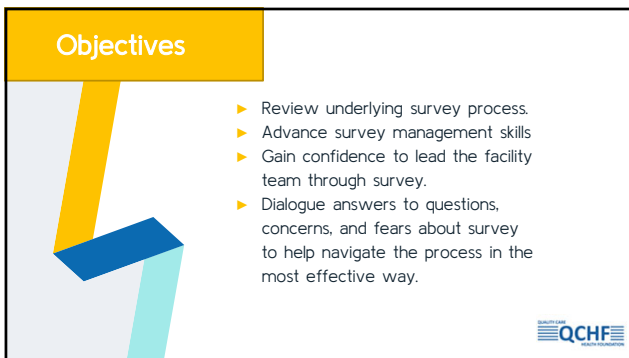
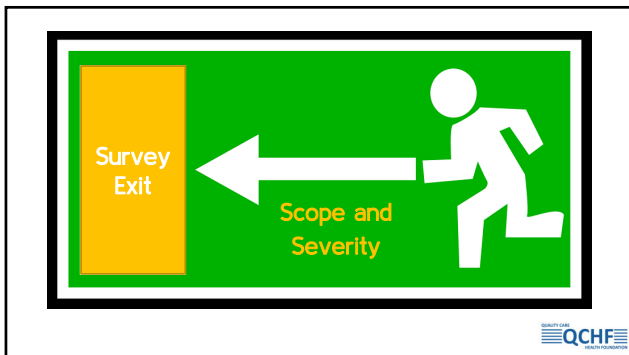


1



2



3

- ▶ CDPH may impose a fine, appoint a temporary manager or receiver, suspend or revoke the nursing home's license, or use other remedies for violations of statutes as provided by state or federal law.
- ▶ State statute categorizes citations that impose a civil monetary penalty as Class B, A, or AA. The associated fines range from \$100 to \$1000 for Class B, \$5,000 to \$20,000 for Class A and \$25,000 to \$100,000 for Class AA.
- ▶ The citation class and amount of the fine depends upon the significance and severity of the substantiated violation, as defined in California law.

4

- ▶ Federal enforcement remedies include a written plan of correction, directed training, state monitoring, denial of payment for new admissions, ban on admissions, and fines ranging from \$50 to \$10,000 per day for survey violations and \$1,000 to \$10,000 for specific instance violations, such as a determination of immediate jeopardy or significant harm to the patient.
- ▶ The amount of the fine depends upon the scope and the severity of the substantiated violation(s). These actions are prescribed and defined in federal law.
- ▶ While CDPH can impose state fines, it can only recommend to CMS that a federal remedy other than a written plan of correction be imposed. CMS may impose, modify, or waive CDPH recommended remedy.

5


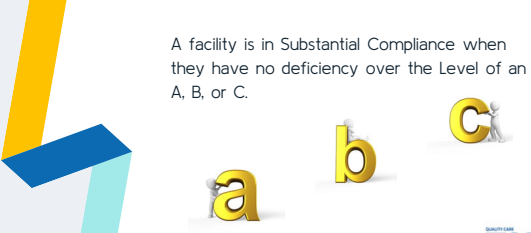
The Scope and Severity Grid

	J	K	L
Immediate Jeopardy to Resident Health or Safety			
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

6

What is Substantial Compliance?

A facility is in Substantial Compliance when they have no deficiency over the Level of an A, B, or C.



7

Substandard Quality of Care

Substandard Quality of Care is when there is any deficiency at an F or above (excluding G) in:

- ▶ Freedom from Abuse, Neglect, and Exploitation (F600-610)
- ▶ Resident Rights/Exercise of Rights (F550)
- ▶ Reasonable Accommodations of Needs/Preferences (F558)
- ▶ Choice/Be Notified of Room/Roommate Change (F559)
- ▶ Self Determination (F561)
- ▶ Resident/Family Group and Response (F565)
- ▶ Safe/Clean/Comfortable/Homelike Environment (F584)



8

Substandard Quality of Care, cont'd

Substandard Quality of Care is when there is any deficiency at an F or above (excluding G) in:

- ▶ Quality of Life (F675-680)
- ▶ Quality of Care (F684-700)
- ▶ Behavioral Health Services (F742-745)
- ▶ Pharmacy Services (F757-760)
- ▶ Qualifications of Social Worker \geq 120 Beds (F850)


The State is required to notify the State Board for Licensing Home Administrators and the attending Physicians of residents when there is Substandard Quality of Care Identified.



9

Substandard Quality Of Care

Immediate Jeopardy to Resident Health or Safety	J	K	L
Actual Harm that is not Immediate Jeopardy		H	I
No Actual Harm with Potential for More than Minimal Harm that is not Immediate Jeopardy			F
	ISOLATED	PATTERN	WIDESPREAD




10

LEVEL 1

A, B or C level deficiency

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


"A deficiency that has the potential for causing no more than a minor negative impact on the resident(s)."



11

LEVEL 1

	A	B	C
No Actual Harm with Potential for Minimal Harm	A No remedies No POC	B	C
	ISOLATED	PATTERN	WIDESPREAD




12

LEVEL 2

D, E or F level deficiency

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


"... non compliance that results in no more than minimal physical, mental, and/or psychosocial discomfort to the resident and/or has the potential (not yet realized) to compromise the resident's ability to maintain and/or reach his/her highest practicable physical, mental and/or psychosocial well-being as defined by an accurate and comprehensive resident assessment, plan of care and provisions of service."



13

LEVEL 2


No Actual Harm with Potential for More than Minimal Harm that is not Immediate Jeopardy	D	E	F
	ISOLATED	PATTERN	WIDESPREAD



14

Examples of a Level 2


- ▶ A resident is admitted to the facility and develops a **single** avoidable Stage 2 pressure ulcer.
- ▶ Development of an avoidable Stage 1 pressure ulcer.
- ▶ Failure to provide additional nourishment when ordered for the resident, **HOWEVER** the resident did not experience significant weight loss.



15

LEVEL 3


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."



16

LEVEL 3


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



17

Examples of a Level 3

- ▶ The development of an avoidable Stage 3 pressure ulcer or the development of recurrent or multiple avoidable Stage 2 pressure ulcers.
- ▶ Significant unplanned weight loss. For example, 5% in a month and no assessment or documented interventions.




18

LEVEL 4

J, K or L level deficiency also known as


IMMEDIATE JEOPARDY



19

IMMEDIATE JEOPARDY

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




20

Definition Level 4

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."



21

Examples of a Level 4



- ▶ Failure to protect from abuse now includes exploitation.
- ▶ Failure to prevent neglect.
- ▶ Failure to protect from psychological harm.
- ▶ Failure to protect from undue adverse medication consequences.
- ▶ Failure to provide adequate nutrition and hydration.
- ▶ Failure to provide the necessary medical needs.



22

Scope

- ▶ Isolated
- ▶ Pattern
- ▶ Widespread




23

ISOLATED

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



“Scope is isolated when one or very limited number of residents are affected and/or one or a very limited number of staff are involved, and/or the situation has occurred only occasionally or in a very limited number of locations.”



24


ISOLATED

Immediate Jeopardy to Resident Health or Safety	J			
Actual Harm that is not Immediate Jeopardy	G			
No Actual Harm with Potential for More than Minimal Harm that is not Immediate Jeopardy	D			
No Actual Harm with Potential for Minimal Harm	A No remedies No POC			
	ISOLATED			





25

Examples of Isolated



The general rule is no more than 3 residents affected and it is considered isolated. There is no clear cutoff definition.



26

PATTERN





Per the State Operations Manuel Appendix P this is defined as:
"when more than a very limited number of residents are affected, and/or more than a very limited number of staff are involved, and/or the situation has occurred in several locations and/or the same resident(s) have been affected by repeated occurrences of the same deficient practice. The effect of the deficient practice is not found to be pervasive throughout the facility."



27

PATTERN


Immediate Jeopardy to Resident Health or Safety		K	
Actual Harm that is not Immediate Jeopardy		H	
No Actual Harm with Potential for More than Minimal Harm that is not Immediate Jeopardy		E	
No Actual Harm with Potential for Minimal Harm		B	
		PATTERN	

28

Examples of Pattern

- ▶ Four or more residents (yet not entire sample size) have had a weight loss.
- ▶ 2 of 3 shower rooms have broken tile.
- ▶ 3 of 5 sampled staff have not had abuse training.




29

WIDESPREAD

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


"Scope is widespread when the problems causing the deficiencies are pervasive in the facility and/or represent systemic failure that affected or has the potential to affect a large portion or all of the facility's residents. Widespread scope refers to the entire population, not a subset of residents or one unit of the facility."



30

Widespread, continued


In addition, widespread scope may be identified as a systemic failure in the facility (e.g. failure to maintain food at safe temperatures) would be likely to affect a large number of residents and is, therefore, pervasive in the facility.



31

WIDESPREAD


Immediate Jeopardy to Resident Health or Safety			L
Actual Harm that is not Immediate Jeopardy			I
No Actual Harm with Potential for More than Minimal Harm that is not Immediate Jeopardy			F
No Actual Harm with Potential for Minimal Harm			C
			WIDESPREAD



32

Examples of Widespread

- ▶ Failure of a policy and procedure to be followed by any facility staff. One of the most common is staff not knowing the abuse reporting policy and procedure.
- ▶ Food not being stored at proper temperature affects everyone in the facility.
- ▶ Wanderguard system not functioning.



33

Participant Questions: Putting it all together

Scenario 1

If two of the sampled residents on survey each have a single avoidable Stage 2 pressure ulcer, what would the Scope and Severity be?

Scenario 2

The refrigerator in the kitchen has documented temperature of 50 degrees; review of the log reveals 5 such documented temperatures over the last 5 days. What would the Scope and Severity be?

34

Post - Exit

- ▶ Corrections/Documentation
- ▶ Satisfaction Survey



35

State of California—Health and Human Services Agency
California Department of Public Health

February 19, 2019 AFL 19-07

TO: All Facilities

SUBJECT: Post Survey Satisfaction e-Evaluation

All Facilities Letter (AFL) Summary


This AFL is to remind all facilities that the California Department of Public Health (CDPH) has replaced the previous "Post Survey Satisfaction Evaluation" form with an electronic evaluation via Survey Monkey.

CDPH encourages facilities to complete the [evaluation](#) to help improve the survey process. The e-Evaluation can be found at the Licensure and Certification, [Health Care Facilities](#) webpage, under "Facility Information."

If you have any questions regarding this matter, please contact your local [public office](#).

Sincerely,
Original signed by Heidi W. Steinecker
Heidi W. Steinecker
Deputy Director

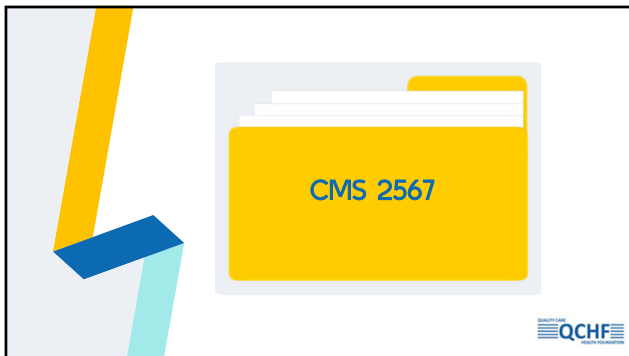
<https://www.surveymonkey.com/r/W6RLTLV>



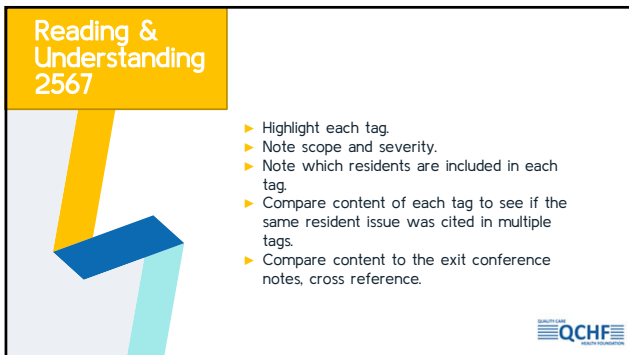
36



37



38




39

Components of a Plan of Correction

#1 What corrective actions(s) will be accomplished for the patient(s) identified to have been affected by the deficient practice.

- ▶ Correct the resident specific deficient practice.
- ▶ Repaired the broken piece of equipment.




40

Components of a Plan of Correction

#2 How will other patients having the potential to be affected by the same deficient practice be identified, and what corrective action will be taken?

- ▶ Identify other residents who may have had the same order type.
- ▶ Document how you will identify other residents who may be at risk.




41

Components of a Plan of Correction

#3 What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.

- ▶ What in-services were conducted with the staff?
- ▶ What changes were made to audit system?
- ▶ Be prepared to submit all evidence of corrective action.




42

Components of a Plan of Correction

#4 A description of the monitoring process and positions of persons responsible for monitoring...to ensure corrections are achieved and sustained.

- ▶ Identify what audit will be completed to ensure compliance?
- ▶ Who will do the audit and how often?
- ▶ What will happen with the audit results?
- ▶ Submit evidence of the audit tools that will be used.




43

Components of a Plan of Correction

#5 Dates when corrective action will be completed.


- ▶ Date on which all in-services will be completed.
- ▶ Date on which all repairs will be completed.



44

Disclaimer

Preparation and/or execution of this plan of correction does not constitute admission by the provider or the truth of the facts set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the Health and Safety Code Section 1280 and C.F.R.



45

Electronic Plan of Correction (EPOC)


Casper Access
CDPH-ASPENHELP@cdph.ca.gov

Survey Details

- ▶ View entire survey similar 2567
- ▶ Print survey reports
- ▶ Attach supporting materials only

POC Entry Page

- ▶ Submit POC




46

Electronic Plan of Correction (EPOC)

POC Approval and Rejection

- ▶ Supervisor review
- ▶ Final approval


Email notification of 2567



47

Let's initiate the ePOC now...

CDPH-ASPENHELP@cdph.ca.gov



48

Survey Success Review

So far...
Survey ready all the time.
Pre-survey preparation.
Survey start and management.
Quality improvement.



49

Re-Survey

Preparation


- ▶ 2567 – POC
- ▶ Support documents
- ▶ Compliance review



50

Participant Questions Re-Survey

- ▶ What level of deficiency triggers a re-survey?
- ▶ Have you experienced a re-survey?



51

Federal Oversight

- ▶ Even CDPH gets reviewed.
- ▶ CMS ensures CDPH meets federal expectation of oversight.



52

**Participant Questions
Federal Oversight**

- ▶ Have you experienced Federal Oversight?
- ▶ Do you feel you received more or less deficiencies than if the Federal Oversight was not present?



53

Focus Surveys


- ▶ Visitation restrictions/Isolation
- ▶ Antipsychotic – CMS Late Adopters
- ▶ Schizophrenia Dx



54

**Participant Questions
Antipsychotics**

- ▶ What is your most recent antipsychotic rate from the CASPER system?
- ▶ Have you seen an increase in antipsychotic use during the pandemic?



55

Infection Preventionist


- ▶ Required one FTE
- ▶ Specific 14-hours initial training
- ▶ Specific 10-hours annual training
- ▶ Antibiotic Stewardship
- ▶ Surveillance
- ▶ Maintaining education
- ▶ Situation Awareness/Incorporation
- ▶ Disaster Plan Involvement



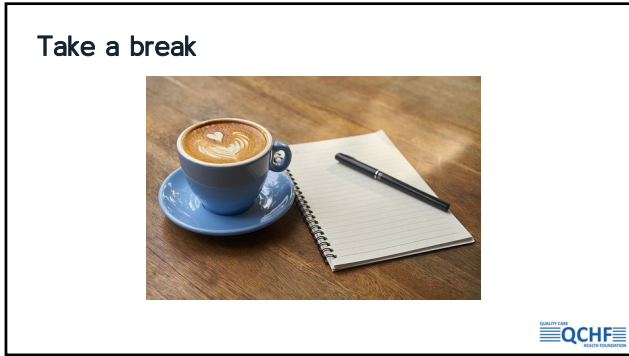
56

**Participant Questions
Infection Preventionist**

- ▶ Are you using one or two persons to meet the one FTE?
- ▶ Do you have a back up for vacation/leave?
- ▶ What is the Infection Preventionist's priority in your facility?



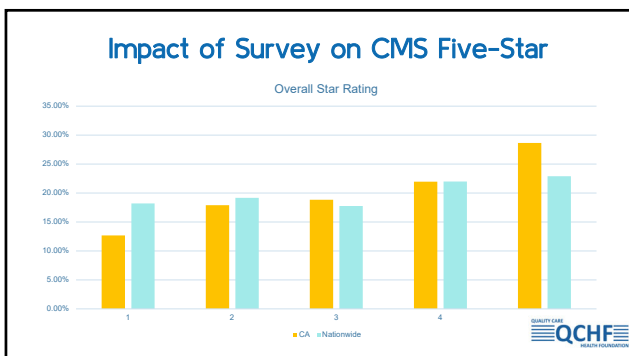
57



58




59



60

CMS Five-Star

- ▶ Initiated December 2008 on Nursing Home Compare.
- ▶ Goal: to provide residents and their families with an easy way to understand assessment of nursing home quality.
- ▶ Facilities have 1 – 5 stars based on nursing home performance on three domains, each with its own rating.




61

Health Inspections (Survey)

Measure based on outcomes from state health inspections:

- ▶ Three (3) most recent recertification surveys.
- ▶ Must have at least two (2) surveys for a rating.




62

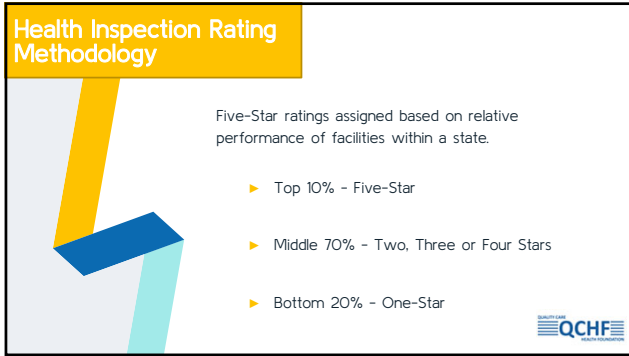
Health Inspection Scoring Rules

- ▶ Health Inspection Results
- ▶ Repeat Revisits
- ▶ Complaint Visit Results

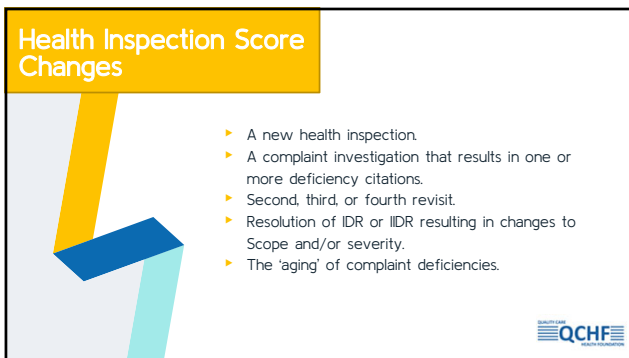
Example	Cycle 1	Cycle 2	Cycle 3	Total Score
Weighting	0.5	0.33	0.17	
Survey	28 pts	36 pts	36 pts	
Score	14 pts	11.88 pts	6.12 pts	32



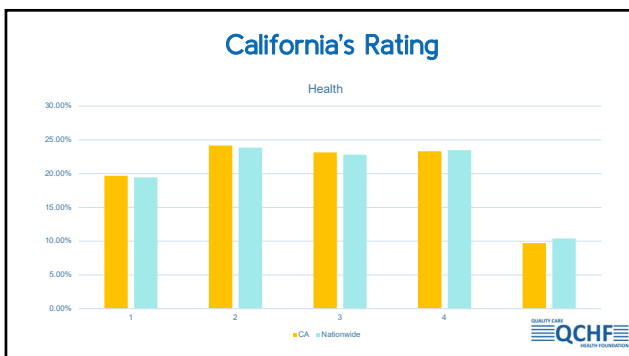
63



64




65




66

Participant Questions

- ▶ What is your Health Inspection Rating?
- ▶ How many deficiencies on your last survey?
- ▶ How many deficiencies from complaints?



67




Overall Nursing Home Rating

Step 1: Health Inspection Rating

Step 2: Add one star Staffing Rating
Subtract one star

Step 3: Add one star Quality Measure
Subtract one star



68


Table 1
Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J 50 points* (75 points)	K 100 points* (125 points)	L 150 points* (175 points)
Actual harm that is not immediate jeopardy	G 20 points	H 35 points (40 points)	I 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D 4 points	E 8 points	F 16 points (20 points)
No actual harm with potential for minimal harm	A 0 point	B 0 points	C 0 points

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care. Shaded cells denote deficiency scope/severity levels that constitute substandard quality of care. See the Electronic Code of Federal Regulations (https://www.ecfr.gov/cgi-bin/text-idx?SID=9e4d02221161864270c72553ab4405&mc=true&node=p42.5.488&rgn=div5#e42.5.488_1301) for a definition of substandard quality of care.

* If the status of the deficiency is "past non-compliance" and the severity is Immediate Jeopardy, then points associated with a "0-level" deficiency (i.e., 20 points) are assigned.

Source: Centers for Medicare & Medicaid Services



69



70
