

January 8, 2020


UPDATES SURVEY TRENDS TIPS

Presented by:
Lori Davenport, Director of Regulatory Clinical Affairs



OUR DISCUSSION TODAY Part 1

OVERVIEW

- IHCA Updates
- QMA
- TB Testing – Staff
- Abuse ICON Strategy
- Infection Control
- Score Card Methodology
- Survey Tags 2019 



Colin Hebenstreit
Director of Member Engagement



QMA – Insulin Administration

- **Effective 12/31/2019** – QMA Insulin Administration Education Module released
- 4-8 hours of classroom training following the state approved curriculum
- 2-4 hours of practical training with 1:1 supervision of licensed registered nurse
- Successful completion of skills competency checklist with 100% accuracy administered by the QMA training program approved Program Director
- Successful completion of written competence examination administered by the state approved testing entity.
- The approved QMA training program is responsible for maintaining a student file for everyone.

ISDH Newsletter

- [ISDH – QMA Insulin Administration Information](#)
- [ISDH – QMA Insulin Administration Education Module – Instructor Manual](#)
- [ISDH- QMA Insulin Administration Education Module – Student Manual](#)
- [QMA – Insulin Administration website](#)

There will be a greater focus on QMA education standards that are mandated by ISDH
Be READY

QMA Education Requirements
with or without allowing
QMA's to administer insulin
administration

What - When - Who

- The six (6) hours of QMA Inservice must be obtained annually between January and December. (Effective - 2018)
- Inservice – related to medication administration
- The ISDH will continue to review of QMA Record of Annual Inservice Training.
 - 1) a random selection of QMAs will be notified by the ISDH to submit their in-service form for review and
 - 2) surveyors will review QMAs in-service form during annual or other surveys, as necessary.

What - When - Who

- The facility should maintain a copy of QMA Record of Annual Inservice Training as relates to employment.
- QMA Record of Annual Inservice Training:
<http://www.in.gov/isdh/20507.htm>
 - Yes – you need to monitor compliance if a QMA is working in your building.

QUALIFIED MEDICATION AIDE (QMA) RECORD OF ANNUAL INSERVICE TRAINING
 State Form 51854 (Rev. 1-1-20)
 INDIANA STATE DEPARTMENT OF HEALTH – DIVISION OF HEALTH CARE QUALITY & EDUCATION

INSTRUCTIONS:

1. Please print or write clearly.
2. Six (6) hours of inservice training must be completed each year (January – December).
3. Only inservices related to medications, medication administration, QMA Scope of Practice, and insulin administration should be included on this form.
4. QMA **MUST** keep the original form.

Name (Last, First, Middle Initial)		QMA Certification Number		
Address (number and street)		City	State	ZIP code
Telephone (including area code)		E-mail address		
Date (mm/dd/yyyy)	Topic (Medication, Medication Administration and QMA Scope of Practice (ONE))	Instructor Signature / Credentials	Length (1/4 Hour Increments)	ISDH Use Only

What - When - Who

- Develop a system to audit and monitor QMA competency.
- Review QMA scope of practice with current and new QMA's that are onboarding.
- Review scope of practice with appropriateness for QMA's, LPN's, and RN's.
- Discuss appropriate delegation of insulin administration with RN's.

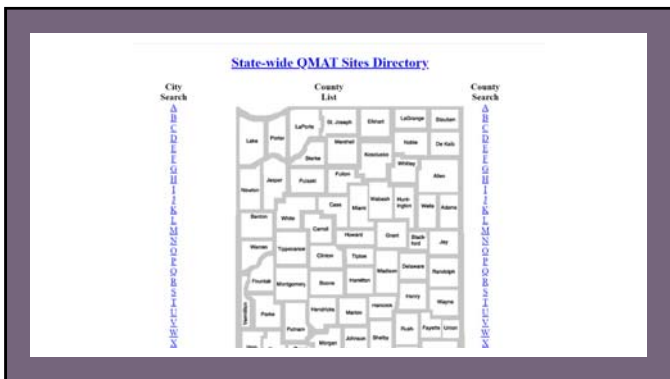


EMPLOYEE RECORDS
SLO Facilities
 State Department of Health
 DIVISION OF LONG TERM CARE

Facility Name:
 Task ID:

FACILITY COMPLETES COLUMNS A, B, AND C. MAKE ADDITIONAL COPIES AS NEEDED. Include all contractual consultants.

A. FULL NAME	B. JOB TITLE	C. START DATE (mm/yyyy)	D. LICENSE OR CERT.		E. REG.		F. HEALTH SCREEN		G. TB TEST		H. ORIENT.	I. JOB DESC.	J. TRAINING NEW HIRE? (YES/NO)	
			Class	Subclass	1st Test	2nd Test	Annual TB Screen	Contractor	Specialty	Required			Completed	
1.	Administrator													
2.	Assistant Nurse													
3.	Assistant													
4.	Pharmacist													
5.	Director Care													
6.	Director													
7.	Activity Director													
8.														
9.														
10.														
11.														
12.														





Testing and Screening Staff for Tuberculosis – Effective January 1, 2020 – Assisted Living and Nursing Homes

Tuberculosis testing and screening for staff can be effective and less restrictive with an adoption and implementation of a nationally recognized standard for the control and prevention of tuberculosis.

- Recommendations as follows:
- Involve the facility designated Infection Preventionist.
- Review and revise policy and procedures.
- Review the CDC's recommendations related to testing and screening staff for tuberculosis.
- Utilize forms and questionnaires appropriately.

Long Term Care Update

Tuberculosis Prevention Advisory Letter

These advisory letters set out the expectations for both Indiana licensed comprehensive care facilities and Indiana licensed residential facilities for preventing the transmission of Mycobacterium tuberculosis. To become exempt a facility must adopt and implement a nationally recognized standard for the control and prevention of tuberculosis. The effective date is January 1, 2020.

Program Advisory Letter – LTC-2019-01-SNF/NF

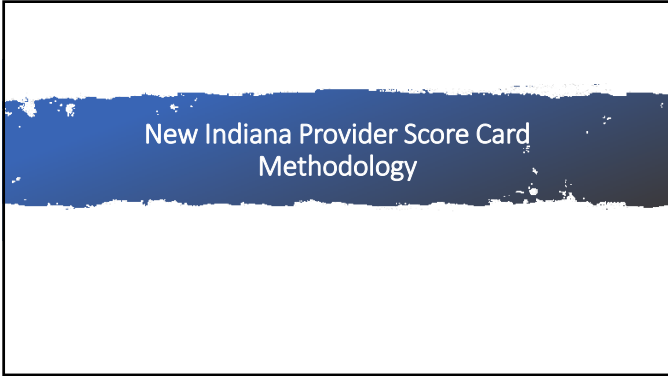
Program Advisory Letter – LTC-2019-01-RES

Additional information:

Health Care Personnel (HCP) Baseline Individual TB Risk Assessment

TABLE Comparison of 2005 & 2019 Recommendations for TB screening and testing of HCP

Updated Recommendations for TB Screening, Testing and Treatment



How your score is calculated

- The best possible score that a facility can achieve is 500 points.
- Means to achieve 500 that.....No "D" or higher deficiencies were found in the requirements used for scoring for the past two standard health surveys, and there have been no findings of Substandard Quality of Care or Immediate Jeopardy for any survey during the time period covered by those two standard health surveys.

How your score is calculated

- Report card scores will be calculated four times per year for periods ending on March 31, June 30, September 30, and December 31.
 - To allow time to ensure that surveys are uploaded and included in the score, the scoring for a quarter will occur at least sixty (60) days after the last date of that period. For example, if the quarterly period ends on June 30, report card scores would not run for that period until September 1.

How your score is calculated

- **Step One:** Identify the surveys to be included in the scoring process.
- The facility report card score is calculated four times per calendar year for the **two most recent nursing home health surveys**. The facility report card score also **includes all complaint surveys, life safety code surveys, emergency preparedness surveys, and any follow-up surveys that occur within the two most recent nursing home health surveys**. The facility report card score ranges from 500 to 0, with **500 being the best score possible**.


How your score is calculated

- **Step Two:** Score the two most recent sets of surveys:
- For each deficiency found, deduct a point value according to the Scope and Severity found as indicated in the table below.
- Deduct all of the above point values from 500. This is the score for that facility for that survey period.
- Should total deduction points be greater than 500, the score for that facility will be (0) zero.

Scope and Severity Table

	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J 24 Deduction Points	K 27 Deduction Points	L 30 Deduction Points
Actual harm that is not immediate jeopardy	G 14 Deduction Points	H 17 Deduction Points	I 20 Deduction Points
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D 3 Deduction Points	E 6 Deduction Points	F 9 Deduction Points
No actual harm with potential for minimal harm [Substantial Compliance]	A 0 Deduction Points	B 0 Deduction Points	C 0 Deduction Points

The ICON – Double
D Level Citations



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**D Level Abuse Citations
Indiana - past 2 survey cycles**

- Staff to Resident Abuse
- Resident to Resident Abuse
- Misappropriation – Property
- Misappropriation – Resident Narcotics



Discussion





Resources

- Infection Preventionist – Designee and role with QAPI
- **Infection Prevention and Control Assessment Tool** for Long-term Care Facilities Infection Control Risk Assessment
- Infection Control Individual **Provider Risk Assessment** – Prioritize
- Enhanced Precautions – Resources coming
- **ISDH Outbreak Handbook**

Improve Infection Prevention and Control in LTC Facilities: CMS has created a nursing home antibiotic stewardship program training; updates the Nursing Home Infection Control Worksheet as a self-assessment tool for facilities; and reminds facilities of infection control resources.

Infection Prevention and Control for *Candida auris*

Nursing Home Infection Preventionist Training Course

State-based HAI/AR program contact information

CMS infection control requirements for nursing homes - 42 CFR §483.80

Additional Infection Prevention & Control Programs – available December 2, 2019:

Development of an Antibiotic Stewardship Program for Nursing Home Providers

Nursing Home Infection Control Worksheet (ICWS) Revised

**Survey Trends
Indiana Top Ten Tags
All S/S
Standard (#1) & Complaint (#2)**

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Indiana Active Providers=553	Total Number of Surveys=546	
00800	Infection Prevention & Control	235	41.4%	43.0%
00506	Develop/Implement Comprehensive Care Plan	182	32.4%	33.3%
08812	Food Procurement, Store/Prepare/Serve Sanitary	164	28.2%	30.0%
00541	Accuracy of Assessments	163	29.1%	29.9%
00689	Free of Accident Hazards/Supervision/Devices	163	28.9%	29.9%
00657	Care Plan Timing and Revision	154	27.5%	28.2%
00684	Quality of Care	141	24.8%	25.8%
00758	Free from Unneed Psychotropic Meds/PRN Use	136	23.9%	24.9%
00764	Label/Store Drugs and Biologicals	135	23.9%	24.7%
00600	Bowel/Bladder Incontinence, Catheter, UTI	99	17.5%	18.1%
00623	Notice Requirements Before Transfer/Discharge	93	16.5%	17.0%
00757	Drug Regimen is Free from Unnecessary Drugs	90	16.1%	16.5%

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Citation Frequency Report

State	Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.			Indiana Active Providers=551	Total Number of Surveys=1685	
	FD689	Free of Accident Hazards/Supervisors/Devices	134	18.3%	8.0%
	FD684	Quality of Care	60	9.8%	3.6%
	FD686	Treatment/Services to Prevent/Heal Pressure Ulcer	60	9.6%	3.6%
	FD680	Notify of Changes (Injury/Decline/Room, etc.)	54	8.9%	3.2%
	FD642	Resident Records - Identifiable Information	46	7.1%	2.7%
	FD656	Develop/Implement Comprehensive Care Plan	45	7.4%	2.7%
	FD609	Reporting of Alleged Violations	44	7.8%	2.6%
	FD600	Free from Abuse and Neglect	43	7.1%	2.6%
	FD677	ADL Care Provided for Dependent Residents	39	6.5%	2.3%
	FD760	Residents are Free of Significant Med Errors	32	5.6%	1.9%

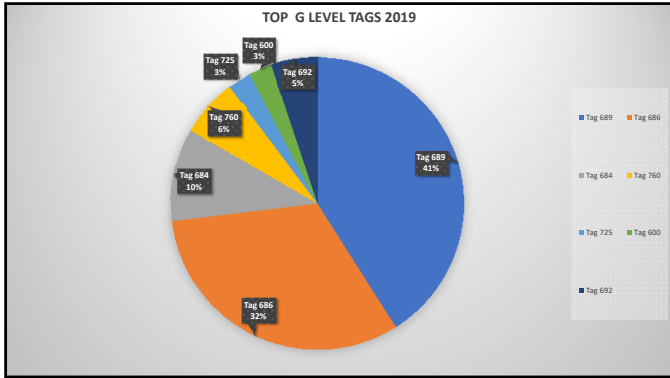
TOP TAGS – Indiana 2019
High to Low – Crossover Tags

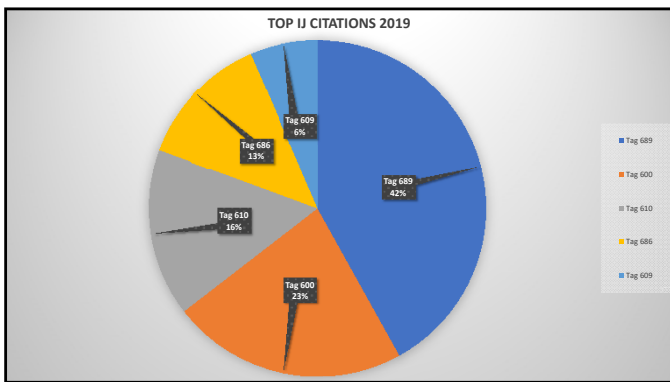
G Level Tags

- Tag 689 - Free of Accident Hazards/Supervision and Devices
- Tag 686 - Treatment and Services to Prevent/Heal Pressure Ulcer
- Tag 684 - Quality of Care
- Tag 760 - Residents are Free of Significant Med Errors
- Tag 725 – Sufficient Nursing Staff
- Tag 600 - Free from Abuse and Neglect

IJ Level Tags

- Tag 689 - Free of Accidents
- Tag 600 - Free from Abuse and neglect
- Tag 610 Investigate/Prevent/Correct Alleged Violation
- Tag 686 – Treatment and Services to Prevent/Heal Pressure Ulcer
- Tag 609 – Reporting of Alleged Violations





Accidents/ Hazards/ Supervision/ Devices

IHCA/INCAL

Accident Hazards/Supervision and Devices

INTENT: §483.25(d)

Ensure the facility provides an environment that is free from accident hazards over which **the facility has control and provides supervision and assistive devices** to each resident to **prevent avoidable accidents**.

Best Practice Includes:

- Identifying hazards and risks
- Evaluating and analyzing hazards and risks
- Implementing interventions to reduce hazards and risks
- **Monitoring for effectiveness and modifying interventions as necessary**

Best practice -- an approach with residents and overall facility practices!

Unavoidable vs Avoidable

- Adequate supervision is determined by assessing appropriate level and number of staff, competency and training, and frequency of supervision needed.
 - Defective equipment or not used properly – **Competency & PM**
 - Disabled/removed – **Competency & Training & Implementation**
 - Not adapted or fitted -- **Resident-Centered**

Common themes with Tag 689

- Falls
- Elopement
- Smoking related
- Equipment
- Water temperatures
- Unsafe transfer technique

Key elements of noncompliance :

- Failed to identify and eliminate known and foreseeable accident hazards to the extent possible; or
- Failed to provide appropriate and enough supervision to prevent avoidable accidents and/or help devices necessary to prevent an avoidable accident.

Communication is KEY!

- Process for resident refusals
 - Balance – resident rights to refuse with alternatives
 - Facility accountability for care and safety
- ✓ Communicate
- ✓ Record
- ✓ Monitor

Citations – F689 – G Level

- The facility failed to ensure a resident was transferred with a mechanical stand up lift according to the manufacture's directions and the resident's plan of care to prevent accidents resulting in the resident sustaining a fracture.





1. Resident had a history of refusing to allow proper placement of safety and leg straps during transfers. – not documented
2. **Care plan** indicated not to leave resident unattended while toileting to prevent falls.
3. **Policy** for "Stand Lift" – indicated to be used by two staff members. Also the policy indicated to be handled by a trained caregiver, continuously attending to the resident, and in accordance with the instructions outlined in Operating and Product Care Instructions.

Citations – F689 – G Level

- The facility failed to ensure the safety of a resident while being transferred. Resident was inappropriately transferred manually when the care plan indicated a mechanical lift. The resident sustained a fracture of the right knee.



1. A Physician order indicated status change to use maxi lift for transfers.
2. A CNA plan of care indicated resident was a maxi lift for transfers.
3. Resident was transferred utilizing a 2-person pivot transfer and a fracture of the right know occurred.

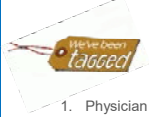


4. Two CNA's interviewed were unaware of the status change to a maxi lift on the resident in question.
5. During interviews by the ISDH surveyor, CNA's indicated that during the change of shift the CNA leaving the shift would give the oncoming staff a report which included how to transfer each resident. The care plan, which is on the computer board is reviewed before caring for a resident. If the computer is unavailable, you ask the nurse.

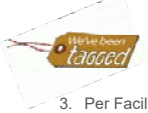
A fall by a resident does not necessarily indicate a deficient practice because not every fall can be avoided.

Citations – F689 – IJ Level

- The facility failed to ensure a resident was supervised when going outside at 11:00 pm, which resulted in the resident having smoked unsupervised, having self propelled his wheelchair from the facility, being struck by a moving vehicle, and sustained multiple broken bones and internal injury that required surgery and hospitalization.



- Physician orders stated "resident may not go LOA per guardian.... Resident only allowed to go LOA with approved escort.
- Smoking assessment indicated that resident was a current smoker and did not want to stop smoking. Resident understood the smoking policy, smoking times, and smoking location.



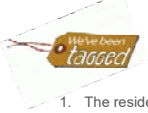
- 3. Per Facility video surveillance recording, the resident self-propelled wheelchair out the front door of the facility. He parked his wheelchair near front door and lit and smoked a cigarette without supervision.
- 4. The resident then self propelled his wheelchair across the facility parking lot and then crossed a small grassy area near the road. The resident had a small flashlight that lit his way.



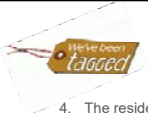
- 5. Resident propelled self onto the roadway. He self propelled backwards on the road until no longer visible on the facility surveillance video.
- 6. Staff indicated the resident did not frequently follow the physician order to not leave unsupervised and was known to not follow the smoking policy.
- 7. The new security person did not know the resident was not to leave the building unsupervised.

Citations – F689 – IJ Level

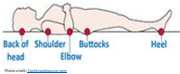
- The facility failed to ensure adequate supervision was in place when a cognitively impaired resident with dementia and a wander guard in place exited the facility, without supervision. The fire exit door alarm sounded for 4 minutes prior to a housekeeping staff member resetting the door alarm to turn it off without looking outside the door to ensure a resident did not exit the facility.



1. The resident was found by a staff member, redirected back into the building after approximately 15 minutes.
2. The temperature outside was 89.6 degrees Fahrenheit
3. The care plan indicated risk for elopement due to aimlessly wandering near exit doors with interventions of alarmed doors and wander guard per physician order.



4. The resident was recently relocated off the secured unit to an unsecured area of the facility. The reason was lack of participation on the secured dementia unit.
5. Resident had documented wandering back and forth to the exit door the day of elopement and placed on 15-minute checks. – omissions in documentation.



Tag 686
Treatment & Services
 to
Prevent Pressure
Ulcers

IHCA/INCAL

Treatment/Services to Prevent/Heal Pressure Ulcer

INTENT: §483.25(b) & §483.25(b)(1)

Ensure the resident does not develop pressure ulcer injuries unless clinically unavoidable and will provide care and services consistent with professional standards of practice by the following key elements of noncompliance:

- Promote the prevention of pressure ulcer injury development
- Promote healing of existing pressure ulcer injury
- Prevent development of additional avoidable pressure injury

Surveyors focus:

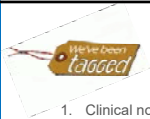
- Redistribute pressure (repositioning, protecting, and/or off-loading heel)
- Minimize exposure to moisture and keeping skin clean and dry.
- Provision of appropriate pressure-redistributing and support surfaces.
- Maintaining or improvement of nutrition and hydration.

Treatment/Services to Prevent/Heal Pressure Ulcer

- Resident choice
 - Informed about care and treatment related to condition
 - Consequences of declining treatment and options
- The facility is expected to address concerns and offer relevant alternatives to avoid F552.

Citations – F686 – G Level

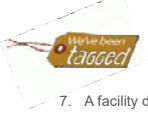
- The facility failed to ensure a pressure ulcer was identified prior to being unstageable, failed to accurately and timely assess the pressure ulcer to prevent the decline in the pressure with increased depth and tunneling and failed to maintain infection control standards during a dressing change.



1. Clinical note – Wound to coccyx assessed by this author and hospice. Noted to be unstageable. The medical record did not include a wound assessment.
2. Care plan indicated a pressure ulcer to the coccyx with interventions that included but not limited to, check and measure weekly and notify the physician of lack of healing/worsening as indicated.



3. The residents record did not include a wound assessment for several days/weeks.
4. A progress note states the wound is currently classified as an unstageable pressure and is located on the sacrum.
5. Hand hygiene was not performed between taking old dressing off and application of new dressing.
6. A wound assessment was not recorded in the clinical record for the day of the observed dressing change.



- 7. A facility document, not in the clinical record, titled "Pressure Ulcer Tracking Log" indicated wound measurements without an assessment of the wound.
- 8. Pressure Ulcer Prevention Management policy was not followed related to wound assessments and documentation.
- 9. A survey document "Entrance conference worksheet Electronic Health Record (EHR)" – Instructions to find Pressure Ulcer documentation in EHR .. Clinical Tab View Tab and select Member and then Wound tab.

Citations – F686 – IJ Level

- The facility failed to ensure pressure ulcers were not acquired in the facility and identified at greater than a Stage 2, failed to complete assessments, follow-up on progression of pressure ulcers and send to the wound clinic timely for assessment and treatment follow-up for a resident reviewed for pressure ulcers.



- 1. Plan of care dated 4/24/2017 indicated the resident was at risk for skin impairment with interventions for daily skin inspection and to notify the nurse of skin integrity impairments.
- 2. Plan of care dated 2/25/2019 indicated the resident had a stage 4 ulcer to the left gluteal fold and a Stage 2 to the sacrum. Interventions to assess and monitor wound for healing. To weekly, measure length, width, depth and assess and document status of wound perimeter, wound bed and healing progress and arrange for a wound clinic consultation per physician order.



- 3. Documentation on 2/20/2019 indicated a new pressure ulcer to the left gluteal fold measuring 2.0 cm x 2.0 cm x 0.1 depth, unstageable with a treatment ordered by the physician.
- 4. Documentation on 2/27/2019 indicates there was a **Stage 1** pressure ulcer to the Left gluteal fold measuring 2.0 cm x 2.0 cm x 0.1 cm depth with new granulation to the wound bed.
- 5. Same exact documentation recorded on 3/16/2019 with no change.



- 6. Resident was hospitalized from 3/10 – 3/16 for low Hemoglobin of 6.1 and wound infection to an "extremely foul-smelling wound. Hospital notes indicated the resident looked unkept, had a fever and elevated WBC and possible osteomyelitis of the Left ischial wound that needed debridement. Hospital discharge notes also indicated the wound would need to be watched closely and instructions for resident to be seen at the wound clinic in one week.



- 7. Resident returned to the facility on 3/16 and was not seen at the wound clinic until 3/29.
- 8. Wound clinic notes indicated for the resident to return on 4/8.
- 9. Wound clinic provided the following:
 - 3/12 cancelled and rescheduled for 3/26
 - 3/26 cancelled and rescheduled for 3/29 – to return on 4/8
 - 4/8 missed appointment (no show) – rescheduled for 4/23
 - 4/23 missed appointment but showed up on 4/25
 - 5/09 missed appointment and did not return until 6/6

Tag 600



Abuse & Neglect

IHCA/INCAL

Freedom From Abuse, Neglect & Exploitation

INTENT: §483.12

Each resident has the right to be free from abuse, neglect, and corporal punishment of any type and by anyone.

Refer to F602 – misappropriation of resident property and exploitation and F603 for involuntary seclusion

Freedom From Abuse, Neglect & Exploitation

- A facility cannot disown the acts of staff regardless of proper hiring processes.
- Retaliation by staff is abuse, regardless of whether harm was intended or not.
- Resident to resident altercations should be reviewed as potential situations of abuse in all cases
- Tag F600 vs F689

Freedom From Abuse, Neglect & Exploitation

Behaviors that provoke others :

- ✓ Assessed and identified
- ✓ Plan in place beyond redirecting
- ✓ Evaluated for effectiveness upon admission, quarterly and with significant changes.

Like a fall log or infection log – only identified behavior that provoke reaction

Determination of Past Noncompliance



1. Facility was not in compliance with the specific regulatory requirement at the time the situation occurred.
2. The non-compliance occurred after the exit date of the last standard (recertification) survey and before the survey (standard, complaint, or revisit) currently being conducted, and
3. There is enough evidence the facility corrected the non-compliance and is in substantial compliance at the time of the current survey for the specific regulatory requirements as referenced by the specific Ftag or Ktag.

Key Elements of Noncompliance

1. Failed to protect a resident's right to be free from any type of abuse, including corporal punishment, and neglect, that results in, or has the likelihood to result in physical harm, pain, or mental anguish; or
2. Failed to ensure that a resident was free from neglect when it failed to provide the required structures and processes in order to meet the needs of one or more residents.



Citations – F600 – IJ Level

- The facility failed to ensure a resident did not experience abuse by taunting, laughing at them, spinning them in the wheelchair, rough treatment by pushing down on the head, arms, and shoulders, sitting them down roughly by grabbing the back of the pants, and pulling the neck of the back of the shirt over the wheelchair handle, resulting in increase in agitation, which resulted in hospitalization. This also placed the resident at risk of serious harm from choking or strangulation.

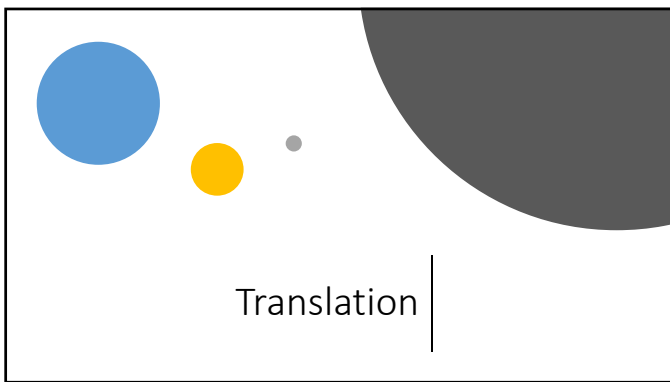


Citations – F600 – IJ Level

1. A resident cautioned the Director of Nursing – "if you want to know what caused the residents behaviors, you should look at the cameras for Saturday night".
2. The resident also told the administrator to look check the video footage at the front lobby from Sunday.
3. The IJ began when two employees were observed on video taunting a resident. The IJ was removed prior to the start of the survey and therefore Past Noncompliance.











- ✓ Past Meets Future – QAPI
- 🔪 Big 6 plus Infection Prevention and Control
- ❄️ The closer you get to the resident the better.



Questions?

IHCA.ORG



Medicaid and Medicare Value Based Purchasing Programs (VBP)

Lori Davenport
Director of Regulatory Clinical Affairs



Indiana Medicaid Value Based Purchasing Program

What is the Indiana VBP?

- The Indiana Value Based Purchasing (VBP) Program is the opportunity to earn a Quality Add-on to a nursing facility's daily rate. Currently, nursing facilities can earn up to \$14.30 PPD.
- The Office of Medicaid Policy and Planning (OMPP) passed a rule that would increase the add-on amount to \$18.45 PPD. The proposed rule makes additional changes explained in the next few slides. These changes went into affect on July 1, 2019 rate setting.

Compare Current and New Metrics Uses CMS Inspection Score

	Quality Points
Report Card Score	75
Nursing Hours Per Resident Day	10
RN/LPN Retention	3
RN/LPN Turnover	1
CNA Retention	3
CNA Turnover	2
Administrator Turnover	3
DON Turnover	3
TOTAL	100

	Quality Points
Long Stay Five Star QMs	60
CMS Health Inspection Score	25
All Facility W2 Employee Retention	10
Advance Care Planning Certificate	5
TOTAL	100

Long Stay Five Star QMs – 60 points

- ADL Decline
- Moderate/Severe Pain – for 2020 – using 2019 data
- High-Risk Pressure Ulcers
- Catheter Left in the Bladder
- Urinary Tract Infection
- Physical Restraints
- Injurious Falls
- Anti-psychotic Meds
- Mobility Decline



CMS Health Inspection Survey Score (25 points)

- 3 most recent standard survey
- Last 3 years of complaint investigations
- More recent surveys receive a heavier weight

Staff Retention – 10 points

- The nursing facility retention rate measures the total employees at the beginning of the year that are still employed at end of year
- Less than 53% retention rate = 0 points
- Equal or greater than 70% = 10 points
- 54% - 69% = proportional points

Advance Care Planning Certificate (5 points)

- 4-hour online training comprised of 4 1-hour modules
- Online training access through the Division of Aging's Relias system
- Space is limited; register only 1-2 people per facility.
- Register at: <https://fssa.training.reliaslearning.com/lib/RegistrationForm.aspx>
- Complete all 4 modules to receive the Advance Care Planning Foundations Certificate.
- Submit copy of certificate to your supervisor

Advance Care Planning Certificate (5 points)

- Requirements**
- Effective July 1, 2019—must have at least one person in your facility who has completed the training by June 30, 2019.
 - Effective July 1, 2020—must have at least one person in your facility who has completed the training for 6 out of the 12 months of 2019.
 - Effective July 1, 2021—must have at least one person in your facility who has completed the training for 9 out of 12 months of 2020.

Phase in over two-year period

	Step 1 (in 2019)	Step 2 (in 2020)
Quality Measures	30	60
CMS Health Inspection Score	55	25
Staff Retention	10	10
Advance Care Planning Certificate	5	5



Medicare Value Based Purchasing Program

What is the Medicare VBP?

- The Medicare Value Based Purchasing (VBP) Program is the opportunity to earn back dollars from a 2% cut in reimbursement.
- The Medicare VBP Program measures all cause hospital readmissions (SNF RM) now and will **change to a potentially preventable readmission measure (SNF PPR)** after **FY2021**.

Year 1 Rehospitalization - 2019

- Achievement score – how a facility is compared to all facilities
 - Rate is lower than 16.5% = 100 score
 - Rate is higher than 20.4% = 0 score

- Improvement score
 - Rate is lower than 16.4% = 90 score
 - If 2017 rate is higher than 2015 = 0 score

- *Readmissions within 30 days is counted regardless of whether resident if readmitted from SNF or had been discharged from SNF

Year 2 Rehospitalization - 2020

- Achievement score – how a facility is compared to all facilities
 - Rate is lower than 16.3% = 100 score
 - Rate is higher than 19.8% = 0 score

- Improvement score
 - Rate is lower than 16.3% = 90 score
 - If 2017 rate is higher than 2015 = 0 score


- *Readmissions within 30 days is counted regardless of whether resident if readmitted from SNF or had been discharged from SNF

Performance and Baseline Periods

Period	FY 2019 Program Year	FY 2020 Program Year
Performance Period	CY 2017 (Jan. 1, 2017-Dec. 31, 2017)	FY 2018 (Oct. 1, 2017-Sept. 30, 2018)
Baseline Period	CY 2015 (Jan. 1, 2015-Dec. 31, 2015)	FY 2016 (Oct. 1, 2015-Sept. 30, 2016)

AHCA VPB Predictor Tool
LTC TREND TRACKER

- https://www.ahcancal.org/research_data/trendtracker/Pages/default.aspx
- Use your Long Term Care Trend Tracker credentials to access the VPB Predictor Tool



AHCA Predictor Tool

To use the tool, you will need:

- Your SNF Performance on the Skilled Nursing Facility 30-Day All-Cause Report Readmission Measure (SNFRM) from the QIES system.
- Your projected Medicare Part A revenue


LTC TrendTracker

- www.ahca.org

Questions?



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**IHCA
INCAL**
INDIANA HEALTH CARE ASSOCIATION
INDIANA CENTER FOR ASSISTED LIVING

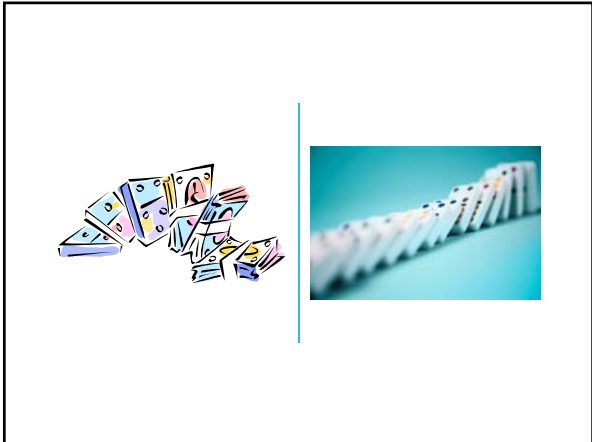
**BUILDING BLOCKS
TO A SUCCESSFUL SURVEY**
Lori Davenport, Director of Regulatory Clinical Affairs

OVERVIEW

- Survey types
- Knowing your history of compliance
- Life Safety Awareness – Emergency Disaster Preparedness
- Review of Quality Assurance for at least one year
- Anticipated resident sample

OVERVIEW continued

- National and State specific trends
- Clinical program compliance
- Resident interviews
- Survey readiness books
- Survey management (required postings)



PREVENTION
of the “Domino Effect”

- Any one negative outcome can cause the first domino to fall.....
- One bad apple spoils the bunch
- Bad things happen to good people
- It takes less time to do things right then to explain why you did them wrong

✓ Just DO IT

CHANGES

- Matrix – Practice makes perfect
- PBJ – What you submit is the bible
- Staff need to be in the know!
- Less out of the mouths is more!
- Pathways

<https://cmscompliancegroup.com/2017/08/29/ltc-survey-pathways-entrance-form/>

BUILDING BLOCK #1

STANDARD

- Form 672, Form 802 – and community tour
- Off site survey preparation – 70/30

COMPLAINT

- Self report
- Alias report

Survey Type – The mix

- Off site survey preparation
- Entrance conference requirements
- Community tour – surveyor only
- Resident, family and staff interviews



BUILDING BLOCK #1_{CONTINUED}

FEDERAL

- Federal oversight and Federal follow-up
- New licensure new ownership
- Be prepared within 30 days of standard survey
- Resident Rights, Transfer, Discharge
- Resident abuse investigations



BUILDING BLOCK #2 Compliance history

- Casper / Nursing Home Compare
- Past survey history – 3 survey cycles
- Complaint survey
- Reportable occurrences
- OIG reports
- Triple Check Trends
- Audits / Post Payment Review
- Pepper Report



Resources

CASPER REPORTS
• <https://qtso.cms.gov/providers>

INDIANA HEALTH CARE ASSOCIATION
• <https://www.ihca.org/>


NURSING HOME COMPARE
• <https://www.medicare.gov/nursinghomecompare/search.html?>

QCOR
• <https://qcor.cms.gov/main.isp>

LTC TREND TRACKER – AHCA.org
• <https://www.ahcancal.org/Pages/Default.aspx>

BUILDING BLOCK #3
Life safety

- Past survey history
- Disaster plans
- Inspections and drills
- Preventive Maintenance plans
- Environment safety




Ask your staff.....

- Top 5
- Equipment that is unreliable
- Ability to finish assignments
- Yearly P & P review documentation



BUILDING BLOCK #3 CONTINUED
Indiana Trends – LS – 2019
CMS Q-COR <https://qcor.cms.gov/main.jsp>

- **K920** – Electrical Equipment – Power cords and extensions
- **K353** – Sprinkler system Main/Test
- **K914** – Electrical Systems Main/Test
- **K918** – Electrical Systems Essential
- **K511** – Utilities Gas and Electric
- **K321** – Hazardous Areas
- **K712** – Fire Drills



Trends in
Emergency
Preparedness

BUILDING BLOCK #3
Indiana Trends – EP – 2019

CMS Q-COR <https://qcor.cms.gov/main.jsp>

- E39 – EP Testing Requirements
- E31 – Emergency Officials Contact Information
- E37 – EP Training Program
- E15 – Subsistence Needs for Staff and Residents
- E36 – EP Training and Testing



**Tips for Success –
Emergency Preparedness**


- Survey Book – follow the checklist used by surveyors
- Train staff involved in the interview
- More is less
- Participate in routine education related to Top Emergency Tags
- Document!

BUILDING BLOCK #4
Quality Assurance Performance
Improvement Program

- Health Center Business Plan
- Committee meeting minutes and required signatures
- Performance Improvement / evaluation
- Measurable goals
- Benchmarks, triggers and thresholds



BUILDING BLOCK #5
Resident sample




RESOURCES
FOR
RESIDENT
SAMPLE
PREDICTABILITY

Trend Tracker & Q-COR &

- Holes / Tubes a resident was not born with
- Accidents more than one time
- Trips to the ER
- Top 5 challenging residents
- Self-reported events

BUILDING BLOCK #5
Resident sample



RISK MEETING MINUTES
COMPLAINT INVESTIGATIONS
Matrix
QA
RECENT ADMISSIONS
GRIEVANCE LOG
COMPLEX CARE REPORTS - MDS - other reports
INFECTION CONTROL SUIVEILLANCE LOG
RESIDENT INTERVIEW OUTCOMES
FALL LOG
EVENT LOGS

BUILDING BLOCK #6
State trends – 2019 – Standard

TOP COMPLAINT Tags – 2019

- F689 – Free of Accident Hazards/Supervision/Devices
- F684 – Quality of Care – Pathways
- F686 – Treatment Services to Prevent/Heal Pressure Ulcers
- F580 – Notify of Changes - Policy
- F609 – Reporting of Alleged Violations – Abuse – Timing

TOP STANDARD TAGS – 2019

- F880 – Infection Prevention and Control – Phase 3
- F656 – Develop and Implement a Comprehensive Care Plan – Check the Checker
- F689 – Free of Accidents Hazards/Supervision/Devices
- F657 – Care Plan Timing and Revision
- F812 – Food Procurement Store/Prepare/Serve Sanitary

TOP TAGS – Indiana 2019
High to Low – Crossover Tags

G Level Tags

- Tag 689 - Free of Accident Hazards/Supervision and Devices
- Tag 686 - Treatment and Services to Prevent/Heal Pressure Ulcer
- Tag 684 - Quality of Care
- Tag 760 - Residents are Free of Significant Med Errors
- Tag 725 – Sufficient Nursing Staff
- Tag 600 - Free from Abuse and Neglect

IJ Level Tags

- Tag 689 - Free of Accidents
- Tag 600 - Free from Abuse and neglect
- Tag 610 Investigate/Prevent/Correct Alleged Violation
- Tag 686 – Treatment and Services to Prevent/Heal Pressure Ulcer
- Tag 609 – Reporting of Alleged Violations



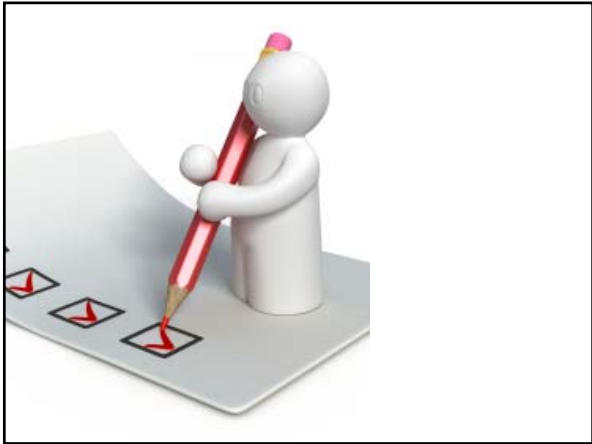
Smoking





www.clipartof.com










BUILDING BLOCK #6 CONTINUED
National and State trends

STATE

- Affiliations
- Physician relationships
- Nursing home compare
- Relationships with surveyors
- Continued education




BUILDING BLOCK #7
Clinical compliance



- ✓ Event Mgt
- ✓ Infection Control & Prevention
- ✓ Skin Mgt
- ✓ Bowel and Bladder Mgt
- ✓ Restraint Mgt
- ✓ Fall Prevention
- ✓ Pain Mgt
- ✓ Behavior Mgt
- ✓ Weight Mgt

Best Practices & Standardized Care




BUILDING BLOCK #8
Interviews / Observations

Interviews – Surveyor Determines

- Interviewable Residents, family and staff

Observations

- Non interview able residents – Still at risk



BUILDING BLOCK #9 Survey book readiness

- > Roster / sample matrix
- > Nursing staff schedule (two weeks)
- > Key facility personal / consultant
- > Written information on resident rights
- > Abuse Prohibition policy
- > Meal Schedules / dining locations / menus
- > Medication pass times
- > List of admissions for past 30 days
- > Facility admission contracts
- > List of discharged or transferred residents (90 days)
- > Physical plant layout
- > Activity schedule / calendar
- > List of residents who do not communicate in English
- > List of residents who did not receive the influenza vaccine while in the health center from October 1 thru March 31



BUILDING BLOCK #10 Survey management

- > Know your residents and their risk areas
- > Know their next move and stay at least one step in front
- > Preparing your staff – orientation and education
- > Prepare your residents – resident council – Family councils
- > Consultant visit action toward progress
- > Required notifications - 911
- > Required postings
- > Assignments
- > Quick response to requests – Organized !





QUESTIONS ?

QUESTIONS ?
