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Agency for Health Care Administration
Long Term Care Joint Training Agenda

March 29, 2016

Locations: Tallahassee, Orlando, Tampa, Ft. Myers and Ft. Lauderdale

8:00 AM-9:00 AM: Registration

9:00 AM-9:15 AM: Welcome

9:15 AM-10:00 AM: Top Ten Federal Nursing Home Citations

10:00 AM-10:15 AM: Break

10:15 AM-11:00 AM: Abuse, Neglect and Exploitation

11:00 AM-11:30 AM: Federal Initiatives and What's New at CMS

11:30 AM-12:00 PM: Agency Updates and Wrap-Up



2016 Nursing Home Joint Training

Presented by:

Kimberly Smoak, Chief of Field Operations

And

Polly Weaver, Assistant Deputy Secretary, Health
Quality Assurance

Agency for Health Care Administration



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Objectives

- Review Most Frequently Cited Tags
- Discuss process for investigating Abuse, Neglect and Exploitation
- Review federal initiatives
- Provide agency updates on Background Screening and Electronic Plan of Correction Process



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Most Frequently Cited Deficiencies



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Top Ten Health Deficiency Citations January 1, 2012 through December 31, 2012

RANK	TAG	DESCRIPTION
1	F0441	Infection Control, Prevent Spread, Linens (483.65)
2	F0371	Food Procure, Store/Prepare/Serve - Sanitary (483.35(I))
3	F0282	Services By Qualified Persons/Per Care Plan (483.20(K)(3)(II))
4	F0329	Drug Regimen Is Free From Unnecessary Drugs (483.25(L))
5	F0323	Free Of Accident Hazards/Supervision/Devices (483.25(H))
6	F0431	Drug Records, Label/Store Drugs & Biologicals (483.60(B), (D), (E))
7	F0253	Housekeeping & Maintenance Services (483.15(H)(2))
8	F0241	Dignity And Respect Of Individuality (483.15(A))
9	F0309	Provide Care/Services For Highest Well Being (483.25)
10	F0279	Develop Comprehensive Care Plans (483.20(D), 483.20(K)(1))
		Note: The entire description of each deficiency can be found at: http://ahca.myflorida.com/MCHQ/Current_Regs.shtml



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Top Ten Health Deficiency Citations January 1, 2013 - December 31, 2013

Rank	Tag	Description
1	F0441	Infection Control, Prevent Spread, Linens (483.65 C.F.R.)
2	F0371	Food Procure, Store/Prepare/Serve - Sanitary (483.35(I) C.F.R.)
3	F0282	Services By Qualified Persons/Per Care Plan (483.20(K)(3)(II) C.F.R.)
4	F0309	Provide Care/Services For Highest Well Being (483.25 C.F.R.)
5	F0431	Drug Records, Label/Store Drugs & Biologicals (483.60(B), (D), (E) C.F.R.)
6	F0253	Housekeeping & Maintenance Services (483.15(H)(2) C.F.R.)
7	F0323	Free Of Accident Hazards/Supervision/Devices (483.25(H) C.F.R.)
8	F0329	Drug Regimen Is Free From Unnecessary Drugs (483.25(L) C.F.R.)
9	F0241	Dignity And Respect Of Individuality (483.15(A) C.F.R.)
10	F0279	Develop Comprehensive Care Plans (483.20(D), 483.20(K)(1) C.F.R.)

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Top Ten Health Deficiency Citations January 1, 2014 - December 31, 2014

Rank	Tag	Description
1	F0441	Infection Control, Prevent Spread, Linens (483.65 C.F.R.)
2	F0371	Food Procure, Store/Prepare/Serve - Sanitary (483.35(I) C.F.R.)
3	F0282	Services By Qualified Persons/Per Care Plan (483.20(K)(3)(II) C.F.R.)
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6	F0253	Housekeeping & Maintenance Services (483.15(H)(2) C.F.R.)
7	F0323	Free Of Accident Hazards/Supervision/Devices (483.25(H) C.F.R.)
8	F0241	Dignity And Respect Of Individuality (483.15)(A) (C.F.R.)
9	F0329	Drug Regimen Is Free From Unnecessary Drugs (483.25(L) C.F.R.)
10	F0514	Resident Records-Complete/Accurate/Accessible (483.75)(L) (1) (C.F.R.)

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Top Ten Health Deficiency Citations January 1, 2015 - December 31, 2015

Rank	Tag	Description
1	F0441	Infection Control, Prevent Spread, Linens (483.65 C.F.R.)
2	F0371	Food Procure, Store/Prepare/Serve - Sanitary (483.35(I) C.F.R.)
3	F0282	Services By Qualified Persons/Per Care Plan (483.20(K)(3)(ii) C.F.R)
4	F0431	Drug Records, Label/Store Drugs & Biologicals (483.60(B), (D), (E) C.F.R.)
5	F0253	Housekeeping & Maintenance Services (483.15(H)(2) C.F.R.)
6	F0514	Resident Records-Complete/Accurate/Accessible (483.75)(L) (1) (C.F.R.)
7	F0309	Provide Care/Services For Highest Well Being (483.25 C.F.R.)
8	F0241	Dignity And Respect Of Individuality (483.15)(A) (C.F.R.)
9	F0323	Free Of Accident Hazards/Supervision/Devices (483.25(H) C.F.R.)
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F441 Infection Control, Prevent Spread, Linens (483.65)

§483.65 - The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.



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F441

Infection Control, Prevent Spread, Linens (483.65)

Survey concerns:

- Surveillance and investigation to prevent, to the extent possible, the onset and the spread of infection
- Use records of infection incidents to improve its infection control processes and outcomes by taking corrective actions, as indicated
- Implement hand hygiene practices consistent with accepted standards of practice, to reduce the spread of infections and prevent cross-contamination
- Properly store, handle, process, and transport linens to minimize contamination



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F371

Food Procure, Store/Prepare/Serve - Sanitary (483.35(I))

§483.35(i) The facility must –

§483.35(i)(1) - Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and

§483.35(i)(2) - Store, prepare, distribute and serve food under sanitary conditions



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F371 Food Procure, Store/Prepare/Serve - Sanitary (483.35(I))

Survey concerns:

- Food products maintained at safe temperatures
- Store raw foods (e.g., meats, fish) in a manner to reduce the risk of contamination of cooked or ready-to-eat foods;
- Cook food to the appropriate temperature to kill pathogenic microorganisms that may cause foodborne illness;
- Cool food in a manner that prevents the growth of pathogenic microorganisms;
- Utilize proper personal hygiene practices (e.g., proper hand washing and the appropriate use of gloves) to prevent contamination of food; and
- Use and maintain equipment and food contact surfaces (e.g., cutting boards, dishes, and utensils) to prevent cross-contamination.



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F 282 Services By Qualified Persons/Per Care Plan (483.20(K)(3)(Ii))

§483.20(k)(3)(ii) - The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.



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F 282**Services By Qualified Persons/Per Care Plan
(483.20(K)(3)(ii))**

Survey concerns:

- Inadequate implementation of the care plan
- Incorrect implementation of the care plan



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F 431**Drug Records, Label/Store Drugs & Biologicals
(483.60(B), (D), (E))**

§483.60(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--

- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and
- (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.



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F 431

Drug Records, Label/Store Drugs & Biologicals (483.60(B), (D), (E))

§483.60(d) Labeling of Drugs and Biologicals

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

(e) Storage of Drugs and Biologicals

(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.



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F 431

Drug Records, Label/Store Drugs & Biologicals (483.60(B), (D), (E))

Survey concerns:

- Safe and secure storage (including proper temperature controls, limited access, and mechanisms to minimize loss or diversion) and safe handling (including disposition) of all medication
- Accurate labeling to facilitate consideration of precautions and safe administration of medications
- Outdated medications available for use
- Effective system to account for the receipt, use, disposition and reconciliation of all controlled medications



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F253
Housekeeping & Maintenance Services
(483.15(H)(2))

§483.15(h)(2) –The facility must provide -
Housekeeping and maintenance services
necessary to maintain a sanitary, orderly, and
comfortable interior
("Orderly" is defined as an uncluttered physical
environment that is neat and well-kept.)



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F253
Housekeeping & Maintenance Services
(483.15(H)(2))

Survey concerns:

- Sanitary resident care equipment
- Resident areas are not properly maintained
- Residents or staff cannot function in the resident area unimpeded



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F514

Clinical Records (483.75)(1)

- The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are;
 - Complete;
 - Accurately documented;
 - Readily accessible; and
 - Systematically organized.



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F514

Clinical Records (483.75)(1)

- If a facility implements the use of electronic signatures, they must have policies in place and implemented that identify those who are authorized to sign electronically and describe the security safeguards to prevent unauthorized use of electronic signatures. Such security safeguards (policies) include, but are not limited to, the following:
 - Built-in safeguards to minimize the possibility of fraud;
 - That each staff responsible for an attestation has an individualized identifier;
 - The date and time is recorded from the computer's internal clock at the time of entry;
 - An entry is not to be changed after it has been recorded, and;
 - The computer program controls what sections/areas any individual can access or enter data, based on the individual's personal identifier (and, therefore his/her level of professional qualifications).



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F514 Clinical Records (483.75)(1)

- Reminders
 - The facility must grant access to any medical record, including EHRs, when requested by the survey team. If access to an EHR is requested by the surveyor, the facility will;
 - (a) provide the surveyor with a tutorial on how to use its particular electronic system and
 - (b) designate an individual who will, when requested by the surveyor, access the system, respond to any questions or assist the surveyor as needed in accessing electronic information in a timely fashion. Each surveyor will determine the EHR access method that best meets the need for that survey



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F514 Clinical Records (483.75)(1)

- Survey concerns:
 - Facility failure to ensure record contains sufficient information to identify the resident.
 - Facility failure to ensure records are complete, accurately documented, readily accessible and organized.



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F309

Provide Care/Services For Highest Well Being (483.25)

§483.25 - 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, in accordance with the comprehensive assessment and plan of care.



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F309

Provide Care/Services For Highest Well Being (483.25)

F309 includes, but is not limited to, care such as end-of-life, diabetes, renal disease, fractures, congestive heart failure, non-pressure-related skin ulcers, pain, or fecal impaction.

(Unnecessary medications/antipsychotics for residents with dementia.)



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F309

Provide Care/Services For Highest Well Being (483.25)

Survey concerns:

- Coordination of care for hospice and dialysis residents
- Management of residents' pain
- Recognition and assessment of factors placing residents at risk
- Interventions implemented in accordance with resident needs, goals, and recognized standards of practice
- Approaches monitored and revised as appropriate



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F241

Dignity And Respect Of Individuality (483.15(A))

§483.15(a) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.



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F241

Dignity And Respect Of Individuality (483.15(A))

Survey concerns:

- Maintaining resident privacy while transporting throughout the facility
- Clothing protectors (except by resident choice)
- Staff interacting with each other rather than the resident while assisting them
- Staff fail to speak in a respectful manner
- Signage



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F323

Free Of Accident Hazards/Supervision/Devices (483.25(H))

§483.25(h) The facility must ensure that –

- (1) The resident environment remains as free from accident hazards as is possible; and
- (2) Each resident receives adequate supervision and assistance devices to prevent accidents.



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F323
Free Of Accident Hazards/Supervision/Devices
(483.25(H))

Survey concerns:

- Resident falls
- Unsafe wandering
- Resident elopement



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F329
Drug Regimen Is Free From Unnecessary Drugs
(483.25(L))

§483.25(l) 1. General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:

- (i) In excessive dose (including duplicate therapy); or
- (ii) For excessive duration; or
- (iii) Without adequate monitoring; or
- (iv) Without adequate indications for its use; or
- (v) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or
- (vi) Any combinations of the reasons above.



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F329

Drug Regimen Is Free From Unnecessary Drugs (483.25(L))

Regulation continued:

2. Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that:

(i) Residents who have not used antipsychotic drugs are not given these drugs

unless antipsychotic drug therapy is necessary to treat a specific condition as

diagnosed and documented in the clinical record; and

(ii) Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.



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F329

Drug Regimen Is Free From Unnecessary Drugs (483.25(L))

Survey concerns:

- Failure to document the risk/benefit of medications
- Failure to document discussion with caregiver/resident
- Failure to monitor/document efficacy or adverse consequences of medications
- Failure to document consultation with prescriber, Medical Director and/or pharmacist
- Failure to consider tapering medications as appropriate for new admissions or residents returning from the hospital



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Abuse, Neglect and Exploitation



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Survey Process

- Resident Interviews
- Staff Interviews
- Supervisor/management Interviews
- Record Reviews
- Observations



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Abuse Prohibition Review

- The facility must develop and implement policies and procedures that include the seven components:
 - Screening
 - Training
 - Prevention
 - Identification
 - Investigation
 - Protection
 - Reporting/response



Screening

- Screen potential employees for a history of abuse, neglect or mistreating residents as defined by the applicable requirements at 483.13(c)(1)(ii)(A) and (B). This includes attempting to obtain information from previous employers and/or current employers, and checking with the appropriate licensing boards and registries.



Training

- Train employees, through orientation and on-going sessions on issues related to abuse prohibition practices such as:
 - Appropriate interventions to deal with aggressive and/or catastrophic reactions of residents;
 - How staff should report their knowledge related to allegations without fear of reprisal;
 - How to recognize signs of burnout, frustration and stress that may lead to abuse; and
 - What constitutes abuse, neglect and misappropriation of resident property.



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Prevention

- Provide residents, families and staff information on how and to whom they may report concerns, incidents and grievances without the fear of retribution; and provide feedback regarding the concerns that have been expressed.
- Identify, correct and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur.



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Prevention, continued

- This includes an analysis of
 - Features of the physical environment that may make abuse and/or neglect more likely to occur, such as secluded areas of the facility;
 - The deployment of staff on each shift in sufficient numbers to meet the needs of the residents, and assure that the staff assigned have knowledge of the individual residents' care needs;
 - The supervision of staff to identify inappropriate behaviors, such as using derogatory language, rough handling, ignoring residents while giving care, directing residents who need toileting assistance to urinate or defecate in their beds; and
 - The assessment, care planning, and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of aggressive behaviors, residents who have behaviors such as entering other residents' rooms, residents with self-injurious behaviors, residents with communication disorders, those that require heavy nursing care and/or are totally dependent on staff.



Identification

- Identify events, such as suspicious bruising of residents, occurrences, patterns, and trends that may constitute abuse; and to determine the direction of the investigation.



Investigation

- Investigate different types of incidents; and
- Identify the staff member responsible for the initial reporting, investigation of alleged violations and reporting of results to the proper authorities. (See §483.13 (c)(2), (3), and (4).)



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Protection

- Protect residents from harm during an investigation.
- Protect the rights of abuse and neglect victims, as well as those of staff who are accused of abuse and neglect, or those who report it.
- Establish and enforce an environment of protection from retaliation, during and after the investigation of an event.
- Offer assurances that the reporter will not be looked upon negatively or receive any form of treatment that may be considered punishment



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Reporting/Response

- Report all alleged violations and all substantiated incidents to the state agency and to all other agencies as required, and take all necessary corrective actions depending on the results of the investigation;
- Report to the State nurse aide registry or licensing authorities any knowledge it has of any actions by a court of law which would indicate an employee is unfit for service; and
- Analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.



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Mandatory Reporters – Florida Law

- Although every person has a responsibility to report suspected abuse or neglect, some occupations are specified in Florida law as required to do so. These occupations are considered “professionally mandatory reporters.” A professionally mandatory reporter’s name is entered into the record of the report, but is held confidential (§ 39.202, F.S. and 415.107, F.S.)



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Mandatory Reporters, continued

- Nursing Home staff are mandatory reporters
 - 1-800-96ABUSE
- Florida Statute 415 is the Adult Protective Services Program in the Department of Children and Families. The department is also responsible, as mandated in Chapter 415, F.S., for providing services to detect and correct abuse, neglect, and exploitation of vulnerable adults who, because of their age or disability, may be unable to adequately provide for their own care or protection.



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Compliance Determination

Surveyors will:

- Evaluate how each component of the policies and procedures are operationalized.
- Interview staff responsible for coordinating the policies and procedures: How do they:
 - monitor staff to ensure neglect does not occur?
 - determine which injuries of unknown origin should be investigated as possible abuse?
 - ensure residents, families, and staff feel free to communicate concerns without fear of reprisal?



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Compliance Determination Continued...

- Review how the facility handles alleged violations
- Interview residents and families regarding awareness of, to whom and how to report allegations.
- Interview direct care staff to determine if they were trained and knowledgeable about how to appropriately intervene in situations involving residents who have aggressive reactions.
- Do direct care staff know what, when, and to whom to report?
- Review facility policies to verify that they are detailed and clear.
- Review facility investigation to verify that it was thorough regardless of results of investigations conducted by law enforcement and other agencies.



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Abuse and Neglect

- **ABUSE** is the **willful infliction** of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.
- **NEGLECT** is the **failure** to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.



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Federal Initiatives and What's New at CMS



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Centers for Medicare and Medicaid Services Proposed Revised Requirements for Long Term Care Facilities



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Background

- The federal requirements for Long-Term Care (LTC) Facilities are the health and safety standards that LTC facilities must meet in order to participate in the Medicare and Medicaid Programs.
- The current requirements are found at 42 CFR 483, Subpart B.
- These requirements have not been comprehensively updated since 1991.



Background

- The proposed revisions reflect advances in the theory and practice of service delivery and safety, and implement sections of the Affordable Care Act (ACA).
- The material presented here reflect highlights and not an exhaustive list of changes.



Publication Date

- The proposed rule, CMS 3260-P Reform of Requirements for Long-Term Care Facilities, was published in the Federal Register on July 16, 2015.
- To view the proposed rule, visit:
<https://www.gpo.gov/fdsys/pkg/FR-2015-07-16/pdf/2015-17207.pdf>



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Rule Themes

- Person-Centered Care
- Quality
- Facility Assessment, Competency-Based Approach
- Alignment with HHS Priorities
- Comprehensive Review and Modernization
- Implementation of Legislation



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Person-Centered Care

Residents and Representatives: Informed, Involved and in Control

- Existing protections maintained
- Choices
- Care and Discharge Planning



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Quality

Quality of Care and Quality of Life – overarching principles for every service provided.

- Quality of Life and Quality of Care
 - Additional special care issues: restraints, pain management, bowel incontinence, dialysis services, and trauma-informed care
- Quality Assurance and Performance Improvement
 - Based on the pilot



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Facility Assessment and Competency Based Approach

Facilities need to know themselves, their staff, and their residents.

- Accounts for and allows for diversity in populations and facilities
- Focus on each resident and achieving their highest practicable physical, mental, and psychosocial wellbeing
- Facility-wide assessment used to make operational decisions



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Align with Current HHS Initiatives

Advancing cross-cutting priorities

- Reducing unnecessary hospital readmissions
- Reducing the incidences of healthcare acquired infections
- Improving behavioral healthcare
- Safeguarding nursing home residents for the use of unnecessary psychotropic medications



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Comprehensive Review and Modernization

- Reorganized
- Updated
 - Revised care and discharge planning requirements
 - Current infection control standards, including antibiotic stewardship
 - Updated special care issues like pain management and dialysis



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Implementation of Legislation

- Section 6102(b) of ACA, compliance and ethics program
- Section 6102(c) of ACA, quality assurance and performance improvement program (QAPI)
- Section 6103(b)(3) of ACA (Section 1150B of the Act), requirements for reporting to law enforcement suspicion of crimes
- Section 6121, of ACA, dementia and abuse training
- Section 2 of the IMPACT Act (adds 1899B to the Act), discharge planning requirements for SNFs



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Summary of Major Provisions



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Definitions (483.5)

- Added definitions including adverse event, abuse, sexual abuse, neglect, exploitation, misappropriation of resident property and person-centered care



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Resident Rights (483.10)

- Language updated and reorganized
 - Eliminate language such as “interested family member” and replacing the term “legal representative” with “resident representative”
 - Address roommate choice
 - Adding language regarding physician credentialing to specify that the physician chosen by the resident must be licensed to practice medicine in the state where the resident resides and must meet professional credentialing requirement of the facility



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Facility Responsibilities (483.11) “New Section”

- Focus on responsibilities of the facility
- Revise visitation requirements to establish open visitation
- Facility must promote and facilitate resident self-determination



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Freedom from Abuse, Neglect and Exploitation (483.12)

- Facilities cannot employ individuals who have had a disciplinary action taken against their professional license as a result of abuse, neglect, mistreatment of residents or misappropriation of their property.
- Facility must develop written policies and procedures.
- Establish coordination with the QAPI program.



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Transitions of Care (483.15)

- Transfer or discharge must be documented in the clinical record and specific information such as history of present illness, reason for transfer and past medical/surgical history must be exchanged with the receiving provider or facility.
 - No specific format required for this exchange of information.



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Resident Assessments (483.20)

- Clarification of what constitutes appropriate coordination of a resident's assessment with the Preadmission screening and Resident Review (PASRR)
- Technical corrections



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Comprehensive Person-Centered Care Planning (483.21) “New Section”

- Baseline care plan must be developed within 48 hours of admission
- Resident's care plan must include any specialized services the facility will provide as a result of PASRR.
- Composition of Interdisciplinary Team expanded
- Discharge planning includes reconciliation of all discharge medications with the resident's pre-admission medications
- Care plan developed in consultation with the resident or resident's representative



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Quality of Care and Quality of Life (483.25)

- Concept should be applied to every service provided
- Modify existing requirements for nasogastric tubes
- Resident pain management
- CPR provided in accordance with advanced directives
- Bed rail safety



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Physician Services (483.30)

- Require an in-person evaluation of a resident by a physician, a physician assistant, nurse practitioner or clinical nurse specialist before an unscheduled, non-emergent transfer to a hospital
- Physicians may delegate dietary orders to dietitians and therapy orders to therapists.



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Nursing Services (483.35)

- Add a competency requirement for determining sufficient nursing staff based on a facility assessment, which includes but is not limited to the number of residents, resident acuity, range of diagnoses and the content of care plans.
 - Minimum staffing is not mandated (Florida staffing standards still apply)



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Behavioral Health Services (483.40) “New Section”

- New section that focuses on the requirement to provide the necessary behavioral health care and services to residents in accordance with their comprehensive assessment and plan of care.
- Facility to determine direct care staff needs based on the facility’s assessment.
- Staff must have appropriate competencies.



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Pharmacy Services (483.45)

- Pharmacist review specified
- Pharmacist document in a written report any irregularities noted in the drug regimen review
- Attending physician document in the resident's medical record review of the identified irregularity and appropriate actions
- PRN for psychotropic drugs limited to 48 hours
 - Resident's physician or PCP must document in the clinical record rationale for continuation beyond 48 hours



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Laboratory, Radiology and Other Diagnostic Services (483.50) “New Section

- PA, NP or Clinical Nurse Specialist may order these services in accordance with state law including scope of practice laws.
- Ordering practitioner must be notified of abnormal laboratory results when they fall outside clinical reference ranges according to facility policy or per practitioners' orders.



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Dental Services (483.55)

- Prohibit SNFs from charging a Medicare resident for the loss or damage of dentures if facility responsible
- NFs must assist residents who are eligible to apply for reimbursement of dental services as an incurred medical expense under the Medicaid state plan.
- Referral for lost or damaged dentures must occur within 3 business days unless extenuating circumstances are documented.



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Food and Nutrition Services (483.60)

- Facility must employ sufficient staff with appropriate competencies
- Credentials of Dietary Leadership specified
- Menus must reflect the religious, cultural and ethnic needs and preferences of residents
- Food and drink must take into consideration resident allergies, intolerances and preferences and ensure adequate hydration
- Facilities may procure food locally and may use produce grown in facility gardens



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Specialized Rehabilitative Services (483.65)

- Respiratory services added to those identified as specialized rehabilitative services
- Clarification of what constitutes as rehabilitative services for mental illness and intellectual disability



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Outpatient Rehabilitative Services (483.67)

- New health and safety standards for facilities that choose to provide outpatient rehabilitative therapy services



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Administration (483.70)

- Many components of existing regulation moved to other areas
- Facility assessment to determine resources necessary to care for residents.
 - Reviewed and updated as needed but at least annually
- Specific requirements for binding arbitration.
 - Must be voluntary
 - Cannot be a contingency of admission



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Quality Assurance and Performance Improvement (QAPI) (483.75) “New Section”

- All LTC facilities must develop, implement, and maintain an effective comprehensive, data-driven QAPI program that focuses on systems of care, outcomes of care and quality of life
- Disclosure of information



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Infection Control (483.80)

- Infection Prevention and Control Program (IPCP).
 - LTC facilities must have a system for preventing, identifying, reporting, investigating and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under an arrangement based upon its facility and resident assessments that is reviewed and updated annually.
 - Policies and procedures
 - Antibiotic stewardship
 - System for recording incidences and corrective actions



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Infection Control (483.80)

- Infection Prevention and Control Officer (IPCO).
 - LTC facilities must designate an IPCO for whom the IPCP is their major responsibility and who would serve as a member of the facility's quality assessment and assurance (QAA) committee.
- Influenza and pneumococcal immunizations
 - Risk/benefits discussions documented
 - Documentation reflects that the resident received the immunization or did not receive due to a medical contraindication or refusal.



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Compliance and Ethics (483.85)

- Operating organizations for each facility must have in operation a compliance and ethics program that has established written compliance and ethics standards, policies and procedures that are capable of reducing the prospect of criminal, civil, and administrative violations.
- Program must be reviewed at least annually.



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Physical Environment (483.90)

- For facilities that receive approval of construction or reconstruction or are newly certified after the effective date of this regulation:
 - No more than two residents per room
 - Each resident room must have a bathroom equipped with a toilet, sink and shower
- Facilities must establish policies regarding smoking, including tobacco cessation, smoking areas and safety.
- Regular inspection of bed frames, mattresses and bed rails to identify areas of possible entrapment
 - If purchased separately, facility must ensure these components are compatible



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Training Requirements (483.95) “New Section”

- Facilities must develop, implement and maintain for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, an effective training program that is consistent with their expected roles:
 - Communication
 - Resident Rights and Facility Responsibilities
 - ANE
 - QAPI
 - Compliance and Ethics
 - In-Service Training for Nurse Aides (dementia and resident abuse)
 - Behavioral Health



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Partnership to Improve Dementia Care In Nursing Homes



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Partnership Results – Florida

- Q4 2011 – Florida 24.5
Q3 2015 – Florida 17.59
Reduction of 28.2%
Florida Ranks – 35
- Q4 2011 – Nation 23.9
Q3 2015 – Nation 17.43
Reduction of 27.0%



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Antipsychotic Drug use in Nursing Homes Measure

This measure is posted to the Nursing Home Compare website at

www.medicare.gov/nursinghomecompare .



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Changes to Nursing Home Compare

- Antipsychotic use for short and long stay residents now included in the measure rather than only being displayed on the web.
- Nurse staffing
 - Facilities must have at least one 4 star rating in staffing to get a 4 star overall



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Safely Reduce Hospitalizations



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Readmission Definition

- CMS defines a readmission as a subsequent inpatient admission to any acute care facility which occurs within 30 days of the discharge date of an eligible index admission.

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Care Coordination: Scope of the Problem

- Avoidable readmissions and patient satisfaction with discharge-related care are recognized challenges nationwide. In Florida, nearly 19% of Medicare fee-for-service (FFS) patients return to the hospital within 30 days of their hospital stay, costing Medicare approximately \$1.2 billion.¹
- This costly and quick return to the hospital indicates that there may have been a failure in the coordination of care as the patient transferred from the hospital to other care settings. Furthermore, people with Medicare coverage [report greater dissatisfaction regarding discharge-related care](#) than with any other aspect of care that Medicare measures.²

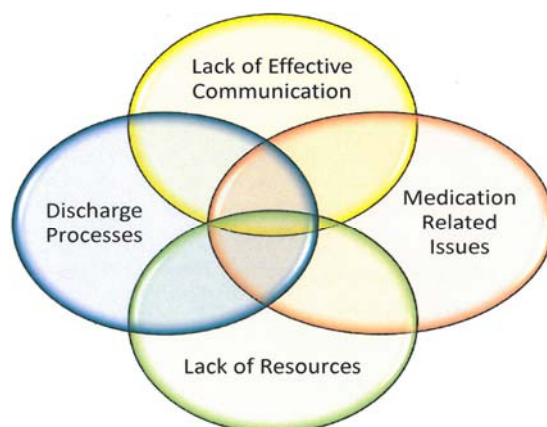
¹ CMS, 2013. Part-A claims for Fee-for-Service beneficiaries. Part A Standard Analytical Table (ASAT) data file for HSAG.

² www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html



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Causes of Hospital Readmissions



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CMS Coordination of Care Goals

- Reduce readmission rates by 20% by 2019
- Increase medication safety through improved quality of care coordination
- Expand the length of time a beneficiary remains in their home between hospitalizations and short-term institutional stays (community tenure)
- Increase the number of cross-setting communities to positively impact the majority of Medicare beneficiaries in the state



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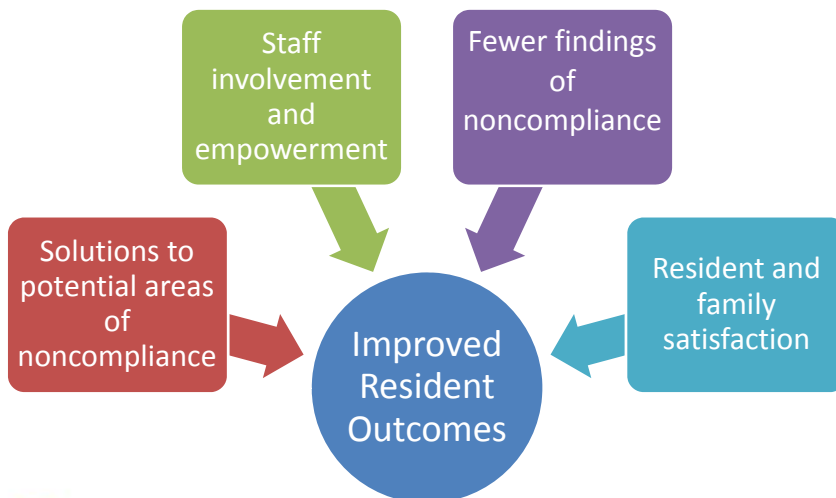
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Quality Assurance and Performance Improvement



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QAPI



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Common Patient and Resident Safety Concerns

- Evidence based data
- Concerns cross the continuum of care
- What can we learn from studying this data?



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Five Elements of QAPI

- Design and Scope
 - Involve all staff
- Governance and Leadership
 - Engage residents and families
- Feedback, Data Systems and Monitoring
 - Make data meaningful
- Performance Improvement Project – Keys to Success
 - Team membership and charter
- Systematic analysis and action
 - Getting to the root of the problem
 - Sustaining the gains



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Other CMS Initiatives



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Electronic Plan of Correction



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Electronic Plans of Correction (ePOC)

- Beginning in early 2016, the Agency will implement electronic plan of correction program.
- Benefits:
 - Streamlined plan of correction submission and approval process
 - Improved communication
 - Leverages electronic and web-based technology (no paper!)



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Electronic Plans of Correction (ePOC)

- Due to the large volume of nursing homes in Florida, we will stagger implementation by State Region, starting with our largest area, St. Petersburg/Tampa.
- For questions, please contact the Florida QIES Help Desk at:
 - **Email:** FLQIES_HELP@ahca.myflorida.com
 - **Phone:** (850) 412-4501
 - **Website:**
http://ahca.myflorida.com/MCHQ/Field_Ops/Health_Standards/epoc.shtml



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MDS Focused Surveys



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2015 MDS Focused Survey Data

- Florida conducted **16** MDS Focused Surveys in 2015
- Most Commonly Cited Tags:
 - F278 (13 facilities)
 - F356 (12 facilities)

DPOC issued for F356



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2016 MDS Focused Surveys

- As of February 2016 -6 MDS Surveys completed
 - F278 cited on all 6 surveys
 - F356 cited on 5 of the 6 surveys

All MDS focused surveys must be completed by September 30, 2016



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Dementia Care Survey

- Pilot surveys were conducted in 2014 by five states and additional pilot surveys were conducted in 2015.
 - 80% of the surveys conducted resulted in deficiencies in either F309 or F329.
 - Citations at the harm level were uncommon.
- CMS plans to incorporate components of the Dementia Care Survey into the routine nursing home survey process.
- Focused Dementia Care Survey Tools
 - S&C: 16-04-NH



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Payroll-Based Journal (PBJ)



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Electronic Submission of Staffing Data for Long Term Care Facilities

- Survey and Certification Memo - S&C: 16-13-NH
- Voluntary submission period ends June 30, 2016
- Mandatory submission begins July 1, 2016
- Revised policy manual and general information:
 - <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>
- Potential CMS enforcement actions for failure to comply with this reporting requirement



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Agency Updates



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Background Screening Update



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Care Provider Background Screening Clearinghouse Employee/Contractor Roster

According to section 435.12(2)(c), F.S., an employer of persons subject to screening by a specified agency must register with the Clearinghouse and maintain the employment status of all employees/contractors within the Clearinghouse. Initial employment /contract status and any changes in status **must be reported within 10 business days**.

- You must add an employee/contractor to your employee/contractor roster to receive arrest and criminal registration notifications. Please remember, per section 435.06(2)(b), F.S., if an employer becomes aware that an employee/contractor has been arrested for a disqualifying offense, the employer must remove the employee/contractor from contact with any vulnerable person that places the employee in a role that requires background screening.
- Even though the requirement is only for employees/contractors with a Clearinghouse screening, it is highly recommended that ALL employees/contractors are added to the employee roster. By doing so the provider will receive email notifications of employment status changes for all employees.



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Employee Roster

Home Search Initiate Screening Screenings in Process Screening Results LiveScan **Employee/Contractor Roster** Log Out

Employees/Contractors [Switch Agency View](#)

Search Options

Position:

Provider:

Hire/Contract Date: to:

Retained Prints Expiration Date: to:

Status:

Apply

Employee/Contractor Roster

Last Name	First Name	Provider	Position	Provisional Hire/Contract Date	Permanent Hire/Contract Date	Retained Prints Expiration Date	End Date	Action
TEST1	TEST	CAREER ASSESSMENT VOCATIONAL EV™ SUNRISE VF200071038001	Employee - General		03/08/2014	03/08/2019		Edit
TEST2	TEST	CAREER ASSESSMENT VOCATIONAL EV™ SUNRISE - VF200071038001	Employee - General		05/17/2014	05/12/2019		Edit

Displaying items 1 - 2 of 2

Print All



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Arrest/Registration Record

You must add an employee/contractor to your employee/contractor roster to receive arrest and criminal registration notifications.

▼ Screenings in Process

Screening	Provider	Submitted	Status	Status	Action
211184		03/17/2014	Determination Made	03/17/2014	Reprint Privacy Policy Remove

■ Connected screenings

Provider:

Once you receive an arrest and criminal registration notification *immediately* check the website to see if there has been an eligibility change. If that employee is now "Not Eligible" you are required, per ss. 435.06 (2)(b), to remove him/her from a position that requires a Level 2 screening and update your employee roster.



Arrest/Registration Record

***** ARREST NOTIFICATION *****
 ARREST RECEIVED BY FDLE MATCHES RETAINED APPLICANT FINGERPRINTS FOR YOUR AGENCY
 The person identified below was arrested in Florida. For further information about this arrest, please contact the agency listed in the 'Arrest Information' segment below.

---APPLICANT INFORMATION #1

Name: Test, Test
 SSN: 111110001
 DOB: 12/24/1972
 Submitting Livescan ID (ORI): L50000123
 Livescan
 Make: Not Available
 Model: Not Available
 Serial Number: Not Available
 TCN: TCN11-1
 ATN: Not Available
 OCA: Not Available
 OCP: Not Available
 Date Fingerprints Retained by FDLE: 10/29/2013 15:42:38
 Regulatory Agency ID (CRI): EAMCA0202
 ICHS FALCON Number: 11196294

---ARREST INFORMATION:

Name Used At Arrest: TEST, TEST
 Alias Name Used At Arrest: Not Available
 OBT (Tracking) Number: 0612660024
 OCA (Agency) Number: 221300623
 Arresting Agency: PD - PLANTATION POLICE DEPARTMENT
 Livescan
 Make: PDK
 Model: 3000N
 Serial Number: Not Available
 Date of Arrest: 03/17/2013
 SID: 07896527

---CHARGE CODE INFORMATION:

Arrest Segment Literal(000, ADL): 20130517, PETIT THEFT 1ST DEG PROP \$100
 NCIC Charge Code/Arrest Offense: 2399
 Florida State Statute#: 812.014-2e
 Level of Arrest: M
 Degree of the Charge: F



Agency for Health Care Administration Background Screening Resources

Background Screening Website

- <http://ahca.myflorida.com/backgroundscreening>

Questions/Comments/Issues

- bgscreen@ahca.myflorida.com



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Hurricane Preparedness and EMResource Facility Information Dear Provider Letter March 21, 2016



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EMResource

- Please access and update your facility status in EMResource, no later than **April 4**. The facility statuses requiring updates include:
 - AHCA Emergency Contacts
 - Generators
 - Transportation
 - Facility Utilities (account and contact information)



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EMResource Notifications

In addition to standard email and web page notifications, EMResource provides an option for users to receive notifications via text message.

- Login to EMResource
- Select the '*Preferences*' tab in the black menu bar at the top of the page, then select '*User Info*'.
- Enter your text messaging email address in the box for '*Text Pager Addresses*'. A text messaging email address is a special email address that allows emails to be delivered via text message. It usually consists of a 10-digit phone number followed by an address unique to the wireless provider. For Example: 5551234567@txt.att.net..
- Click '*Save*' at the bottom of the page.



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**Questions Concerning
EMResource
Please Contact the Long Term
Care Unit
(850) 412-4303**



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Wrap Up



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Contact Information

Kimberly Smoak

850-412-4516

Kimberly.Smoak@ahca.myflorida.com

Polly Weaver

850-412-4491

Polly.Weaver@ahca.myflorida.com



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Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 16-04-NH

DATE: November 27, 2015
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Focused Dementia Care Survey Tools

Memorandum Summary

Focused Dementia Care Survey Pilot: The Centers for Medicare & Medicaid Services (CMS) completed a pilot project in 2014 to examine the process for prescribing antipsychotic medications and assess compliance with other federal requirements related to dementia care practices in nursing homes. Additionally, it was initiated to gain new insights about surveyor knowledge and skills and ways that the current survey process may be streamlined to more efficiently and accurately identify and cite deficient practice.

Expansion of Focused Dementia Care Survey Efforts: In 2015, the expansion project involved a more intensive, targeted effort to cite poor dementia care and the overutilization of antipsychotic medications, and broaden the opportunities for quality improvement among providers.

Focused Dementia Care Survey Tools: In response to feedback from stakeholders and partners of the *National Partnership to Improve Dementia Care in Nursing Homes*, CMS is sharing the revised survey materials that were developed for the 2014 Focused Dementia Care Survey Pilot and 2015 expansion effort. The intent is that facilities would use these tools to assess their own practices in providing resident care.

Background

In 2014, CMS invited States to participate in the pilot of a Focused Dementia Care Survey to test new surveyor worksheets and processes, focused on dementia care in nursing homes. The focused survey examined the process for prescribing antipsychotic medication and assessed compliance with other federal requirements related to dementia care practices in nursing homes. The pilot was initiated to gain new insights about surveyor knowledge and skills and ways that the current survey process may be streamlined to more efficiently and accurately identify and cite deficient practice, as well as to recognize successful dementia care programs. Of those that volunteered, five States (California, Illinois, Louisiana, Minnesota and New York) participated in the pilot. Between the months of July and September of 2014, each State completed four focused surveys and an observation visit. A subject matter expert accompanied each survey team on their first survey/visit.

In 2015, CMS expanded the use of the Focused Dementia Care Survey in a few States and invited States to conduct such surveys on a voluntary basis, using the revised survey tools. This expansion project involved a more intensive, targeted effort to improve surveyor effectiveness in citing poor dementia care and the overutilization of antipsychotic medications than was previously done in Fiscal Year 2014. Six States participated in this effort (California, Illinois, Mississippi, Missouri, Nebraska and Texas). CMS provided criteria for determining specific facilities to be surveyed and worked with these States to identify dementia care experts to accompany surveyors for the first survey, whenever possible.

Focused Survey Tools

Upon completion of the pilot and 2015 expansion effort, CMS revised the survey materials and tools based on surveyor feedback and data analysis. In response to feedback from stakeholders and partners of the *National Partnership to Improve Dementia Care*, CMS is sharing these revised materials. The intent is that facilities can use these tools to assess their own practices in providing resident care.

Contact:

For questions on this memorandum related to the dementia care survey and attached tools, please contact Michele Laughman via email at dnh_behavioralhealth@cms.hhs.gov.

Effective Date: Immediately. The information contained in this memorandum should be communicated with all survey and certification staff (including the State RAI Coordinator), their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

Thomas E. Hamilton

Attachments:

1. Facility Questions Parts 1-3
2. Resident Questions Part 4

cc: Survey and Certification Regional Office Management

Focused Dementia Care Surveyor Worksheets

INSTRUCTIONS:

The purpose of the on-site Focused Dementia Care Survey is to determine compliance with the regulations at §483.25, Appendix PP F309 Care and Services for a Resident with Dementia. Compliance with F309 is assessed during the focused survey by surveyor observations, interviews and record reviews for a sample of residents with dementia. If during the survey, other issues unrelated to dementia are identified at the facility, at the discretion of the state survey agency, these may be investigated as a separate complaint.

In general, 2 surveyors will be able to complete the focused survey of 5 residents in 2-3 days for a medium sized (e.g., 120-150 bed) facility. For larger facilities (e.g., over 150 beds), or facilities with a history of deficiency citations at F309 that relate to dementia care, state agency directors or managers may elect to expand the sample up to 10 residents.

In addition to staff who are on site (e.g., CNAs, nurses, activities professionals, dementia unit director), surveyors will interview physicians, nurse practitioners, physician's assistants, pharmacists, LTC ombudsmen and family members as part of the survey.

Language with respect to dementia care is rapidly evolving and changes frequently. Currently, guidance at F309 refers to behavioral or psychological symptoms of dementia (BPSD), while newer articles and texts may refer to communication of an underlying need, expressions or indications of distress, or behaviors that appear to be distress-related

Citation instructions are provided throughout this instrument, indicating the applicable regulatory provision to be cited on the Form CMS-2567, if deficient practices are observed.

Parts 1, 2 and 3 will be completed once for each nursing home.

Focused Dementia Care Surveyor Worksheets

Name of State Agency: *(please specify)*

Team Leader: _

Surveyors on Team: _

PART 1 -- NURSING HOME CHARACTERISTICS	
1. Nursing Home Name	
2a. Nursing Home Street Address/PO Box	
2b. Nursing Home State	
2c. Nursing Home Zip Code	
3. 6-digit CMS Certification Number	
4. Date(s) of site visit (MM/DD/YYYY)	__ To __
5. What is the ownership of the facility? <i>(Select only ONE)</i>	<input type="checkbox"/> For profit – part of a corporate chain <input type="checkbox"/> For profit – independent owner <input type="checkbox"/> Not for profit <input type="checkbox"/> Public (state or county-owned) <input type="checkbox"/> Other (please <i>specify</i>):
PART 2 -- DEMENTIA CARE – POLICIES, LEADERSHIP, TRAINING, DOCUMENTATION	
6a. Does the nursing home have a specific unit or wing for residents with dementia?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>6b. If there is a special care unit, is it only for residents with a diagnosis of dementia (e.g., Alzheimer's, Lewy body, vascular, other dementia)? If no, list other diagnoses as well (e.g., TBI, psychiatric disorders):</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>7. Does the nursing home have specific policies and procedures related to dementia care (whether they have a special dementia unit or not)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8a. Is it evident, through conversations with facility leadership (e.g., the director of nursing, supervisors, unit managers, medical director or administrator) that nationally recognized dementia care guidelines or programs (refer to examples provided in section 8c. below) are the basis of care for people with dementia in the nursing home?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8b. Is it evident, through review of policies, procedures and/or protocols that nationally recognized dementia care guidelines or programs are the basis of care for people with dementia in the nursing home?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8c. If YES to (a) or (b), which nationally-recognized dementia care guidelines or programs has the nursing home selected? (<i>Select all that apply</i>)</p> <p><i>Note: This is not meant to be an all-inclusive list, please feel free to specify another program, by selecting 'other' on page 4 of this worksheet.</i></p>	<input type="checkbox"/> CMS' Hand in Hand series <input type="checkbox"/> OASIS program <input type="checkbox"/> University of Iowa program <input type="checkbox"/> VA Program (STAR) <input type="checkbox"/> Johns Hopkins DICE program <input type="checkbox"/> Alzheimer's Association materials <input type="checkbox"/> NHQCC or other QIO guidelines <input type="checkbox"/> Advancing Excellence medication management tools <input type="checkbox"/> AHCA toolkit

	<input type="checkbox"/> Other (please specify)
<p>9. Has the nursing home designated a licensed professional to coordinate dementia care training in the nursing home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>NOTE: This is not currently a requirement for participation; CMS is collecting this as informational only.</i></p>	
<p>9a. If YES, Is this person a: <i>(Select only ONE)</i></p>	<input type="checkbox"/> Nursing home employee <input type="checkbox"/> Contractor or consultant
<p>9b. On average, how many hours per week does this person spend in the nursing home directing dementia care?</p>	<p>_____Hours per week</p>
<p>10a. How do staff members receive dementia training? <i>(Select all that apply)</i></p>	<input type="checkbox"/> In-service (live or video) <input type="checkbox"/> Computer-based training Other <i>(please specify)</i> :

<p>10b. Which staff members receive dementia training? (<i>Select all that apply</i>)</p>	<p><input type="checkbox"/> Direct care staff (CNAs) Other <input type="checkbox"/> nursing staff <input type="checkbox"/> Other staff providing direct patient care (e.g., PT, OT, ST, dietary, medical staff, recreation/activities, chaplain) <input type="checkbox"/> Social work staff <input type="checkbox"/> Housekeeping, laundry and maintenance staff <input type="checkbox"/> Other (<i>please specify</i>)</p>
<p>10d. Indicate frequency of staff dementia training (<i>Select all that apply</i>)</p>	<p><input type="checkbox"/> Upon hire (circle all that apply: CNA, other nursing, other non-nsg) <input type="checkbox"/> Annually (circle all that apply: CNA, other nursing, other non-nsg) <input type="checkbox"/> Periodically / as needed (circle all that apply: CNA, other nursing, other non-nsg) <input type="checkbox"/> Other (<i>please specify</i>):</p>
<p>10e. How many hours of training do staff receive each year?</p>	<p>____ Hours for CNAs; ____ Hours for other nursing ____ Hours for non-nsg staff</p>
<p>10f. Is there documentation confirming that training is provided to all categories of staff listed above? Please list topics within dementia training (or attach copies of program/s):</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>NOTE: <i>If training is not provided to CNA staff upon hire with periodic refresher training thereafter, look for evidence of CNA competency and skills in dementia care. If absent, cite F498. If evidence of training, skills and competency testing are absent, consider QAA citation at F490 or F520, in addition to F498, in relation to 42 CFR 483.25, particularly if the nursing home's observed practices do not reflect accepted dementia care guidelines.</i></p>	

PART 3 – QUALITY ASSESSMENT AND ASSURANCE (QAA)

Please refer to F520 Quality Assessment and Assurance for guidance regarding the information that may be obtained from the QAA committee.

If N/A is *selected*, please explain why there is no associated observation, or why the question is not applicable, in the COMMENTS box at the end of each section.

Surveyors should consider one or more “no” responses in this QAA section potentially indicative of non-compliance in relation to 42 CFR 483.25, F309 as well.

Practices to be Assessed	Was Practice Performed?
<p>11. Does evidence support that the nursing home has a QAA committee consisting of the director of nursing, a physician designated by the facility and at least three other staff members that meet at least quarterly?</p> <p>If NO, Cite F520</p> <p>If YES, identify the person who coordinates the QAA committee and interview that person to answer questions 11a-c in this section:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Coordinator of QAA:</p>
<p>11a. Do resident care policies and procedures clearly outline asystematic process for the care of residents with dementia?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>Does the nursing home look systematically at ways to structure the care processes around the residents’ individual needs and not around staff needs or routines?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>

<p>Does the overall philosophy of care in the nursing home acknowledge behaviors as a form of communication and is there an expectation that all staff strives to understand the meaning behind these behaviors?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>Are non-nursing staff (particularly recreational therapy staff) trained in dementia care practices?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>11b. Does the QAA Committee monitor for consistent implementation of the policies and procedures for the care of residents with dementia?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>11c. Has the QAA Committee corrected any identified quality deficiencies related to the care of residents with dementia?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>Comments:</p>	

Focused Dementia Care Surveyor Worksheets

Part 4

Part 4 will be completed for each resident in the sample.

Name of State Agency: *(please specify)*

Team Leader:

Surveyors on Team:

Survey Date:

Facility Name and ID:

Focused Dementia Care Surveyor Worksheets

Part 4 – Dementia Care & Related Practices (See Specific Practices to Consider Below)

INSTRUCTIONS:

- Please *select ONE bubble* for each “Was Practice Performed?” question, unless otherwise noted.
- If N/A is *selected*, please explain why there is no associated observation, or why the question is not applicable, in the COMMENTS box at the end of each section.
- Dementia care should be observed not only during the cases being followed, but also while making other observations in the nursing home, throughout the survey. Interviews are used primarily to provide additional evidence for what the surveyor has observed or gleaned from the record review; but may in some cases substitute for direct observation to support a citation of deficient practice.

Specific Practices to Consider:

There are many possible situations and relationships that surveyors will want to evaluate during the Focused Dementia Care Survey. It is not possible to provide examples of all of these scenarios. However, some common practices (positive and negative) are listed below. Overall, these address the issue of meeting the resident where he/she is and entering that world, as opposed to requiring them to conform to nursing home routines. Some specific practices that surveyors may consider include:

1. Observe for language or routines that could have an impact on dignity and/or function, e.g.:
 - Use of bibs, crescent ‘feeding’ tables
 - High percentage of residents wearing socks/non-skid socks and institutional gowns instead of their own clothes and shoes; high percentage of residents with soiled hands or nails, unshaven or with hair not combed or brushed (a high percentage of these observations may indicate that staff does not try to re-approach residents or find ways to enable them to accept needed care/grooming; surveyors should investigate further)
 - Staff use of terms such as “feeders” “total care residents” etc. in communication versus person-centered language
 - Failure to respond to residents’ communication/behavioral manifestations of distress/emotional needs versus attention to preventing escalation of distress
 - Attempts to keep residents “quiet” or prevent them from moving around versus efforts to walk or talk with residents who appear distressed

- Lack of social interaction or communication between staff and residents during direct care versus engaging residents in conversation or speaking to them even if they are unable to respond.

2. Observe for social dining atmosphere or individualized dining setting (if appropriate) with staff sharing the dining experience with residents (not standing over them). Observe for staff talking with residents, not talking only with other staff or ignoring residents. Observe for culturally appropriate meals.
3. Observe for whether or not staff assesses the environment regularly for too much or too little noise, light and stimulation. (Since this may be difficult to ascertain during observations alone, speak with staff about how they address environmental issues for individuals with dementia).
4. Observe for other basic dementia care approaches such as:
 - using soft, low voice and speaking where resident may read lips/see face clearly
 - not approaching resident from behind
 - providing adequate time during resident care and meals (not rushing)
 - encouraging maximal independence (not performing activities/care routines that resident could perform him/herself if given adequate time and task segmentation, cues)
 - encouraging time outdoors
 - encouraging physical activity
 - redirecting resident away from high stress environment
 - allowing a resident to remain in preferred location/environment (e.g., to remain in bed) if safe, and re-approaching that resident later on if they express a desire/choose to remain where they are (staff recognizing this as preference/choice, even in someone who has dementia)
 - providing stimulation (to avoid boredom); ensuring an adequate number and type of activities on all shifts, on W/E's
 - addressing loneliness/isolation
 - Appropriately limiting choices to avoid frustration/confusion.
5. Assess for adequate sleep and individualized sleep hygiene in care plan (sleep facilitators, such as reducing interruptions for continence care or pressure relief through use of appropriate continence products and mattresses); sleep log or diary if indicated. Assess for residents sleeping often during activities.
6. Evaluate for adequate pain assessment in all residents with particular attention to those with difficulty communicating about pain.
7. Assess for sensory deficits and how these deficits may impact cognition. Is there an assessment for use of adaptive equipment, and is it used appropriately and consistently?

8. Assess for issues during care transitions. For example, was there a unit or room change? What prompted this change? How was information transferred effectively among care providers (“warm handover”)? Consider issues related to accepting residents back after a hospital transfer (communication with state Ombudsman Program may be helpful).

I. Comprehensive Evaluation of Each Resident on Admission by the Interdisciplinary Team
(Use this section for new admission resident/s in the sample, or those for whom admission records are available).

Observations in this section are to focus on staff directly involved in the admission process (e.g., admission coordinator, social worker, nurses, CNAs, therapists, etc.).
If the condition or risks were present at the time of the required comprehensive assessment, did the nursing home comprehensively assess the physical, mental and psychosocial needs of the resident with dementia to identify the risks and/or to determine underlying causes (to the extent possible) of the resident’s behavioral and/or mental psychosocial symptoms, and needed adaptations, and the impact upon the resident’s function, mood and cognition? If No, cite F272. For newly admitted residents, before the 14-day assessment is complete, did the nursing home provide sufficient care planning to meet the resident’s needs? If No, cite F281.
In addition, surveyors should consider one or more “no” responses in this section potentially indicative of non-compliance in relation to 42 CFR 483.25, F309 as well.

Practices to be Assessed	Was Practice Performed?
A. Is there a pre-admission or admission screening process to identify the specific care needs of residents with dementia?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. During admission interviews, are the resident and family asked about previous life patterns, choices, cultural patterns, preferences with respect to: daily routines such as awakening and going to bed at night, dining preferences, food choices, mobility/exercise, time outdoors, reading, hobbies or activities, bathing or use of the bathroom and any other relevant information related to the resident’s comfort, well-being and rituals? (e.g., use of instrument such as Preferences for Everyday Living Tool). **	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
C. During the admission process, did staff ask specific questions about usual cognitive patterns, mood and any behavioral distress associated with dementia? (This should include: when behaviors have occurred, possible underlying causes; how resident typically communicates a need such as pain, discomfort, hunger or frustration; responses to triggers such as stress, anxiety or fatigue; expectations for how nursing home will work with resident to prevent and reduce any distress).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
D. Does staff know, based on the admission process, what approaches calm or soothe a resident with dementia once resident becomes distressed (including evaluation of environmental factors that could be triggering or exacerbating behaviors)?*	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
E. Did staff document preferences and patterns (above) in the clinical record in a place easily accessible to all staff?	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. F. Is staff able to demonstrate that they know where information is located and when/how to access it?	<input type="checkbox"/> YES <input type="checkbox"/> NO
G. G. Does admission staff communicate verbally and/or in writing to CNAs and other staff about these preferences and patterns in a timely manner?	<input type="checkbox"/> YES <input type="checkbox"/> NO

H. H. Is evidence present that supports activities are implemented for the resident that are based on information gathered during the admission process (i.e., based on known hobbies, routines and life patterns)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
I. I. Are preferences and usual patterns related to dining integrated into meal, snack and beverage planning for the resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
J. J. Has therapy staff (OT, PT and/or SLP) and/or restorative nursing staff screened the resident soon after admission to determine if services would enable resident to attain or maintain his or her highest practicable level of functioning?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
K. Comments	

**Note: Staff may not always know the most effective current intervention based solely on the admission process. The admission process focuses primarily on previous life patterns, approaches, preferences, etc. Some triggers and resident responses may vary based on the individual's adjustment to a new setting and environment, and staff may need to explore additional and/or alternative approaches to soothe or calm an individual, as well as those approaches that served well in the past/prior to admission.*

***Note: In any sections of this worksheet, if resident is non-interviewable and there is no family available/involved and therefore N/A is checked, note whether facility made efforts to find alternative ways of obtaining information and whether they documented those efforts. In some cases, despite efforts, minimal or no information may be available for certain residents for initial assessment and care planning. However, in those cases, the facility should indicate how social services is involved in obtaining legal representation (e.g. guardianship or other processes).*

II. Recognition, Assessment and Cause Identification of Behavioral Manifestations of Dementia

Observations are to focus on staff directly involved in patient care (e.g., nurses, CNAs, therapists, etc.). Dementia care should be observed not only during the cases being followed, but also while making other observations in the nursing home throughout the survey.

If the condition or risks were present at the time of the required comprehensive assessment or change in condition assessment, did the nursing home comprehensively assess the physical, mental and psychosocial needs of the resident with dementia to identify the risks and/or to determine underlying causes (to the extent possible) of the resident’s behavioral and/or mental psychosocial symptoms, and needed adaptations, and the impact upon the resident’s function, mood and cognition?

If No, cite F272

In addition, surveyors should consider one or more “no” responses in this section (B-K) potentially indicative of non-compliance in relation to 42 CFR 483.25, F309 as well.

Practices to be Assessed	Was Practice Performed?
A. Has the resident expressed or indicated distress or engaged in behaviors that appear to be distress-related, while residing in the nursing home? (If no, skip to section III).	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Did staff describe the specific experience of distress (onset, duration, intensity, possible precipitating events, underlying causes or environmental triggers, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
C. Did staff describe related factors (appearance, alertness, environmental triggers, external events, etc.), with enough specific detail of the actual situation to permit underlying cause identification to the extent possible (including assessment of environmental factors)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
D. If the resident's distress represents a sudden change or worsening from baseline, did staff contact the interdisciplinary team, including the resident's family or representative to the extent possible, to discuss potential non-pharmacological approaches to care that could be attempted? Note: If the resident is at risk of harming himself/herself or the safety of other residents is jeopardized, the attending physician’s practitioner must be notified immediately for medical evaluation.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
E. If medical causes are ruled out, did staff attempt to determine underlying causes of the distress using individualized knowledge about the person and when possible, information from the resident, previous or current family or unpaid caregivers and/or direct care staff?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
F. As part of comprehensive assessment, did staff evaluate the resident’s usual and current cognitive patterns, mood and behavior (baseline and/or with a change in condition)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
G. Did staff evaluate whether the cognitive patterns, mood or behavior present a risk to the resident or others?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

<p>H. (Ruling out medical or psychiatric illness.) Did staff, in collaboration with the practitioner and/or pharmacist, identify risk and underlying causes for the resident's expressed or indicated distress or behaviors that appear to be stress related, such as:</p> <ul style="list-style-type: none"> • Presence of co-existing medical or psychiatric conditions, or decline in cognitive function? 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<ul style="list-style-type: none"> • Specifically, was delirium considered and ruled out? 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<ul style="list-style-type: none"> • Were adverse consequences related to the resident's current medications considered and ruled out? 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>Comments:</p>	

**Note: Staff may not always know the most effective current intervention based solely on the admission process. The admission process focuses primarily on previous life patterns, approaches, preferences, etc. Some environmental triggers and resident responses may vary based on the individual's adjustment to a new setting and environment, and staff may need to explore additional and/or alternative approaches to support the individual, as well as those approaches that served well in the past/prior to admission.*

III. Care Planning

Did the facility develop a plan of care with measurable goals and approaches to address the care and treatment for a resident with dementia, related to the resident's expressed or indicated distress or behaviors that appear to be stress related, in accordance with the assessment, resident's wishes and current standards of practice? If no, cite F279.

In addition, surveyors should consider one or more "no" responses in this section potentially indicative of non-compliance in relation to 42 CFR 483.25, F309 as well.

Practices to be Assessed	Was Practice Performed
A. Was the resident and/or family/representative involved (to the extent possible and in accordance with the resident's wishes) in discussions about the potential use of any specific approaches to his/her care?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
B. Was involvement documented in the medical record (nursing notes, care plan, CNA care plan)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
C. Consistent with the resident's wishes, was the person and/or family/representative involved in determining the goals of care (see also J and K)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
D. Does the care plan reflect an individualized approach with measurable goals, timetables and specific approaches for supporting the resident when distress is expressed or indicated?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
E. Does the care plan include a description of potential distress triggers and nonpharmacological approaches to implement when distress is expressed or indicated?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
F. Does the care plan include why potential triggers should be addressed (e.g., severely distressing to the individual or risk to other residents)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
G. Does the care plan include strategies and approaches based on information about the person's previously stated goals and preferences and knowledge about what has been helpful in supporting the resident when they have become distressed in the past?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
H. Does the care plan include monitoring the effectiveness of any/all approaches, as well as, documentation of these efforts and revisions, as necessary?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I. If the individual lacks decisional capacity and lacks effective family/representative support, was the facility social worker contacted to determine what type of social services or referrals are indicated?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
J. Were these social services or referrals implemented?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

K. Comments:

IV. Individualized Approaches and Treatment: Care Plan Implementation and Staffing

Surveyors should focus on observations of staff interactions with residents who have dementia to determine whether staff consistently applies basic dementia care principles in the care of those individuals.

Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident’s written plan of care? If No, cite F282

In addition, surveyors should consider one or more “no” responses in this section potentially indicative of non-compliance in relation to 42 CFR 483.25, F309 as well.

Practices to be Assessed	Was Practice Performed
A. Did staff communicate any specific triggers of distress that are of concern, as well as desired outcomes to be monitored among disciplines, across shifts and to direct caregivers?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
B. Were individualized, person-centered approaches to care implemented with/for the resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
C. Did staff document the results?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
D. Did staff communicate and consistently implement the care plan, over time and across various shifts (D/E/N, weekday/weekend)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
E. If there was a sudden change in the resident’s condition and medical causes of behavior or other symptoms (e.g., delirium or infection) are suspected, was the physician contacted immediately?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
F. Were alternatives other than psychopharmacological medications discussed with staff and resident or family, with respect to the expression or indication of distress, as well as the engagement in behaviors that appear to be distress-related?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
G. What non-pharmacological approaches were/are used for this resident with dementia (list all that are documented):	
H. Were individualized, approaches to care initiated in a timely manner?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
I. Are CNAs able to describe care approaches, such as task segmentation (e.g., breaking up tasks into each step) and others that are used, as part of a comprehensive dementia care program?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

J. Is there a sufficient number of staff to consistently implement the care plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
K. Can staff articulate what they would do to obtain additional support/skills if they did not know how to implement care plan goals for this or other residents?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
L. Is there evidence that unit level supervisory staff (e.g., charge nurses) have the skills to assist staff in caring for this or other residents with dementia?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Comments:	
V. Monitoring, Follow-up and Oversight	
<p>Observations are to be made of staff identifying resident distress and making adjustments/updates to the care plan based on this monitoring function. Did the nursing home reassess the effectiveness of the care approach and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident with dementia? If no, cite F280.</p> <p><i>If N/A is selected, please clarify in the comments box below why it was not applicable or not observed.</i></p> <p><i>In addition, surveyors should consider one or more "no" responses in this section potentially indicative of non-compliance in relation to 42 CFR 483.25, F309 as well.</i></p>	
Practices to be Assessed	Was Practice Performed
A. Does staff, in collaboration with the practitioner, adjust the care plan approaches based on their effectiveness in supporting the resident when distress is expressed or indicated, as well as any adverse consequences that may occur?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
B. When concerns related to the effectiveness or adverse consequences of a resident's plan of care and staff approaches are identified by staff, resident or family: Does staff modify the care plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
If appropriate, does staff notify the practitioner?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Does the practitioner respond and initiate a change to the resident's orders in a timely manner?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Comments:

Resident Name/Identifier or Number:

Facility Name or Provider Number:

Date:

Did the nursing home provide the necessary care and services for a resident with dementia to support his or her highest practicable level of physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care? If No, cite F309.

FOR MORE INFORMATION, SEE REVISED GUIDANCE AT F309.



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 16-13-NH

DATE: March 18, 2016

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Payroll-Based Journal (PBJ) - Implementation of required electronic submission of Staffing Data for Long Term Care (LTC) Facilities

Memorandum Summary

Information about the requirement for LTC facilities to electronically submit staffing data through the PBJ:

- We remind providers of the voluntary submission period ending June 30, 2016, and the mandatory submission period beginning July 1, 2016.
- Restate instructions on how to register and where to find instructions to submit data.
- Notify stakeholders of the posting of the revised and final PBJ policy manual and related information at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>
- Note, the Centers for Medicare & Medicaid Services (CMS) may use its enforcement authority for noncompliance with the requirement to submit data.

The contents of this letter supports activities or actions to improve resident safety and increase quality and reliability of care for better outcomes.

Background

In August 2015, CMS finalized a proposed rule implementing section 6106 of the Affordable Care Act regarding the electronic submission of staffing information based on payroll and other verifiable and auditable data. This rule added a provision to the Requirements for Participation for LTC Facilities under 42 CFR §483.75:

- (u) Mandatory submission of staffing information based on payroll data in a uniform format. LTC facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.

- (1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping).
- (2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following:
 - (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS);
 - (ii) Resident census data; and
 - (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual).
- (3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.
- (4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS.
- (5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly.

The PBJ system was developed for facilities to meet this requirement and all LTC facilities have access to this system.

Submission Periods

LTC facilities may submit staffing data on a voluntary basis for the period ending June 30, 2016. The purpose of the voluntary submission period is for facilities and vendors to test their processes to submit data in the required format in advance of the mandatory submission period. We strongly recommend facilities start submitting data in preparation for the mandatory reporting period to be compliant with the new requirement. To test their processes, facilities may submit data for each quarter of the voluntary period, or data for any time-frame within the voluntary period (e.g., a month, a few days, etc.). Also, during this period, data may be submitted at any time (does not need to be after the end of a quarter). Voluntary data will not be used for survey or enforcement purposes and not used in the Five Star Quality Rating system.

The mandatory submission period begins July 1, 2016 and all LTC facilities are required to submit data in accordance with CMS specifications.

Registration and Training

LTC facilities should use the following information for registering to the PBJ system and training on how to submit data:

- **Step 1:** Obtain a CMSNet User ID for PBJ Individual, Corporate and Third Party users, if you don't already have one for other QIES applications at <https://www.qtso.com/cmsnet.html> (many users may already have this access for MDS submission).
- **Step 2:** Obtain a PBJ QIES Provider ID for CASPER Reporting and **PBJ system access** at https://mds.qiesnet.org/mds_home.html.

Once registered, training on how to submit data can be found at the below link. Again, we strongly recommend facilities submit data to prepare to meet this new requirement.

- **Training:** PBJ Training Modules for an introduction to the PBJ system and step by step registration instruction are available on QTSO e-University, select the PBJ option <https://www.qtso.com/webex/qiesclasses.php>.

PBJ Policy Manual

Several months ago CMS posted a draft PBJ policy manual that provides guidance on how data should be submitted. The policy manual was updated to reflect minor edits to the PBJ submission guidelines based on questions received from providers. For example, we provide clarification on which providers are subject to the new PBJ reporting requirements, who should be reported under Administration Services, and how facilities may report hours for staff who switch primary roles within a day.

The PBJ policy was finalized and is posted at the link listed in the resources section below.

Enforcement

As with all Requirements for Participation, CMS expects LTC facilities to comply with the requirements set forth in 42 CFR §483.75(u) according to CMS specifications. CMS maintains authority to issue enforcement remedies, such as the imposition of civil money penalties (CMPs), for noncompliance with this requirement. As providers are adjusting to this new requirement, we may refrain from imposing enforcement remedies (e.g., for good faith efforts). Additionally, we will provide feedback mechanisms to providers, such as warnings, that will help facilitate compliance with this requirement.

Resources

For additional information, please visit the PBJ webpage at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>.

The materials on the PBJ webpage provides information such as the timing of submissions, sample entry screens, and how we expect facilities to electronically submit their staffing data, whether through an uploaded file (e.g., from a payroll system) or through manual entry. We encourage States and other stakeholder to make sure nursing homes are aware of the information

provided on the CMS website, and encourage nursing homes to forward information to their payroll or time and attendance vendors to evaluate the technical specifications.

Contact: For questions on this memorandum, please email: NHStaffing@cms.hhs.gov. Technical questions from vendors or software developers related to the PBJ Data Submission Specifications should be sent to: NursingHomePBJTechIssues@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum. The contents of this letter supports activities or actions to improve resident safety and increase quality and reliability of care for better outcomes.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management