staff Hours National Average) X Adjusted hours for the given star level.

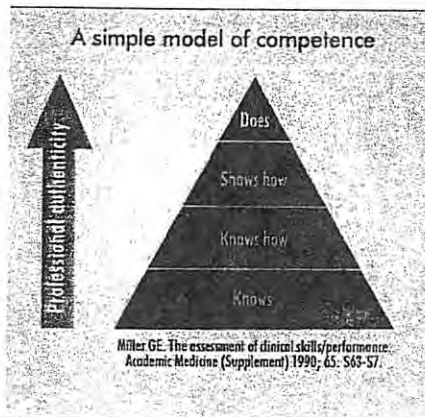
### Assessment of sufficient staff?

- care required by the residents
- Diseases
- Conditions
- physical and cognitive disabilities
- overall acuity,

Star Level	PPD RN Staff for Star Level	PPD Total For Star Level	RN Hours for all Pts	RN Hours FTE PPD	All Staff Hours	All Staff FTE PPD
1	0.2944	3.1622	48.6	6.1	521.8	65.2
2	0.2954	3.1642	48.7	6.1	522.1	65.3
3	0.3956	3.5512	65.3	8.2	585.9	73.2
4	0.5355	4.0478	88.4	11.0	667.9	83.5
5	0.7412	4.2855	122.3	15.3	707.1	88.4

- and other pertinent facts that are present within that population
  - Resident Rights – Choices and Perceptions

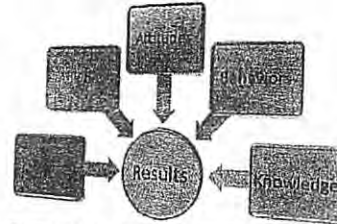
### Process for establishing staff competency



## Demonstrate Staff Competency / Capability in Practice

### References

- Measuring Work Environment and Performance in Nursing Homes  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2663940/>
- Benefits and challenges experienced by elderly living in nursing homes  
<https://www.tandfonline.com/doi/10.1080/01638343.2014.913433>



### Competency

A specific range of skill, knowledge, ability to do something successfully, being adequately or well qualified in the condition of being capable of meet demands, requirements



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## What does a License to Operate a SNF / NF mean?

- A license to operate a nursing home (AKA Medicare and/ or Medicaid certified center) carries with it a special obligation to those served because they depend upon the center to meet every basic human need.
  - Each person comes to the nursing home with unique life experiences, values, attitudes and desires, and a singular combination of clinical and psychosocial needs
  - to assure the highest practicable quality of life, the individuality of the nursing home resident must be recognized, and the exercise of self-determination protected and promoted, by the operator and staff of the nursing center
  - The physical environment, care policies and staff behavior must at once acknowledge the dependence of the residents while fostering their highest possible level of independence

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## ROP Central Survey & Certification Themes Challenging the SNF and NF

- 1) Overarching Theme = Person Centered Care
  - Strategies – look at next three years of
    - Resident Rights
    - QAPI
    - Facility Assessment
    - Compliance & Ethics
    - Infection Control and Prevention
- 3) Are you maintaining, achieving what your SNF/NF said you were going to do? (M&M Provider Agreement)
- 4) Plan of action / plan of correction /
  - Can we learn and act to reduce our SNF risk level?

## New Requirements have 3 Phases

- **Only Phase 1 regulatory text is effective in this version of Appendix PP.**
  - November 2016 Revised February 2017
- CMS included Phase 2 and Phase 3 language
  - distinguished these provisions within Appendix PP and have listed their effective dates.
  - This means the 2017, 2018 and 2019 revisions of Appendix PP are yet to come and the rules will continue Surveyor instruction and change
- CMS intends to merge QIS and Traditional Survey into "ONE" Survey method – how is yet to be known
- Summer 2017 – Renumber of Survey Tags and Addition of New Tags

## What is Survey and Why? (Continued)

- Survey and Certification is inspection and enforcement of Federal and State laws and regulations that encode of minimum operating standards for nursing homes
- A set of regulatory procedures intended to assure the highest possible quality of care and most meaningful quality of life for all residents is well provided
- This code sets the standard and the Survey seeks proof that the operators and their staff demonstrate mastery in service and care
- Survey is not a mere building inspection or a "white glove inspection."
  - Its focus is to determine that the responsible provider officials & key personnel are effectively doing all they can do to protect health & safety.

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## Service and Care Mastery of S&C Requirements Mean

- Nursing center managers and staff bring
  - action, work and creativity and energy so that the services promised by entitlements (Medicare and Medicaid) are delivered as a result of the policies and practices of the nursing center.
- Staff require comprehensive knowledge or skill in a particular subject or activity
  - The action of mastering a subject or skill
    - Oxford English Dictionary
- **Definition of MASTERY**
- **1a** : the authority of a master **b** : the upper hand in a contest or competition : SUPERIORITY, ASCENDANCY
- **2a** : possession or display of great skill or technique **b** : skill or knowledge that makes one master of a subject
  - Merriam Webster Dictionary

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## Mastery means

- Fully competent
- Able to operate effectively and efficiently
- Complete capacity and capability to obtain and sustain profit in exchange for value
- Uniformly dependable to deliver value
- Lack of knowhow is absent
- Faces new challenges with confidence
- Is the best / is excellent
- Mastery is the foundation

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## Important Skills Every LPN Needs to Have

- **Communication Skills:** Exemplary communication skills are a necessity when it comes to performing well as an LPN. LPNs work closely with patients and their families, as well as with doctors, nurses, and other members of the healthcare team, and being able to effectively relay information about the needs and condition of a patient is a vital part of ensuring optimal care.
- **Decision-Making Skills:** Good decision-making skills are some of the most important skills to have as an LPN. LPNs must have excellent decision-making skills in order to enable them to perform the necessary procedures quickly and effectively, especially in the case of an emergency.
- **Time Management Skills:** The shortage of nurses often means that LPNs find themselves providing care to numerous patients at once. Good time management can help ensure that all patients receive the care they need in the manner that is most efficient.
- **Computer Skills:** These days, computer skills are vital in almost all work settings, and this especially holds true in the field of nursing. LPNs are responsible for maintaining accurate patient records and reporting changes in their patients' conditions to other members of the healthcare team. Much of this documentation is done with the assistance of computers.
- **Supervisory Skills:** Since LPNs typically monitor the activities of nursing assistants and orderlies, good supervisory skills are essential to ensure a functional and professional team environment.
- **Clinical Skills:** The clinical skills that LPNs are taught during their practical nursing program are designed to prepare them to actively and effectively participate in the delivery of care to patients and their families. LPNs are responsible for a wide range of duties, and the successful LPN will possess the knowledge and skills necessary to perform those duties without hesitation.

<https://www.ecpi.edu/blog/6-most-important-skills-have-lpn-licensed-practical-nurse>

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## Basis and Scope – Preamble of ROP

- In order to meet obligations to nursing center patients AND residents for whom this is their home. The Federal and State requirements, to the extent possible, express expectations
- Center (SNF) operation must perform and produce outcomes while *conforming to fundamental principles of individual rights and to accepted professional standards*
- Where detailed processes or procedures are mandated
  - experience has proven the specific practice(s) are necessary in all cases to assure high quality of care
  - Supporting patient individuality and self-determination, the regulations reflects certain precepts
    - nursing homes (centers) should be viewed as homes and as medical institutions
    - Each resident's psychosocial needs deserve a prominence equal to medical condition
    - clinical interventions for the nursing home resident must be part of a comprehensive approach planned and provided by an interdisciplinary care team, with the participation of the resident
    - quality assurance is a work ethic rather and is continuous



## Lessons in Mega Rule

### Phase 2 – 16 Tags Plus

- F156
  - F202
  - F225
  - F279
  - F309
  - F319
  - F328
  - F329
  - F353
  - F361
  - F411
  - F412
  - F428
  - F441
  - F490
  - F520
- It states in F493 that...
- (3) The governing body is responsible and accountable for the QAPI program, in accordance with §483.75(f). [§483.70(d)(3) will be implemented beginning November 28, 2019 (Phase 3)]*
- It States in the F-Tag Job Aid for surveyors
- ~~§483.70(d)(3) will be implemented beginning November 28, 2019 (Phase 3)~~
- Which do you believe is correct?

### Phase 3 – 8 Tags

18 specific Phase 3 items

- F226
- F282
- F319
- F441
- F463
- F490
- F493
- F498
- F520

No overlap with Phase 2



# Administration

11 of 21 Requirements

Historical 4.6% of citations

Three new Rules



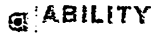
Rule changes	Tag	Survey Citation Description for F-Tags within the Administration Section of the Rule	Count of Citations	Percent of Category	Compliance
Yes	FS14	Keep accurate, complete and organized clinical records on each resident that meet professional standards.	9709	64.1%	64.1%
Yes	F488	Make sure that nurse aides show they have the skills and techniques to be able to care for residents' needs.	1462	9.7%	73.8%
Yes	F490	Make sure that the facility is administered in an acceptable way that maintains the well-being of each resident.	1276	8.4%	82.2%
Yes	F497	1) Review the work of each nurse aide every year; and 2) give regular in-service training based upon these reviews.	705	4.7%	86.9%
Yes	F492	Operate and provide services according to Federal, State, and local laws and professional standards.	430	2.8%	80.7%
Yes	F496	1) Receive registry verification that a nurse aide has met the required training and skills that the State requires; and 2) ensure nurse aides receive the required retraining after 24 months if nursing related services were not provided for monetary compensation	242	1.6%	91.3%
Yes	F499	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility	239	1.6%	92.9%
Yes	F251	Hire a qualified full-time social worker in a facility with more than 120 beds.	80	0.5%	93.4%
Yes	FS27	Mandatory submission of staffing information based on payroll data	0	0.0%	93.4%
Yes	FS25	Prohibits Binding Arbitration (in Court at Present Suspended)	0	0.0%	93.4%
Yes	FS26	Hopics Services	0	0.0%	93.4%
No	FS21	Choose a doctor to serve as the medical director to create resident care policies and coordinate medical care in the facility.	301	2.0%	95.4%
No	FS20	Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service.	291	1.9%	97.3%
No	F499	Employ staff that are licensed, certified, or registered in accordance with state laws.	207	1.4%	93.7%
No	F496	Ensure that all full-time nurse aids employed for more than 4 months are fully trained and competent to provide nursing and nursing-related services, as defined by Federal requirements.	32	0.2%	99.2%
No	F495	Ensure that all nurse aids who have worked less than 4 months are enrolled in appropriate training or have been deemed competent to provide nursing and nursing related services.	62	0.4%	99.7%
No	FS15	Keep clinical records for an appropriate amount of time.	35	0.2%	98.9%
No	F491	Be licensed under State and local laws.	12	0.1%	100.0%
No	FS21	Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel.	4	0.0%	
No	FS24	Facility Closure	0	0.0%	
No	FS23	Facility Closure Administrator	0	0.0%	
Total			33149	100.0%	87

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# Administration changes

in effect 90%+ of the requirement for participation has changed

Administration



Rule changes	Tag	Survey Citation Description for F-Tags within the Administration Section of the Rule	Count of Citations	Percent of Category	Compliance
Yes	FS14	Keep accurate, complete and organized clinical records on each resident that meet professional standards. Contain Comprehensive Care Plan, Physician/Practitioner and Nurses Notes, Diagnostic Services and Admission Screening	9709	64.1%	64.1%
Yes	F488	Make sure that nurse aides show they have the skills and techniques to be able to care for residents' needs. Required In-service training - include dementia management, resident abuse prevention Address areas of weakness as determined in nurse aides' performance reviews and facility assessment	1462	9.7%	73.8%
Yes	F490	Make sure that the facility is administered in an acceptable way that maintains the well-being of each resident. Facility Assessment, Compliance and Ethics, Training	1276	8.4%	82.2%
Yes	F497	1) Review the work of each nurse aide every year; and 2) give regular in-service training based upon these reviews. In-service training must comply with the requirements of §483.85 (g) - dementia, abuse and facility Assessment	705	4.7%	86.9%
Yes	F492	Operate and provide services according to Federal, State, and local laws and professional standards. Adh nondiscrimination on the basis of race, color, national origin, sex, age, or disability AND protection of individually identifiable health information HIPAA	430	2.8%	80.7%
Yes	F496	1) Receive registry verification that a nurse aide has met the required training and skills that the State requires; and 2) ensure nurse aides receive the required retraining after 24 months if nursing related services were not provided for monetary compensation - Check every registry that will include information	242	1.6%	91.3%
Yes	F499	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility - Administrator reports to Governing Body - Governing Body is responsible and accountable for the OAPI program - Phase 2 and Phase 3	239	1.6%	92.9%
Yes	F251	Hire a qualified full-time social worker in a facility with more than 120 beds. a minimum of a bachelor's degree not limited to, sociology, gerontology, special education, rehabilitation counseling, and psychology	80	0.5%	93.4%
Yes	FS27	Mandatory submission of staffing information based on payroll data	0	0.0%	93.4%
Yes	FS25	Prohibits Binding Arbitration (in Court at Present Suspended)	0	0.0%	93.4%
Yes	FS26	Hopics Services	0	0.0%	93.4%
Total Admin Requirements with Change			14143	93.4%	9

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## Need for Medicare Short Stay SNF

2014 State of Illinois Need for Medicare Skilled Nursing Care				
	Medicare Stays		Days of Care	Length of Stay
2014 SNF Medicare Utilization in Illinois*	137,553		3,845,035	28.0
Total Medicare Discharges in Illinois**	588,250		3,155,469	5.4
Ratio of SNF to Hospital for 2014	23.4%		1.21853	5.2
* <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/SNF2014.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/SNF2014.html</a>				
** <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareFeeforSvcPartsAB/Downloads/DRGState14.pdf">https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareFeeforSvcPartsAB/Downloads/DRGState14.pdf</a>				

## Assessment Step 1

- **The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies.**
  - Resources needed
  - Competency required
- **Timing**
  - Each and every hour of the day to day effort
    - Therefore for shift, summarized by pay period what was acuity of resident need? and what was staff capacity and capability?
  - AND Emergency Situations

## Facility Assessment of Resources

- **Assess**
  - Physical Environment
    - Day to day
    - Emergency
  - Human Environment
    - Direct Care – CNAs, LPNs, RNs and Therapists
      - Sufficient time and capability
      - Reasonable capacity to render care
        - » All Staff, all shifts
    - Supportive Care – Social Services, Activities, Dietary, Chaplaincy, Volunteers
    - Administration – Business Office, Administrator(s), Governance

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*The facility assessment must address or include:*

**2) The facility's resources, including but not limited to,**

- i. All buildings and/or other physical structures and vehicles*
- ii. Equipment (medical and non-medical)*
- iii. Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies*
- iv. All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care*

**3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.**

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## Emergency Preparedness

Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.\*

- \* [For LTC facilities at §483.73(a)(1):]
  - (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.
  - (2) Include strategies for addressing emergency events identified by the risk assessment.
- Facilities are encouraged to utilize the concepts outlined in the National Preparedness System, published by the United States Department of Homeland Security's Federal Emergency Management Agency (FEMA), as well as guidance provided by the Agency for Healthcare Research and Quality (AHRQ).

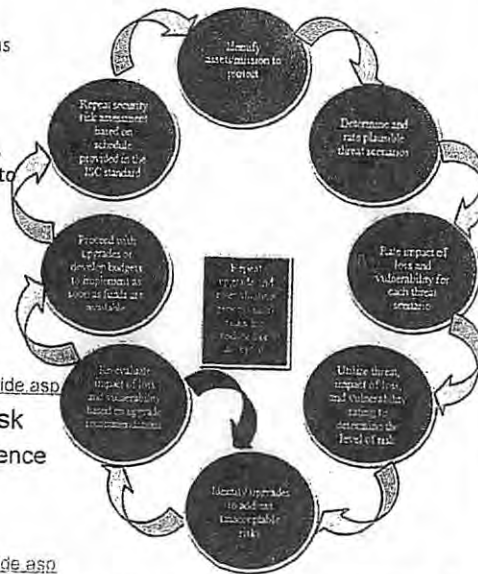
## All Hazards Approach

NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity Programs lists some 45 separate categories of potential hazards.

The third Principle of Emergency Management, risk-driven, encourages the use of risk analysis to assign priorities and resources.

<http://www.govtech.com/em/emergency-blogs/managing-crisis/Allhazards-Doesnt-Mean-Plan-for-Everything.html>

- FEMA
- <https://emergency.cdc.gov/planning/responseguide.asp>
- Facility and Community Based Risk
  - Center for Disease Control Reference
- [https://www.cdc.gov/phpf/documents/ahpc\\_final\\_march\\_2013.pdf](https://www.cdc.gov/phpf/documents/ahpc_final_march_2013.pdf)
- <https://emergency.cdc.gov/planning/>
- <https://emergency.cdc.gov/planning/responseguide.asp>



## Emergency Preparedness

- The goal of the provision is to ensure that healthcare providers collaborate with other entities within a given community to promote an integrated response.
- Conducting integrated planning with state and local entities could identify potential gaps in state and local capabilities that can then be addressed in advance of an emergency.
- Facilities may rely on a community-based risk assessment developed by other entities, such as public health agencies, emergency management agencies, and regional health care coalitions or in conjunction with conducting its own facility-based assessment.
- If this approach is used, facilities are expected to have a copy of the community-based risk assessment and to work with the entity that developed it to ensure that the facility's emergency plan is in alignment.

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## New S & C Rule on Emergency

- June 2 letter S & C 17-29-ALL – 483.73
- Under this condition/requirement, facilities are required to develop an emergency preparedness program that meets all of the standards specified within the condition/requirement.
- The emergency preparedness program must describe a facility's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency or disaster situation.

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- Policies and procedures on care plans
- Admission process
- Disaster process
- Actual problem, admission ROP, physician order of x and resident preferences in this area and care plan based on assessment and 48 hour guide of care plan
- Clinical program
  - Skin

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## Surveys in the New Era

- SOM, Appendix P, Survey Protocol for Long Term Care Facilities, a standard survey assesses:
  - Compliance with residents' rights & quality of life requirements
  - The accuracy of residents' comprehensive assessments & the adequacy of care plans based on those assessments
  - The quality of care & services furnished as measured by indicators of:
    - Medical, nursing, rehabilitative care & drug therapy
    - Dietary & nutrition services
    - Activities & social participation
    - Sanitation & infection control
  - The effectiveness of the physical environment to:
    - Empower residents
    - Accommodate resident needs
    - Maintain resident safety

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## Survey Goal

- **Deficiency Free**
  - Zero Deficiencies
  - Non sub-standard care
  - If a deficiency – no G or higher
- **Attain 3 stars or higher**
- **No Immediate Jeopardy or actual or potential harm to a resident**



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**Compliance Program Meeting Minutes – WORKSHEET**

**Facility:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Compliance Officer:** \_\_\_\_\_

**Members Present (names and titles):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recent Survey Dates:**

**Complaint** \_\_\_\_\_

**Follow-Up** \_\_\_\_\_

**Annual** \_\_\_\_\_

**Follow-Up** \_\_\_\_\_

**Fraud, Waste, Abuse, and Neglect**

**Allegations of Fraud, Abuse, Neglect:**

Was potential fraud, waste, abuse or neglect detected?

If yes, was the corporate compliance officer notified?

Please explain and detail re-education:

\_\_\_\_\_  
\_\_\_\_\_

**Review of Incident and Unusual Occurrence Reports:**

Was potential fraud, waste, abuse, or neglect detected?

\_\_\_\_\_

If yes, was the corporate compliance officer notified?

Please explain and detail re-education:

Internal Monitoring Actions to Prevent and Detect Fraud, Abuse, and Neglect:

Were the QI tracking reports discussed and/or reviewed?

Were there fraud, waste, abuse or neglect issues?

If yes, was the corporate compliance officer notified?

Please explain and detail re-education:

The QA Committee must review any discussions or issues identified in these areas as soon as possible. All comments should be retained by the QA Committee and must be reported to the corporate compliance officer as soon as possible.

Overview of Calls to Facility's Fraud and Abuse Hotline

**SCREENING / BACKGROUND CHECKS**

Have all residents been screened against...

Illinois Facilities:

The Illinois State Police Registered Sex Offender Database

The Illinois Department of Corrections Database

The UCIA Police Background Check (Illinois State Police Database)

Indiana Facilities:

The Indiana Sheriff's Sex and Violent Offenders Registry

Have all new employees had background check report by KROLL or Hire Right (Indiana) or IDPH web portal (Illinois)?

Have all vendors, including entertainers, been screened against...

HHS Office of Inspector General Exclusion Database\_\_\_\_\_

System Award Management (SAM) Record Search\_\_\_\_\_

Illinois State Police Registered Sex Offender Database\_\_\_\_\_

Indiana Sheriff's Sex and Violent Offender Registry\_\_\_\_\_

**In-Services**

Please check or list conducted monthly in-services:

\_\_\_ In-services in accordance with the Annual In-Service Calendar

\_\_\_ W.O.W.

\_\_\_ Fall Program

\_\_\_ Other (please list)\_\_\_\_\_

---

Did all new employees receive in-services, as required under the In-service Calendar and Facility Orientation Program? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

### Trust Funds

Date of last resident trust fund audit? \_\_\_\_\_

Date of last correction of resident trust fund accounts? \_\_\_\_\_

Date of the last confirmation of resident trust fund account with resident and/or the resident's family/guardian? \_\_\_\_\_

Were there negative findings or questions raised from confirmed individuals? (if yes, please explain) \_\_\_\_\_  
\_\_\_\_\_

### Miscellaneous Violations

**MDS**---Was there an HFS Audit this month? (please explain any findings) \_\_\_\_\_  
\_\_\_\_\_

Have all of your RUGS been audited internally? \_\_\_\_\_

Validated? \_\_\_\_\_

**Computer Security Violations**—Any security violations with computer usage and/or passwords? (including Matrix, email, or other databases) \_\_\_\_\_  
\_\_\_\_\_

## Review of Compliance Program Effectiveness

Review the implementation and execution of the Compliance Program systems and structures, including the overall success of the program as well as each of elements of the Compliance program.

Was each of the following completed/implemented?

---

1. Written Policies and Procedures, including the Code of Conduct (if not, please explain)\_\_\_\_\_

2. Compliance Officer, Compliance Committee, Fraud and Abuse Compliance (if not, please explain)\_\_\_\_\_

3. Effective Training and Education (if not, please explain)

---

4. Effective Lines of Communication (if not, please explain)

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5. Monitoring (if not, please explain)\_\_\_\_\_

---

6. Discipline and Enforcement (if not, please explain)\_\_\_\_\_

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7. Prompt Reporting to Federal and State Authorities and Corrective Action (if not, please explain)\_\_\_\_\_

---

## Course Status

7/1/2017

Due Date Range

1/1/2017 - 7/1/2017

	Courses Assigned	Courses Completed On Time	Courses Completed Late		Total Completion %	Total Compliance %
<b>All Courses</b>	<b>35695</b>	<b>18760</b>	<b>7685</b>		<b>74.09 %</b>	<b>52.56 %</b>
	Courses Assigned	Courses Completed On Time	Courses Completed Late	Courses Not Complete Overdue	Total Completion %	Total Compliance %
Beecher Manor	2246	899	579	768	65.81 %	40.03 %
Briar Place	1374	570	347	457	66.74 %	41.48 %
Chateau Center	2306	1706	243	357	84.52 %	73.98 %
ECC	313	199	35	79	84.76 %	83.58 %
Estates of Hyde Park	1483	489	540	454	69.39 %	32.97 %
Grasmere	1911	1888	22	1	99.95 %	98.8 %
Lakewood	2369	1016	750	603	74.55 %	42.89 %
Lemont	1707	1142	244	321	81.2 %	66.9 %
Lincolnshire	1708	1036	529	143	91.63 %	60.66 %
Munster Med	3504	1737	1008	759	78.34 %	49.57 %
Park House Nursing	1360	775	366	219	83.9 %	56.99 %
Prairie Manor	2594	1401	463	730	71.86 %	54.01 %
Rainbow Beach	1778	764	376	638	64.12 %	42.97 %
Sebos	2039	1270	186	583	71.41 %	62.29 %
Sheffield/Dyer	2235	1240	212	783	64.97 %	55.48 %
South Suburban	1856	577	567	712	61.64 %	31.09 %
St. James	2384	892	536	956	59.9 %	37.42 %
Tri-State	1344	607	478	259	80.73 %	45.16 %
Wheaton	988	470	184	334	66.19 %	47.57 %

red = below 60%  
 blue = 60% - 80%  
 green = 80% +

