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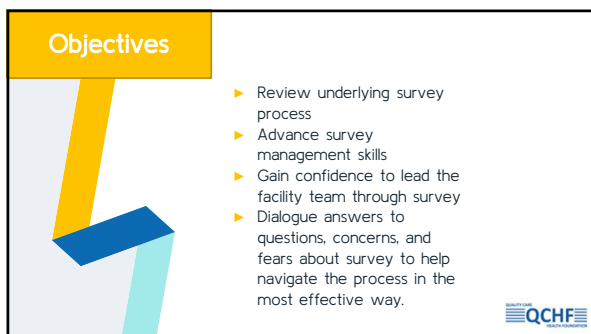
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**Survey Management**

- ▶ Appendix P
- ▶ Surveyor App
- ▶ Department manager expectations
- ▶ Copies
- ▶ Daily opener/debrief



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**Survey Management**

- ▶ When a surveyor asks:
  - ▶ To clarify
  - ▶ For a policy
  - ▶ Or is just hanging around



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**Survey Management**

- ▶ Surveyor Interview of staff
  - ▶ Get specific
  - ▶ Quotes in 2567
  - ▶ Would staff ever say it could harm residents?
  - ▶ Prepare staff for interview



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**Daily POC**

- ▶ Keep clear notes on what the team reports:
  - ▶ Who?
  - ▶ What?
  - ▶ When?
  - ▶ Where?
  - ▶ How did staff respond?
  - ▶ What did staff say?
  - ▶ What you will do in response?
- ▶ Document in detail



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**Exercise**

- ▶ Day 2 of survey when you are approached with potential IJ.
- ▶ What to do if it feels like an IJ is brewing, creating a pre IJ action plan and how to interact with the surveyors and DO.
- ▶ Creating a IJ action plan to lift the immediacy of an IJ.



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**Participant Questions**

**Immediate Jeopardy situations**

- ▶ Have you ever been informed you may have an IJ?
- ▶ Faced with a potential IJ, what do you do first?



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**Challenges**

- ▶ Staff
- ▶ Residents
- ▶ Families
- ▶ Surveyor interaction
- ▶ Extended survey



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**Focal Point**

**Dementia Care**



California Partnership to Improve Dementia Care – COVID-19  
Webinars: <https://www.leadingageca.org/Member-Community/Partners>



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**Focal Point, Cont.**

**COVID-19 Infection Prevention Survey**

- ▶ Infection Prevention
  - ▶ Surveillance
  - ▶ Track & Trend
  - ▶ Cleaning/disinfecting
  - ▶ Storage
  - ▶ Equipment



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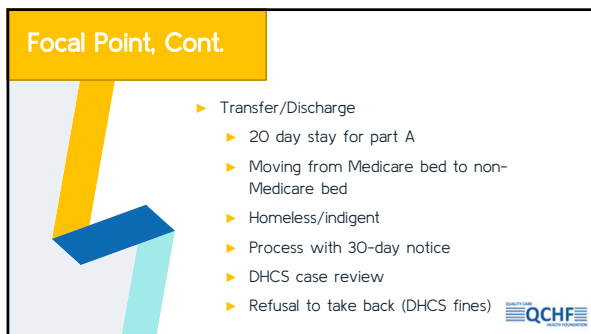
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**Employee Records**

- ▶ Physicals
- ▶ TB/vaccinations
- ▶ Consents
- ▶ Performance reviews
- ▶ Job descriptions
- ▶ Background check (abuse)



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**DSD**

- ▶ Program approval – form 280
- ▶ In-service records



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**Central Supply**

- ▶ Expiration dates on everything
- ▶ Temperature
- ▶ Cleanliness
- ▶ Availability – Especially PPE



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**Pharmacy Considerations**

- ▶ Automated system
- ▶ Pharmacy reports/follow up
- ▶ Pharmacist involvement
- ▶ QAPI, Psychotropic Review Committee



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**The Kitchen is Part of the Facility!**

- ▶ Sanitation-includes all ice machines
- ▶ Chemical levels & temps
- ▶ Menu & Food Prep
- ▶ Dry/Fridge Storage and
- ▶ Emergency supply/storage



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**Dining Program – Surveyor Tasks**

**All surveyors – First Full Meal**

- ▶ Cover all dining rooms and room delivery.
- ▶ Observe enough to adequately identify concerns.
- ▶ If feasible, observe initial sample of residents with weight loss.
- ▶ If concerns identified, observe another meal.



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**Dining Observation**



- Homelike environment in the Dining Room
- Position of residents
  - ▶ Position of staff when assisting residents
  - ▶ Cohorts and distancing
- Clothing protectors
- Serving meals
- Verify served meal:
  - ▶ Menu
  - ▶ Ordered diet
  - ▶ Preferences
  - ▶ Thickener
  - ▶ Allergies



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**Dining Observation**



- ▶ Preserving food temperatures
  - ▶ Dietitian tested
- ▶ Resident Choice/Preference
- ▶ Dignity
- ▶ Hand Hygiene
  - ▶ Residents pre/post meal
  - ▶ Staff after each resident
- ▶ Dining Room Observation
- ▶ Critical Element Pathway



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**Dietetic Food Services**



- Title 22 72335 (b)
  - ▶ "Current profile card shall be maintained for each patient, indicating diet order, likes, dislikes, allergies to foods, diagnosis and instructions or guidelines to be followed in the preparation and serving of food for the patient."
- Title 22 72311(c)
  - ▶ "Licensed nursing personnel shall ensure that the patients are served the diets as prescribed by attending physicians"



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**In-Room Dining Experience**

- ▶ Meal delivery
- ▶ Verify meal meets diet order, preferences, allergies
- ▶ Preserving food temperature
- ▶ Personal Grooming
- ▶ Resident positioning
- ▶ Position of staff
- ▶ Dignity
- ▶ Hand hygiene



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**Kitchen**



Sanitation

- ▶ Correction of RD audits

Menu

- ▶ Alternatives
- ▶ Substitutions approved by RD

Food preparation

- ▶ Observe food handling
- ▶ Food temps and cool downs
- ▶ Mock survey by dietitian



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**Kitchen**



Dry storage


- ▶ Cleanliness and temperature
- ▶ Expiration dates
- ▶ Open and Use dates

Emergency storage

- ▶ Temperature of storage room
- ▶ Expiration dates

Resident Food Refrigerator(s)

Critical Element Pathway



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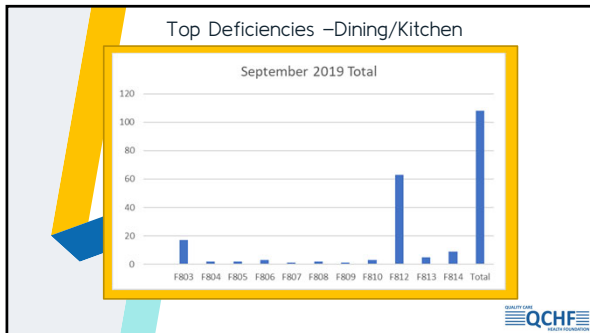
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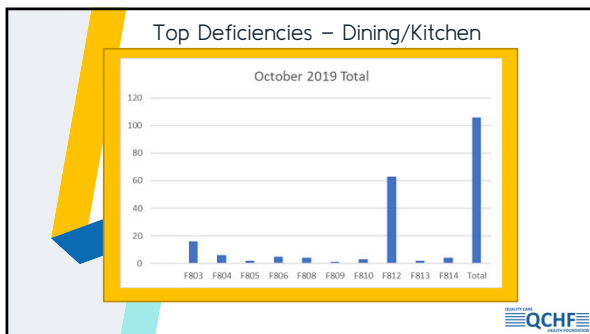
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### Dietary Resources

- CDPH Food and Nutrition Services Webinar
  - ▶ Password: Webinar9
  - ▶ Recording link: <https://cdph-conf.webex.com/cdph-conf/jsr.php?RCID=bbcaf94dc06a4b0c82dcb6bf28513187>
  - ▶ Next Webinar July 21, 2021
  - ▶ [nicole.collins@cdph.ca.gov](mailto:nicole.collins@cdph.ca.gov)
- CAHF Dietary Grant 2017-2020
- CAHF Website - <http://www.cahf.org/Dietary>
  - ▶ Video Training
  - ▶ Toolkit

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**Happy Team = Delicious Food**

- ▶ Halo effect
- ▶ Drive customer experience

<https://www.cahf.org/Programs/Clinical-and-Quality/Customer-Engagement/Toolkits>



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**Dining – All Hands on Deck**

Team assignments

- ▶ Home-like dining experience
- ▶ Meal delivery times
- ▶ Positioning – staff and resident
- ▶ Dignity & Grooming
- ▶ Meal setting – napkins, trays, etc.
- ▶ Menu/Meal check – meal temp, thickener, etc.
- ▶ Staff grooming
- ▶ Supervision



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**Take a Break**



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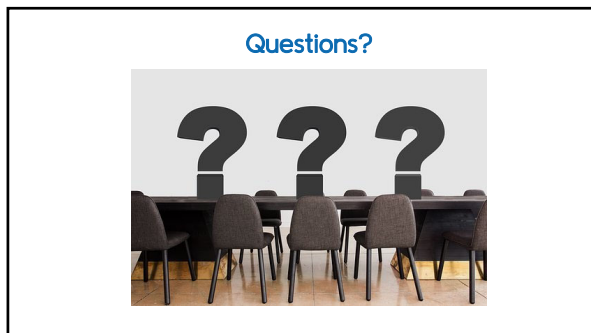
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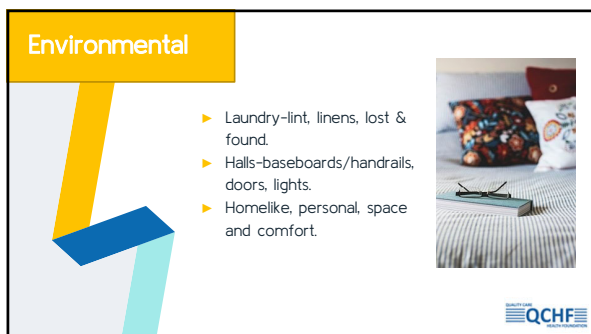
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**Antipsychotic**



- ▶ [Psychotropic management committee](#)
- ▶ GDR
- ▶ Late adopters
- ▶ Documentation



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**Reduction through Excellent Dementia Care**

- ▶ Improved education for staff, improved interactions for residents.
- ▶ Dementia Training
  - ▶ [AHCA Guide to Reducing Antipsychotic Drugs While Enhancing Care for Persons with Dementia](#)
  - ▶ [National Partnership to Improve Dementia Care in Nursing Homes](#)
- ▶ Non-pharmacological interventions
  - ▶ [Personalized Music](#)
  - ▶ [Volunteers](#)
  - ▶ [Personalized activities](#)



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**Epple Judgement**

- ▶ Health & Safety Code § 1418.8 – Epple Bill (the Statute)
- ▶ The Court of Appeal Ruling in *CANHR v. Chapman/Smith* (Additions to the Statute)
- ▶ The Modified Judgment Issued by the Superior Court.
- ▶ Next Steps
- ▶ July 2021 deadline for patient representative.



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**Epple Continued...**

- ▶ IDT must oversee care using team approach:
- ▶ Before proceeding with the intervention, facility must provide oral and written notice to the resident and written notice to "at least one competent person whose interests are aligned with the resident."



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**Epple Continued...**

Composition of IDT: Except in emergency circumstances, (a) **EVERY** IDT must include a patient representative, and (b) where the resident has no family or friend willing to serve on the IDT, someone unaffiliated with the nursing home must be found to serve as the patient representative.



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**Epple Continued...**

- ▶ New resident/new interventions IDT Decision Notice.
- ▶ New resident to facility covered by Epple.
- ▶ Existing resident who loses capacity and becomes "Epple-ized".
- ▶ IDT Continuing Treatment Notice
  - ▶ Only for pre-existing Epple residents.
  - ▶ Do not use again once provided.

[Link to Epple webinar recording](#)

[Link to Epple page on CAHF web](#)



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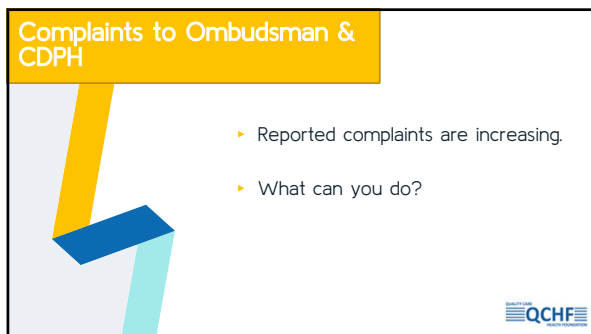
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**Participant Question**

**ER's and Complaint Visits**

What do you find, if any, works best to reduce complaints from residents and family to CDPH and Ombudsman?



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**Exercise**

- ▶ Complaint
- ▶ Grievance Log
- ▶ High Needs Families



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**Participant Question**

How would you handle the following complaint?

Resident informed Social Service Director that she is receiving her morning pain medication late.



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### Entity Reported Incident (ERI)

AFL 19-42 Debt Free 2021 Campaign

- ▶ Some of the new strategies include structures to ensure staff consistently prioritize open intakes by triaging them by severity and time. CDPH's backlog reduction strategies also include:
  - ▶ Using structured processes for all staff throughout the state to use the same forms and standardized processes for high quality, consistent, and thorough investigations.
  - ▶ Using off-site reviews when applicable for some non long-term care complaints/FRIs and some long-term care FRIs.
  - ▶ Batching multiple complaints/FRIs for investigation, including during periodic licensing and/or certification surveys to reduce time in traveling to remote or high traffic locations.
  - ▶ Sending out larger survey teams with team members dedicated specifically to investigating backlogged complaints/FRIs to efficiently schedule the workload and resources throughout the state.
  - ▶ Prioritizing complaints/FRI workload first and creating dedicated teams.

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### CDPH No Debt Program

- ▶ Expectations and preparation
- ▶ 2020 lost program year



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### Backlog of Complaints

- ▶ Find your DO here:  
[https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/FieldOperationsComplaints\\_ERIs.aspx](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/FieldOperationsComplaints_ERIs.aspx)
- ▶ Is your current team prepared to speak to ERI and complaint events that reach that far back?
- ▶ CAHF recommends: BE PREPARED!
- ▶ Know your backlog - contact your CDPH District Office and request a list of all open and outstanding complaints and ERI. Most DOs will get this ready for you - you may have to pick it up in person.



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**Backlog of Complaints**

- ▶ Once you have the above mentioned list: Try to find the original or re-create a complete file for each event that includes:
  - ▶ Initial event report (if applicable)
    - ▶ If you cannot locate-contact CDPH for a copy.
  - ▶ 5 day summary report (if applicable)
    - ▶ If you cannot locate-contact CDPH for a copy.
  - ▶ Witness statements for event and any changes you find once you re-interview (as needed)
    - ▶ If you cannot locate-contact CDPH for a copy if facility sent in prior to CDPH.
  - ▶ Copies of relevant chart records:
    - ▶ Find records now, do not wait for the CDPH visit-most records may be in your resident thinking already.



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**Backlog of Complaints**

- ▶ What will they say now? Re-interview staff potentially involved prior and current staff (rumors can be damaging), and resident(s) and family on each event-see if their memory of events have changed and take appropriate actions as needed.
- ▶ Audit the resident(s) involved medical record. IDT address any issues you find.
- ▶ Bring all the backlog files to **your current IDT** meeting and make sure the entire team (including the **medical director**) can speak to each event.
- ▶ Log your backlog and track for any trends.
- ▶ QA any trends and have them ready to show the survey team the action you took now. Do not focus on the fact the event was 4+ years ago... focus on your systems now and make sure any back trends are addressed with action and systems now-crazy at best... but necessary.



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**Backlog of Complaints**

**An unfortunate reminder:**  
CMS continues to take a strict liability position on abuse and how incredibly frustrating and damaging it is for providers who have appropriately reported and taken appropriate preventive and corrective actions. We also understand word has gone around that CMS is directing all states to cite any resident to resident incident or altercation as abuse and affirming this "strict liability" approach. This potentially will have a significant impact on the "stop sign" abuse icon.



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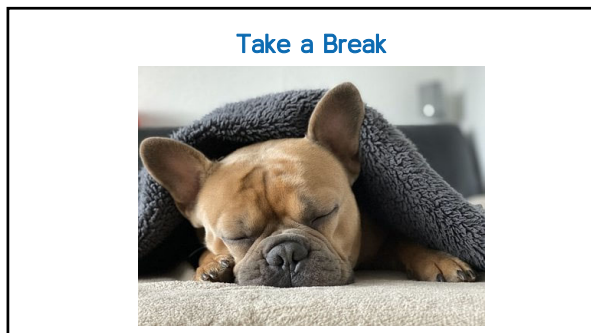
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### CMS Definitions

	Explanation	Example
Willful infliction of injury	Done on purpose to injure	
Unreasonable confinement	Detain, restrain, now allow	"That it. Just stay in here by yourself."
Intimidation	Pressure, threaten, bully, make a person fearful	"You have to..." "If you don't do..." "You won't get to go..."
Punishment	Discipline, scold, tell off	
Deprivation of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being	Remove, take away	"Well, if you don't take a bath, you don't get to go on the field trip."



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### CMS Types of Abuse

- ▶ Verbal
- ▶ Mental
- ▶ Physical
- ▶ Sexual
- ▶ Neglect
- ▶ Involuntary seclusion
- ▶ Misappropriation of resident property




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### Verbal Abuse

- ▶ Spoken, written or gestured language:
  - ▶ Includes insulting, offensive or disapproving terms to any resident.
  - ▶ Regardless of age, ability to comprehend or disability.



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**Mental Abuse**

- ▶ Humiliation
- ▶ Harassment
- ▶ Threats of punishment
- ▶ Deprivation



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**Physical Abuse**

- ▶ Hitting
- ▶ Slapping
- ▶ Pinching
- ▶ Kicking
- ▶ Corporal punishment



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**Sexual Abuse**

- ▶ Unwelcome sexual advances
- ▶ Unwanted touching
- ▶ Requests for sexual favors
- ▶ Offensive sexual comments
- ▶ Rape
- ▶ Sodomy



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**Neglect**

Failure to provide goods & services necessary for well-being:

- ▶ Physical
- ▶ Mental
- ▶ Social

Neglect could be:

- ▶ Ignoring resident's need for help
- ▶ Not providing food or water
- ▶ Withholding care



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**Involuntary Seclusion**

- ▶ Separation of resident from:
  - ▶ Other residents
  - ▶ His/her room
- ▶ Confinement to resident's room or other area against the resident's will.



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**Misappropriation of Resident Property**

- ▶ Stealing
- ▶ Deliberately misplacing belongings or money.
- ▶ Using a resident's belongings:
  - ▶ Without his/her consent
  - ▶ For another resident, without permission



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### Unreported Suspected Abuse

- ▶ Any/All **allegations** of abuse need to be reported within TWO hours!!
- ▶ No difference if resident is demented
- ▶ The 2-hour clock starts when the allegation is first made!



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### Circle of Abuse



- Abused
- The Abuser
- Witnesses of the abuse
- Hears about it from another
- Sees the behavior of the resident or the signs



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### Participant Question

Where do you feel your facility is most vulnerable?



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**Consumer Alert Icon**

To make it easier for consumers to identify facilities with instances of non-compliance related to abuse, CMS is adding an icon to highlight facilities that meet specified criteria.



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**Icon Criteria**

Harm-level abuse citation in the most recent survey cycle:

- ▶ Cited at Scope/Severity G or higher within past 12 months.

Repeat abuse citations:

- ▶ Cited at Scope/Severity D or higher within past 12 months AND on the previous standard survey or complaint survey in the prior 12 months.



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The three abuse and neglect citations that will result in an icon:

- ▶ F600: Free from abuse and neglect
- ▶ F602: Free from misappropriation/exploitation
- ▶ F603: Free from involuntary seclusion



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Star Rating Limitation

- ▶ Nursing homes that receive the abuse icon will have their **health inspection** rating capped at a maximum of two stars.
- ▶ The best **overall** rating a facility that has received the abuse icon can have is four stars.



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Thank you!

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