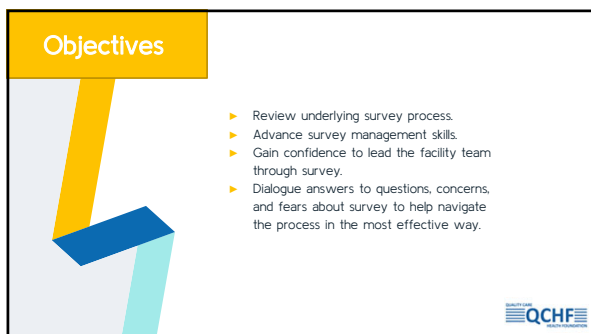




1




2



3

CMS QSO 21-15 Emergency Preparedness Requirements:


- ▶ Revised 3/26 – No new tags, but expanded definitions of requirements.
- ▶ Expanded surveyor guidance to ensure Life Safety Code and health surveyors communicate/collaborate surrounding potential deficiencies for alternate source energy.
 - ▶ E-0015/E-0041
 - ▶ For LTC facilities under 483.100(i)(6), there are additional requirements for facilities who were initially certified after October 1, 1990 who must maintain a temperature range of 71 (min) to 81 °F (max). Facilities should include their Medicare (and Medicaid, as applicable) certification date(s) in the front of their plan.
 - ▶ ICFs – If using a portable generator must be connected via transfer switch.
 - ▶ If a facility has a permanent generator to maintain emergency power, LSC and NFPA 101 provisions such as generator location, testing, fuel storage and maintenance, etc. – “96 hours 2019”.
- ▶ Inpatient providers must ensure that they have policies and procedures that address food, water, medical/pharmaceutical needs for **both staff and patients** during an emergency, regardless of whether they evacuate or not.



4

CMS QSO 21-15 Emergency Preparedness Requirements:


- ▶ Added new definitions on expansion of acceptable testing exercises E-0039.
- ▶ Exemption based on Actual Emergency.
- ▶ Facilities must document that they had activated their emergency program based on an actual emergency. Documentation may include, but is not limited to an 105 waiver issued (time limited and event-specific), documentation alerting staff of the emergency, documentation of facility closures, meeting minutes which addressed the time and event specific information. The facility must also complete an after-action review and integrated corrective actions into their emergency preparedness program.
- ▶ Language is vague around whether you can use one activation for two years exemption.
- ▶ One exercise will always be required annually – FSE, FE, Mock Disaster Drill, TTX, Workshop.
- ▶ No SWMHE this year, HCCs probably will not be exercising either.
- ▶ <https://www.qchfdisasterprep.com/exercises> - Samples
- ▶ Want to do your own - <https://youtube.com/4qWl0kYg3>



5

CMS QSO 21-15 Emergency Preparedness Requirements:


- ▶ Clarified expectations surrounding documentation of the emergency program E-0001.
- ▶ Clearly documented annual updates.
- ▶ The facility should identify within their policies and procedures under what circumstances the facility would invoke particular procedures (e.g. evacuate or shelter), and actions that may vary based on the type of hazard. Also, procedures should include who would initiate the emergency preparedness response.
- ▶ Maintain documents for at least two years of all activities.



6

CMS QSO 21-15 Emergency Preparedness Requirements:


- ▶ Added additional guidance/considerations for ED planning stages, to include personal protective equipment (PPE) – Vastly Expanded E-0004.
- ▶ Must list ED on HWA
- ▶ Recommends IPs be involved in planning, development, and revision to ED P&Ps.
- ▶ Facilities should engage and coordinate with their local healthcare systems and healthcare coalitions, and their state and local health departments when deciding on ways to meet surge needs in their community.
- ▶ Essential Services and Continuity of Care.
- ▶ Arrangements or contracts to re-establish essential utility services during an emergency should describe the timeframe within which the contractor is required to initiate services after the start of the emergency.
- ▶ Facilities should include in their planning and revisions of existing plans, contracts and inventory of supply needs, availability of personal protective equipment (PPE), critical care equipment, and transportation options/needs to be prepared for surge events.



7

CMS QSO 21-15 Emergency Preparedness Requirements:


- ▶ Expanded guidance for surge planning- to include recommendations for natural disaster surge planning and ED surge planning – Vastly Expanded E-0006.
- ▶ Based on the community threat and hazard identification process, facilities should select a comprehensive risk assessment tool that evaluates their risk and potential for hazards. The comprehensive risk assessment should include all risks that could disrupt the facility's operations and necessitate emergency response planning to address the risk mitigation requirements and ensure continuity of care.
- ▶ Facilities will need to be able to explain how the policies and procedures were developed to maintain continuity of operations for their unique population.
- ▶ Identification of all essential functions, all risks, all contingencies, assess the extent of emergencies which may cease operations, MOUs with other providers/vendors/contractors.



8

CMS QSO 21-15 Emergency Preparedness Requirements:

- ▶ Expanded guidance for surge planning – Expanded E-0007.
- ▶ Plan must outline roles and responsibilities of staff – Can be named staff or role like DON or IP – staff will be asked.
- ▶ Patient needs that cannot be addressed by in-house services in an emergency, such as use of just-in-time contracts or emergency transfers.
- ▶ Surveyors will make sure your plan addresses any service that cannot be provided in order to maintain continuity.
- ▶ Surveyor will ask those you have designated about their pre-identified role.
 - Consider this for their annual training and have them fill that role in exercises – all shifts.
- ▶ Surveyors will be verifying delegations of authority if those that are identified are unable to fill the position.



9

CMS GSO 21-15 Emergency Preparedness Requirements:

- ▶ Expanded guidance and best practices related to reporting of facility needs, facility's ability to provide assistance and occupancy reporting- Expanded E-0009.
- ▶ Requires documentation of process to cooperate and collaborate across the spectrum.
- ▶ Can be accomplished with regular attendance at HCC meetings; keep documentation.
- ▶ Goes beyond just attending, it is a mutual aid network.
- ▶ Have documented process to share information and obtain information with emergency contacts.

10

CMS GSO 21-15 Emergency Preparedness Requirements:

- ▶ Clarifications in E-0018; system to track staff and residents
 - Should have a paper back-up or secondary system in the event of a power failure
- ▶ Clarification in E-0020; evacuation
 - Procedures should address resident refusal to evacuate - surveyors will ask staff
- ▶ Huge focus on E-0024 surge planning
 - Surveyors will be asking for your staffing strategies, volunteer usage
 - Be prepared to answer questions of how you would handle a surge - explain your P&Ps during EIDs
- ▶ Clarification on E-0025; transfer agreements during disasters (MOUs)
 - Have multiple with plans if they fall through
 - Should review annually
 - Surveyor will ask about transportation arrangements and agreements with other facilities

11


CMS GSO 21-15 Emergency Preparedness Requirements:

- ▶ Clarifications in E-0026; ACS and I135
 - Planning related to the development of an ACS is a proactive step to ensuring continuity of services. The facility's program must address the facility's ability to provide care in an alternate setting. Considerations may include patient population, supplies, equipment, and staffing as well as physical environment.
- ▶ This requirement encourages providers to collaborate with their local emergency officials in proactive planning to allow an organized and systematic response to assure continuity of care even when services at their facilities have been severely disrupted.
- ▶ If you plan to have an ACS on your campus for cohorting purposes it should have its plan for care and treatment within that space.

12

CMS GSO 21-15 Emergency Preparedness Requirements:



- ▶ Clarifications in E-0034; sharing occupancy needs.
 - Greatly expands reporting expected – situational reports and bed polls.
- ▶ Clarifications in E-0036; training and testing of staff.
 - Training program must be reviewed annually.
 - Facility risks tied to training program.
- ▶ Clarifications in E-0037; more training.
 - Expanded suggestion to incorporate HVA risks to training program – upon hire and annually.



13

HAZARD RECOGNITION – CalOSHA

California Regulation
 Safety Program must include procedures for identifying and evaluating work place hazards including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards.






14

HAZARD RECOGNITION – CalOSHA

High Exposure Risk
 Jobs with a high potential for exposure to known or suspected sources of SARS-CoV-2. Workers in this category include:

- ▶ Healthcare delivery and support staff (hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients.
- ▶ Medical transport workers (ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- ▶ Mortuary workers involved in preparing bodies for burial or cremation of people known to have, or suspected of having, COVID-19 at the time of death.





15

HAZARD RECOGNITION – Cal/OSHA

Very High Exposure Risk

- ▶ Jobs with a very high potential for exposure to known or suspected sources of SARS-CoV-2 during specific medical, postmortem, or laboratory procedures. Workers in this category include:
 - ▶ Healthcare workers (e.g. doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g. intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
 - ▶ Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g. manipulating cultures from known or suspected COVID-19 patients).
 - ▶ Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or are suspected of having, COVID-19 at the time of their death.



16

True or False?

Our business has to add a “COVID-19 Section” to the Injury and Illness Prevention Program in order to be compliant with the latest Cal/OSHA Guidance?




17

Establishment – Action Items Discussion

Identify COVID-19 hazards in the workplace:

1. Take action to minimize COVID-19 hazards.
2. Personnel and their work processes.
3. Frequent, open, and honest communication with employees.
4. Workplace
5. Cleaning
6. Training
7. Continuous monitoring of OSHA, CDC, Orders.
8. Continuous evaluation and improvement of this work.
9. Assessment of results.




18

REMEMBER

HINDSIGHT WILL BE 20/20

- ▶ How did you evaluate the hazards facing your housekeeping staff?
- ▶ Wasn't there a better way to minimize the risks to that employee?
- ▶ How did you expect the PPE to work or prevent exposure to COVID-19?
- ▶ Did you consider the risks to the workers when they had to perform a task?
- ▶ When PPE was not available, what did you do about that?
- ▶ Where are your documents that evidence your efforts regarding COVID-19?
- ▶ How did you determine "recording" any COVID related illnesses?




19

SCENARIO

Eugene works as a janitor at a rehabilitation hospital. He's been provided with PPE whenever he works, including an N95 respirator. He calls in and tells Mary in HR that he has tested positive for COVID-19 and has no other members of his household sick or positive. He thinks he must have gotten the virus at work. He's home resting in bed and taking over the counter medications. No other workers or patients at the hospital have symptoms or tested positive for COVID-19.

Should Mary record this as a workplace injury / illness?
Should Mary report this as a workplace injury / illness?




20

FAQs

Question:
We received a letter from OSHA asking about a specific COVID-19 workplace illness. How do we respond?

Answer:
Written responses to letters of inquiry should be thorough, thoughtful, and well reasoned. If the letter asks about specific locations or specific employee exposures, investigate and document your findings. Do not ignore specific questions. Simple and straight-forward answers are best. It is never a bad idea to have your counsel work with you on the investigation and response.




21

FAQs

Question
May an employee refuse to come to work due to a fear of becoming infected with COVID-19?

Answer
Employees may be protected from retaliation under OSHA regulations in certain circumstances when they refuse to perform work as directed. There are also California Labor Code protections.

BE CAREFUL - While each situation is different, a generalized fear of contracting COVID-19 is not likely to justify a work refusal in most cases. Specific facts such as a lack of required PPE, lack of sanitation, improper procedures, could tip the scales.




22

FAQs

Question
What if our business can't get the PPE that the rules or regulations require?

Answer
Best efforts and good faith must be detailed and documented. Look for engineering controls and administrative controls that can be improved. Can you minimize or eliminate the hazard in another way?

Make sure to communicate any PPE information in writing and in ways that reflect well on the employer.




23

FAQs

Question
Are employers required to **record** an employee's COVID-19 diagnosis?

Answer
Maybe. Was it contracted at facility?
Record on 300 log.



24


FAQs

Question
 Are employers required to **report** an employee's COVID-19 diagnosis?

Answer
 Employers may be required to report an employee's coronavirus infection to Cal/OSHA if:

1. The infection is work-related (e.g., the infection was contracted in a place of employment or in connection with any employment); and
2. The infected employee is hospitalized as an in-patient, or dies even without hospitalization.

If the answer to both questions are yes, the hospitalization/death must be reported to Cal/OSHA "immediately," which means "as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or [hospitalization]."



25


Resuming Life Safety ITMs

Keves Life Safety Documentation Requirements Revision 10/21/20

Based on the 2012 edition of the Life Safety Code, for all Healthcare Facilities Date Assessment:



Facility Name: _____ Location: _____

| Item | Description | Frequency | Test Method | Approved | Tested | Pass | Fail | Remarks |
|--|------------------------------|-----------|------------------|----------|--------|------|------|---------|
| Fire Alarm Test Report | Control Panel | Annually | NFPA 7202 | | | | | |
| | Field Devices | Annually | NFPA 7202 | | | | | |
| | Control Panel | Annually | NFPA 7202 | | | | | |
| Interlocking Devices | Interlocking Devices | Annually | NFPA 7202 | | | | | |
| | Control Panel | Annually | NFPA 7202 | | | | | |
| Supervisory Signal Devices | Supervisory Signal Devices | Annually | NFPA 7202 | | | | | |
| | Control Panel | Annually | NFPA 7202 | | | | | |
| Notification Devices | Notification Devices | Annually | NFPA 7202 | | | | | |
| | Control Panel | Annually | NFPA 7202 | | | | | |
| | Field Devices | Annually | NFPA 7202 | | | | | |
| Interface relays and modules | Interface relays and modules | Annually | NFPA 7202 | | | | | |
| | Control Panel | Annually | NFPA 7202 | | | | | |
| | Field Devices | Annually | NFPA 7202 | | | | | |
| Control panel batteries | Control panel batteries | Annually | NFPA 7202 | | | | | |
| | Control Panel | Annually | NFPA 7202 | | | | | |
| | Field Devices | Annually | NFPA 7202 | | | | | |
| Fire Suppression System Test Report | Fire Suppression System | Annually | NFPA 25 11.2.1.1 | | | | | |
| | Control Panel | Annually | NFPA 7202 | | | | | |
| | Field Devices | Annually | NFPA 7202 | | | | | |



26

Questions

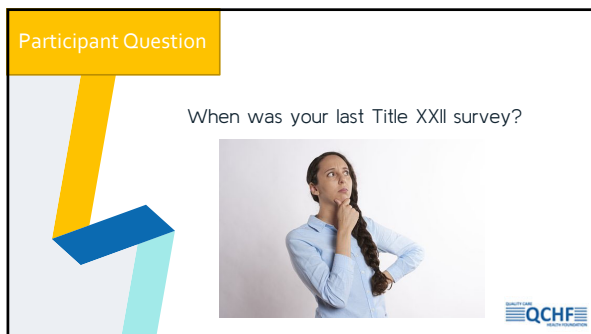
27



28




29



30

**Participant Question
Title XXII**


- ▶ Title XXII is very out of date...
- ▶ What is the most ridiculous deficiency from Title XXII that you have been cited for?



31


**California Law
Consists of 29 Codes**

- ▶ Title 22, Division 5, Chapter 3 for SNF, Chapter 8 for ICF/DD, Chapter 25 for Certified Nurse Aid training programs
- ▶ Title 17 – Reportable Diseases, and DD requirements
- ▶ Title 24 – Building standards code




32

**Title 22 Licensing
Surveys**



- ▶ Conducted by California Department of Public Health Licensing and Certification Surveyors.
- ▶ CDPH plan – 50% of all Skilled Nursing Facilities each year.
- ▶ Conducted along side of the annual recertification Survey.
- ▶ This will add one day to your survey as they look at the additional items.




33

Changes to Previous Survey Experience

Focus on core areas:

- ▶ Nursing
- ▶ Pharmacy and
- ▶ Staff Development, including **employee file review for abuse training**




34

Links to the Title 22 Workbook


[State SNF Relicensing Survey Workbook 2016 \(cagov\)](#)

[CAHF > Programs > Regulatory > Title 22](#)




35

Title 22 Survey Binder



Be prepared for a survey with your binder.



36

What should be in your binder...

- ▶ Entrance Checklist
- ▶ Organize according to the checklist.

QCHF

37

LICENSED ENTRANCE CONFERENCE LIST- ADMINISTRATOR

| NAME OF FACILITY | DATE | NAME OF SURVEYOR |
|------------------|------|------------------|
| | | |

- Provide list of all approved program flexes.
- Provide any space conversions within the last 12 months?
- Provide any revocation actions pending for this facility?
- Provide the licensee's written authority to the administrator.
- Provide your written organizational chart
- Provide the names of any patients for whom the facility holds money.
- Provide your surety bond if facility is handling patient monies.
- Provide your facility brochure or advertising material.
- Provide records of any registry staff usage in the past year?
- Do you have an operating autoclave or do you use single use sterile products?

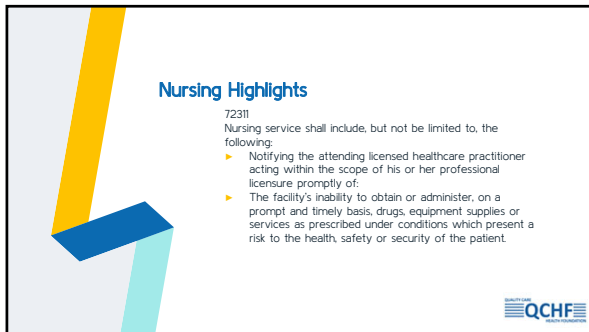
QCHF

38

- Provide the following facility's policies and procedures:
 - Cleaning, disinfecting, and sterilizing policies and procedures.
 - Theft and loss policies and procedures.
 - Reporting unusual occurrences
 - Employee performance review
 - Flu and pneumococcal vaccinations.
 - Pain assessment.
 - Screening admissions
- Provide Infection Control Committee (or equivalent) minutes with attendees for past 1 year.
- Provide Patient Care Policy Committee (or equivalent) minutes with attendees for past 1 year.
- Provide Pharmaceutical Services Committee (or equivalent) minutes with attendees for past 1 year.
- Provide Patient Safety Committee (or equivalent) minutes with attendees for the past 1 year.
- Provide your patient safety plan (HSC 1279.6).
- Provide transfer agreements with local facilities.
- Provide a complete employee list with categories/titles and dates of hire.
- Provide a list of all direct care staff who have resigned or been terminated in the past 4 months
- Provide the name of the person who handles employee personnel files.
- Provide the employee file and schedules for the Staff Developer and the Activity Director.
- Do you have an approved nurse aide certification training program? If so, please provide the approval document.
- Provide the dietary services supervisor's credentials.
- Provide the dietary staff's basic food sanitation techniques training program.

QCHF

39



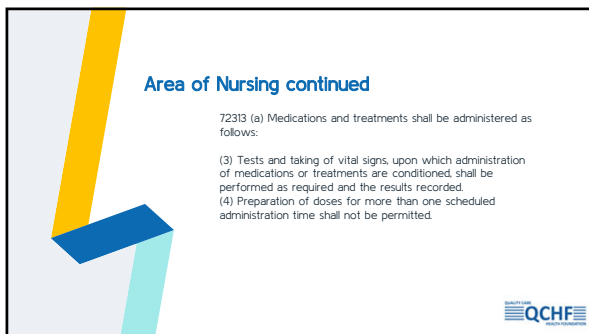
Nursing Highlights

72311
Nursing service shall include, but not be limited to, the following:

- ▶ Notifying the attending licensed healthcare practitioner acting within the scope of his or her professional licensure promptly of:
- ▶ The facility's inability to obtain or administer, on a prompt and timely basis, drugs, equipment supplies or services as prescribed under conditions which present a risk to the health, safety or security of the patient.

QUALITY CARE HEALTH FOUNDATION
QCHF

40



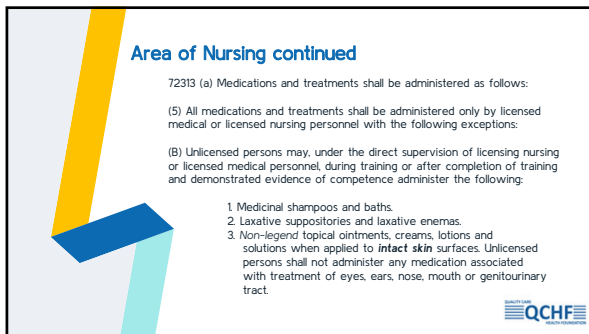
Area of Nursing continued

72313 (a) Medications and treatments shall be administered as follows:

- (3) Tests and taking of vital signs, upon which administration of medications or treatments are conditioned, shall be performed as required and the results recorded.
- (4) Preparation of doses for more than one scheduled administration time shall not be permitted.

QUALITY CARE HEALTH FOUNDATION
QCHF

41



Area of Nursing continued

72313 (a) Medications and treatments shall be administered as follows:

(5) All medications and treatments shall be administered only by licensed medical or licensed nursing personnel with the following exceptions:

(B) Unlicensed persons may, under the direct supervision of licensing nursing or licensed medical personnel, during training or after completion of training and demonstrated evidence of competence administer the following:

1. Medicinal shampoos and baths.
2. Laxative suppositories and laxative enemas.
3. Non-legend topical ointments, creams, lotions and solutions when applied to **intact skin** surfaces. Unlicensed persons shall not administer any medication associated with treatment of eyes, ears, nose, mouth or genitourinary tract.

QUALITY CARE HEALTH FOUNDATION
QCHF


42

Area of Nursing continued

72313 (7) Patients shall be identified prior to administration of a drug or treatment.

72313 (8) (b) No medication shall be used for any patient other than the patient for whom it was prescribed.

72313 (8) (c) The time and dose of the drug or treatment administered to the patient shall be recorded in the patient's individual medication record by the person who administers the drug or treatment. Recording shall include the date, the time and the dosage of the medication or type of the treatment. Initials may be used, provided the signature of the person administering the medication or treatment is also recorded on the medication or treatment record.




43

Area of Nursing continued

72315 (j) Fluid intake and output shall be recorded for each patient as follows:

- (1) If ordered by the physician
- (2) For each patient with an indwelling catheter
 - (A) Intake and output records shall be evaluated at least weekly and each evaluation shall be included in the licensed nurses progress notes.




44

Area of Nursing continued

72317 Standing orders shall not be used in skilled nursing facilities.

There is an exception to this regarding the use of flu and pneumococcal vaccine.




45

Exception:

HSC 12613 (a) Notwithstanding any other provision of law, for a patient aged 50 years or older; a registered nurse or licensed pharmacist may administer in a skilled nursing facility influenza and pneumococcal immunizations pursuant to standing orders and without patient specific orders if all of the following criteria are met:

- ▶ The skilled nursing facility medical director has approved the immunization standing orders established by the facility.
- ▶ The standing orders meet the recommendation of the Advisory Committee on Immunization Practices (ACIP) of the federal Centers for Disease Control and Prevention.



46

Area of Nursing continued

72319 (j) When drugs are used to restrain or control behavior or to treat a disordered thought process, the following shall apply:

- ▶ The specific behavior or manifestation of disordered thought process to be treated with the drug is identified in the patient's health record.
- ▶ The plan of care for each patient specifies data to be collected for use in evaluating the effectiveness of the drugs and the occurrence of adverse reactions.
- ▶ The data collected shall be made available to the prescriber in a consolidated manner at least monthly.
- ▶ PRN orders for such drugs shall be subject to the requirements of this section.




47

Area of Nursing continued

72321 (c) The following shall be available in each nurse's station:


- (1) The facility's infection control policies and procedures.
- (2) Name, address, and telephone numbers of local health officers.



48

Area of Nursing continued

72325
(c) Each nursing station shall have a cabinet, a desk, space for records, a bulletin board, a telephone and a specifically designed and well illuminated medication storage compartment with a lockable door. If a separate medication room is maintained, it shall have a lockable door and a sink with water connections for care of equipment and for hand washing.




49

Area of Nursing continued



(d) If a refrigerator is provided in a nursing station, the refrigerator shall:

- (1) be located in a clean area not subject to contamination by human waste.
- (2) Maintain the temperatures at or below 45 degrees F for chilling.
- (3) Maintain the freezer at minus degree F.
- (4) Contain an accurate thermometer at all times.
- (5) If foods are retained in the refrigerator, they shall be covered and clearly identified as to contents and date initially covered.



50



Take a break



51

Interpreters

- ▶ 72528 (h) If a patient or his or her representative cannot communicate with the physician because of language or communication barriers, the facility shall arrange for an interpreter.
- ▶ (2) When the interpreters are used, documentation shall be placed in the patient's health record indicating the name of the person who acted as the interpreter or his or her relationship to the patient and to the facility.



52

Health Record

72547 – Record Content

- ▶ Patient inventory sheet not being complete.
- ▶ Admission
- ▶ Keep updated during the stay
- ▶ Upon discharge
- ▶ Deceased


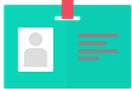


53

Wrist Bands

72555

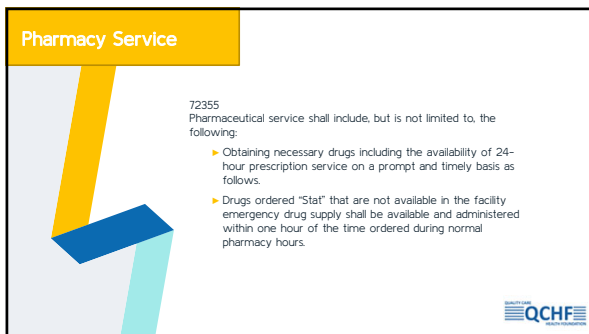
- ▶ Each patient shall be provided with a wristband identification tag or other means of identification which shall be worn at all times unless the attending physician notes in the health record that the patient's health condition would not permit such identification. Minimum information shall include the name of the patient and the name of the facility.



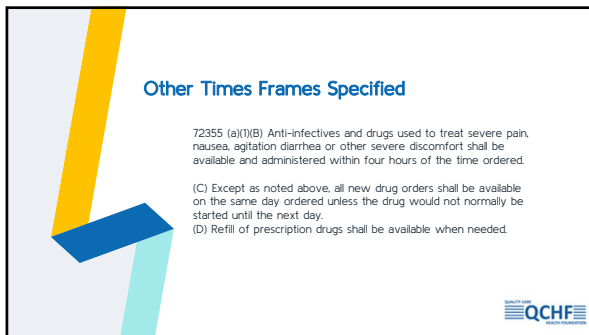
54



55



56



57

Labeling and Storage of Drugs

72357 To highlight the key areas:

- (d) Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs and shall not be accessible to patients.
- (e) External use drugs in liquid, tablet, capsule or powder form shall be stored separately from drugs for internal use.
- (f) Drugs shall be stored in appropriate temperatures. Drugs required to be stored at room temperature shall be stored at a temperature between 15 degrees C (59 degrees F) and 30 degrees C (86 degrees F). Drugs requiring refrigeration shall be stored in a refrigerator between 2 degrees C (36 degrees F) and 8 degrees C (46 degrees F). When the drugs are stored in the same refrigerator with food, the drugs shall be kept in a closed container clearly labeled "drugs".

QCHF

58

Storage of medications at bedside

72357 (j) Storage of nonlegend drugs at the bedside shall meet the following conditions

- 1) The manner of storage shall prevent access by other patients. Lockable drawers or cabinets need not be used unless alternate procedure, including storage on a patient's person or in an unlocked drawer or cabinet are ineffective.
- 2) The facility shall record in the patient health record the bedside medications used by the patient, based on observation by nursing personnel and /or information supplied by the patient.
- 3) The quantity of each drug supplied to the patient for bedside storage shall be recorded in the health record each time the drug is supplied.

QCHF

59

Order for Drugs under Pharmaceutical Service

- ▶ 72359 (a) No drugs shall be administered except under the order of a person lawfully authorized to prescribe for and treat human illness.
- ▶ 72361 (b) All drug orders shall be written, dated, and signed by the person lawfully authorized to give such an order. The name, quantity or specific duration of the drug, and the route of administration if other than oral shall be specified "PRN" order shall also include the indication for use of the drug.
- ▶ (c) Verbal orders for drugs and treatments shall be received only by licensed nurses, psychiatric technicians, pharmacists, physicians, physicians, assistants from their supervising physicians only, and certified respiratory therapist when the orders relate specifically to respiratory care. Such orders shall be recorded immediately in the patient's health record by the person receiving the order and shall include the date and time of the order. The order shall be signed by the prescriber within five days.


QCHF

60

Drug Order Program

72363: Signed orders for drugs shall be transmitted to the issuing pharmacy within 48 hours, either by written prescription of the prescriber or by an order form which produces a direct copy of the order by an electronically reproduced facsimile.

72365: Facilities shall maintain a record which includes, for each drug ordered by prescription, the name of the patient, the drug name, and strength, the date ordered, the date and amount received and the name of the issuing pharmacy. The records shall be kept at least one year.





61

Emergency Drug Supply


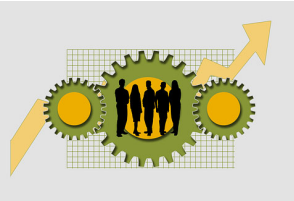
72377 (B) (3) The contents of the supply shall be listed on the outside of the container.

(4) The contents of the supply shall be checked at least monthly by the pharmacist.



62

Staff Development




63

Director of Staff Development

71829 (d) they are approved by the Department and must have:

Option 1 Have one-year experience as a licensed nurse providing direct patient care in a long-term care facility, IN ADDITION to having one-year of experience planning, implementing and evaluating educational programs in nursing (for a total of two-years).

Option 2: Have two-years full time experience as a licensed nurse, at least one of which must be in the provision of direct patient care in a nursing facility.
Take a 24 hour education course within 6 months of employment and receive a certificate from CDPH.




64

Educational Program

72517

- ▶ Each facility shall have an ongoing educational program planned and conducted for the development and improvement of necessary skills and knowledge for facility personnel. Each program shall include, but not be limited to:
 - ▶ Problems and needs of the aged, chronically ill, acutely ill and disabled patient.
 - ▶ Prevention and control of infections.
 - ▶ Interpersonal relationship and communication skills.
 - ▶ Fire prevention and safety measures.
 - ▶ Accident prevention and safety measures.
 - ▶ Confidentiality of patient information.




65

Title 22 72517 continued

Preservation of patient dignity, including provision for privacy.
Patient rights and civil rights.
Signs and symptoms of cardiopulmonary distress.
Choking prevention and intervention.

- ▶ In addition to the above, all licensed staff nurses shall have training in cardiopulmonary resuscitation.
- ▶ Records of each staff development program shall be maintained. The records shall include name and title of presenter, date of presentation, title of subject presented, description of content and the signatures of those attending.




66

Dementia Training Standards Act of 2001

1263 (b)(1) any certified nurse assistant employed by a skilled nursing facility or intermediate care facility shall have completed at least two hours of initial dementia-specific training as part of the facility's orientation program. The training shall be completed within the first 40 hours of employment.

(c) Any certified nursing assistant employed by a skilled nursing facility or intermediate care facility shall participate in a minimum of five hours of dementia-specific in-service training per year, as part of the facility's in-service training.





67

This is covered under HSC 1337.1



(2) A minimum of four hours of instruction on preventing, recognizing, and reporting instances of resident abuse, including instruction on prevention, recognizing, and reporting resident's rights violations, shall be included within the total minimum hours of continuing education or in-service training required and in effect for certified nursing assistants.

The mandatory DOJ video is to be part of the training.

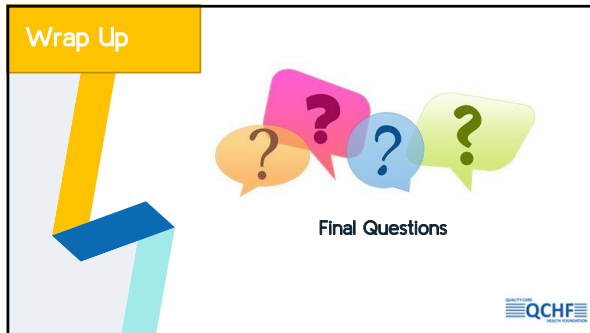


68

- ▶ When presenting the classes for CEUs they must be a **50 minute hour**.
- ▶ Credit will not be given for 25 minute ½ hour classes.
- ▶ The DSD may give two 25 minute classes and call them part A and Part B.
- ▶ **HOWEVER**, they can not give out the CEU credit until both parts are taken.



69



70



71



72
