



Arm Against Harm

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Who Regulates Skilled Nursing Facilities?

- Nursing homes in California are licensed, regulated, inspected, and/or certified by a number of public and private agencies at the state and federal levels, including:
- The California Department of Public Health (CDPH) Licensing and Certification Division (L&C) and
- The U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS).
- These agencies have separate -- yet sometimes overlapping -- jurisdictions.

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- CDPH inspects nursing homes at least once every 6 to 15.9 months.
- The statewide average is once every 12 months, but is more frequent for facilities with poor inspection results and numerous verified complaints.
- CDPH conducts inspections without prior notice and changes inspection schedules annually to make it difficult for facilities to anticipate surveys.
- CDPH typically inspects nursing homes on weekdays, but survey teams also conduct inspections at night, on weekends, and during holidays.

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- Currently, a tenth of inspections must occur during “off hours,” which can be either a weekend, or during a weekday before 8 a.m. or after 6 p.m.
- OIG and CMS announced: For facilities that Medicare identifies as having lower weekend staffing, half of those off-hour inspections—or 5 percent of the total — must be performed on Saturdays or Sundays.



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- Each year, CDPH L&C staff conducts approximately 1,350 on-site inspections of nursing homes and responds to approximately 5,000 complaints and 5,300 events reported by facilities.
- Investigation of complaints and reportable events also requires on-site inspections. These inspections, called surveys, evaluate compliance with both state and federal requirements.



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The Scope and Severity Grid

Immediate Jeopardy to Resident Health or Safety	J	K	L
Actual Harm that is not Immediate Jeopardy	G	H	I
No Actual Harm with Potential for More than Minimal Harm that is not Immediate Jeopardy	D	E	F
No Actual Harm with Potential for Minimal Harm	A No remedies No POC	B	C
	ISOLATED	PATTERN	WIDESPREAD

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LEVEL 3

Actual Harm that is not Immediate Jeopardy	G	H	I
	ISOLATED	PATTERN	WIDESPREAD

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LEVEL 3

This is the G, H or I level deficiency.

Per the State Operations Manual Appendix P this is defined as:

“... non compliance that results in a negative outcome that has compromised the resident’s ability to maintain and/or reach his/her highest practicable physical, mental, and psychosocial well-being as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services. This does not include a deficient practice that only could or has caused limited consequences to the resident.”

LEVEL 4: IMMEDIATE JEOPARDY

Immediate Jeopardy to Resident Health or Safety	J	K	L
	ISOLATED	PATTERN	WIDESPREAD

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Definition Level 4

This is the J, K or L level deficiency

Per the State Operations Manual Appendix P this is defined as:

"... a Situation in which immediate corrective action is necessary because the facility's noncompliance with one or more requirement of participation has caused or is likely to cause serious injury, harm, impairment or death to a resident receiving care in a facility."

Drill Down

- Take a look where the survey targets.



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2018 and 2019 Level Three and Four Annual Survey Findings

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LEVEL 3: Annual Survey Findings

Actual Harm that is not Immediate Jeopardy	G	H	I
#1	F689 Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	F684 Provide appropriate treatment and care according to orders, residents preferences and goals.	F607 Develop and implement policies and procedures to prevent abuse, neglect, and theft.
#2	F686 Provide appropriate pressure ulcer care and prevent new ulcers from developing.	F755 Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.	None
#3	F600 Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.	F677 Provide care and assistance to perform activities of daily living for any resident who is unable.	None
	ISOLATED	PATTERN	WIDESPREAD

LEVEL 4: Annual Survey Findings

Immediate Jeopardy to Resident Health or Safety	J	K	L
#1	F700 Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install	F880 Provide and implement an infection prevention and control program.	F812 Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.
#2	F600 Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.	F689 Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	F584 Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.
#3	F-880 Provide and implement an infection prevention and control program.	F761 Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.	F689 Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.
	ISOLATED	PATTERN	WIDESPREAD

2018 and 2019 Level Three and Four Complaint Survey Findings

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LEVEL 3: Complaint Survey Findings


Actual Harm that is not Immediate Jeopardy	G	H	I
#1	F689 Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	None	None
#2	F684 Provide appropriate treatment and care according to orders, residents preferences and goals.		
#3	F600 Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.		
	ISOLATED	PATTERN	WIDESPREAD

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LEVEL 4: Complaint Survey Findings

Immediate Jeopardy to Resident Health or Safety	J	K	L
#1	F689 Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	F689 Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	F880 Provide and implement an infection prevention and control program.
#2	F600 Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.	F600 Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.	F600 Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.
#3	F684 Provide appropriate treatment and care according to orders, residents preferences and goals.	F684 Provide appropriate treatment and care according to orders, residents preferences and goals.	F684 Provide appropriate treatment and care according to orders, residents preferences and goals.
	ISOLATED	PATTERN	WIDESPREAD

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Self-Assessment



Feedback



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Facility Assessment



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Facility Assessment

- Why do we have to do this??
- To evaluate your resident population and identify the recourses needed to provide the necessary care and services that the residents require.



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Facility Assessment



- Review this at least annually;
- Or when the facility begins admitting residents that require substantially different care;
- Or whenever any actual or planned for change/triggering event would require substantial modification to any part of the assessment.

Look at what you said you needed!

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Facility Assessment Resources

For more information on Facility Assessment, please visit:

<https://www.cahf.org/Programs/Regulatory/Facility-Assessment>

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HIGH RISK

Quality Assurance & Process Improvement



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Quality Assurance Performance Improvement Program

- Evidence of QA&A meetings
- Identification and QA plan for areas identified
- Trends in focus areas
- Review QAPI Plan
- November 2019 - Survey to the plan



Prepare

- What similar preparations do you do?
- What other preparations do you do?



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Critical Element Pathways

- Investigation of care issues, resident experiences
- Surveyor guidelines for:
 - Observations
 - Interview Questions of Residents, Family, Staff
 - Investigation Guidelines
 - Facility Tasks
- 41 total Pathways



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Critical Element Pathways

- Beneficiary Notice
- Dining
- Infection Prevention Control & Immunization
- Kitchen
- Med Administration
- Resident Council
- QAA and QAPI
- Urinary Catheter or UTI
- Abuse
- Environment
- Sufficient & Competent Staff
- Activities
- Activities of Daily Living
- Behavioral-Emotional
- Communication & Sensory

Critical Element Pathways

- Hospice & End of Life
- Pain Management
- Physical Restraints
- Pressure Ulcer
- Rehab and Restorative
- Respiratory Care
- Hydration
- Medication Storage
- PASARR
- Extended Survey
- Unnecessary Medications
- Positioning, Mobilization, ROM
- Bowel & Bladder Incontinence

Critical Element Pathways

- Accidents
- Neglect
- Resident Assessment
- Discharge
- Dementia
- Death
- Nutrition
- Dental
- Dialysis
- Personal Funds
- Tube Feeding
- Hospitalization

General Critical Element Pathways

- Used for investigation of Quality of Care concerns that are not addressed in other pathways.
 - Physician Orders
 - Care Planning
 - Resident/Family/Staff Interviews
 - Record Review
 - Observations



Critical Element Pathways Resource

- To review the Critical Element Pathways, visit:
<https://www.cahf.org/Programs/Regulatory/New-Survey-process-Critical-Element-Pathways>

CMS Core Competencies Package

- As part of its continued commitment to the nation's most vulnerable populations, the Centers for Medicare & Medicaid Services (CMS) has launched the Civil Money Penalty Reinvestment Program (CMPRP), a three-year effort to reduce adverse events, improve staffing quality and improve dementia care in nursing homes.



<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html>

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CMS Core Competencies Package

Toolkit 1: Nursing Home Staff Competency Assessment (Available Now)

- Quality care is complex. That's why the CMPRP competency assessment helps nursing homes break down and self-examine some of the most important building blocks of quality care.
- Use the competency assessment to identify areas where your nursing home is doing well, versus where your facility might need support.

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All Cause Harm Prevention in Nursing Homes Change Package

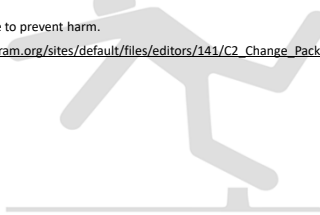


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CMS Released: ALL CAUSE HARM PREVENTION IN NURSING HOMES

Change Package to prevent harm.

https://qioprogram.org/sites/default/files/editors/141/C2_Change_Package_20181226_FNL_508.pdf



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All Cause Harm Prevention in Nursing Homes Change Package

• What is the Change Package?

The Change Package is a description and list of successful practices of high-performing nursing homes (i.e., how they prevent harm while honoring each resident's rights and preferences), organized by overarching themes, and includes strategies to prevent specific adverse events and abuse.

Components that support a safety culture

These four components are:

- Leadership
- Committed staff, teamwork, and communication
- Resident and family engagement
- Continuous learning and quality improvement.

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Leadership	Resident and Family Engagement	Committed Staff, Teamwork, and Communication	Continuous Learning and Improvement
<ul style="list-style-type: none"> • Establish a vision for safe care • Set high expectations for staff for customer service and safety-minded actions • Develop and support a culture of trust, transparency, open communication, respect, teamwork, and inclusion • Engage the Board of Directors and corporate leaders in building a culture of safety • Select and develop leaders and staff that are accountable for safety • Develop a just and fair culture 	<ul style="list-style-type: none"> • Involve resident/patient/family in goal setting, developing, and updating care plans and daily decisions • Promote open communication among the care team and the resident/patient/family • Engage residents and families in organization improvement efforts 	<ul style="list-style-type: none"> • Create a highly effective and collaborative multidisciplinary team • Develop an infrastructure that promotes teamwork and communication • Provide tools and resources that support teamwork, communication, and resident monitoring 	<ul style="list-style-type: none"> • Identify staff learning needs to provide safe care • Provide orientation and opportunities for ongoing education to support learning • Evaluate effectiveness of education • Set organizational goals for safe care by using benchmark data • Identify and track measures to understand organizational performance • Identify and prioritize areas to improve • Use a quality improvement process

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High-performing nursing homes focused on preventing, detecting, and mitigating the following types of harms:

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Adverse events related to medications, including:

- Medication-induced delirium or other changes in medical condition
- Excessive bleeding due to medication
- Falls/falls with injuries or other trauma with injury secondary to effects of medication
- Constipation, obstipation, and ileus related to medication

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Adverse events related to resident care, including:

- Fall or other trauma with injury related to resident care
- Pressure and other skin injury such as skin tears, abrasions
- Exacerbations of preexisting conditions resulting from an omission of care
- Acute kidney injury or insufficiency secondary to fluid maintenance
- Fluid and other electrolyte disorders (e.g., inadequate management of fluid)
- Venous thromboembolism, deep vein thrombosis (DVT), or pulmonary embolism (PE) related to resident monitoring
- Elopement

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Adverse events related to infections, including:

- Aspiration pneumonia and other respiratory infections
- Surgical site infection (SSI) associated with wound care
- Urinary tract infection associated with catheter (CAUTI)
- Clostridium difficile infection (CDI)
- Other infection related events

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Abuse and neglect, including:

- Mistreatment, injuries of unknown source, and misappropriation of resident property

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Present fall or other trauma with injury related to resident care

- Foundational and Ongoing Education Topics to Consider**
- Provide education for nurses on how to complete a fall risk assessment (screening and comprehensive), and develop an individualized care plan based on that assessment.
 - Provide education for nurses and staff members on how to respond to and manage a fall, to identify a root cause, and how to complete an incident report.
 - Provide education for all staff on how to promote a safe environment for safe mobility.
 - Provide training for staff that assist residents with ambulating and transferring on the use of transfer methods and equipment, but at all falls and incidents after.
 - Provide training for staff on mobility and exercise programs to help promote balance, strength, and endurance.
 - Provide training for all staff on how to monitor residents' signs and common signs for potential falls, such as:
 - Provide training for nurses, therapists, and all staff that take blood pressures on how to measure blood pressures and how to take an orthostatic blood pressure, if ordered.
- Pre-Admission Function**
- Obtain the resident's fall history from the resident, family, hospital, or other setting prior to admission (e.g., when caused the fall, when and where they happened, how they happened, and any preventive techniques used).
 - Review medications that could contribute to falls (including newly started medications that have the potential to contribute to falls such as blood pressure medications, psychotropics, medications, opioids, diabetic agents, or hormones).
 - Review residents who progress/guardian and consulting geriatrics, as needed.
 - Ask the resident and family members for information that may be related to fall risk:
 - Side of the body the resident normally uses to:
 - Provide devices used (e.g., for walking, vision, or hearing)
 - Shed and transfer patients.
 - Configure the room to promote safe mobility:
 - Assess the placement of the bed for the side of the bed they are used to walking from.
 - Assess device available and in place.
 - Ensure resident and/or family bring proper footwear.
 - Identify the type of therapy the resident is currently receiving, response to therapy, ability to ambulate and transfer, and mobility concerns or restrictions.
 - Identify the use that past medication was received by resident and plan to have appropriate medication available for resident on arrival to the nursing home.
- Admission Function**
- Assess the resident for a fall risk, including history of falls, and use a validated fall risk tool (e.g., Morse Fall Scale) and a comprehensive assessment.
 - Identify and assess the need for medications that can increase the resident's risk of falling.
 - Obtain assessment of resident's vision, as well as need for assistive devices such as glasses or additional lighting.
 - Obtain assessment of resident's hearing.
 - Obtain patient assessment in order to determine need for any specific interventions, or highlight potential risks based on personal deficits.

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<p>2201 K Street, Sacramento, CA 95816</p>	<p>EVENTS RELATED TO RESIDENT CARE</p> <ul style="list-style-type: none">Establish resident to room and bathroom and ensure resident's room is set up for safe bed exit and clear access to the bathroom, ensuring the resident can easily turn lights on when needed.Talk with the resident about the use and location of the call light, and assess their capacity to use the call light.Conduct a head and shoulder three-day observation study, and then indicate the need to continue the study in resident's circumstances and circumstances.Establish a process to identify individualized interventions that address the resident's specific risk factors for being alone that reflect the resident's values and preferences, and document those in a care plan, and update the care plan as needed.Consider individualized interventions, such as:<ul style="list-style-type: none">Individualize bed height to provide for proper alignment for the resident, and support their mobility.Anticipate and plan for providing assistance to the bathroom per their individualized checklist.Support the resident in using, normal footwear when indicated (resident footwear should not be used in residents with a walking gait).Consider use of hip protectors for residents with clinical conditions, such as osteoporosis, which make them at higher risk for fracture.Use call light when indicated.Have all equipment that the resident needs readily available at all times (e.g., cane, walker, or wheelchair).Begin initiation of hourly rounds, including checks on the 4th floor, Potty, Preheating, and Preheating. Consider more frequent checks during the first 24 hours (e.g., every 15 minutes).Establish a process to communicate the risk of falls and interventions with the resident/family, family, and all members of the care team, such as:<ul style="list-style-type: none">At shift start (0600), conduct a review of new resident's fall risk and interventions.Staff members who are on the 4th floor report and discuss to the resident with all staff at shift change.Appropriate staff and OT team members should review 24-hour reports back to the last day worked in order to ensure they are aware of changes.Establish a process to alert staff of any safety deficits along with recommendations of how to best accommodate for those deficits (e.g., verbal safety, etc.).Establish a process to alert staff of hearing deficits along with how to best accommodate (e.g., use of hearing aids or other personal amplification device). <p>Ongoing Care Practices and Monitoring</p> <p>Attentive observation and monitoring</p> <ul style="list-style-type: none">Conduct hourly rounds, including checks on the 4th floor, Potty, Preheating, and Preheating.Staff members, family, staff, or nursing residents must be present in the room when the resident is in the room and the environment is free of fall hazards (e.g., equipment, cords, spills, clutter).Establish a process to ensure that staff should ensure resident's room is free of clutter and that staff should be looking for signs that the resident may need something and that the environment is free of fall hazards, "Safety is everyone's responsibility."Establish a process to be aware of a resident's fall risk when there is a change in their condition.Conduct a head and shoulder three-day observation study (including a change in condition). Indicate the need to continue the study in order to be prepared in identifying the impact of resident changes that might contribute to increased fall risk.Assign a department leader to the new resident to visit the resident and check the resident's room in a daily basis (e.g., during the resident's first and any other). Other staff are being used, and looking for environmental/safety hazards, ensuring proper furniture and mobility devices are in place.
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<p>2201 K Street, Sacramento, CA 95816</p>	<p>EVENTS RELATED TO RESIDENT CARE</p> <p>Therapy and enrichment programs</p> <ul style="list-style-type: none">Provide resident mobility through physical therapy (PT) and occupational therapy (OT).Therapist take vital signs before and after therapy for those at risk of hypertension.Therapist provide education and encouragement to staff on how to transfer or position residents and equipment, and consider using pillows to show correct positioning.Therapist meet with families to provide education on safe mobility and transfers.Therapist monitor residents in hallways/bathrooms to double-check positioning and equipment use.Create a formalized program to monitor residents with a restricted motor. Assign additional resources to support residents in motorization exercises and ambulation.Therapist conduct home assessment prior to discharge to provide a safe environment and to assist with obtaining proper equipment for home use. <p>Activities, recreation, sleep, and pain management</p> <ul style="list-style-type: none">Provide meaningful, family, and single group and individualized activities to residents who are not bedbound, to include in their rooms for long periods and thus, less likely to be obtained by staff as they may be more likely to fall in their rooms.Provide exercise, ambulation or activities (e.g., range of motion, bed exercises, walks, or stairs).Establish a process to assess and follow up on resident's nutritional status and weight as an admission and ongoing.Implement "Sleep well" program. Identify what each resident needs to sleep well (e.g., promote rest, hearing, and sleeping). If the resident has trouble sleeping, consider environmental interventions (e.g., aromatherapy, lighting, soothing water only, bedtime, light massage, pain medicine, etc.).Assess resident's pain status and manage pain in order to manage sleep and promote mobility and functional therapy. Assess verbal and nonverbal expressions that are potential manifestations of pain. Recognize that changes in facial expressions, behaviors, and agitation may be signs of discomfort.Consider physical consultation and services especially if seeing people with joint disease recovery and head injury rehabilitation needs. <p>Painful fall practices</p> <ul style="list-style-type: none">Establish a process to assess and respond immediately after a resident fall, to identify and mitigate injury, and to report proper interventions (e.g., a family, provider, therapist, etc.).Establish a process for the OT to conduct fall risk assessments through hallways or other mechanisms so that the OT can assess, with the resident and family, the cause of the fall.Provide residents, family, and staff with a checklist of things to consider for preventing future falls. Interventions do not rely solely on staff memory to carry out correctly. They include a listing function to ensure the likelihood of being completed or observed.Update plan of care and nursing assessment assignment sheets with any new risk factors and interventions.At shift start (0600), review resident's new risk assessment findings, interventions, and any plan updates.Keep information about the resident's fall and new interventions (in the 24-hour report, and any plan updates) is reviewed with all staff at shift change (appropriate staff and OT team members should review 24-hour reports back to the last day worked, to ensure they are aware of changes).Use standing meeting (e.g., OT hub) to review all occurrences, including falls, in the past 24 hours for assessment and report.
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<p>2201 K Street, Sacramento, CA 95816</p>	<p>EVENTS RELATED TO RESIDENT CARE</p> <p>Environment</p> <ul style="list-style-type: none">Establish processes to ensure environmental and equipment safety (e.g., Rooming, doors, beds, gait belt, etc.), which are, within, ensure resident to avoid hazards at all times (e.g., ensure resident can move safely).Provide visual cues to staff for residents that are not to be left alone in the bathroom.Provide daily to weekly safety rounds that assess resident's condition, room, floor, equipment, and environmental safety.Use safety rounds to the environment and equipment to help train staff and staff conducting the checks to be thorough in their assessments.Establish a process for reporting and follow-up on any safety issues.Use signs to control resident and family to staff for help. "Stop, don't fall, call."Consider use of floor or wall signage that alerts staff to where to place the resident's support device (such as wheelchair, walker, or the proper place for resident's room and bed), use, and use of the floor to ensure that the resident is safe.Use a marker, such as an arrow on the wall, to indicate appropriate bed height for the resident.Establish a process where staff can communicate or equipment (e.g., alarm, bed, safety, etc.) for safety needs, or ensuring no safety needs in an electronic or paper log, and monitor staff checks and provide advice, and follow up promptly.Manage light spaces such as activity or dining rooms, and staff with wheel chairs and walkers in calls.Pay close attention to lighting to ensure adequate lighting to make to prevent injury or falls.Pay close attention to flooring with regard to safety:<ul style="list-style-type: none">Assess high areas and floor space for floors.Pay close attention to flooring.Assess floor space for safety.Establish a process to ensure a person that can navigate safely in a person's life.Use cleaning and use products that have correct properties.Establish floor mopping process that is at least once a week (e.g., floor, at any time, and use appropriate signs to indicate when floors).Set and provide chairs to residents and common areas that support good posture and body mechanics.Implement a process to ensure safety, such as ensuring a light source, room or adequate overhead lighting and ensure "stop" use. Rooming that allows sound, when done and impact, and use staff to be mindful of reducing time to help reduce stress, confusion, and ensure assessment.Make modifications to common areas that have hazardous equipment or furniture to ensure safety (e.g., check about what safety modifications are needed to make for residents/families to use a coffee maker or a table in the lobby).Identify any related to equipment use, such as falling from intercom personal compression (PC) devices, and discuss with the resident and family to minimize risk of injury. <p>Staff safety</p> <ul style="list-style-type: none">Provide one-on-one to staff.Track all staff members/families in new rooms that impacted or could impact resident safety (e.g., staff falls, injuries related to resident handling). If a staff fall or injury is reported with supporting a resident, then the resident may also get hurt.Provide education to staff on safe resident/handling handling.Identify opportunities to improve staff safety, such as education in bathroom for staff safety, which are a high-risk area.Provide education to staff on prevention of workplace violence (including resident to staff aggression), focusing on providing feedback, de-escalation, and how to get help immediately.
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	<p>Resources to Consider</p> <ul style="list-style-type: none"> 1. Best Practices for Emergency Injury/Illness/Medication Use in Older Adults: https://www.osha-slc.gov/sites/default/files/2018-06/BestPracticesForEmergencyInjuryIllnessMedicationUseinOlderAdults.pdf, and which is updated April 2019. 2. OSHA, The Safe Management Practices & Safety Plan Template for Nursing Facilities 3. CDC, Important Facts About Falls, https://www.cdc.gov/niosh/publications/2018-06-01/2018-06-01-01.pdf 4. CDC, National Institute for Occupational Safety and Health – Safe Patient Handling and mobility https://www.cdc.gov/niosh/publications/2018-06-01/2018-06-01-01.pdf 5. The National for Post-Acute and Long-Term Care Medicine, Falls, and Fall Risk Clinical Practice Guide https://www.osha-slc.gov/sites/default/files/2018-06/OSHA%20Safety%20Plan%20Template%20for%20Nursing%20Facilities.pdf 6. Power Netting, Preventing Mobility, Reducing Falls and Alarm: To Stay https://www.osha-slc.gov/sites/default/files/2018-06/OSHA%20Safety%20Plan%20Template%20for%20Nursing%20Facilities.pdf 7. National Nursing Home Quality Improvement Campaign: Resources to promote mobility https://www.osha-slc.gov/sites/default/files/2018-06/OSHA%20Safety%20Plan%20Template%20for%20Nursing%20Facilities.pdf 8. Minimizing Fall Assessment Tool https://www.osha-slc.gov/sites/default/files/2018-06/OSHA%20Safety%20Plan%20Template%20for%20Nursing%20Facilities.pdf 9. CDC, OTC Safety Folders: Antibiotics https://www.osha-slc.gov/sites/default/files/2018-06/OSHA%20Safety%20Plan%20Template%20for%20Nursing%20Facilities.pdf 10. DMA, OTC Safety Folders: Environment https://www.osha-slc.gov/sites/default/files/2018-06/OSHA%20Safety%20Plan%20Template%20for%20Nursing%20Facilities.pdf 11. The National for Post-Acute and Long-Term Care Medicine, Falls, and Fall Risk Clinical Practice Guide https://www.osha-slc.gov/sites/default/files/2018-06/OSHA%20Safety%20Plan%20Template%20for%20Nursing%20Facilities.pdf <p>Use Safely by the suggestions or learn members in your organization to include in quality improvement efforts for this topic.</p>
	<p>Prevent pressure and other skin injury such as skin tears</p>
	<p>Foundational and Ongoing Elements to Consider</p> <ul style="list-style-type: none"> 1. Identify and train staff on new standards to become "Wound Care Certified" 2. Educate staff on prevention of skin breakdown and pressure injuries 3. Educate residents on: <ul style="list-style-type: none"> o Pressure injury risk assessment and development of a care plan based on risk assessment o Assessment, rating, and documentation of pressure injuries o Natural treatment modalities for pressure injuries o Assessment and treatment of heel ulcers, any other ulcers, abrasions, and perineal/rectal/surgical 4. Educate staff comprehensions in skin care to prevent pressure injuries and other injuries, such as skin tears, and as wound assessment and management. 5. Train appropriate staff to monitor equipment used to reduce or relieve pressure (e.g., monitor that powered support surfaces are properly inflated, proper heel lifts are in place, and additional sensors are checked as necessary in place).

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Dietary Services Toolkit

DIETARY SERVICES
CALIFORNIA ASSOCIATION OF HEALTH FACILITIES

Substandard dietary practices continue to top the list as the No. 1 deficiency during statewide surveys!

- To help skilled nursing providers avoid F-Tags and improve the preparation, delivery and storage of food, the California Association of Health Facilities (CAHF) is pleased to provide a free Dietary Services Toolkit for your use. The toolkits were mailed out in November to all California skilled nursing facilities.
- The toolkit contains helpful checklists, necessary logs and eight short instructional videos (two for managers and six for staff). The videos are available in three languages including English, Spanish and Tagalog to educate dietary staff during short, easy-to-comprehend sessions. We encourage you to begin in-house training immediately to improve the competencies of the kitchen staff prior to your next survey.

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Dietary Services Toolkit

- A series of webinars will take place in 2019 to supplement the skills and knowledge of the dietary team.
- Free dietary project educational materials are available on CAHF's website for all nursing home providers in the state, including non-members of the California Association of Health Facilities. You can access printable and modifiable versions of all items included in the toolkit at: www.cahf.org/dietary
- For questions or for additional information, please contact Dietary Program Manager Carmen O'Connell at (916) 432-5208 or coconnell@cahf.org

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Be sure to catch the presentation on the Dietary Services Project
immediately after this session:

9:30 AM – 10:20 AM:
Tools for a Competent Kitchen
Presented by Carmen O'Connell
Palm 1

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NURSES COUNCIL NOW ACCEPTING MEMBERS



CAHF Nurses Council is excited to announce that we looking for nurses that want to be at the forefront in providing input for legislative and administrative decisions that impact the health care community.

Did you know that as a member of CAHF you are eligible to join the CAHF Nurses Council for free?

If you would like to join our council or even become a Nurses Council Officer, sign up by completing the CAHF Nurses Council Member Information Profile.

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Nurses Council

Visit

<https://www.cahf.org/Programs/Special-Programs/Nurses-Council>

to sign up and learn more about the benefits of joining Nurses Council!



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Thank you!!



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