



Requirements of Participation

Phase 3

Are You Survey Ready?

July 17, 2019

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Description

This session will provide you with helpful information for implementing Phase 3 regulations related to the State Operations Manual Appendix PP for long-term care.

Be aware that Phase 3 includes comprehensive programmatic changes that will require extensive training for staff members.

Thank you for joining this informational presentation to gain knowledge in survey preparation and best practices for Phase 3.

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New Conditions of Participation (CoPs)

- October 4, 2016: CMS published a final rule to reform the *Conditions of Participation (CoPs)* for skilled nursing facilities (SNFs)
- March 8, 2017: Updated survey protocols and interpretive guidelines were published in Appendix PP of the *State Operations Manual*

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New Conditions of Participation (CoPs)

- Phase 1: November 28, 2016
- Phase 2: November 28, 2017
- Phase 3: November 28, 2019

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Summary of Phase 3 Changes

- QAPI Program
- Culturally-competent and trauma-informed care plans
- Infection preventionist
- Compliance and ethics program
- Resident call system
- Training requirements

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§483.75 – Quality Assurance and Performance Improvement (QAPI)

- Meetings held at least quarterly
- Members:
 - DON
 - MD or designee
 - At least 3 other members, including Administrator, owner, or board member
 - Infection preventionists (F868)
- F865
 - Facilities must develop, implement, and maintain an effective comprehensive, data-driven (measurable) QAPI program
 - Focus on systems of care, outcomes of care, resident choice and quality of life
- Maintain documentation and demonstrate evidence of ongoing QAPI (PIPs)

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§483.75 – Quality Assurance and Performance Improvement (QAPI)

- Present QAPI plan to state surveyors (and CMS, upon request)
- Governing body is responsible and accountable for the QAPI program under §483.70 (d)(3) Administration
- F607
 - Develop and implement written policies and procedures to integrate abuse, neglect and exploitation into the QAPI program under §483.12(b)(4) Freedom from Abuse, Neglect and Exploitation

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5 Elements of QAPI

- F865
 - Design and scope
 - The QAPI program should be ongoing, comprehensive, and able to address the facility's full range of care and services
 - Governance and leadership
 - The governing body is responsible and accountable for the ongoing QAPI
- F866
 - Program feedback, data systems, and monitoring
 - Establish and implement written policies & procedures for feedback, data collections systems, and monitoring including adverse incident monitoring
- F867
 - Program systematic analysis and systematic action
 - Develop policies and take actions aimed at performance improvement, including how the facility intends to implement those actions, measure success and track performance
 - Program activities
 - Set priorities for performance improvement activities, track medical errors/adverse incidents and conduct at least one PIP annually

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§483.75 – Quality Assurance and Performance Improvement (QAPI)

Surveyor Perspectives

- QAPI plan must describe the process for identifying and correcting quality deficiencies
- System and reports must demonstrate and include key components of the QAPI process
- If the facility, through its Quality Assurance and Assessment (QAA) committee, has identified and made a good faith attempt to correct the same issue identified by the survey team during current survey, the facility will not be cited for QAA
- Facility may still be cited with deficiencies related to actual or potential issues at other relevant tags

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§483.21(b)(3)(ii)-(iii) – Comprehensive Resident Centered Care Plans

Trauma Informed Care

- F659 Qualified Persons
 - Ensure that services provided, or arranged for by the facility as outlined in the comprehensive care plan, are culturally competent and trauma-informed
 - Culturally competent – a set of behaviors and attitudes held by clinicians that allows them to communicate effectively with individuals of various cultural backgrounds and plan to provide care that is appropriate to the culture and to the individuals
 - Trauma – an experience considered emotionally, physically, or socially threatening or harmful that has a negative long-term impact on a person's emotional, physical, or social well-being

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§483.21(b)(3)(ii)-(iii) – Comprehensive Resident Centered Care Plans

Surveyor Perspectives

Cultural competence:

- Although staff ideas, beliefs, values and experiences may differ from the resident's, facilities must integrate the resident's perspectives, preferences and understanding of diagnosis, prognosis, and care delivery into care planning
 - Gender, age, sex, race, ethnicity, sexual orientation, social status, faith/religion, beliefs, behaviors, languages, practices and expressions that are unique to an individual
- Assess, document, care plan, respect and accommodate without personal bias

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§483.21(b)(3)(ii)-(iii) – Comprehensive Resident Centered Care Plans

Surveyor Perspectives

Trauma

- Skills, experience, and knowledge to ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice, and to account for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization
- Assess, document, care plan, respect and accommodate without personal bias

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§483.25(m) – Quality of Care

F699

Trauma Informed Care

- Facility must ensure that residents who are trauma survivors receive culturally-competent trauma-informed care in accordance with professional standards of practice
- Account for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization

§483.70(e) Facility Assessments

- Facility must ensure at minimum on an annual basis to determine needs of residents, including trauma survivors

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§483.40(a)(1) – Behavioral Health Services

F741

Sufficient/Competent Staff – Behavioral Health Needs

- Develop and implement a process to train and assess staff competencies/skills sets as related to caring for residents with a history of trauma and post-traumatic stress disorder (PTSD)

§483.70(e) Facility Assessments

- Facility must ensure at minimum on an annual basis to determine needs of residents (i.e. trauma survivors) and identified in the facility assessment

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§483.40(a)(1) – Behavioral Health Services

Intent

- The intent of this requirement is to ensure that the facility has sufficient staff members who possess the basic competencies and skills sets to meet the behavioral health needs of residents for whom the facility has assessed and developed care plans
- The facility must consider the acuity of the population in its assessment
 - This includes residents with mental disorders, psychosocial disorders, and/or substance use disorders
- Facility staff members must implement person-centered approaches designed to meet the individual needs of each resident

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§483.70(d)(1)-(3) Administration

F837

Governing Body

- New provision specify that the nursing home administrator would report to and be accountable to the governing body (Phase 1)
- And the governing body is responsible and accountable for the QAPI program (Phase 3)

Intent

- This regulation is intended to ensure that the facility has an active (engaged and involved) governing body that is responsible for establishing and implementing policies regarding the management of the facility

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§483.80 – Infection Control

F882

Infection Preventionist Qualifications/Role

- Hire/designate one or more Infection Preventionist(s) who is responsible for the Infection Prevention and Control Program
- This individual must be a clinician who works at least part time at the facility and has completed specialized training in infection prevention and control.

Facilities must have a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and contractors

- Based on findings of facility and resident assessments (reviewed and updated annually)

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§483.85 – Compliance and Ethics Program

F895

- Ensure the operating organization for the facility has compliance and ethics program that has been reasonably designed, implemented, and enforced so that it is likely to be effective in preventing and detecting criminal, civil, and administrative violations, as well as in promoting quality of care
- Review the required components for developing and implementing the program at §483.85(c)(1)-(8)
- Develop a schedule for an annual review and update to the compliance and ethics program

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§483.85 – Compliance and Ethics: 8 Elements

- 1) Implement written compliance and ethics standards, policies and procedures
 - Designate a contact/representative to take reports of suspected violations, as well as an alternate method for reporting suspected violations anonymously (i.e. hotline)
 - Disciplinary standards that explain the consequences for violations for entire staff, individuals under a contractual agreement, and volunteers
- 2) Assignment of oversight responsibilities to high-level individuals (i.e. CEO, board members, and regional VPs/directors)
- 3) Sufficient resources and authority to designated individuals

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§483.85 – Compliance and Ethics: 8 Elements

- 4) Due care not to give discretionary authority to individuals with a propensity to engage in violations
- 5) Conduct mandatory training for entire staff, individuals under a contractual agreement (vendors), and volunteers
- 6) Implement internal monitoring and auditing systems to identify violations
- 7) Consistent enforcement of standards, policies, and procedures through appropriate disciplinary mechanisms
- 8) Prompt response to detected violations and taking steps to prevent further violations

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§483.85 – Compliance and Ethics Program

Additional components for corporations with 5+ facilities

- 1) Implement a mandatory annual training program
- 2) Designate a compliance officer whose primary responsibility is operating the compliance and ethics program
 - Must report directly to the governing body and not be subordinate to the general counsel, CFO, or COO
- 3) Designate compliance liaisons at each facility
- 4) Implement an annual review of the compliance and ethics plan and revise it, as needed

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§483.90(g)(1)-(2) - Physical Environment

F 919

Resident Call System

- The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area
- Call system must be installed from each resident's bedside

Facilities certified after effective date (11/28/19):

- No more than two residents in a bedroom
- Each room must include a bathroom with a toilet, sink, and shower

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§483.90(g)(1)-(2) - Physical Environment

Surveyor Perspectives

Is there a functioning communication system from rooms, toilets, and bathing facilities in which resident calls are received and answered by staff?

- Examples that do not qualify as functioning: system is turned off at the nurses' station, the volume is too low to be heard, the light above the room or rooms is not working, no staff at nurses' station
- For wireless systems, compliance is met only if staff who answer resident calls have functioning devices in their possession and are answering resident calls

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§483.90(g)(1)-(2) - Physical Environment

Surveyor Perspectives

If a resident has disabilities that make use of the facility's communication system inaccessible:

- Facilities must be able to provide alternatives, auxiliary aides, or services to meet this requirement
- Facilities must meet the resident's needs as identified in the resident's assessment or plan of care

Residents and their representatives should be interviewed about whether calls are being answered

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§483.95 – Training Requirements

F940

- Implement required training for new and existing staff, contractors, and volunteers on the following topics:
 - Communication training (F941)
 - Resident's rights and facility responsibilities (F942)
 - Abuse, neglect, and exploitation training (F943)
 - Elements and goals of the facility's QAPI program (F944)
 - Written standard, policies, and procedures for the facility's infection control program (F945)
 - Program standards, policies, and procedures for the facility's Compliance and Ethics Program (F946)
 - Behavioral health training consistent with §483.40 and the requirements of facility assessment (F949)

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§483.95 – Training Requirements

Surveyor Perspectives

- If there have been deficient care practices identified during survey, surveyors will review (as appropriate) training received by nurse aides in that corresponding subject area
- Example: if a deficiency is being cited for infection control, surveyors would review the infection control portion of the facility's in-service nurse aide training program

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Survey Preparation and Tips

3 months

- Monthly IDT and Departmental meetings on phase 3 guidelines
- Strategize and assign subgroups with deadline

2 months

- Prepare survey binder
- Prepare most common P&Ps
- If you don't have a specific policy, then contact a colleague for a copy, modify to your facility practices, get approval by your PP committee, and in-service staff
- Follow up meeting to Phase 3 assignments and in-service identified gaps
- Conduct random staff interviews, document reviews and perform mock surveys

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Survey Preparation and Tips

1 month

- Finalize survey binder, complete trainings and review P&P's
- Collect Phase 3 assignments
- Update badge buddies, conduct staff interviews and audit charts

Survey Day

- Notify managers via group text when surveyors arrive at facility
- Hold entrance conference in admin office or conference room to give the floor time to prepare for walk through if possible
- Present the survey binder to the lead surveyor and ask about survey timeline and projected exit date
- Hold group meetings when surveyors go to lunch during to give staff guidance and confidence
- Set the pace for your team, communicate effectively and provide documents/policies upon request to surveyors timely to avoid delaying the process

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References

Appendix PP State Operations Manual (Rev. 11/22/17)

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

Electronic Code of Federal Regulations

<https://www.ecfr.gov/cgi-bin/text-idx?SID=f64b6edcc2b2ee52bf5de8e19a340569&mc=true&node=sp42.5.483.b&rgn=div6>

Final Rule of Long-Term Care

<https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

List of Revised F-tags

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/List-of-Revised-FTags.pdf>

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Thank You For Your Participation!!!

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Questions?



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