New Regulations and New Survey Process

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Objectives:

- Participants will be able to identify new regulations
- Participants will be able to identify new verbiage per the federal regulations
- Participants will be provided with the tools to complete a new long term care survey process
F-TAG 675 QUALITY OF LIFE

- Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident’s comprehensive assessment and plan of care.
F-TAG 675 QUALITY OF LIFE

The intent of this requirement is to specify the facility’s responsibility to create and sustain an environment that humanizes and individualizes each resident’s quality of life by:

- Ensuring all staff, across all shifts and departments, understand the principles of quality of life, and honor and support these principles for each resident; and
- Ensuring that the care and services provided are person-centered, and honor and support each resident’s preferences, choices, values and beliefs
DEFINITIONS §483.24

- **“Person Centered Care”** - For the purposes of this subpart, person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives. (Definitions - §483.5)

- **“Pervasive”** For the purposes of this guidance, pervasive means spread through or embedded within every part of something.

- **“Quality of Life”** An individual’s “sense of well-being, level of satisfaction with life and feeling of self-worth and self-esteem. For nursing home residents, this includes a basic sense of satisfaction with oneself, the environment, the care received, the accomplishments of desired goals, and control over one’s life.”
GUIDANCE §483.24

- Noncompliance at F675 identifies outcomes which rise to the level of immediate jeopardy and reflect an environment of pervasive disregard for the quality of life of the facility’s residents.

- This can include the cumulative effect of noncompliance at other regulatory tags on one or more residents. To cite noncompliance at F675, the survey team must have evidence that outcomes at other regulatory tags demonstrate a pervasive disregard for the principles of quality of life.
Example noncompliance cited at 483.10(a)(1), Dignity, and 483.10(b)(2) Freedom from Discrimination - F550, 483.12(a) Abuse - (F600)

The surveyor identified a resident who was admitted 6 weeks ago, and had religious beliefs which differed from the resident population in the nursing home, and those of the staff. During interviews, the resident and her family reported that staff continually made derogatory remarks about the resident’s culture/religion to each other within earshot of the resident, or while in the room providing ADL care to the resident. This occurred during all shifts.
Example noncompliance cited at 483.10(a)(1), Dignity, and 483.10(b)(2) Freedom from Discrimination - F550, 483.12(a) Abuse - (F600)

- Additionally, the resident reported that discriminatory remarks were made by housekeeping and dietary staff as well. The resident’s family reported this was particularly worse on weekends when facility leadership were not in the building. The family members reported they would take turns visiting the resident on weekends, to support the resident and assist with her care.

- When asked if this was reported to facility management, the resident said her family had reported it to the Administrator on several occasions, but that nothing had changed. Interview with the Administrator revealed that an in-service was planned for the future.
F-Tag 679  Activities

- The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.
To ensure that facilities implement an ongoing resident centered activities program that incorporates the resident’s interests, hobbies and cultural preferences which is integral to maintaining and/or improving a resident’s physical, mental, and psychosocial well-being and independence. To create opportunities for each resident to have a meaningful life by supporting his/her domains of wellness (security, autonomy, growth, connectedness, identity, joy and meaning).
GUIDANCE §483.24(c)

- Research findings and the observations of positive resident outcomes confirm that activities are an integral component of residents’ lives. Residents have indicated that daily life and involvement should be meaningful. Activities are meaningful when they reflect a person’s interests and lifestyle, are enjoyable to the person, help the person to feel useful, and provide a sense of belonging.

- Maintaining contact and interaction with the community is an important aspect of a person’s well-being and facilitates feelings of connectedness and self-esteem. Involvement in community includes interactions such as assisting the resident to maintain his/her ability to independently shop, attend the community theater, local concerts, library, and participate in community groups - “Connectedness”
Activity Approaches for Residents with Dementia

Even though not new

All residents have a need for engagement in meaningful activities. For residents with dementia, the lack of engaging activities can cause boredom, loneliness and frustration, resulting in distress and agitation. Activities must be individualized and customized based on the resident’s previous lifestyle (occupation, family, hobbies), preferences and comforts.

https://www.caringkindnyc.org/_pdf/CaringKind-PalliativeCareGuidelines.pdf
F680 Qualifications of the Activity Director

- Old tag F249
- Therapeutic
- Placement
The Activity Professional

- Wrinkles from constant smile and deadline pressure
- Frazzled hair from bad nerves
- Hard of hearing from 25 years of yelling bingo
- Bad eye sight from reading RCFA regulations
- Teeth lost in fight over taking breaks and lunch
- Bad posture from bending over wheelchairs
- Ulcer from holding back, urge to punch someone out
- Tacky clothes from 25 years low pay
- Carpal tunnel from too many MDs's on the computer
- Hand lost from repairing copy machines
- Finger fracture from too many rewrites & paper cuts from the newsletter
- Tennis shoes to run after or from the boss
ODH 3701-17-07
Qualifications and health of personnel

(G) The individual required by paragraph (A) of rule 3701-17-09 of the Administrative Code to direct the activities program shall meet one of the following qualifications:

1. Has two years of experience in a social or recreational program within five years preceding the date of hire, one year of which was full-time in a resident activities program in a health care setting;
2. Is licensed as an occupational therapist under Chapter 4755. of the Revised Code;
3. Is licensed as an occupational therapy assistant under Chapter 4755. of the
4. Is certified by a nationally recognized accreditating body as a therapeutic recreation specialist or activities professional; or
5. Has successfully completed training covering activities programming from a technical or vocational school, college, university, or other educational institution, and has one year of experience in recreational or activities services. Training may also be provided by an out-of-state provider certified in the state in which the provider is located to offer technical or vocational programs or to offer degrees and college credits. For individuals hired after April 18, 2002, the minimum amount of training needed to meet this requirement shall be ninety hours.

Effective: 1/1/2018
F-TAG 680 QUALIFICATION OF ACTIVITY DIRECTOR

- The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who—

  - (i) Is licensed or registered, if applicable, by the State in which practicing; and

  - (ii) Is: (A) Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or

  - (B) Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or

  - (C) Is a qualified occupational therapist or occupational therapy assistant; or

  - (D) Has completed a training course approved by the State.
“Recognized accrediting body” refers to those organizations that certify, register, or license therapeutic recreation specialists, activity professionals, or occupational therapists.

- NCCAP
KEY ELEMENTS OF NONCOMPLIANCE §483.24(c)(2)

- To cite deficient practice at F680, the surveyor's investigation will generally show that the facility failed to ensure the activities program is directed by a qualified professional, who:
  - Is licensed or registered, (if applicable); and
  - Is eligible for certification as a therapeutic recreation specialist, or as an activities professional by a recognized accrediting body on or after October 1, 1990; or
  - Has 2 years of experience in a social or recreational program with the last 5 years, one of which was full-time in a therapeutic activities program; or
  - Is a qualified occupational therapist or occupational therapy assistant; or
  - Has completed a training course approved by the state.
F680 is a tag that is absolute, which means the facility must have a qualified activities professional to direct the provision of activities to the residents. Thus, it is cited if the facility is non-compliant with the regulation, whether or not there have been any negative outcomes to residents.

In determining the Scope and Severity, surveyors must consider the extent to which non-compliance at F679 is attributed to the lack of an activity director or the lack of qualifications of the activity director.
Activities Critical Element Pathway

*Use this pathway if there are activity concerns for a resident to determine if the facility is meeting the resident’s activity needs.*

- Review the Following in Advance to Guide Observations and Interviews:
  - Observations
  - Resident, Resident Representative, or Family Interview:
  - Activity Staff Interviews
  - Nurse Interviews
  - Social Service Interviews
  - Record Review
  - Critical Element Decisions

- Other Tags, Care Areas (CA), and Tasks (Task) to Consider: Access and Visitation Rights F563, Choices (CA), Privacy (CA), Accommodation of Needs (Environment Task), Admission Orders F635, Professional Standards F658, Activity Director Qualifications F680, Social Services F745, Sufficient and Competent Staffing (Task), Dining (Task) and Activity Rooms F920, Facility Assessment F838, Staff Qualifications F839, Resident Records F842.
F-tag 566  Right to Work

- The Resident has the right to choose or refuse to preform services for the facility and facility must not require a resident to perform services for the facility. The resident may perform services for the facility if he or she chooses.
The resident has a right to choose or refuse to perform services for the facility and the facility must not require a resident to perform services for the facility. The resident may perform services for the facility, if he or she chooses, when:

- (i) The facility has documented the resident’s need or desire for work in the plan of care;
- (ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid;
- (iii) Compensation for paid services is at or above prevailing rates; and
- (iv) The resident agrees to the work arrangement described in the plan of care.

“Prevailing rate” is the wage paid to the majority of workers in the community surrounding the facility for the same type, quality, and quantity of work requiring comparable skills.

GUIDANCE

All work or services provided by a resident, whether voluntary or paid, must be part of his/her care plan. Any work assignment must be agreed to and negotiated by the resident or the resident’s representative. The resident also has the right to refuse to participate in these services or
F565 Resident and Family Group and Responses

- The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner.
- The resident has a right to participate in family groups.
- The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.
F565 Resident and Family Group

- Staff, visitors or other guests may attend resident or family group meetings only at the respective groups invitation.

- The Facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to the written requests that result from the meetings.

- The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups and concerning issues of resident care and life in the facility.

  - The facility must be able to demonstrate their response and rationale for such response.

  - The facility does not have implement every request.
DEFINITIONS F-Tag 565

“A resident or family group” is defined as a group of residents or residents’ family members that meets regularly to:

Discuss and offer suggestions about facility policies and procedures affecting residents’ care, treatment, and quality of life;

- Support each other;
- Plan resident and family activities;
- Participate in educational activities; or
- For any other purpose.
F655 Comprehensive Person Centered Care Planning
The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must:

(i) Be developed within 48 hours of a resident’s admission.

(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—

   (A) Initial goals based on admission orders.
   (B) Physician orders.
   (C) Dietary orders.
   (D) Therapy services.
   (E) Social services.
   (F) PASARR recommendation, if applicable.

3) The facility must provide the resident and their representative with a summary of the baseline care plan
INTENT §483.21(a)
48 Hour Care plan

Completion and implementation of the baseline care plan within 48 hours of a resident’s admission is intended to promote continuity of care and communication among nursing home staff, increase resident safety, and safeguard against adverse events that are most likely to occur right after admission; and to ensure the resident and representative, if applicable, are informed of the initial plan for delivery of care and services by receiving a written summary of the baseline care plan.
F656 Develop/ Implement Comprehensive Care Plans

- Person centered
- Consistent with resident rights set for the at 483.10
Highest Practicable Level of Well-Being

- “I clean with the housekeeper every day at 10:30.”

- “I read to fellow residents every day, to the preschoolers every week,”

- “I teach a fellow resident to paint as I cannot do it any longer but enjoy teaching.”

- “I’m learning how to paint from a fellow resident - something I’ve always wanted.”
Are you sure that this is what an interdisciplinary conference is supposed to look like?

You have value to bring!
IDT/care conference

- Adds a nurse aide and a member of food/nutrition services staff to required IDT/care conference. Did propose social worker but d/t not every home having one changed to encourage social worker when employed.

- Written explanation if resident unable to participate.

- Resident chooses who would like to accompany to care conference.
Meaning and Purpose

Recommend “too many community service projects to count”

Community service/volunteer ideas:
- APL
- Local School
- Community Fund Raising
- Food Shelter
- Hospital
Services outlined by comprehensive care plan, must—

• Meet professional standards of quality.

• Be provided by qualified persons.

• New: Be culturally-competent and trauma-informed. Culturally-competent and trauma-informed care are approaches that help to minimize triggers and re-traumatization. Care that addresses the unique needs of Holocaust survivors and survivors of war, disasters, and other profound trauma are an important aspect of person-centered care for these individuals. (*Phase 3)
Let’s Compete with Bingo
“It is meaningful relationships and purposeful engagement (even at end of life) that defines aging well.”
New Program Brings That Warm And Fuzzy Feeling
Fostering two baby kittens draws out residents to reminisce about their pasts, engaging with others.

Provider Magazine  January 2017 by  Joanne Kaldy
Engagement with Real Life
We need more babies more children of all ages and animals.
Rockport Healthcare Services
Healing Lives,
Healing Community

http://ahearttoserve.org/
Trauma-informed care resources

Reflects principles set forth in SAMSHA’s Concept of Trauma and Guidance for a Trauma-Informed Approach (HHS Publication No. (SMA) 14-4884):

• The Council on Social Work Education standards and indicators for cultural competence:
http://www.socialworkers.org/practice/standards/index.as

• The National Standards for Culturally and Linguistically appropriate Services in Health and Health Care developed by the Office of Minority Health in HHS: https://www.thinkculturalhealth.hhs.gov/index
New Survey Process

- Traditional
- Quality Indicator Survey
- Regulatory Changes
- Data/Study/Test
Phase 1 - November 2016

- (* this section is partially implemented in Phase 2 and/or 3)
  - Resident Rights and Facility Responsibilities*
  - Freedom from Abuse, Neglect and Exploitation*
  - Admission, Transfer and Discharge*
  - Resident Assessment
  - Comprehensive, Person-Centered Care Planning*
  - Quality of Life
  - Physical Environment*

- Quality of Care*
- Physician Services
- Nursing Services*
- Pharmacy Services*
- Laboratory, radiology and other diagnostic services
- Dental Services*
- Food and Nutrition*
- Specialized Rehabilitation
- Administration (Facility Assessment - Phase 2)*
- Quality Assurance and Performance Improvement* - QAA Committee
- Infection Control - Program*
Phase 2 - November 2017
Phase 3 - November 2019

- Phase 2
  - Behavioral Health Services*
  - Quality Assurance and Performance Improvement* - QAPI Plan Infection Control - Facility Assessment and Antibiotic Stewardship
  - Compliance and Ethics* - Physical Environment - smoking policies*

- Phase 3
  - Quality Assurance and Performance Improvement* - Implementation of QAPI
  - Infection Control - Infection Control Preventionist
  - Compliance and Ethics*
  - Physical Environment - call lights at resident bedside*
  - PTSD - Trauma Care
Survey Process

- Overview of Regulation Reform
- F-Tag Renumbering
- New Interpretive Guidance
- New LTC Survey Process
Phase 2 of LTC Regulations

- Implement by November 28, 2017
- Providers must be in compliance with Phase 2 regulations
- All States will use new computer–based survey process for LTC surveys
Phase 2 Continued

Phase 2 includes, but is not limited to:

- Resident Rights and Facility Responsibilities – Required Contact Information
- Freedom from Abuse, Neglect, and Exploitation – 1150B
- Admission, Transfer, and Discharge Rights – Transfer/Discharge Documentation
Phase 2 continued

Phase 2 includes, but is not limited to:

- Comprehensive Person-Centered Care Planning
- Pharmacy Services – psychotropic medications
- Dental Services – replacing dentures
- Administration – Facility Assessment
F-Tag Renumbering

The image above is the F Tag Crosswalk showing:
- The original regulatory grouping and the new associated grouping
- The original regulation number and the new associated regulation number
- The original F Tag and the associated new F Tag
Why is CMS Changing the LTC Survey Process?

- Two different survey processes existed to review for the Requirements of Participation (Traditional and QIS)
- Surveyors identified opportunities to improve the efficiency and effectiveness of both survey processes.
- The two processes appeared to identify slightly different quality of care/quality of life issues.
- CMS set out to build on the best of both the Traditional and QIS processes to establish a single nationwide survey process.
Goals of New Process

- Same survey for entire country
- Strengths from Traditional & QIS
- New innovative approaches
- Effective and efficient
- Resident-centered
- Balance between structure and surveyor autonomy
Overview

- Initial Pool Process
  - Sample size based on census:
    - 70% offsite selected
    - 30% selected onsite by team:
      - Vulnerable
      - New Admission
      - Complaint
      - FRI (Facility Reported Incidents- federal only)
      - Identified concern
Offsite Preparation

- Team Coordinator (TC) completes offsite preparation
  - Repeat deficiencies
  - Results of last Standard survey
  - Complaints
  - FRIs (Facility Reported Incidences - federal only)
  - Variances/waivers
- Necessary documents are printed
Offsite Preparation, continued

- Unit and facility task assignments, continued
  - Kitchen
  - Medication administration and storage
  - Sufficient and competent nurse staffing
  - QAA/QAPI

- No offsite preparation meeting
Differences between new process and QIS

- No tour needed
- Straight to dining and kitchen areas
- Already have information on targeted resident and care issues
- Increased resident and family interviews
- Uses critical pathways to determine deficiency
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<tr>
<td></td>
<td>Resident Room Number</td>
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<tr>
<td>1</td>
<td>Date of Admission if Admitted within the Past 30 Days</td>
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<td>2</td>
<td>Alzheimer / Dementia</td>
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<td>3</td>
<td>I, DD, ID &amp; No PASARR level II services</td>
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<tr>
<td>4</td>
<td>Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), (RESP) Respiratory</td>
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<td>5</td>
<td>Facility Acquired Pressure Ulcers (any stage)</td>
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<td>6</td>
<td>Worsened Pressure Ulcer (any Stage)</td>
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<td>7</td>
<td>Excessive Weight Loss w/out Prescribed Weight Loss Program</td>
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<td>8</td>
<td>Tube Feeding</td>
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<td>9</td>
<td>Dehydration</td>
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<td>10</td>
<td>Physical Restraints</td>
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<td>11</td>
<td>Falls (F), Fall with Injury (FI), or Fall w/Major Injury (FMI)</td>
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<td>12</td>
<td>Indwelling Catheter</td>
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<td>13</td>
<td>Dialysis: Peritoneal (P), Hemo (H), in facility (F) or outside (O)</td>
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<td>14</td>
<td>Hospice</td>
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<td>15</td>
<td>End of Life Care /Comfort Care/Palliative Care</td>
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<td>16</td>
<td>Tracheostomy</td>
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<td>17</td>
<td>Ventilator</td>
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<td>18</td>
<td>Transmission-Based Precautions</td>
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<td>19</td>
<td>Central venous line/Intravenous therapy</td>
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<tr>
<td>20</td>
<td>Infections (M,WI, FI, P, TB, VH, UTI)</td>
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Resident Interviews

- Screen every resident
- Suggested questions—but not a specific surveyor script
- Must cover all care areas
- Includes Rights, Quality of life, and Quality of care
- Investigate further or no issue
 Resident Representative/Family Interviews

- Non-interviewable residents
- Familiar with the resident’s care
- Complete at least three during initial pool process or early enough to follow up on concerns
- Sampled residents if possible
- Investigate further or no issue
Limited Record Review

- New admissions – broad range of high-risk medications
- Extenuating circumstances, interview staff
- Investigate further or no issue
Closed Record Reviews

- Complete timely during the investigation portion of survey
- Unexpected death, hospitalization, and community discharge last 90 days
- System selected or discharged resident
- Use Appendix PP and CE pathways
Dining – First Full Meal

- Dining – observe first full meal
  - Cover all dining rooms and room trays
  - Observe enough to adequately identify concerns
  - If feasible, observe initial pool residents with weight loss
  - If concerns identified, observe another meal
Dining - Subsequent Meal, if Needed

- Second meal observed if concerns noted
- Use Appendix PP and CE Pathway for Dining
- Dining task is completed outside any resident specific investigation into nutrition and/or weight loss
Resident Investigation - General Guidelines

- Conduct investigations for all concerns that warrant further investigation for sampled residents
- Continuous observations, if required
- Interview representative, if appropriate, when concerns are identified
Resident Council Meeting

- Group interview with active members of the council
- Complete early to ensure investigation if concerns identified
- Refer to updated Pathway
Resident Council Meeting

- The questions that are asked of the residents are different from the Traditional or QIS.
- The interview is focused on specific areas related to the functioning of the council and a few resident specific areas, such as abuse and sufficient staffing.
- In addition, surveyors can ask the group about any identified concerns from the survey.
Activities Critical Pathways

Critical Element Pathways

Stage II – Critical Elements for Activities

- Stage I resident interview stating (a) the resident does not participate in activities; (b) there are no organized activities of interest offered; (c) there is no assistance provided for the resident to do other individualized activities of choice and/or (d) complaint of no activities offered on the weekends (other than religious events) or in the evenings.

- Stage I family interview stating (a) the resident is not offered the opportunity to participate in activities of choice or specific activities of interest or that (b) the resident is not encouraged to participate or provided assistance to attend activities of choice (group or individual).

- Stage I observation of resident not attending or actively participating in activities and staff not encouraging

- Critical Element Pathways (CEs) are related to specific Care Areas.
- Assist surveyors in determining whether a facility meets the associated regulatory requirements
Current Survey Trends

- PELI related deficiencies
  - Music preferences
  - Shower preferences
  - Outdoor preferences
- 1:1 documentation
- Requirements of an Activity Professional- absolute ruling by CMS- lawyers calling for regulation clarification
- Resident council minutes from 3 months - 18 months
  - Trends and timely follow-up for each concerns
- State surveyors can open a separate survey off of critical pathways
- Correct discharge planning - all disciplines provide discharge summary
- Halloween decorations- no tags outlining fire safety
- Policy and procedures for the department
Current survey trends in Assisted living

- As of 1/1/18-
  Activity Assessment/leisure preferences needs to be completed on all residents upon admission, significant change and annually
  - Assisted livings in Ohio did not have this in place
Items to consider

- Know the history of your community - surveys - complaint surveys - Resident Council trends - this will be on the surveyors radar and they will look for repeat deficiencies
- Use the Activity Critical Pathways to audit your department
- In-service your residents at every Resident Council meeting on Resident Rights, review resident rights with family members, and in-service staff
- Create relationships with resident family members and representatives of all residents.

BE SURVEY READY!!!
Any Survey Input? Questions?

- Thank you!

- NOAAP-Full presentation

  www.noaap.com

  -Education -

  -2018 RAP Conference