Regulatory Hot Topics

- November2017
- Renaissance Palm Springs
- Lisa Hall
- CAHF
- Director of Regulatory Affairs

Federal Updates

First will go over Federal Updates

Federal Updates

The first area to cover is Federal Updates

New Emergency Preparedness

There were webinars to go over in depth the new requirements. One of the areas is the required full scale drill that is to be done by November of 2017. (Have you done yours's?) Please reach out to Jason or Courtney if there are any questions on this

At this time it is going to be the Health Facility Evaluator Nurses that are going to doing these surveys !

New Survey Process

There is a new survey process that begins at the end of this month.

Surveyors have been trained to this

Modeled after the QIS process with elements of traditional survey as well

Uses the new ROP's

More emphasis on observation of care and resident interviews that start right away

Computer based

New Survey Process

Sample size is based on census

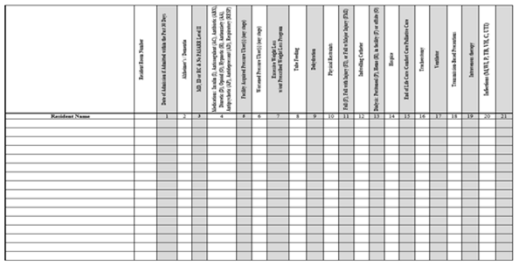
- 70% is selected off site
- 30% selected on site
  - Vulnerable
  - New Admission
  - Complaints/ERI's
  - Identified concerns

New 802 Resident Matrix

There is a new 802 and new instructions
It is posted on the CAHF website at

http://www.cahf.org/Programs/Regulatory/NEW-802-with-Instructions

New categories



Resident Interviews

More of an emphasis on resident interviews and observations
These being on DAY 1

Interview less structured

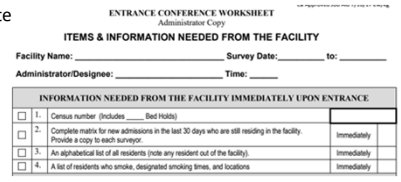
New Entrance Conference Checklist

There is a new entrance conference checklist
It is posted on the CAHF website at

http://www.cahf.org/Programs/Regulatory/NEW-Survey-Entrance-Conference-Checklist-

What is needed immediately?

- Immediate



ENTRANCE CONFERENCE WORKSHEET
Administrator Copy

ITEMS & INFORMATION NEEDED FROM THE FACILITY

Facility Name: _____ **Survey Date:**_____ **to:** _____

Administrator/Designee: _____ **Time:** _____

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE				
☐	1.	Census number (Includes ____ Bed Holds)		
☐	2.	Complete matrix for new admissions in the last 30 days who are still residing in the facility. Provide a copy to each surveyor.	Immediately	
☐	3.	An alphabetical list of all residents (note any resident out of the facility).	Immediately	
☐	4.	A list of residents who smoke, designated smoking times, and locations	Immediately	

What is needed by end of exit conference

- End conference

ENTRANCE CONFERENCE				
☐	5.	Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident's medical record. Provide specific information on how surveyors can access the resident's clinical records outside of the conference room.		
☐	6.	Information regarding full time DON coverage (verbal confirmation is acceptable).		
☐	7.	Information about the facility's emergency water source (verbal confirmation is acceptable).		
☐	8.	Signs announcing the survey that are posted in high-visibility areas. (App P)	End of EC	
☐	9.	A copy of an updated facility floor plan, if changes have been made. (App P)	End of EC	
☐	10.	Name of Resident Council President _____ Room # _____	End of EC	
☐	11.	Provide the facility with a copy of the CASPER 3.	End of EC	

What is needed within 1 hour

- 1 hour

INFORMATION NEEDED FROM THE FACILITY WITHIN ONE HOUR OF ENTRANCE				
☐	12.	Schedule of meal times and location of dining rooms, copies of all current menu (spread sheets) including therapeutic menus that will be serve for the duration of the survey.	1 Hour	
☐	13.	Schedule of Medication Administration times (by each unit, neighborhood and/or floor if variable).	1 Hour	
☐	14.	The actual working schedules for licensed and registered nursing staff for the survey time period. for all RN's and LVN'S for *all shifts during the survey period.* If changes are made during the course of the survey, please provide an updated schedule. (App P)	1 Hour	
☐	15.	List of key personnel, location, and phone numbers. . (App P)	1 Hour	

INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE				
☐	16.	Complete matrix for all other residents.	4 Hours	
☐	17.	Dialysis Contract, Agreement, Arrangement, and Policy and Procedures.	4 Hours	
☐	18.	Influenza / Pneumococcal Immunization – Policy & Procedures.	4 Hours	
☐	19.	QA&A committee information (name of contact, names of members and frequency of meetings.	4 Hours	
☐	20.	Abuse Prohibition Policy and Procedures.	4 Hours	

Ca Approved Job Aid 7/10/17 ew/kg

INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE				
☐	21.	Disaster and Emergency Preparedness Policy and Procedures	4 Hours	
☐	22.	Description of any experimental research occurring in the facility	4 Hours	
☐	23.	Provide any nurse staffing waivers. The information will be reviewed by the assigned surveyor as part of the review of the facilities compliance with the waiver requirements at F355.	4 Hours	
☐	24.	List of rooms meeting any one of the following conditions that require a variance: • Less than the required square footage • More than four residents • Below ground level • No window to the outside • No direct access to an exit corridor	4 Hours	

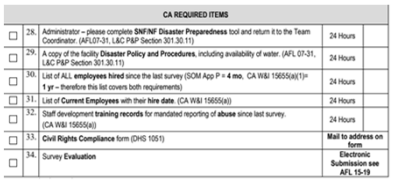
Within 24 hours

- 24 hours

INFORMATION NEEDED FROM THE FACILITY WITHIN 24 HOURS OF ENTRANCE				
☐	25.	Completed Long Term Care Facility Application for Medicare and Medicaid **(CMS-671).** (App P)	24 Hours	
☐	26.	Completed Resident Census and Conditions of Residents **(CMS-672)** (App P)	24 Hours	
☐	27.	Complete Beneficiary Notice worksheet	24 Hours	

California Specific information

- CA



CA REQUIRED ITEMS				
☐	28.	Administrator – please complete **SNF/NF Disaster Preparedness** tool and return it to the Team Coordinator. (AFL07-31, L&C P&P Section 301.30.11)	24 Hours	
☐	29.	A copy of this facility **Disaster Policy and Procedures**, including availability of water. (AFL 07-31, L&C P&P Section 301.30.11)	24 Hours	
☐	30.	List of ALL **employees hired** since the last survey (SOM App P = **4 mo**, CA W&I 15655(a)(1)= **1 yr** – therefore this list covers both requirements)	24 Hours	
☐	31.	List of **Current Employees** with their **hire date**. (CA W&I 15655(a))	24 Hours	
☐	32.	Staff development **training records** for mandated reporting of **abuse** since last survey. (CA W&I 15655(a))	24 Hours	
☐	33.	**Civil Rights Compliance** form (DHS 1051)	**Mail to address on form**	
☐	34.	Survey **Evaluation**	**Electronic Submission see AFL 15-19**	

CRITICAL PATHWAYS

- Here is the link to all of the critical pathways that surveyors may or may not use on the survey depending on the findings

http://www.cahf.org/Programs/Regulatory/New-Survey-process-Critical-Element-Pathways

CRITICAL PATHWAYS

SNF Beneficiary Protection Notification Review

Dining Observation

Infection Prevention, Control & Immunizations

Kitchen Observation

Medication Administration Observation

Resident Council Interview

Quality Assessment and Assurance (QAA) and Quality Assurance and Performance Improvement (QAPI) Plan Review

CRITICAL PATHWAYS

Abuse Critical Element Pathway
Environmental Observations
Sufficient and Competent Nurse Staffing Review
Personal Funds Review
Activities Critical Element Pathway
Activities of Daily Living (ADL) Critical Element Pathway
Behavioral and Emotional Status Critical Element Pathway

CRITICAL PATHWAYS

Urinary Catheter or Urinary Tract Infection Critical Element Pathway
Communication and Sensory Problems (Includes Hearing and Vision) Critical Element Pathway
Dental Status and Services Critical Element Pathway
Dialysis Critical Element Pathway
General Critical Element Pathway
Hospice and End of Life Care and Services Critical Element Pathway
Death Critical Element Pathway

CRITICAL PATHWAYS

Nutrition Critical Element Pathway
Pain Recognition and Management Critical Element Pathway
Physical Restraints Critical Element Pathway
Pressure Ulcer/Injury Critical Element Pathway
Specialized Rehabilitative or Restorative Services Critical Element Pathway
Respiratory Care Critical Element Pathway
Unnecessary Medications, Psychotropic Medications, and Medication Regimen Review Critical Element Pathway

CRITICAL PATHWAYS

- Medication Storage and Labeling
- Preadmission Screening and Resident Review Critical Element Pathway
- Extended Survey
- Hydration Critical Element Pathway
- Tube Feeding Status Critical Element Pathway
- Positioning, Mobility & Range of Motion (ROM) Critical Element Pathway
- Hospitalization Critical Element Pathway

CRITICAL PATHWAYS

- Bladder or Bowel Incontinence Critical Element Pathway
- Accidents Critical Element Pathway
- Neglect Critical Element Pathway
- Resident Assessment Critical Element Pathway
- Discharge Critical Element Pathway
- Dementia Care Critical Element Pathway

Mandatory CE Pathways

- Infection Control
- SNF Beneficiary Protection Notification Review
- Kitchen Observation
- Medication Administration
- Medication Storage
- Resident Council Meeting
- Sufficient and Competent Nursing Staffing Review
- Environment

Mandatory CE Pathways

I recommend that you print out these pathways and review them

Enforcement Delays

CMS is planning to freeze

Use of remedies for Phase 11 requirements (QAPI, Facility assessment, antibiotic stewardship) for one year

Survey Score in Five Star for 12 months. Waiting for clarification from CMS on this. Most likely if a 1 or 2 star will not freeze so can have option to raise star

All new F tags

Along with the new survey process there is a renumbering of all the F tags and a categorization and all new interpretive guidelines

Here is a link to the information as well as a cross walk

http://www.cahf.org/Programs/Regulatory/NEW-State-Operations-Manual

F Tags

Federal Regulatory Groups for Long Term Care Facilities

* Substandard quality of care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red

Tag	Description
F540	Definitions
483.10 Resident Rights	
F550	*Resident Rights/Exercise of Rights
F551	Rights Exercised by Representative
F552	Right to be Informed/Make Treatment Decisions
F553	Right to Participate in Planning Care
F554	Resident Self-Admin Meds-Clinically Appropriate
F555	Right to Choose/Be Informed of Attending Physician
F557	Respect, Dignity/Right to have Personal Property
F558	*Reasonable Accommodations of Needs/Preferences
F559	*Choose/Be Notified of Room/Roommate Change
F560	Right to Refuse Certain Transfers
F561	*Self Determination
F562	Immediate Access to Resident
F563	Right to Receive/Deny Visitors
F564	Inform of Visitation Rights/Equal Visitation Privileges
F565	*Resident/Family Group and Response
F566	Right to Perform Facility Services or Refuse
F567	Protection/Management of Personal Funds
F568	Accounting and Records of Personal Funds
F569	Notice and Conveyance of Personal Funds
F570	Surety Bond - Security of Personal Funds
F571	Limitations on Charges to Personal Funds
F572	Notice of Rights and Rules
F573	Right to Access/Purchase Copies of Records
F574	Required Notices and Contact Information
F575	Required Postings
F576	Right to Forms of Communication with Privacy
F577	Right to Survey Results/Advocate Agency Info
F578	Request/Refuse/Discontinue Treatment;Formulate Adv Di
F579	Posting/Notice of Medicare/Medicaid on Admission
F580	Notify of Changes (Injury/Decline/Room, Etc.)
F582	Medicaid/Medicare Coverage/Liability Notice
F583	Personal Privacy/Confidentiality of Records
F584	*Safe/Clean/Comfortable/Homelike Environment
F585	Grievances
F586	Resident Contact with External Entities
483.12 Freedom from Abuse, Neglect, and Exploitation	
F600	*Free from Abuse and Neglect
F602	*Free from Misappropriation/Exploitation
F603	*Free from Involuntary Seclusion
F604	*Right to be Free from Physical Restraints
F605	*Right to be Free from Chemical Restraints
F606	*Not Employ/Engage Staff with Adverse Actions
F607	*Develop/Implement Abuse/Neglect, etc. Policies
F608	*Reporting of Reasonable Suspicion of a Crime
F609	*Reporting of Alleged Violations
F610	*Investigate/Prevent/Correct Alleged Violation
483.15 Admission, Transfer, and Discharge	
F620	Admissions Policy
F621	Equal Practices Regardless of Payment Source
F622	Transfer and Discharge Requirements
F623	Notice Requirements Before Transfer/Discharge
F624	Preparation for Safe/Orderly Transfer/Discharge
F625	Notice of Bed Hold Policy Before/Upon Transfer
F626	Permitting Residents to Return to Facility
483.20 Resident Assessments	
F635	Admission Physician Orders for Immediate Care
F636	Comprehensive Assessments & Timing
F637	Comprehensive Assmt After Significant Change
F638	
F639	Maintain 15 Months of Resident Assessments
F640	Encoding/Transmitting Resident Assessment
F641	Accuracy of Assessments
F642	Coordination/Certification of Assessment
F644	Coordination of PASARR and Assessments
F645	PASARR Screening for MD & ID
F646	MD/ID Significant Change Notification
483.21 Comprehensive Resident Centered Care Plans	
F655	Baseline Care Plan
F656	Develop/Implement Comprehensive Care Plan
F657	Care Plan Timing and Revision
F658	Services Provided Meet Professional Standards
F659	Qualified Persons
F660	Discharge Planning Process
F661	Discharge Summary
483.24 Quality of Life	
F675	*Quality of Life
F676	*Activities of Daily Living (ADLs)/ Maintain Abilities
F677	*ADL Care Provided for Dependent Residents
F678	*Cardio-Pulmonary Resuscitation (CPR)
F679	*Activities Meet Interest/Needs of Each Resident
F680	*Qualifications of Activity Professional
483.25 Quality of Care	
F684	*Quality of Care
F685	*Treatment/Devices to Maintain Hearing/Vision
F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers
F687	*Foot Care
F688	*Increase/Prevent Decrease in ROM/Mobility
F689	*Free of Accident Hazards/Supervision/Devices
F690	*Bowel/Bladder Incontinence, Catheter, UTI
F691	*Colostomy, Urostomy, or Ileostomy Care
F692	*Nutrition/Hydration Status Maintenance
F693	*Tube Feeding Management/Restore Eating Skills
F694	*Parenteral/IV Fluids
F695	*Respiratory/Tracheostomy care and Suctioning
F696	*Prostheses
F697	*Pain Management
F698	*Dialysis
F699	*(PHASE-3) Trauma Informed Care
F700	*Bedrails
483.30 Physician Services	
F710	Resident's Care Supervised by a Physician
F711	Physician Visits- Review Care/Notes/Order
F712	Physician Visits-Frequency/Timeliness/Alternate NPPs
F713	Physician for Emergency Care, Available 24 Hours
F714	Physician Delegation of Tasks to NPP
F715	Physician Delegation to Dietitian/Therapist
483.35 Nursing Services	
F725	Sufficient Nursing Staff
F726	Competent Nursing Staff
F727	RN 8 Hrs/7 days/Wk, Full Time DON
F728	
F729	Nurse Aide Registry Verification, Retraining

F tags continued

Tag	Description
F730	Nurse Aide Perform Review – 12Hr/Year In- service
F731	Waiver-Licensed Nurses 24Hr/Day and RN Coverage
F732	Posted Nurse Staffing Information
483.40 Behavioral Health Services	
F740	Behavioral Health Services
F741	Sufficient/Competent Staff-Behav Health Needs
F742	*Treatment/Svc for Mental/Psychosocial Concerns
F743	*No Pattern of Behavioral Difficulties Unless Unavoidable
F744	*Treatment /Service for Dementia
F745	*Provision of Medically Related Social Services
483.45 Pharmacy Services	
F755	Pharmacy Svcs/Procedures/Pharmacist/Records
F756	Drug Regimen Review, Report Irregular, Act On
F757	*Drug Regimen is Free From Unnecessary Drugs
F758	*Free from Unnec Psychotropic Meds/PRN Use
F759	*Free of Medication Error Ratesof 5% or More
F760	*Residents Are Free of Significant Med Errors
F761	Label/Store Drugs & Biologicals
483.50 Laboratory, Radiology, and Other Diagnostic Se	
F770	Laboratory Services
F771	Blood Blank and Transfusion Services
F772	Lab Services Not Provided On-Site
F773	Lab Svs Physician Order/Notify of Results
F774	Assist with Transport Arrangements to Lab Svcs
F775	Lab Reports in Record-LabName/Address
F776	Radiology/Other Diagnostic Services
F777	Radiology/Diag. Svcs Ordered/Notify Results
F778	Assist with Transport Arrangements to Radiology
F779	X-Ray/Diagnostic Report in Record-Sign/Dated
483.55 Dental Services	
F790	Routine/Emergency Dental Services in SNFs
F791	Routine/Emergency Dental Services in NFs
483.60 Food and Nutrition Services	
F800	Provided Diet Meets Needs of Each Resident
F801	Qualified Dietary Staff
F802	Sufficient Dietary Support Personnel
F803	Menus Meet Res Needs/Prep in Advance/Followed
F804	Nutritive Value/Appear ,Palatable/Prefer Temp
F805	Food in Form to Meet Individual Needs
F806	Resident Allergies, Preferences and Substitutes
F807	Drinks Avail to Meet Needs/Preferences/ Hydration
F808	Therapeutic Diet Prescribed by Physician
F809	Frequency of Meals/Snacks at Bedtime
F810	Assistive Devices - Eating Equipment/Utensils
F811	Feeding Asst -Training/Supervision/Resident
F812	Food Procurement, Store/Prepare/Serve - Sanitary
F813	Personal Food Policy
F814	Dispose Garbage & Refuse Properly
483.65 Specialized Rehabilitative Services	
F825	Provide/Obtain Specialized Rehab Services
F826	Rehab Services- Physician Order/Qualified Person
483.70 Administration	
F835	Administration
F836	License/Comply w/Fed/State/Local Law/Prof Std
F837	Governing Body
F838	Facility Assessment
F839	Staff Qualifications
F840	Use of Outside Resources
F841	Responsibilities of Medical Director
F842	Resident Records - Identifiable Information
F843	Transfer Agreement
F844	Disclosure of Ownership Requirements
F845	Facility closure-Administrator
F846	Facility closure
F849	Hospice Services
F850	*Qualifications of Social Worker >120 Beds
F851	Payroll Based Journal
483.75 Quality Assurance and Performance Improvem	
F865	QAPI Program/Plan, Disclosure/Good Faith Attempt
F866	(PHASE-3) QAPI/QAA Data Collection and Monitoring
F867	QAPI/QAA Improvement Activities
F868	QAA Committee
483.80 Infection Control	
F880	Infection Prevention & Control
F881	Antibiotic Stewardship Program
F882	(PHASE-3) Infection Preventionist Qualifications/Role
F883	
483.85 (PHASE-3) Compliance and Ethics Program	
F895	(PHASE-3) Compliance and Ethics Program
483.90 Physical Environment	
F907	Space and Equipment
F908	Essential Equipment, Safe Operating Condition
F909	Resident Bed
F910	Resident Room
F911	Bedroom Number of Residents
F912	Bedrooms Measure at Least 80 Square Ft/Resident
F913	Bedrooms Have Direct Access to Exit Corridor
F914	Bedrooms Assure Full Visual Privacy
F915	Resident Room Window
F916	Resident Room Floor Above Grade
F917	Resident Room Bed/Furniture/Closet
F918	Bedrooms Equipped/Near Lavatory/Toilet
F919	Resident Call System
F920	Requirements for Dining and Activity Rooms
F921	Safe/Functional/Sanitary/Comfortable Environment
F922	Procedures to Ensure Water Availability
F923	Ventilation
F924	Corridors Have Firmly Secured Handrails
F925	Maintains Effective Pest Control Program
F926	Smoking Policies
483.95 Training Requirements	
F940	(PHASE-3) Training Requirements - General
F941	(PHASE-3) Communication Training
F942	(PHASE-3) Resident's Rights Training
F943	Abuse, Neglect, and Exploitation Training
F944	(PHASE-3) QAPI Training
F945	(PHASE-3) Infection Control Training
F946	(PHASE-3) Compliance and Ethics Training
F947	Required In-Service Training for Nurse Aides
F948	Training for Feeding Assistants
F949	(PHASE-3) Behavioral Health Training

K tags and E tags

- K tags will remain the same for Life Safety Code
- These will remain surveyed by LSC surveyors
- There are now E tags for the Emergency and Disaster requirements, the will be surveyed by the HFEN's

Facility Assessment

Do not forget you facility assessment must be completed this month

Here is the link to the CAHF website where we have posted a tool and a data collection tool to assist with gathering the data

http://www.cahf.org/Programs/Regulatory/Facility-Assessment

Any questions on these items?

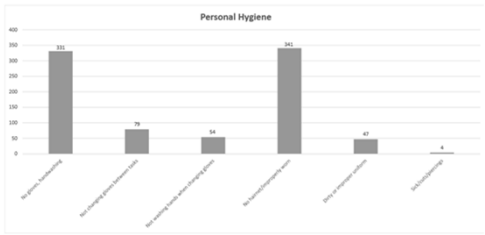
Dietary Grant Update

Sandra Berke at sberke@cahf.org or 916-441-6400 is the Dietary Manager

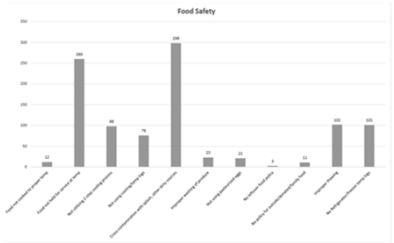
http://www.cahf.org/DietaryServicesProject

We have analyzed over 4200 deficiencies that covered the last 3 year. The review was concentrated on F371 to start with

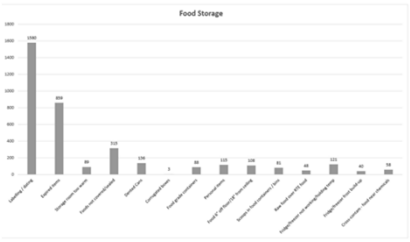
Personal Hygiene



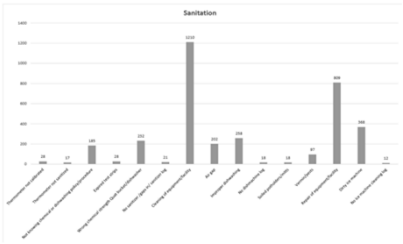
Food Safety



Food Storage



Sanitation



Beta Test Facilities

We are currently in the process of selecting 10 facilities to test the training materials and provide input.

New CMS Analytic CMP Tool

CMS issued a new CMP for state agencies to use when non-compliance exist. This tool makes sure the following area are taken into effect

- Past Noncompliance
- Per Instance CMP is the default for noncompliance that existed before the survey
- Per Day CMP is the default for noncompliance existing during the survey and beyond
- Revisit Timing
- Review of High CMP's

Past Noncompliance

This will be something that occurred before the current survey, but has been fully addressed and the facility is back in compliance with that area.

Per Instance CMP

RO will impose a Per Instance CMP retroactively for non-compliance that still exists at the time of the survey, but began earlier. HOWEVER, a Per Day will used to address noncompliance that occurred where

1) resident suffers actual serious harm at the IJ level
2) resident was abused
3) facility had persistent deficient practices violating federal regulations

Per Day CMP

Will be used for noncompliance identified during the survey and beyond, because there is an urgent need to promote a swift return to substantial compliance for a sustained period of time, preventing future noncompliance.

EXCEPTION

Facility with good noncompliance histories and where a single isolated incident causes harm to a resident unless abuse was cited

Revisit Timing

Regional Offices should consider the timing of the revisit survey to certify compliance when imposing the final CMP amount.

Also Central Office will review CMP of any amount greater than $250,000

Payroll Based Journal

Nursing Home Compare website will now indicates whether a facility has submitted date as required and whether it was submitted, complete, incomplete or inaccurate.

If any questions on PBJ contact Jeff Sandman

State updates

CDPH is implementing the new survey process and asked for facilities to take part in Mock Surveys

Please share if you are selected to be one of the mock survey or any feedback from it

CDPH has revamped their website! Harder to maneuver

SB 219 Bill of Rights for LGBT

- Governor Jerry Brown signed into law **SB 219**, the 'Bill of Rights' for LGBT seniors in long term care. It will go into effect on January 1, 2018.
- Existing state law and federal regulations already provide protection of these rights. What **SB 219** does is to make it lawful to take specified actions on the basis of a person's actual or perceived sexual orientation, gender identity, gender expression, or human immunodeficiency virus (HIV) status.
- In addition to other training required by other federal and state laws, a skilled nursing facility shall provide existing employees and new hires access to the online learning tool, "Building Respect for LGBT Older Adults," which is available on the **National Resource Center on LGBT Aging Internet website**.

Required information

- Each facility shall post the following notice alongside its current nondiscrimination policy in all places and on all materials where that policy is posted:
- *"[Name of facility] does not discriminate and does not permit discrimination, including, but not limited to, bullying, abuse, or harassment, on the basis of actual or perceived sexual orientation, gender identity, gender expression, or HIV status, or based on association with another individual on account of that individual's actual or perceived sexual orientation, gender identity, gender expression, or HIV status. You may file a complaint with the Office of the State Long-Term Care Ombudsman [provide contact information] if you believe that you have experienced this kind of discrimination."*
- Please note you will need to put in the specific information and post this in the same area other public postings are posted for your facility.
- A facility must also employ procedures for recordkeeping, including records generated at the time of admission, that include the gender identity, correct name, as indicated by the resident, and pronoun of each resident, as indicated by the resident. As part of the admission intake this information should be obtained.

Link on CAHF Member website

http://www.cahf.org/Programs/Regulatory/LGBT

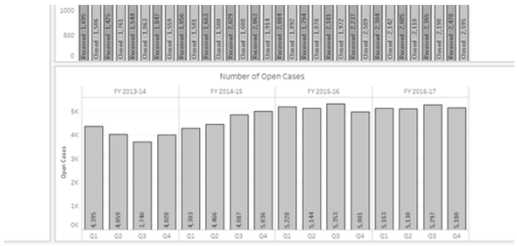
IDR/IIDR

CDPH acknowledged that they are not always consistent and timely in the IDR/IIDR process

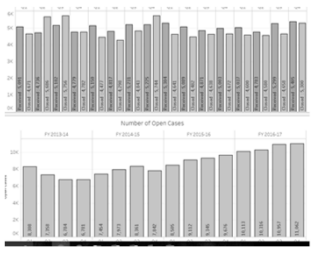
They are working to ensure within a District Office the IDR is done by the DA/DM or at least a supervisor not involved in the initial findings.

IF you have any questions or concerns with your IDR/IIDR please reach out

COMPLAINTS OPEN



SELF REPORTS



Drug Take Back

Article 9.1 of Division 17 of Title 16 of the California Code of Regulations now includes Section 1776.1 (Pharmacy Law) that indicates under subpart (g): "As part of its drug take-back services, a pharmacy shall not…(2) Accept or possess prescription drugs from skilled nursing facilities, residential care home, health care practitioners or any other entity." Following is a link to the Board's most recent "Script" newsletter outlining the requirement: http://www.pharmacy.ca.gov/publications/17_oct_script.pdf<https://urldefense.proofpoint.com/v2/url?u=http-3A__www.pharmacy.ca.gov_publications_17-5Foct-5Fscript.pdf&d=DwMGaQ&c=-e1ndyrp78wLDc_gINlOaGpdFf9IE6l_-kiWq_ABtLs&r=BnZpajizsCx4_guF_uZrUPHpiOLwnKhdlBpLtRkCjGg&m=TTLFbjlksuDpoM_UWfBKbfxeQZR2CwU6cP8g06-VxcQ&s=Bx_icaz4HU6hDu-RdE4RPdH6Je9Kiua_EnO1qYSvSfU&e=>.

Here are the changes

- Title 22 Section 72371 (d) indicates individual patient drugs in sealed containers may be returned, if unopened, to the issuing pharmacy "Unless otherwise prohibited under applicable federal or state laws…" Therefore, the current Board of Pharmacy Prescription Take Back requirement would preclude what is allowed by SNF Title 22 in this circumstance.
- The Board has indicated LTC pharmacies may accept returned nursing home patient medications only at the point of delivery (before the medications are accepted into the facility).

Pharmacy Take Back

- Please note that SNF Title 22 Section 72371 (a) allows medications which have been dispensed for individual patient use and labeled in conformance with State and Federal law to be furnished to nursing home patients on discharge pursuant to a physician's order; the regulation indicates: "If the physician's discharge orders do not include provisions for drug dispositions, drugs shall be furnished to patients unless: (1) The discharging physician specifies otherwise or, (2) The patient leaves or is discharged without a physician's order or approval or, (3) The patient is discharged to a general acute hospital, acute psychiatric hospital, or acute care rehabilitation hospital or, (4) The drug was discontinued prior to discharge, or (5) The labeled directions for use are not substantially the same as most current orders for the drug in the patient's health record. (b) A record of the drugs sent with the patient shall be made in the patient's health record." Section 72371 (c) provides guidance regarding nursing home destruction of discontinued/discharged SNF patient medications

Need to update

- SNF providers should ensure pharmaceutical services policies and procedures regarding drug disposition reflect current regulatory requirements and are established, reviewed, monitored and approved by the pharmaceutical service committee in accordance with Title 22 Section 72525.
- CAHF is actively looking for options to challenge this or work with it

What does 72525 say

- Pharmaceutical service committee.
- (A) A pharmaceutical service committee shall direct the pharmaceutical services in the facility.
- (B) The committee shall be composed of the following: a pharmacist, the director of nursing service, the administrator and at least one physician.
- (C) The committee shall meet at least quarterly.
- (D) The functions of the pharmaceutical service committee shall include, but not be limited to:
- 1. Establishing, reviewing, monitoring and approving policies and procedures for safe procurement, storage, distribution and use of drugs and biologicals.
- 2. Reviewing and taking appropriate action on the pharmacist's quarterly report.
- 3. Recommending measures for improvement of services and the selection of pharmaceutical reference materials.

Nuedexta

This is a reminder regarding Nuedexta. It is only to be used for residents with a confirmed diagnosis of pseudobulbar affect. This diagnosis is only for 1% of the population.

If any of your residents in your facility are on this medication you need to make sure they have this diagnosis confirmed.

Nuedexta

There is a movement by the Los Angeles City Attorney has launched a investigation the drugmaker of Nuedexta for improper marketing to SNF's and the elderly.

They feel federal laws were broken in marketing or prescribing.

The current NHHPD Audit process

Here is what is currently looked at during a NHHPD audit

- Selected dates from a 90-day period preceding the audit
- Includes payroll and personnel records, nursing payroll codes, assignment sheets, duty statements, job descriptions, job descriptions, registry invoices, and/or census and NHPPD forms.
- If a electronic payroll system is used the auditor will still need to be provided a paper copy of the payroll record

The current NHHPD Audit process

If a staff is hired to perform duties other than nursing services, documentation must delineate the time spent on nursing

Example of this is the Director of Nursing in a facility with 60 or more beds or the Director of Staff Development when providing nursing services those hours required to carry out the duties for these positions

Patient Census and how it is counted

The facility shall provide the auditor with the patient census at either (a) the beginning of each shift if a facility ahs three (3) shifts within a 24 hour period or (b) the beginning of the 24-hour patient day and again both at 8 hours and 16 hours after the start of the 24-hour patient day, for all the days requested. The facility shall provide the exact time it begins it patient day.

The calculation of 3.2 NHPPD

Based on

- Patient day-the 24-hour period of time used to determine compliance
- Average Census
- Number of hours worked by direct caregivers

Final Calculation=

- Total number of nursing hours/average census=NHPPD

Definitions

Absent Patient=patient that is not in the facility or receiving services

Average Census=determined by either (a) beginning of each shift if a facility has 3 shifts within a 24-hour period or (b) the beginning of the 24 patient day and again both at 8 hours and 16 hours after the start of the 24 hour patient day and dividing the total by 3. "Census Period" means the period of time covered by the method chosen to figure the average census

Definition of a Direct Care Giver

Registered Nurse (as defined in Business and Professions Code 2732)

Licensed Vocational Nurse (Business and Professions Code 2864)

Certified Nurse Assistant or a nursing assistant participating in a approved training program, as defined in HSC 1337, while performing nursing services as described in Title 22 Section 72309, 72311

A licensed nurse serving as a MDS coordinator

What is not considered Nursing Services

Paid or unpaid time spent on meal breaks, except that paid meal periods where documentation supports that nursing service were performed in lieu of a meal break

Time spent in non-nursing services functions such as restocking, scheduling, food preparation, housekeeping, laundry, maintenance, administrative and financial recordkeeping, and administrative maintenance of health records.

Private duty nursing services

What is going to change with the 3.5/2.4

The new rule will require to now be at an overall of 3.5 NHHPD of which 2.4 hours must be devoted to CNA's.

Does this change the definitions of what counts in the hours?

Depends on how the regulation is written

SB 97 requires emergency regulations to be written for the new requirement

The Advocates are pushing for many changes as part of the new regulations

What are they proposing ?

Advocates what like to see a change in what counts are direct care staff

- One MDS coordinator, or only the time that is out doing assessment counts
- Only count the CNA time if they are actually a CNA not NA time
- Would like to see ratios developed
- Do want nursing care compromised or reduced just to meet the
- 3.5/2.4
- Only true hands on time counts

What is CAHF doing?

CAHF is attending all the stakeholder meetings to hear what the proposals are

Providing input as to what the waiver should entail as well as the fact this provides for no change in what is currently counted as direct care

Against ratios

What do I need to do as a facility?

Keep up to date on the changes and any changes in how direct care staff is counted

Know if might be eligible for a waiver

Be able to show the auditor the 3.5 as well as the 2.4 breakdown

Make sure all sign in sheets are up to date and have the necessary information

Who is keeping track of the staffing and are they are

Do not wait until July 1 to have adequate staff to meet this

All Facilities Letters

CDPH revamped website does not have all of the AFL's on it like previously, they are in the process of adding them all back in to meet the ADA format.

They are as far back as 2016 if need further back let me know and we will obtain

All Facilities Letters

AFL 17-10

This AFL was issued on July 18 2017 and served as notice of the 2017-18 license renew fee

Please note it is the responsibility of the facility to obtain a renewal notice. If you do not receive in the mail 45 days prior to renewal contact

Rcollection@cdph.ca.gov or call 916-552-8700 or 1-800-236-9747

AFL 17-10 continued

The fees

ICF	$602.78/bed
ICF DD	$1,121,33/bed
ICF DDH	$1,121,33/bed
ICD DDN	$1,121,33/bed
SNF	$606.17/bed

AFL-17-12

This AFL was issued on August 3, 2017. This was issued for a Level 11 Excessive heat warning.

Reminders to facilities to

- Dress in lightweight, loose-fitting clothing
- Keep well hydrated
- Minimize physical activities
- Stay indoors and out of sun
- Use fans as indicated

AFL 17-14

This AFL was issued on August 24, 2017 regarding changes to MDS 3.0 that went into effect October 1, 2017.

It now requires facilities to obtain updated software for Section S from the Quality Improvement and Evaluation System Technical Support Office as www.qtso.com

AFL 17-14 continued

These sections are added

S9040A	Does resident have a California POLST in chart?
S9040E	CA-POLST Section D-Signature of physician nurse practitioner or physician assistant

Required to be completed on comprehensive, quarter and discharge assessments. Not required on PPS assessments

AFL 17-15

This was issued on September 01, 2017 and was another Level 11 heat warning.

AFL 17-16

This AFL was issued on September 20, 2017. This AFL was to inform all facilities that any CDPH employee entering a facility would have a influenza sticker on their id

17/18
The 2017/2018 CDOH
Influenza verification sticker

Or would need to be provided a mask

AFL 17-17

This AFL was issued on September 20, 2017. This AFL was to provide notice that the San Francisco District Office was transferring the oversight responsibility of the rest of the provider types in Santa Clara County to the San Jose District Office.

AFL 17-19

This AFL was issued on September 28th 2017. This AFL notified facilities of the new items and changes and updated information in the RAI 3.0 users manual. These changes went into effect October 01, 2017. The new version may be printed from

https://www.cms.gpv/medicare/quality-initiatives-patient-assessment-instruments/nursinghomeequalityinits/mds30raimanual.html

Highlight of these changes

P0200. Alarms	
An alarm is any physical or electronic device that monitors resident movement and alerts the staff when movement is detected. Enter codes in boxes.	
P0200A	Bed alarm
P0200B	Chair alarm
P0200C	Floor mat alarm
P0200D	Motion sensor alarm
P0200E	Wander/ elopement alarm
P0200F	Other alarm

Health-related Quality of Life and alarms

- An alarm is any physical or electronic device that monitors resident movement and alerts the staff, by either audible or inaudible means, when movement is detected, and may include bed, chair and floor sensor pads, cords that clip to the resident's clothing, motion sensors, door alarms, or elopement/wandering devices. • While often used as an intervention in a resident's fall prevention strategy, the efficacy of alarms to prevent falls has not been proven; therefore, alarm use must not be the primary or sole intervention in the plan.

Quality of Life Continued

- The use of an alarm as part of the resident's plan of care does not eliminate the need for adequate supervision, nor does the alarm replace individualized, person-centered care planning.

Why the change?

- Adverse consequences of alarm use include, but are not limited to, fear, anxiety, or agitation related to the alarm sound; decreased mobility; sleep disturbances; and infringement on freedom of movement, dignity, and privacy.

Planning for Care for alarms

Individualized, person-centered care planning surrounding the resident's use of an alarm is important to the resident's overall well-being. • When the use of an alarm is considered as an intervention in the resident's safety strategy, use must be based on the assessment of the resident and monitored for efficacy on an ongoing basis, including the assessment of unintended consequences of the alarm use and alternative interventions. •

Care Planning

There are times when the use of an alarm may meet the definition of a restraint, as the alarm may restrict the resident's freedom of movement and may not be easily removed by the resident.

Which Devices?

Any device, material, or equipment that meets the definition of a physical restraint must have:

1) Medical symptom that warrants the use of the restraint – must not be used for discipline or convenience

2) Physician's order for use

3) Documentation that other methods were tried and failed before using restraint 4) Documentation that restraint chosen is the least restrictive restraint for the need

Continued

5) Consent form signed by resident, family member, or legal representative - also has the right to refuse restraint use, but not to demand its use when it is not deemed medically necessary.

6) Documentation that resident needs are monitored during restraint use

7) Documentation that restraint is checked every thirty minutes, and released every 2 hours for ten minutes

8) Documentation that regular attempts are made to reduce or discontinue use of restraint

Continued

9) Care plan whether or not there is a category to code the restraint on the MDS Exclude from this section items that are typically used in the provision of medical care, such as catheters, drainage tubes, casts, traction, leg, arm, neck or back braces, abdominal binders and bandages that are serving in their usual capacity to meet medical need.

AFL-17-22

- This AFL was released on October 20, 2017. This was to notify facilities of Executive Order 8-43-17, section 7. This permitted CDPH approved program waivers, which aim to expedite the recovery efforts in communities affected by the recent California wildfires and ensure hospitals and other specified health facilities stay open.

CMS Survey and Certification Memo 17-35-ALL

This S and C was issued on June 16, 2017 and gave guidance on reasonable assurance. Reasonable assurance will be applied to providers and suppliers once a termination action has been initiated by a State Survey Agency and the entity was allowed to terminate Medicare participation voluntarily before the termination action was made effective.

CMS Survey and Certification Memo 17-36-NH

S and C 17-36 was issued on June 30, 2017. This S and C provided the links to the Revised Interpretive Guidelines, F tags and the Cross walk.

We have gone over these and they are all posted on the CAHF website site as well.

CMS Survey and Certification Memo 17-37-NH

S and C 17-37 was released on July 07, 2017. This is the S and C that contained the information on new CMP tools and policies

CMS Survey and Certification Memo 17-38-LSC

S & C 17-38 was released on July 28, 2017. It provided information regarding fire door and policies needed. Here is the link to policies and tools to assist with the inspection.

http://www.cahf.org/Programs/Physical-Plant

CMS Survey and Certification Memo 17-41-NH

S and C 17-41 was released on August 04, 2017. This gave guidance on the survey team composition and complaint investigation.

ADD IN TEAM

CMS Survey and Certification Memo 17-42-ALL

S and C 17-42 was released on August 18, 2017. This was to inform all termination notices would posted at

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certificaition/SurveyCertificationGenInfo/Termination-Notices.html

CMS Survey and Certification Memo 17-43-ALL

This S and C was released on August 22, 2017. It was to announce the launce of the Quality and Certification Oversight Reports (QCOR) Website Launch

This replaces the previous website known as Survey and Certification providing Data Quickly System.

This site will import information from CASPER and help to increase transparency and access to data

The site is https://qcor.cms.gov

CMS Survey and Certification Memo 17-45-ALL

This S and C was released on September 25, 2017. The purpose was to announce that CMS was to start posting the PBJ public use files and that they were accessible at https://data.cms.gov beginning November 1, 2017.

This is also where it was announced it would be on Nursing Home Compare if a facility had submitted their data

CMS Survey and Certification Memo 17-47-ALL

This S and C was released on September 29, 2017. This was notice to the state the Nation Background Check Program.

This was to assist States and territories that desire to institute or upgrade their systems of employee background checks to include checks of all pertinent registry sources in all States in which a potential employee has lived to check State and Federal criminal records and use FBI printing.

QUESTIONS

Thank you

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