Long Term Care Stakeholder Meeting

Bureau of Survey and Certification

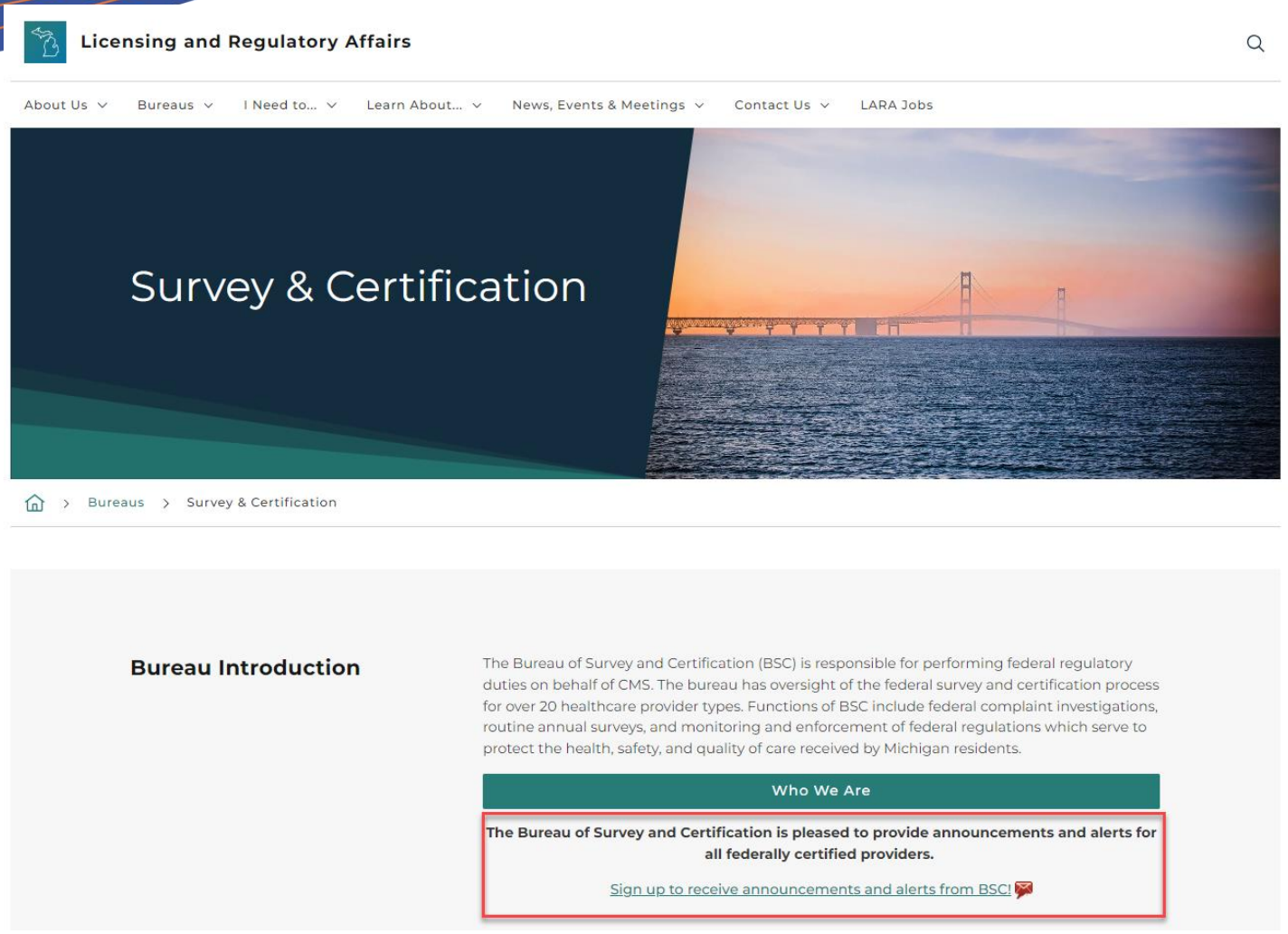
October 31, 2023

LARA
LICENSING AND REGULATORY AFFAIRS

Agenda

- Updates on Covid: Guidance and Regulation
- Facility Assessment, F838 - Staffing
- Desk Reviews reminder
- IDR reminders
- FRIs, what is required and why
- EGRESS reminder

GovDelivery System



Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE)

- For the most part, back to pre-Covid
  - All waivers expired
- Staff Vaccinations
  - CMS urges everyone to stay up to date
  - No requirement for vaccination
- Emergency Preparedness
  - Expected to return to normal operating status

Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE)

- Requirements for reporting – extended until Dec 31, 2024
  - COVID-19 information via NHSN
  - Inform residents, representatives and families
    - Single confirmed
    - 3 or more residents/staff with symptoms
    - **CMS exercising discretion, not expected to meet requirement**

Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE)

- Requirements for reporting – Indefinite
  - COVID-19 vaccination status via NHSN
    - All staff
    - All residents

Guidance for the expiration of the COVID-19 Public Health Emergency (PHE)

- Requirements for educating and offering Covid vaccine
  - Through May 21, 2024
  - Residents and staff
- Testing Requirements
  - Expired at end of PHE
  - Still important action, nationally recognized standard
  - Conduct testing in accordance with accepted national standards
  - Non-compliance cited under F880

Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE)

- Focused Infection Control (FIC) Surveys
  - Not required FY 2024
  - Still available for states discretion

Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE)

- In Part, F880 Infection Control states that a facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This program should follow accepted national standards and be revised as national standards change.

F838, Facility Assessment and Staffing

- Facility Assessment should be the foundation for a facility to determine what "sufficient staff" is for their unique population.

- The Facility Assessment must include/address the resident population. This includes:
  - Number of residents and facility capacity
  - Types of care necessary to provide care for the residents, including:
  - Diseases
  - Health conditions
  - Physical disabilities
  - Cognitive disabilities
  - Overall acuity
  - Any other pertinent information that provides information about the resident population

F838, Facility Assessment and Staffing

- Facility Assessment also needs to include:
  - Required staff competencies that are necessary to provide the level and types of care that have been identified for the resident population. Remember, competencies are not just for nursing.
  - Identification of specific factors that may impact resident care from a religious, cultural or ethnic perspective.

F838, Facility Assessment and Staffing

- Facilities are expected to take a competency-based approach in determining what skills and knowledge are necessary for their staff to provide care to their residents.

Citation Example: Review of a facility's Resident Matrix provided to surveyors identified multiple residents who required tube feedings. Surveyors reviewed the Facility Assessment and found that it did not include any information on how the facility would care for residents who were tube fed, including how the staff would develop competency skills necessary and train staff on this type of care.

F838, Facility Assessment and Staffing

- Sufficient staffing levels have become a major focus
  - Facility Assessment is one of the tools that is being reviewed
  - Compare actual facility staffing levels to what has been determined as sufficient in the Facility Assessment

Citation Example: Multiple residents had care plans documenting that they required increased supervision for various conditions – 15-minute checks for elopement behaviors, 1:1 monitoring for falls, standby assistance for transfers/ambulation due to falls, and another resident who required frequent safety checks due to falls. Surveyors reviewed the Facility Assessment and identified that the document did not include sufficient information to ensure that the supervision required for these residents was considered when the facility's staffing needs were determined.

Desk Review Reminder

- Your notice will provide instruction
- If beginning survey finds deficiencies that constitute substandard quality of care, harm, or immediate jeopardy. Onsite revisits must continue for these deficiencies even if they lessen to lower levels of noncompliance.
- However, if the first onsite revisit finds substantial compliance with these tags, no continued onsite revisits are necessary for any other tags that are cited at or below level F (no substandard quality of care).

IDR Reminders

- BSC oversight of the IDR/IIDR process effective July 1
- Revised IDR and IIDR requests forms…can be found on BSC webpage
- Outstanding telephonic fee balances
- Survey process issues/concerns are prohibited for review via the dispute resolution process

Updates to reporting and investigating abuse

- Updates were implemented earlier this year
- Will focus on reporting and investigating
- CMS clarified guidance for alleged violations (see updated SOM)
  - Staff to resident abuse
  - Resident to resident abuse
  - Injuries of unknown source
  - Neglect
  - Misappropriation
  - Includes clear examples of what is and is not reportable

Updates to reporting and investigating abuse

- Clarified what to include in initial and investigation reports
- Refer to Exhibit 358 and Exhibit 359 for guidance
- The initial report:
  - Must provide sufficient information to describe the alleged violation and indicate how residents are being protected.
  - It is important that this information is as complete as possible so that the SA can initiate actions necessary to oversee the protection of residents
- Triaging and prioritizing actions is based on the initial report

Updates to reporting and investigating abuse

- Triaging and prioritizing actions is based on the initial report (cont)
  - Timeline requirements are based on date of initial receipt of incident (see SOM Chapter 5)
    - IJ priority
      - The alleged noncompliance may have caused, or may likely cause, serious injury, harm, impairment, or death to a resident, and
      - The facility has not implemented adequate protection for all residents or the SA has not received sufficient evidence to conclude that residents are adequately protected.

Updates to reporting and investigating abuse

- Triaging and prioritizing actions is based on the initial report (cont)
  - Timeline requirements are based on date of initial receipt of incident (see SOM Chapter 5)
    - Non-IJ High Priority
      - The alleged noncompliance may have caused actual physical and/or psychosocial harm to the resident(s)
      - Pretty cut and dry

Updates to reporting and investigating abuse

- Triaging and prioritizing actions is based on the initial report (cont)
  - Timeline requirements are based on date of initial receipt of incident (see SOM Chapter 5)
    - Non-IJ Medium Priority
      - The alleged noncompliance…caused no actual physical and/or psychosocial harm but there is the potential for more than minimal harm
      - And the facility has not provided an adequate response to the allegation, or it is not known whether the facility provided an adequate response

Updates to reporting and investigating abuse

- Triaging and prioritizing actions is based on the initial report (cont)
  - Timeline requirements are based on date of initial receipt of incident (see SOM Chapter 5)
    - Non-IJ Low Priority
      - The alleged noncompliance…caused no actual physical and/or psychosocial harm but there is the potential for more than minimal harm
      - And the facility has a potentially adequate response to the allegation

Updates to reporting and investigating abuse

- Triaging and prioritizing actions is based on the initial report (cont)
  - Timeline requirements are based on date of initial receipt of incident (see SOM Chapter 5)
    - Administrative Review/Offsite Investigation
      - Onsite investigation is not necessary.
      - Documents an offsite administrative review (e.g., written/verbal communication or documentation)
      - The SA may confirm the findings at the next onsite survey.
  - Facilities cannot request a “Desk Review” for FRIs

Updates to reporting and investigating abuse

- For the investigation report:
  - must provide sufficient information to describe the results of the investigation
  - indicate any corrective actions taken, if the allegation was verified.
  - should include any updates to information provided in the initial report

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- As a provider, you will only be able to add documents to this drop box, you will not be able to delete items.
- Only the surveyors and your designated team members will have access to your facility's folder.
- For best results, please make sure all documents are PDF, Word, or Excel, etc., and not a link to a document. File size does not matter in Egress. Your access to this folder will expire after survey exit.

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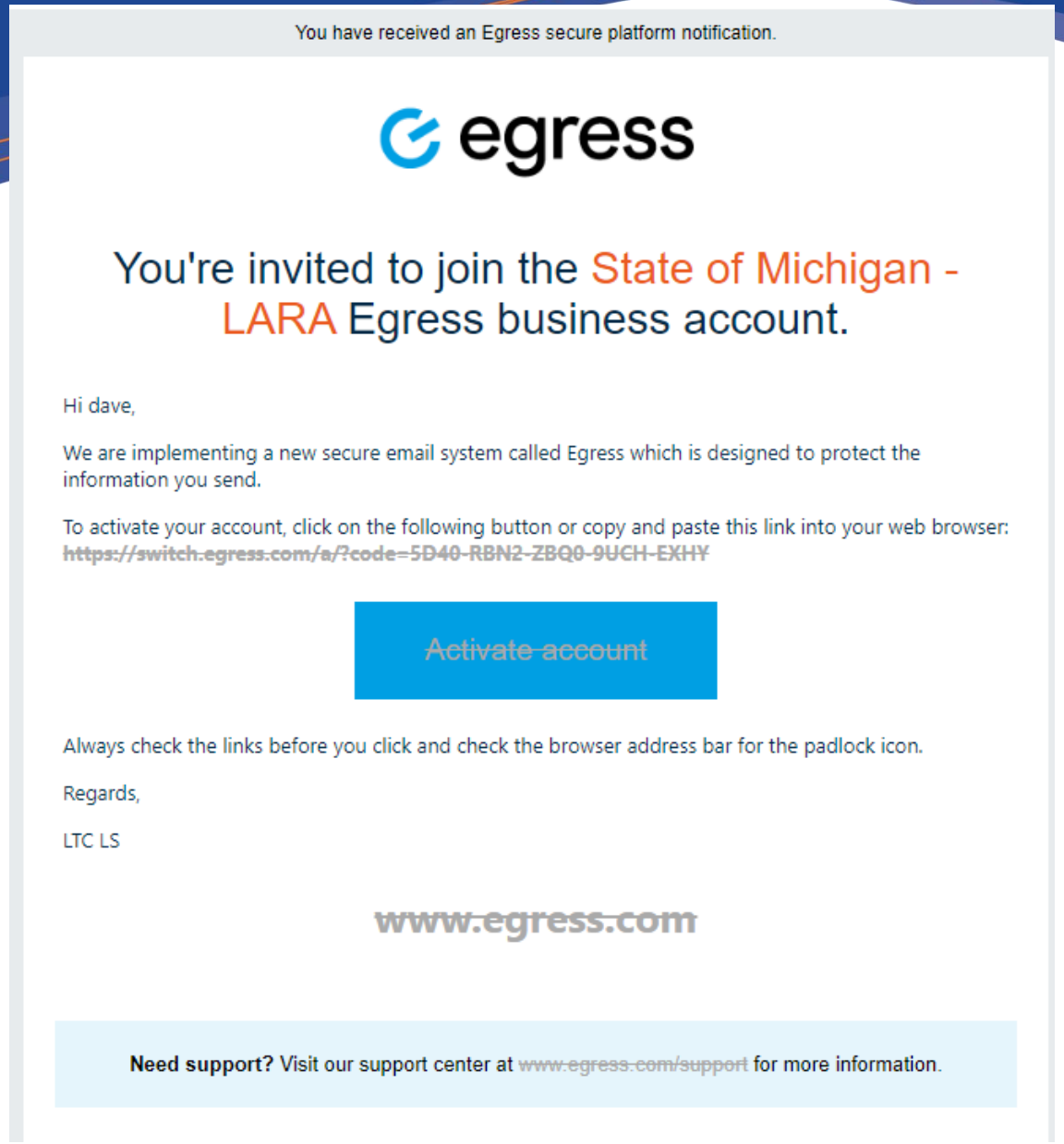

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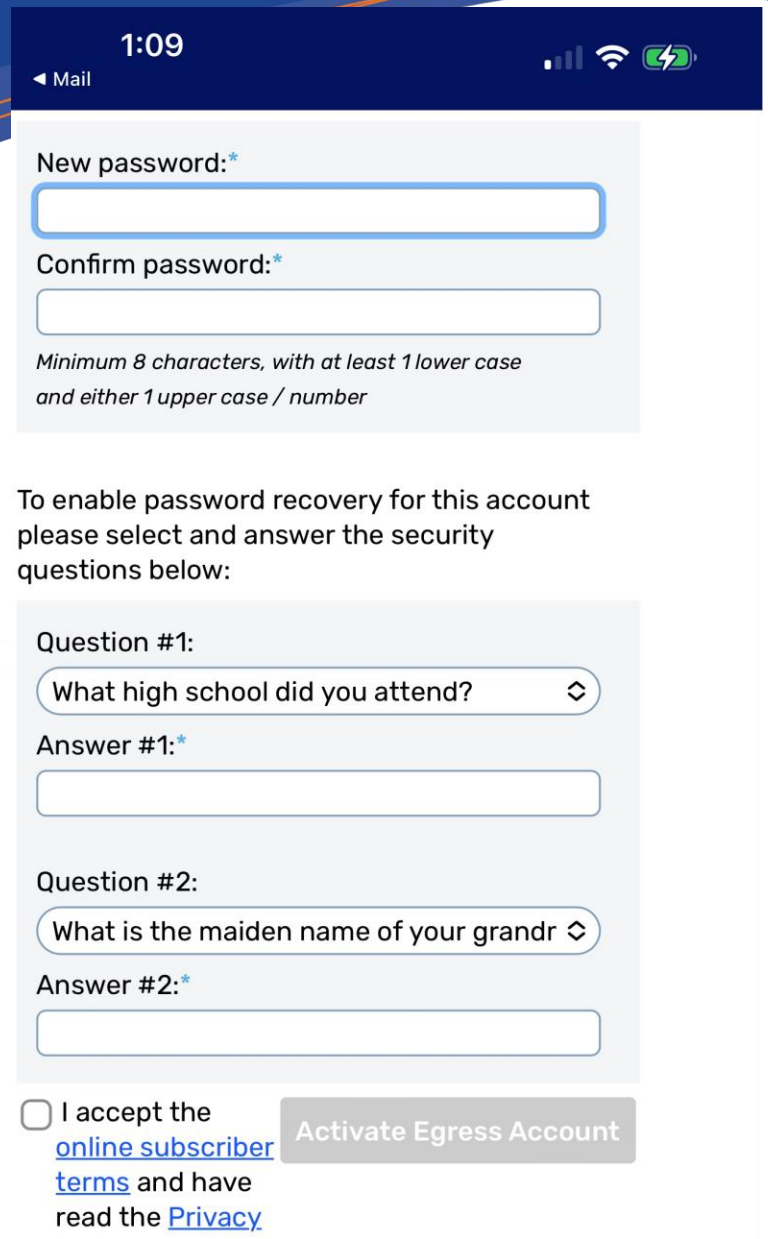
EGRESS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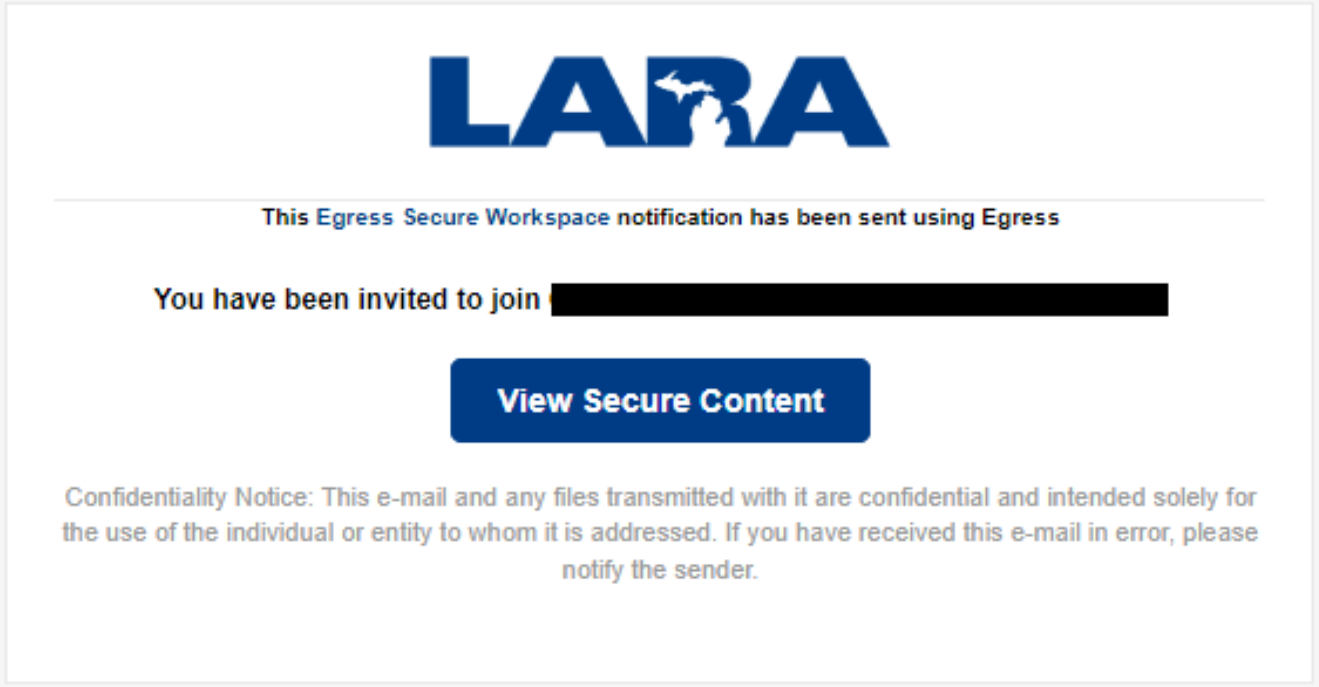
EGRESS



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