8th Annual Forum on Post-Acute, Long-Term Care, and Assisted Living Facilities

Program Handouts

Thursday, June 13, 2024

Itasca Country Club
400 E Orchard St
Itasca, IL 60143

8th Annual Forum on Post-Acute, LTC & ALF

Thank you to our sponsors. We encourage you to visit their booths and acknowledge their support of this conference. While at the Trade Show, make sure you enter the Raffle. Prizes will be drawn at the end of the program; winners must be present to claim their prizes.

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Welcome to the 8th Annual Forum on Post-Acute, LTC & ALF. Enjoy a day of learning with quality programming, dynamic speakers, and a forum to exchange ideas, share information, and earn 6 free continuing education credits.

Nursing: This program has been approved for six hours of continuing education credit by The Illinois Board of Nursing, an approved sponsor of continuing education by the Illinois Department of Professional Regulation.

Administrators: This program has been approved for six hours of continuing education credit by the National Continuing Education Review Services (NCERS) of the National Association of Long-Term Care Administrator Boards (NAB) – Approval #20250612-6-A102729-IN.

Get your link/QR code for CE before you leave: A QR code will be provided to attendees at the close of the event; use it to submit your CE request. Your license number and a valid email address are required.

Upon successful form submission, an email containing your PDF certificate will be sent within 24 hours to the address provided. Note: if unable to locate in your inbox, please check any spam/junk folders.

The Program

7:00 AM	**REGISTRATION OPENS**
7:30 AM – 8:25 AM	**BREAKFAST**
8:30 AM – 9:30 AM	***Ensuring Excellence: QAPI***
	Thomas Annarella
	Valley Hi Nursing & Rehabilitation, Administrator
9:30 AM – 10:30 AM	***Navigating Tough Terrain: Staffing, a Panel Discussion***
	Thomas Annarella
	Valley Hi Nursing & Rehabilitation, Administrator
	Sara Champion
	Forum Extended Care Services
	Ann Sommer
	Daytime Diamonds, Chief Executive Officer
	Benjamin Surmi
	Koelsch Communities, Director of Education & Culture
	Pamela Bryan Kramer (Moderator)
	Forum Extended Care Services, Executive Vice President
10:30 AM - 11:00 AM	**BREAK / VENDOR EXHIBITS**
11:00 AM – 12:00 PM	***Lessons From the Exam Room: How to Talk to Anyone, Anywhere, on Any Subject***
	Ann Sommer
	Daytime Diamonds, Chief Executive Officer

12:00 PM – 12:55 PM	**LUNCH**
1:00 PM – 2:00 PM	***Tag, You're It: The Citation Dilemma***
	Susan LaGrange
	Pathway Health, Chief Nursing Officer
2:00 PM – 3:00 PM	***Surviving the Survey 2024***
	Meredith Duncan
	Polsinelli, Attorney
3:00 PM – 3:30 PM	**BREAK / VENDOR EXHIBITS**
3:30 PM – 4:30 PM	***Finding the Joy in Our Business: Practical Strategies for Keeping Yourself & Your Team in the Game***
	Benjamin Surmi
	Koelsch Communities, Director of Education & Culture
4:30 PM	**CLOSING REMARKS**
	DISTRIBUTION OF C.E. LINK
	RAFFLE DRAWING

Course Descriptions & Learning Objectives

Ensuring Excellence: QAPI
Speaker: Thomas Annarella, BS, LNHA
Course Description: Gain a solid understanding of the quality assurance program's goals and regulatory requirements. Cultivate data-driven decision making, build a culture of quality and gain implementation tips.
Learning Objectives:
- Discover how QAPI utilizes data to identify areas for improvement in resident care and overall facility operations.
- Explore how QAPI fosters collaboration among staff members to achieve the highest standards of care.
- Obtain practical guidance on developing and implementing an effective QAPI program in your facility.

Tag, You're It: The Citation Dilemma
Speaker: Susan LaGrange, BS, RN
Course Description: Just when you think you are on the move, you can get tagged once again. This session will provide attendees with strategies to address the newly released F tags and other compliance areas affecting long-term care.
Learning Objectives:
- Identify the new F tags impacting long-term care providers.
- Describe strategies to prepare your team for the top-cited F Tags in long term care.
- Verbalize where to locate resources to assist with compliance.

Navigating Tough Terrain: Staffing, a Panel Discussion
Speakers: Thomas Annarella, BS, LNHA; Sara Champion, BS, MA, SHRM; Ann Sommer, BA, MS, PA; Benjamin Surmi, MSG; Pamela Bryan Kramer BA, LPhT
Course Description: This panel presentation delves into the staffing challenges and complexities associated with long-term care. Hear from a diverse group of specialists, including administrators, healthcare professionals, and human resource experts. The panel will explore common staffing concerns and staff retention recommendations , and participants will leave with practical tools and a renewed sense of collaboration for tackling staffing challenges.
Learning Objectives:
- Identify common staffing concern including burnout and understaffing.
- Learn communication strategies to address staffing concerns with residents, families, and staff members.
- Explore collaborative approaches to improve staff satisfaction, retention, and ultimately, resident care.

Surviving the Survey 2024
Speaker: Meredith Duncan, BS, JD
Course Description: Gain confidence to master the CMS survey and minimize potential ramifications with tips from an attorney. Learn how to develop and implement smart policies that address common survey deficiencies before they arise, and stay ahead of the curve! Plus, even with the best preparation, deficiencies can occur. Discover practical strategies to mitigate penalties, including effective response techniques.
Learning Objectives:
- Develop and implement smart policies that can help you avoid pitfalls.
- Identify hot survey topics and how to prepare for surveys.
- Learn strategies for managing the survey process and best practices to mitigate your penalties.

Lessons From the Exam Room: How to Talk to Anyone, Anywhere, on Any Subject
Speaker: Ann Sommer, BA, MS, PA
Course Description: Become a communication ninja, and discover powerful tactics to navigate conversations with anyone, about anything. Explore the truth behind "leaving your emotions at the door" and how nonverbal cues impact your message. Release the pressure valve and walk away with the tools to have clear, confident conversations in every situation.
Learning Objectives:
- Learn ninja communication tools to conquer any situation, person, and topic with ease.
- Explore the good, bad, and truth of the phrase "leave your emotions at the door."
- Understand how body language ("that face") affects how we communicate.

Finding Joy in Our Business: Practical Strategies for Keeping Yourself and Your Team in the Game
Speaker: Benjamin Surmi, MSG
Course Description: Are you grappling with the daunting realities of regulatory complexities, staffing crises, and legal challenges? Is the passion for your profession feeling like a distant memory? Does your team feel the same way? You are not alone. Join us for an immersive workshop aimed at uncovering innovative strategies, accessible interventions, and tangible methods to reclaim joy in the midst of adversity. Through creative exploration and the collective wisdom of your peers, you'll leave armed with a comprehensive toolkit to jumpstart positive change.
Learning Objectives:
- Explain why joy at work matters for staff retention, quality service, and reputation management.
- Describe how creativity, decision-making, compassion, productivity tools, and re-engaging purpose contribute to joy at work.
- Discuss innovative interventions and strategies that participants can implement to encourage and engage joy.

Ensuring Excellence: QAPI

Thomas Annarella, BS, LNHA
Valley HI Nursing & Rehabilitation, Administrator

Ensuring Excellence: QAPI

Thomas Annarella, BS, LNHA

Thomas is the Administrator of Valley Hi Nursing and Rehab in Woodstock, IL, the McHenry County owned nursing home. Valley Hi is a 2016 Bronze National Quality Award winner and a 2023 Silver National Quality Award winner through the American Health Care Association. Thomas earned his Bachelor's degree in Health Care Administration from Southern Illinois University in 2000 and has been a licensed nursing home administrator since 2002.

He also works with Jordan Healthcare Group, a consulting firm offering a wide range of support services to long term care communities. Thomas has been active with the Illinois Health Care Association for almost 20 years and is currently, Chair of the IHCA Board and the Chair and founder of the IL Leaders Program. He also serves on the Administration and Finance Committee, Public Policy Committee, and the Legal Task Force Committee, as well as various subcommittees.

Thomas was recognized in 2015 by *Provider Magazine* as one of the year's Top 20 To Watch and graduated from the American Health Care Association's Future Leaders Program.

Agenda

- Introduction

- What is QAPI – in real terms

- Quality Assurance Committee

- Sub-Committee Work – where QAPI comes to life

- Effective QAPI Plans

- Quality Assurance Review and Closing a QAPI Plan

- Questions

What is QAPI?

❑ Quality Assurance and Performance Improvement

- Process for maintaining and improving quality, safety, or any other issue
- Data-driven approach
- Proactive
- Systematic approach
- Goal driven
- Comes from the Affordable Care Act of 2010

Continuous Quality Improvement Cycle

Develop

Improve

Implement

Evaluate

What is QAPI?

❑ Quality Improvement – Key to Success and Less Stress
  ▪ Prevents facility issues
  ▪ Prevents staff issues
  ▪ Prevents resident and family issues
  ▪ Prevents IDPH and other regulatory agency issues
  ▪ Prevents legal issues
  ▪ Etc.

❑ Requires the 3 keys needed for success
  ▪ Leadership
  ▪ Accountability
  ▪ Presence

What is QAPI?

Quality Assurance (QA)
- ❑ Setting standards for service quality and outcomes
- ❑ Ensures care meets acceptable levels according to those standards
- ❑ Proactive as well as reactive

Performance Improvement
- ❑ Also known as Quality Improvement (QI)
- ❑ Study of processes to enhance services or outcomes
- ❑ Aims to prevent problems, identify negative trends, and identify areas for growth
- ❑ Continuous / ongoing

What is QAPI? – The Regs

Skilled Nursing – F865 thru F868

- ❑ Must maintain a QA Committee
- ❑ Committee must include at a minimum:
    - ▪ Administrator / owner / Board Member
    - ▪ Director of Nursing
    - ▪ Medical Director
    - ▪ Infection Preventionist (recently added)
    - ▪ Two other members of the facility's staff
- ❑ Must have documentation and demonstrate evidence of work
- ❑ Must meet at least quarterly and as needed
    - ▪ Quarterly is NOT ENOUGH

What is QAPI? – Quality Assurance In Real Terms

❖ It's serious, the most important thing an organization does

❖ Should be deliberate

❖ Spirited debate should be expected

❖ No room for egos, politics, silos, or turf wars – NONE

❖ Meetings need to be structured

❖ Goals / results need to be measurable

❖ Members and those responsible for key areas need to be accountable

What is QAPI? – Quality Assurance In Real Terms – cont.

Everyone within the organization should be involved at some level

QA is your best way to protect yourself – take advantage of it

| IDPH / Regulatory | Legal protections | It's what is right by your staff and residents |

Quality Assurance Committee

❑ The QA Committee is the one meeting leadership should not miss

❑ Active engagement should be expected
- ▪ No cell phones
- ▪ No emails
- ▪ No distractions

❑ Where QAPI plans are developed and reviewed

❑ Where sub-committee work is highlighted

❑ Where departments can share information, so everyone stays informed

❑ Where policies are approved

Quality Assurance Committee – Sample Agenda

- ❖ Minutes Review
- ❖ Maintenance Report
- ❖ Wound Report
- ❖ X-Ray Report
- ❖ Incomplete Physician Report
- ❖ The In-House Chart Audit / QAPI Report
- ❖ Compliance Report
  - ▪ Shared drive clean-up update
- ❖ Medication Error Report
- ❖ Facility Indicator Report
  - ▪ CMS 5-star report
  - ▪ Acuity report
- ❖ Catheter Report
- ❖ Bladder Program
- ❖ Physical Functioning
- ❖ Movement Worsening Report
- ❖ Swallow Protocol
- ❖ Safety Committee Report
  - ▪ Accident and Incident Report Trending

- ❖ Infection Report
- ❖ Restraint Report
- ❖ Laboratory Report
- ❖ Pharmacy Report
- ❖ Medical Director Report
- ❖ Dietary Report
- ❖ Social Services Report
- ❖ Admissions Report
- ❖ Risk Management
- ❖ Activity Report
- ❖ Housekeeping
- ❖ Resident Council Concerns
- ❖ Grievance Forms
- ❖ New Policy Review
- ❖ Miscellaneous
  - ▪ Articles
- ❖ Adjournment

Sub-Committee Work

Any effective QA Committee has active sub-committees, where the work done

❖ Should include members on QA; but should also include non-leadership team members including frontline staff

❖ Should meet regularly ahead of the QA meeting

❖ Should be held to the same standards as QA

❖ Care Plans and QAPI plans are reviewed and updated in real-time

Sub-Committee Work

Sample Sub-Committees Include:

- ❑ Safety Committee
  - ▪ Accident and Prevention Committee
- ❑ Behavior Committee
- ❑ Weight and Wound Committee
- ❑ Medicare / Post-Acute Care / Triple-Check Committee
- ❑ Admissions and Transitions Committee
- ❑ Antibiotic Stewardship Committee
- ❑ Dining Committee

Don't forget about "Task Forces" – just a fancy way of saying short-term teams with a specific goal / project

Effective QAPI Plans

QAPI Plan 5 Elements – Per CMS

- ❑ Design and Scope
- ❑ Governance and Leadership
- ❑ Feedback, Data Systems, and Monitoring
- ❑ Performance Improvement Projects
- ❑ Systematic Analysis and Systematic Action

That's a lot of fancy words to simply say . . .

Effective QAPI Plans

How to design an effective QAPI Plan in real terms –

❑ Identify the area that is out of range with expectations or an area in which you are looking to improve on

❑ Establish your target goals

- ▪ The goal will be met when . . .

❑ Establish your target timeframe for completion

❑ Assign accountability

- ▪ This is a key decision, choose wisely

❑ Build the team

❑ Establish check-ins / milestones

❑ Get commitment

❑ Go
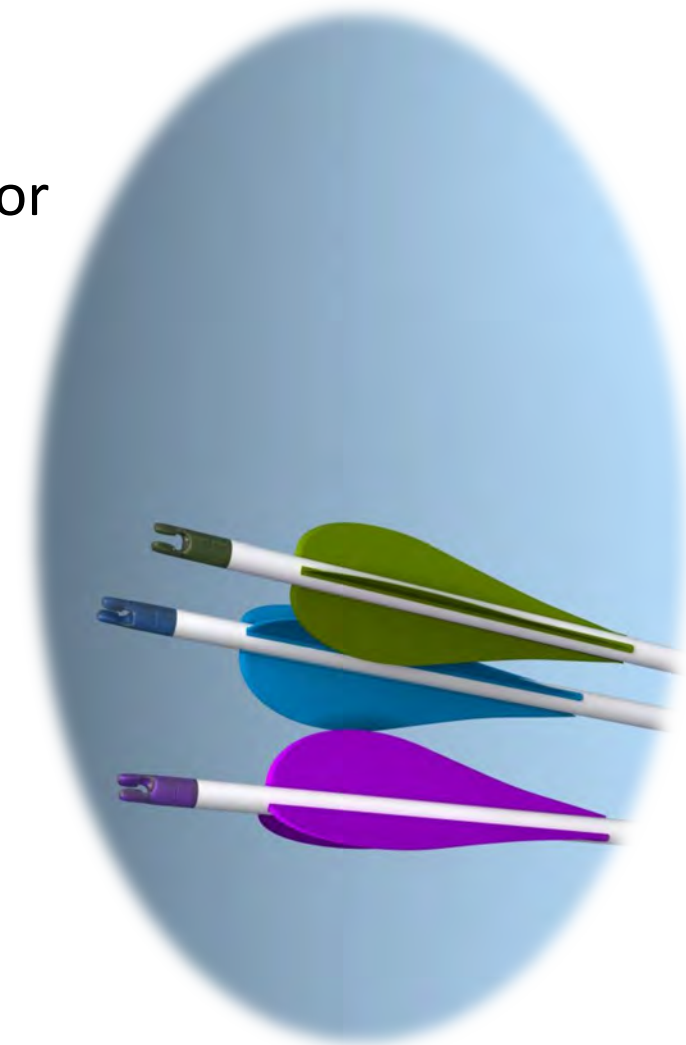
Effective QAPI Plans

Plan tips

- ❑ Write it down – templates work great
- ❑ Don't wait till the end, check-ins are key to maintaining accountability and momentum
- ❑ Diversity of team is important; but should not come at the expense of effectiveness
- ❑ Set realistic goals – you can always meet your goal and set a new one
- ❑ If things aren't going as planned – discuss it, adjust, commit
- ❑ Use your sub-committees and QA
  - ▪ Does this QAPI need a task force?

Effective QAPI Plans

Additional thoughts on developing an effective plan

- ❑ And then what – go down the rabbit hole when doing root cause analysis
- ❑ Don't settle for the easy answer or easy goal – the first impulse is usually wrong
- ❑ It's not just nursing
- ❑ Leverage your EMR and data

Quality Assurance Review and Closing a QAPI Plan

You have met your goals – now what?

- ❑ Plan is closed at QA

- ❑ Acknowledge the success – take the "W"
  - ▪ Do we need to celebrate with the whole team?

- ❑ Don't rest – stay in the zone and go again

- ❑ It gets easier every time

Case Study

Let's suppose –

❖ We have reviewed our QI / QM Report and the facility continues to trend downward in Falls and Falls with Major Injury and is now in the 75+ percentile

❖ Safety Committee has also been reviewing a lot of fall reports

Where do we start?

Case Study

We need a QAPI Plan

❑ QA Committee identifies the need to address falls and tasks the Safety Committee with a QAPI plan with the goal of lower the facility QI / QM score to below 50 percentile in 6 months (2 cycles)

Now we need data

❑ What are we measuring?

❑ How are we measuring?

❑ What trends are we looking for?

❑ Where is my data-wonk?

Case Study

❑ After breaking down fall incident data for the past 12 months . . .
- By day of the week
- By time of the day
- By unit
- By care team
- By resident

❑ We have identified a significant trend in falls during 3 times of the day, which occur throughout the building, and not specific to any resident

Case Study

❑ Fall frequency is high during the following times:

- ▪ 6 am – 7 am
- ▪ 2:30 pm – 4 pm
- ▪ 7 pm – 8 pm

❑ What is happening at those times?

❑ Do we need to change what we are doing?

❑ Where are our teams deployed?

❑ Who can help, think bigger?
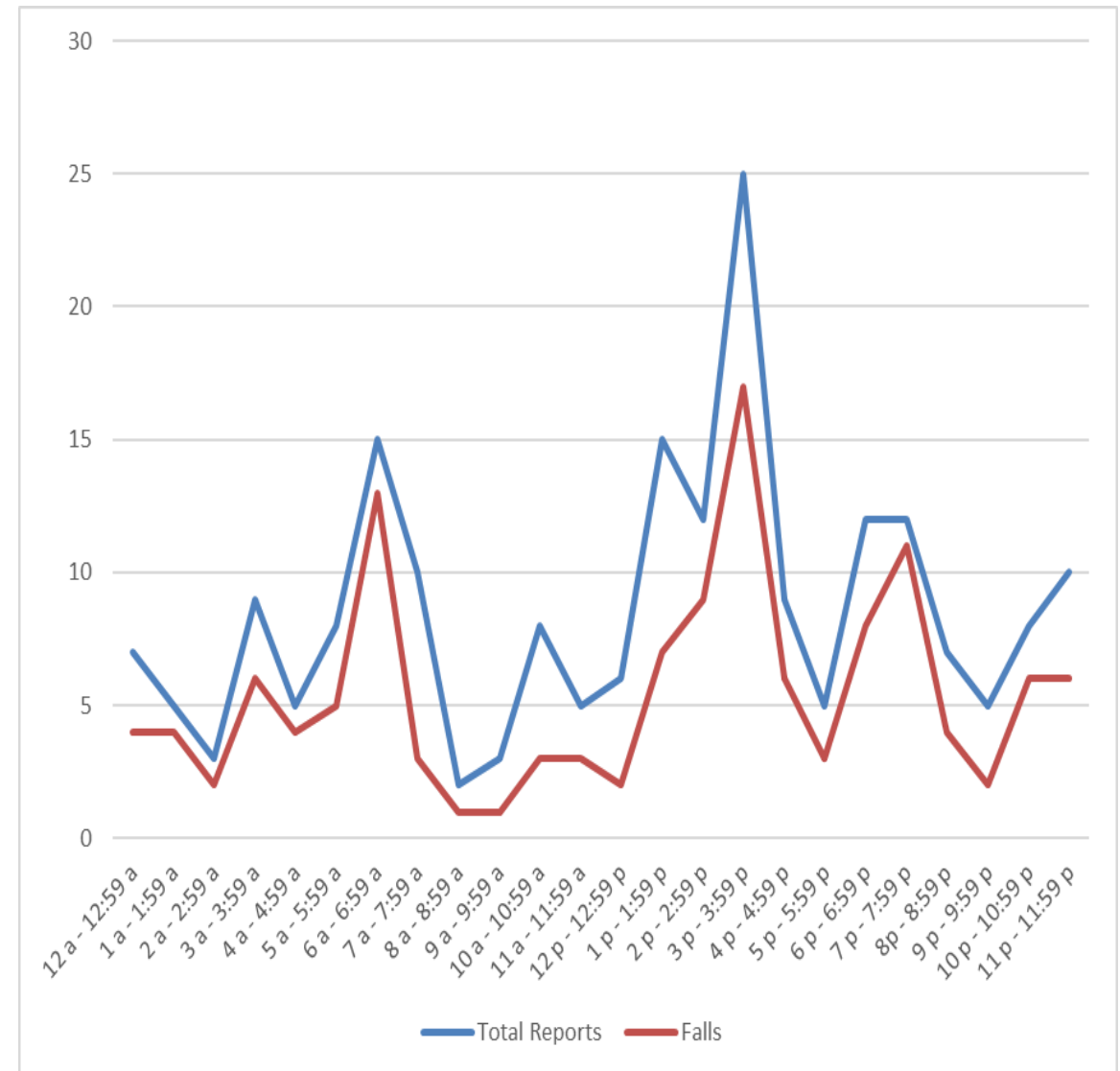
Case Study

Once you lock on to what you think is the root cause and possible solution – TEST IT

- ❖ Adjust
- ❖ Study results / impact
- ❖ Go back to the QAPI goals
- ❖ Report back to QA Committee

Closing

- Thoughts? Questions?

- Don't forget Leadership, Accountability, and Presence

Navigating Tough Terrain: Staffing, a Panel Discussion

Thomas Annarella, BS, LNHA
Valley Hi Nursing & Rehabilitation
Administrator

Sara Champion, BS, MA, SHRM
Forum Extended Care Services
Human Resources Manager

Ann Sommer, BA, MS, PA
Daytime Diamonds
Chief Executive Officer

Benjamin Surmi, MSG
Koelsch Communities
Director of Education & Culture

Moderator: **Pamela Bryan Kramer BA, LPhT**
Forum Extended Care Services, Executive Vice President

Learning objectives

❖ Identify common staffing concerns, including burnout and understaffing.

❖ Learn communication strategies to address staffing concerns with residents, families, and staff members.

❖ Explore collaborative approaches to improve staff satisfaction, retention, and ultimately, resident care.

Key drivers of the Great Resignation

- Wage stagnation amid rising cost of living & inability of employers to keep up amid economic uncertainty

- Limited opportunities for career advancement

- Lack of benefits

- Inflexible remote-work policies

- Prolonged stress

- Overwork / burnout as staffing levels dropped

- Hostile work environments

- Feeling underappreciated

- Childcare issues

- Job dissatisfaction

Will it ever stop????

FORTUNE

SUCCESS · FUTURE OF WORK

Workers are eyeing the exit in 2024 as LinkedIn and Microsoft study warns more people want to quit their jobs now than during the Great Resignation

BY ORIANNA ROSA ROYLE
May 8, 2024 at 7:00 AM CDT

Not even spiraling costs and the looming threat of layoffs can stop disengaged workers from dreaming about the exit door.
GETTY IMAGES

Inc.

THE FUTURE OF WORK

Your Workers Might Want to Quit in 2024--Here's Why A new LinkedIn survey found that more workers want to switch jobs this year. But this doesn't mean another Great Resignation.

BY SARAH LYNCH, STAFF REPORTER @SARAHDLYNCH
JAN 22, 2024

USA TODAY

MONEY   Jobs Report

Is the Great Resignation over? Not quite. Turnover stays high in these industries.

Paul Davidson
USA TODAY
Published 5:25 a.m. ET March 18, 2024 | Updated 11:26 a.m. ET March 19, 2024

FORTUNE
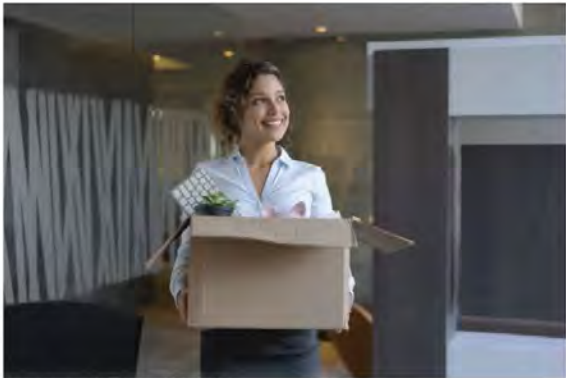
FINANCE · GREAT RESIGNATION

More people are thinking about quitting their jobs today than at the height of the Great Resignation

BY CHRIS MORRIS
May 9, 2024 at 12:53 PM CDT

More and more people are thinking of leaving their job.
GETTY IMAGES

Question #1

Tell us about the most difficult conversation you've had with an employee….

How do you prepare? What do you do when they become defensive or fail to recognize issues with their performance?

Question #2

What advice, strategy, or method do you suggest — or personally employ — to facilitate difficult conversations and make them more manageable?

Question #3

In this challenging era, how can we enhance morale & reduce turnover?

Who should be involved in these efforts?

Question #4

How are you covering open shifts without overwhelming staff?

Additional questions?

Thank you!

Lessons From the Exam Room:
How to Talk To Anyone, Anywhere, on Any Subject

Ann Sommer, PA-C
Chief Executive Officer, Daytime Diamonds

Lessons From the Exam Room

Ann Sommer, PA-C

Ann Sommer, a distinguished physician assistant, author, dynamic speaker, and consultant, is rapidly emerging as a prominent authority in Truth and Change as CEO of her company, Daytime Diamonds. Sommer takes on life lessons, and addresses personal topics, offering guidance, clarity, direction, and purpose. She is a best-selling author of *Success Redefined* with Jack Canfield, the renowned for *Chicken Soup for the Soul*. Her impactful messages appear in major magazines, podcasts, and television shows. Erin Saxton, director of "The View," lauds Ann as "vibrant," while Jack Canfield praises her as a "source of joy, understanding, and levity."

Ann is a licensed Physician's Assistant with a BA from King's College Wilkes-Barre and a Master's degree from A.T. Still University in PA Studies/Sports Medicine, and she completed a Surgical Residency at Norwalk Hospital/Yale School of Medicine. Ann's career journey encompasses roles in California specializing in general and vascular surgery, in New Mexico focused on orthopedics, and back in Marshfield, WI, where she practiced in Gastrointestinal and Women's Health/OB-GYN. Visit her website at: www.paannsommer.com.

Medical Provider

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- CEO Daytime Diamonds Coaching

- Founder : SELF EVOLUTION SOLUTIONS system (SESs)

1974

$$E = mc^2$$

Pythagoras $a^2 + b^2$

$$f = ma$$

$$PV = nRT$$

Mendel

186,282 mi/s

Dalton

$$6.626 \times 10^{-34}$$

Tesla

$$E = mc^2$$

Ohm

$$q = mc\Delta T$$

Euclid

$$c = \lambda v$$

$$F - E + V = 2$$

$$\frac{-b \pm \sqrt{b^2 - 4ac}}{2a}$$

Galileo   Euler

Aristotle

$$d = rt$$

Pascal

Edison

$$F = G\frac{m_1 m_2}{d^2}$$

Einstein

Hawking

Kelvin

$$\log xy = \log x + \log y$$

Archimedes

Pasteur

$$6.673 \times 10^{-11}$$

$$6.022 \times 10^{23}$$

Lavoisier

$$i^2 = -1$$

$$y = mx + b$$

Darwin $x^2 = 1$

Curie

$$\sin^2 x + \cos^2 x$$

Newton

$$\frac{f(x + \Delta x) - f(x)}{\Delta x}$$
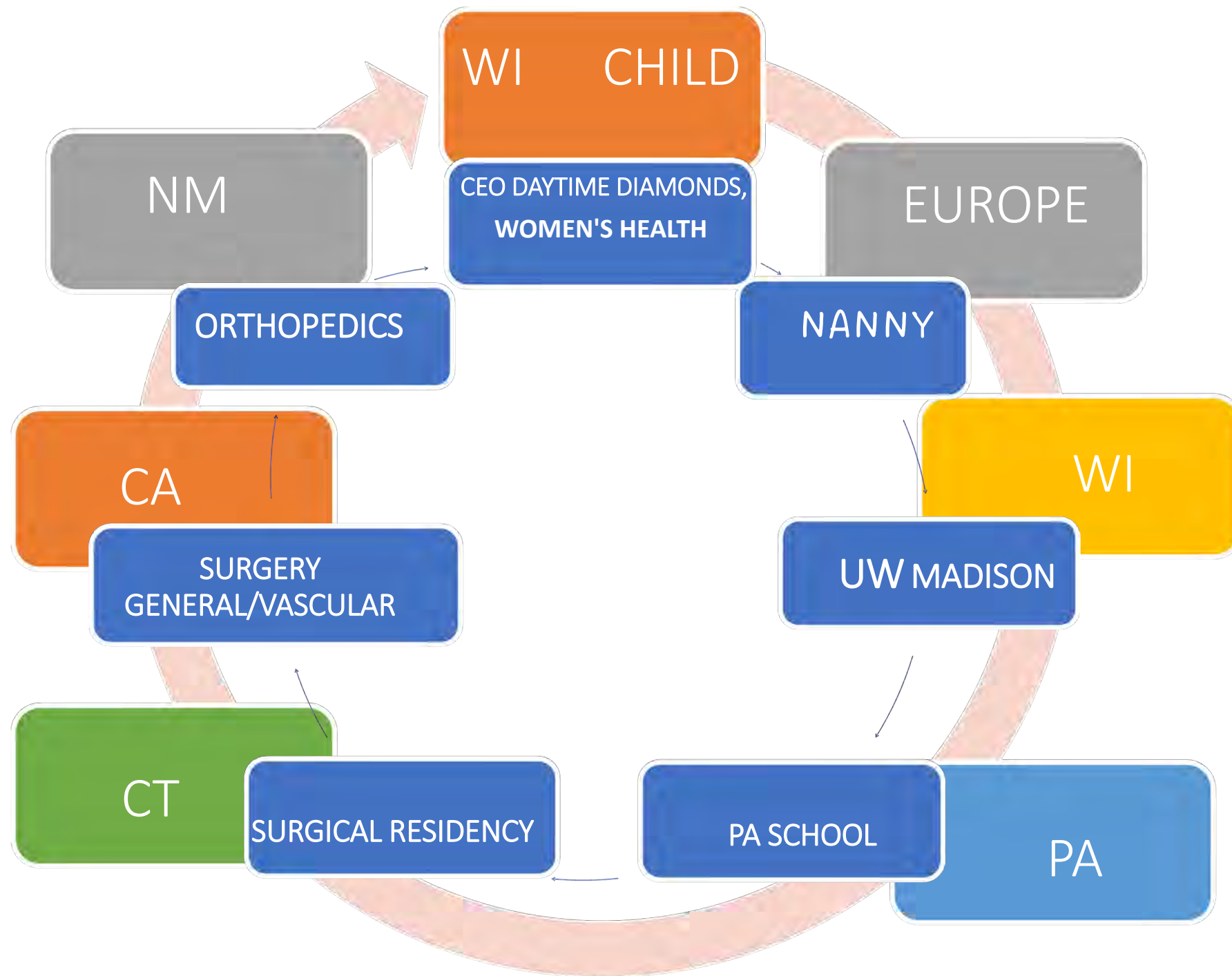
Lessons From the Exam Room:

❑ How to Talk to
  ❑ Anyone,
    ❑ Anywhere,
    on
      ❑ Any Subject

Communication

EASIER SAID THAN DONE in MANY SITUATIONS.

Talking is a learned behavior.

Communicating is a practiced behavior.

There is a basic need and ability to interact.

But, to relay a message clearly in both instructions and emotions, is advanced.

❖ **Constructive Criticism**
❖ **Critical Conversation**
❖ **Honesty**
❖ **Embarrassment**

Talking.

Conversation.

Constructive.

Critical.

7th Sense.

Talking

TALKING   SOCIAL ACKNOWLEDGEMENT   GENERIC

Conversation

CONVERSATION   PERSONAL INFORMATION   ENGAGE

Constructive
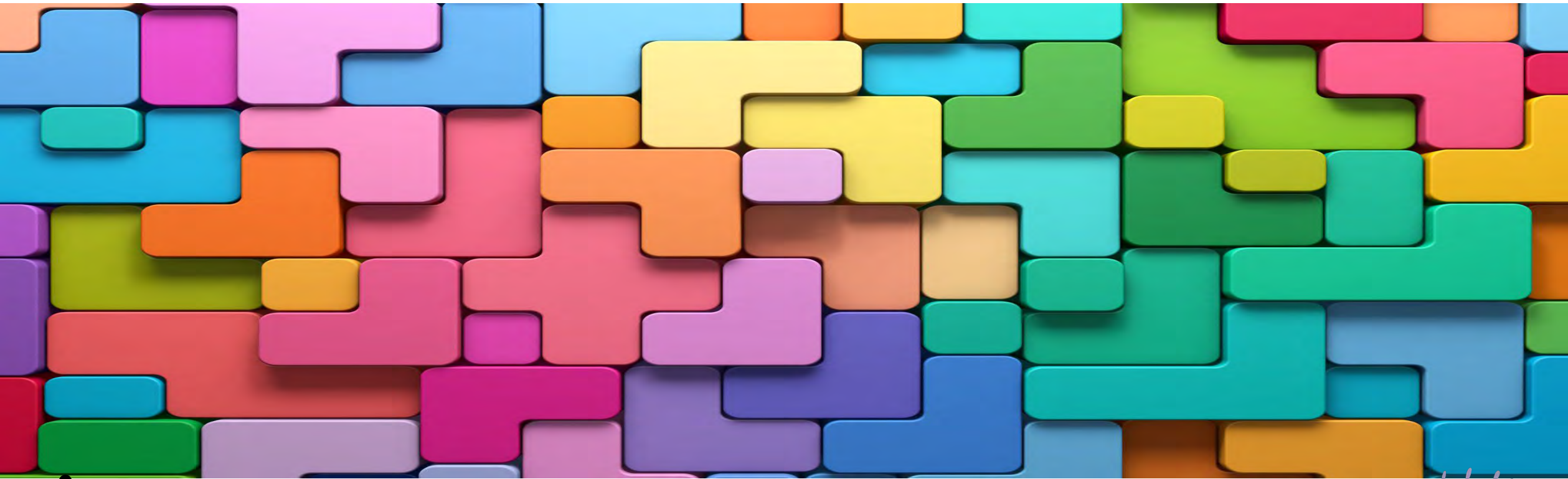
CONSTRUCTIVE   COMMON PROBLEM   PROBLEM

Critical

CRITICAL   NAVIGATE TO A SOLUTION   NAVIGATE

Critical

7th Senses

❖ Expressions

❖ Emotions

7th Senses   **Two Absolutes to Control**   **Manage**

"When Looks Could Kill"

"Leave your emotions at the door."
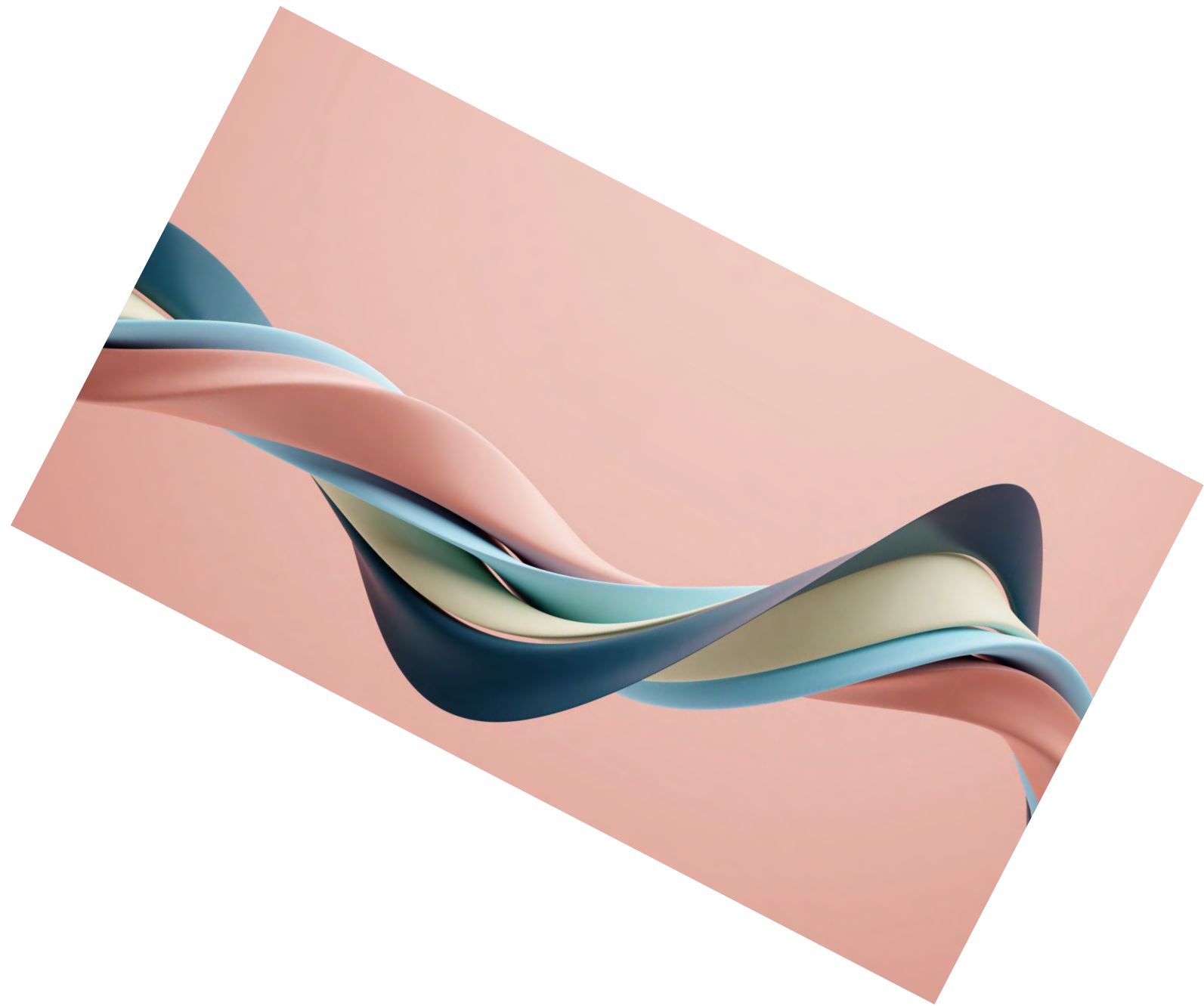
Algorithm aka Flowsheet:

	Talk	Social Acknowledge	Generic
	Conversation	Personal Info	Engage
	Constructive	Common Problem	Problem
	Critical	Navigate to a Solution	Navigate
	7th Senses	2 Absolutes Face/Emotions	Manage

WHERE ARE WE GOING WRONG?

MEDICAL TRAINING, LIFE TRAINING, SCHOOL TRAINING

LACK	TEACH	ANNISM	EXAMPLE
Common Sense Social Skills	Common Etiquette Appropriate Interactions	" no hands policies" "Step Away from my patient"	Do not touch co-workers. Learn to talk, practice.
Intuition	Observe facial, body language	"I teach the 3 voices that make best choices"	"I knew that would happen"
Can hear	Listening	"You are not allowed to change another's descriptions to fit your interpretation "	Court room silence – get comfortable
Ability to be Wrong	Proper Ego, acceptable to say … I don't know, sorry, I'll find out.	"Do not assume medical training = people interactive skills"	Bedside manner Social skills
Defensive/Confrontational	Critical conversations, constructive criticism Todays talk	"My room is like Vegas, what happens here, stays here and..	Not everything goes in the chart" Write, read, agree
Judgement Discrimination	Learn about what makes us all similar, not different	"let's boycott all major news networks"	Accept our similarities not our differences
Proper definitions and reasons of our Why	Doctor definition is not a title: it is an investigator, detective, counselor, reporter, safe space.	"We segregate medicine and specialties. The right and left hand do not talk"	Target rings are not aligned, we have several problems but no one making one diagnosis often.

Algorithm aka Flowsheet:

	Talk	Social Acknowledge	Generic
	Conversation	Personal Info	Engage
	Constructive	Common Problem	Problem
	Critical	Navigate to a Solution	Navigate
	7th Senses	2 Absolutes Face/Emotions	Manage

A   word

"You deserve to be a polished diamond and sparkle in the daylight."

Ann,
CEO Daytime Diamonds

• BE RADIANT

paannsommer.com
paannsommer@gmail.com

Thank you - Any questions?

Tag – You're it! (The F-Tag Dilemma)

Susan LaGrange, RN, BSN, NHA CDONA™, FACDONA, CIMT, IP-BC™
Chief Nursing Officer, Pathway Health

Tag – You're it! (The F-Tag Dilemma)

Susan LaGrange, RN, BSN, NHA CDONA™, FACDONA, CIMT, IP-BC™

Sue is responsible for the management, development, implementation, and strategic direction of all clinical aspects with Pathway Health. Sue has 30 years of long-term care management experience, and she is a past President of the Wisconsin Director of Nursing Council.

A licensed Nursing Home Administrator with extensive nursing experience, she has assisted facilities in resident care management, regulatory compliance, infection control and overall management of nursing operations. She is a nationally recognized infection control professional and is Board-Certified in Infection Control; she received her Bachelor of Science from Marian University of Fond du Lac.

Learning objectives

❖ Identify the new F tags impacting long term care providers

❖ Describe 2 strategies to prepare your team for the top-cited F Tags in long-term care

❖ Verbalize where to locate resources to assist with compliance

Knowledge and Understanding

- New and Updated Guidance

- Top 10 Citation Trends

- Survey Tools and Process Changes

2016-2019…..We Were in the Process of "Fine Tuning" Systems with the Updates to the ROP

Then……COVID-19 Entered our World!
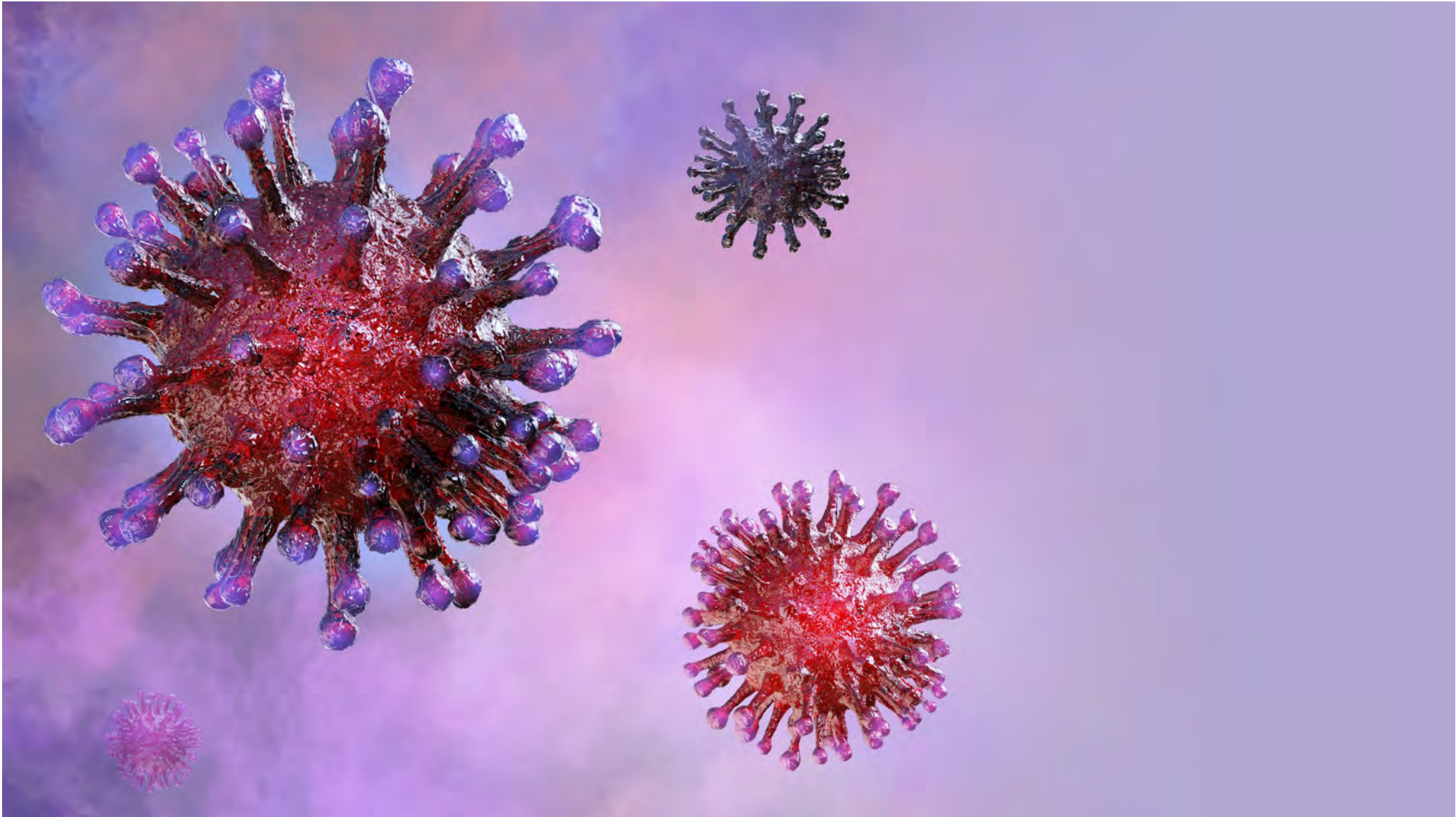
PATHWAY HEALTH
Insight | Expertise | Knowledge

Examples of F-Tag Updates Starting 7 years Ago.....

(Not an all-inclusive list)

Brief Notes on Updates

- ❑ **F557: Respect and Dignity -- Updates**
  - ▪ Procedures-possible illegal substance use
- ❑ **F561: Updates on Self-determination**
  - ▪ Guidance and Smoking changes to policy including electronic cigarettes
- ❑ **F563: Visitation**
  - ▪ Updates-visitation considerations during a communicable disease outbreak
  - ▪ Visitation and Illegal Substance Use
- ❑ **F600: Freedom from Abuse -- Updates**
  - ▪ Res to Res abuse
  - ▪ Capacity to consent – sexual activity
  - ▪ Determination of past non-compliance
  - ▪ Neglect
  - ▪ Identifying Neglect
  - ▪ Implementation of an effective communication system across all shifts
  - ▪ Investigative protocol for F607
  - ▪ Deficiency categorization

Brief Notes on Updates

❑ **F607**: **Abuse Policies -- Updates**
- Definitions
- Developing/implementing P&P r/t screening prior to employment…..
- Posting a conspicuous notice of employee rights
- Develop P&Ps that promote a culture of safety and open communication without retaliation
- Coordination with QAPI and QAA
- Investigative Protocol

❑ **F608: Eliminated**

Brief Notes on Updates

❑ **F609: Develop and Implement P&P for Reporting of Crimes….**

- Intent
- Definitions
- Guidance
- Graph/Table describing different reporting requirements
- Reporting
- Annual notification of reporting obligations to covered individuals
- Reporting Alleged Violations
- Initial Report
- Follow-up Invest. Report
- Identification of Alleged Violations
- Section I: Staff to Resident Abuse
- Section II: Resident to Resident Altercations
  - Examples (Mental/Verbal, Sexual)
  - Examples of Physical Altercations

- Section III Reporting Suspicious Injuries of Unknown Source
- Section IV: Reportable Events Related to Potential Neglect
- Section V: Reportable Allegations of Misappropriation of Resident Property and Exploitation
- Section VI: Reportable Allegations of Mistreatment
- Investigative Protocol
- Key Elements of Noncompliance

Brief Notes on Updates

- **F622**: **Transfer and Discharge**
    - Updates throughout tag
    - Deficiency Categorization

- **F623: Updates AMA and Updates in Wording**

- **F624: Orientation for Transfer or Discharge**
    - Added "facility-initiated" in several areas

- **F626: Permitting Residents to Return to Facility**
    - Wording
    - Guidance updates
    - Not permitting residents to return
    - AMA
    - Composite Distinct Part
    - Summary of Investigative Procedure

Brief Notes on Updates

❑ **F671: Accuracy of Assessments**

"Note: CMS is aware of situations where practitioners have potentially misdiagnosed residents with a condition for which antipsychotics are an approved use (e.g., new diagnosis of schizophrenia) which would then exclude the resident from the long-stay antipsychotic quality measure. For these situations, determine if non-compliance exists for the facility's completion of an accurate assessment. This practice may also require referrals by the facility and/or the survey team to State Medical Boards or Boards of Nursing."

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

Brief Notes on Updates

❑ **F656: Comprehensive Care Plans**

- Services as outlined in the CP must be culturally-competent and trauma informed
- Definitions
- Culturally competent care

❑ **F658: Services Meet Professional Standards of Quality**

- Updates re: practitioners potentially misdiagnosing residents (schizophrenia)

❑ **F659: Services Provided by Qualified Persons**

- Minor guidance updated wording

❑ **F675: Quality of Life**

"Noncompliance which reflects a pervasive disregard for one or more residents' quality of life must be carefully considered for the impact to the resident(s) affected. For concerns which may rise to the level of Immediate Jeopardy, refer to Appendix Q."

Brief Notes on Updates

- **F689: Accidents**
  - Minor wording updates
  - Electronic Cigarettes
  - Wandering and Elopement
  - Safety for residents with Substance Use Disorder (SUD)
  - Restraints and bed rails
  - Deficiency Categorization
- **F690: Incontinence**
  - Fecal incontinence
- **F694: Parenteral Fluids**
  - Definitions
  - Guidance
  - Investigative Procedures

Brief Notes on Updates

- **F697: Pain Management**
  - Definitions
  - Use of Opioids for Pain Management
  - Assessment
  - Substance Abuse and Mental Health Services (SAMHSA)

- **F699: Trauma-Informed Care**
  - Intent
  - Definitions
  - Guidance
  - Assessment
  - Trauma
  - Triggers
  - Culture
  - Cultural Competencies
  - Care Planning to Address Past Trauma
  - Care Planning to Address Cultural Preferences

Brief Note on Updates

- ❑ **F700: Bed Rails**
  - Resident Assessment
  - Informed Consent
  - Appropriate Alternatives
  - Additional information
  - Ongoing Monitoring and Supervision
  - Observation – Resident
- ❑ **F712: Frequency of Physician Visits**
  - Wording
  - Admission Orders
- ❑ **F725: Nursing Services**
  - Procedures
  - Staffing (PBJ)
  - Probes
  - Key Elements of Noncompliance

Brief Notes on Updates

- **F727: RN**
- **F729: Registry verification**
- **F732: Nurse Staffing**
- **F740: Behavioral Health Services**
  - Definitions
  - Guidance
  - Assessment
  - Depression
  - Anxiety and Anxiety Disorders
  - Schizophrenia
  - Bipolar Disorder
  - Deficiency Categorization
  - Potential tags for additional investigation

Brief Noes on Updates

- ❑ **F741**: Sufficient Staff With Appropriate Competences…..
  - ▪ Intent (SUD), PTSD
  - ▪ Definitions
  - ▪ Skill and Competency of Staff
- ❑ **F755:** Pharmacy Services
- ❑ **F758:** Psychotropic Drugs
  - ▪ Definitions
  - ▪ QAPI Program Tracking
  - ▪ Psychotropic meds and Antipsychotic meds guidance
  - ▪ Monitoring
  - ▪ Gradual Dose Reduction
  - ▪ Inadequate Indications for Use

Brief Notes on Updates (Maybe not so brief!)

- ❑ **F812**: **Procure Food Sources**
  - ▪ Definitions
  - ▪ Guidance
  - ▪ Hair Restraints/Jewelry/Nail Polish
  - ▪ Food Distribution
- ❑ **F847: Entering into Binding Arbitration Agreement**
- ❑ **F848**: **Arbitrator/Venue Selection**
- ❑ **F851: Mandatory Submission of Staffing Information**
- ❑ **F865**: **QAPI**
- ❑ **F866:** (had been relocated to **F867**)
- ❑ **F867**: **Program Feedback, Data Systems and Monitoring**
- ❑ **F868: QAA**
  - ▪ IP participation
  - ▪ Definitions
  - ▪ Guidance

Brief Notes on Updates

- **F880: (Significant updates PLUS recent Enhanced Barrier Precautions)**

- **F882: Infection Preventionist**

- **F895: Compliance and Ethics**

- **F919: Resident Call System**

- **F940: Training Requirements**

- **F942: Training Requirements – Resident's Rights**

- **F944: QAPI Training**

- **F945: Infection Control Training**

- **F946: Compliance and Ethics Training**

- **F947: Required Nurse Aide Training**

- **F949: Behavioral Health Training**

Key Updates to Survey Resources and Process

CMS Nursing Homes

An official website of the United States government Here's how you know ⌄

CMS.gov Centers for Medicare & Medicaid Services

About CMS Newsroom Data & Research

Medicare ⌄   Medicaid/CHIP ⌄   Marketplace & Private Insurance ⌄   Priorities ⌄   Training & Education ⌄

⌂ › Medicare › Provider Enrollment and Certification › Quality Safety & Oversight-Guidance To Laws & Regulations › Nursing Homes

Nursing Homes

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

Nursing home surveys are conducted in accordance with survey protocols and Federal requirements to determine whether a citation of non-compliance appropriate. Consolidated Medicare and Medicaid requirements for participation (requirements) for Long Term Care (LTC) facilities (42 CFR part 483, subpart B) were first published in the Federal Register on February 2, 1989 (54 FR 5316). The requirements for participation were recently revised to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. The revisions were published in a final rule that became **effective on November 28, 2016**.

The survey protocols and interpretive guidelines serve to clarify and/or explain the intent of the regulations. All surveyors are required to use them in assessing compliance with Federal requirements. Deficiencies are based on violations of the regulations, which are to be based on observations of the nursing home's performance or practices.

The items in the downloads section below provide additional information about the background and overview of the final rule, frequently asked questions, and other related resources.

Update: April, 2024

CMS consistently strives to improve the effectiveness and efficiency of our nursing home oversight and compliance programs to protect residents' health and safety. In 2017, CMS implemented a new nursing home survey process across all states, in conjunction with the implementation of revised Requirements for Participation for Long Term Care Facilities. Over the last few years, we have continued to improve the consistency, accuracy, and efficiency of the nursing home survey process. We believe it is important to prioritize limited resources toward those areas that pose an increased risk to individuals' health and safety. By modifying some surveys based on compliance and quality history, we will be able to devote more time and resources to nursing homes with lower quality whose residents are at higher risk of harm. This effort to prioritize resources for nursing home surveys has become more pressing as the budget for survey and certification has remained flatlined at $397 million since 2015. Please see the President's Budget for additional information about the President's proposals to shift funding for nursing home surveys from discretionary to mandatory and increase funding to cover 100 percent of statutorily-mandated surveys.

CMS is testing a risk-based survey (RBS) approach that allows consistently higher-quality facilities to receive a more focused survey that takes less time and resources than the traditional standard recertification survey, while ensuring compliance with health and safety standards. Higher quality could be indicated by a history of fewer citations for noncompliance, higher staffing, fewer hospitalizations, and other characteristics (e.g., no citations related to resident harm or abuse, no pending investigations for residents at immediate jeopardy for serious harm, compliance with staffing and data submission requirements). The number of nursing homes that could meet these criteria would be limited, such as up to 10 percent of nursing homes within a state. The survey resources saved by performing a more focused review of the required areas of a standard survey in these higher quality facilities would then be available to perform more timely oversight of facilities where the risks to residents' health and safety are greater. If any concerns about resident safety were encountered during the RBS, it would immediately be expanded. Resident safety will always be prioritized, regardless of the type of survey process. The RBS process would not apply to complaint surveys.
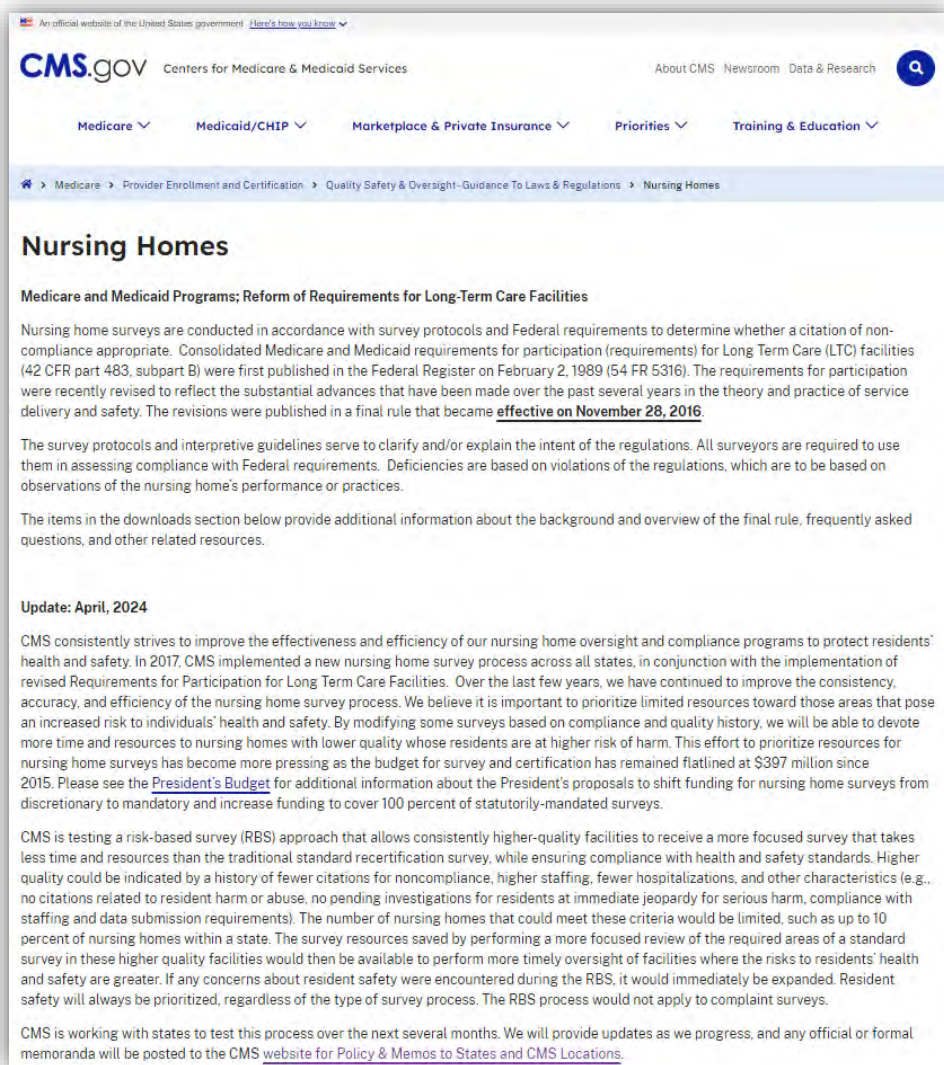
CMS is working with states to test this process over the next several months. We will provide updates as we progress, and any official or formal memoranda will be posted to the CMS website for Policy & Memos to States and CMS Locations.

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

CMS Nursing Homes

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CMS Nursing Homes

Downloads

Exhibit 358 - 11.10.2022 (PDF)

Exhibit 359 - 11.10.2022 (PDF)

CMS-802 (PDF)

LTCSP Initial Pool Care Areas (ZIP)

Initial Surveys (ZIP)

LTCSP Interim Revisit Instructions - Updated 08/03/2018 (PDF)

Appendix PP State Operations Manual (Revised 02/03/2023) (PDF)

Revision History for LTC Survey Process Documents and Files Updated 4/1/2024 (PDF)

Survey Resources (ZIP)

Related Links

Final Rule for Long Term Care

Electronic Code of Federal Regulations

Nursing Home Infection Preventionist Training

MLN - Long Term Care Facilities

Nursing Homes

CMS.gov — Centers for Medicare & Medicaid Services

Nursing Homes

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https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

CMS Revisions History for LTC Survey Process Documents and Files

Revision History for LTC Survey Process Documents and Files

This document will identify revisions made to documents and files that are related to the LTC Survey Process. The revisions will be grouped by effective date.

Effective Date	Document/File Name	Description of Change
04/11/2024	Survey Resources: COVIDE-19 FIC folder	Updated CMS-20054 Infection Prevention Control and Immunization due to QSO-24-08-NH.
04/01/24	Survey Resources	Updated pathways due to QSO-24-08-NH: 1. CMS-20054 Infection Prevention Control and Immunization 2. CMS-20068 Urinary Catheter or UTI 3. CMS-20070 Dental 4. CMS-20071 Dialysis 5. CMS-20078 Pressure Ulcer 6. CMS-20081 Respiratory Care 7. CMS-20093 Tube Feeding CMS-807 (former file name was "Surveyor Notes Worksheet") – made a fillable form
10/26/23	Survey Resources	Updated: CMS-802 – - #6 Excessive Weight Loss without Prescribed Weight Loss program was updated to replace missing text. - #12 Dialysis was updated to increase the size of the row to show all of the text - CMS-20052 Beneficiary Notice, CMS-20065 Activities, CMS-20068 Urinary Catheter or UTI, CMS-20071 Dialysis, CMS-20081 Respiratory Care, CMS-20091 Extended Survey, CMS-20093 Tube Feeding, CMS-20127 Accidents, CMS-20130 Neglect – updated the title tab in the PDF versions

https://www.cms.gov/files/document/revision-history-ltc-survey-process-documents-and-files-updated-4/1/2024.pdf

CMS Survey Resources

LTC Survey Process (LTCSP) Procedure Guide – Updates in Red

1. If the facility failed to submit PBJ data, CE1 (F851) on the Sufficient and Competent Nurse Staffing pathway will automatically be marked as No. Cite F851 at an F-level. Note: If the facility failed to submit PBJ data for a previous quarter but shows evidence that they have corrected the reporting noncompliance, the facility still must be cited, but can be cited at past noncompliance.

 – Document details regarding the staffing concerns (e.g., infraction dates) in the Staffing Notes field.
 – Use the Yes/No drop-down to indicate if the facility has a **nurse staffing waiver** in place.

10/23/23   Page 6

 – Attach the PBJ staffing report by clicking on the paperclip icon on the far-right side and follow the instructions on the screen.

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

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LTC Survey Process (LTCSP) Procedure Guide – Updates in Red

- If you **don't cite a tag,** ensure no residents are checked, mark Don't Cite and include a rationale.
    - If the facility failed to submit PBJ data, F851 will automatically be cited at an F-level. It should be an extremely rare circumstance when a facility is not cited if the PBJ data report indicates they did not submit PBJ data for the quarter. If the team thinks the facility should not be cited, the team coordinator must email NHStaffing@cms.hhs.gov. CMS will respond by the end of the next business day and copy the CMS location.

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

Sample Size and Recommended Surveyors

Long Term Care Survey Process (LTCSP) Procedure Guide
Effective October 23, 2023

Attachment A: Sample Size, Recommended Team Size, Initial Pool Size, and Complaint/FRI Size

This table shows the following survey expectations based on facility census size: recommended number of surveyors, maximum number of complaint/FRI residents that can be included in the initial pool and sample, expected initial pool size, and sample size. Also see "Note on Survey Team Size" below the table.

Facility Census	Recommended # of Surveyors	Max # Complaint/FRI Residents in IP and Sample	Initial Pool Size (approximate)	Sample Size #
1-8	2	5	All residents	All residents
9-15	2	5	All residents	8
16-19	2	5	16	8
20-48	2	5	16	12
49-52	3	6	24	13
53-56	3	6	24	14
57-61	3	7	24	15
62-65	3	7	24	16
66-69	3	7	24	17
70-90	3	8	24	18
91-95	3	8	24	19
96-100	4	9	32	20
101-105	4	9	32	21
106-110	4	9	32	22
111-115	4	10	32	23
116-123	4	10	32	24
124-128	4	10	32	25
129-133	4	10	32	26
134-138	4	11	32	27
139-143	4	11	32	28
144-148	4	11	32	29

Long Term Care Survey Process (LTCSP) Procedure Guide
Effective October 23, 2023

Facility Census	Recommended # of Surveyors	Max # Complaint/FRI Residents in IP and Sample	Initial Pool Size (approximate)	Sample Size #
149-153	4	12	32	30
154-158	4	12	32	31
159-164	4	13	32	32
165-169	4	13	33	33
170-174	4	13	34	34
≥175	5	14	40	35

*For facilities with a census from 149 to 174, if the survey team includes the maximum number of complaint/FRI residents shown in the table, the total number of offsite selected residents combined with the complaint/FRI residents may slightly exceed the initial pool size shown in the table. However, a review of survey data shows teams include more residents in the initial pool than what is required for larger facilities.

Federal Regulatory Groups for Long Term Care
***Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red**
**** Tag to be cited by CMS**

F540	Definitions	483.12	Freedom from Abuse, Neglect, and Exploitation	483.24	Quality of Life
483.10	**Resident Rights**	F600	*Free from Abuse and Neglect	F675	*Quality of Life
F550	*Resident Rights/Exercise of Rights	F602	*Free from Misappropriation/Exploitation	F676	*Activities of Daily Living (ADLs)/ Maintain Abilities
F551	Rights Exercised by Representative	F603	*Free from Involuntary Seclusion	F677	*ADL Care Provided for Dependent Residents
F552	Right to be Informed/Make Treatment Decisions	F604	*Right to be Free from Physical Restraints	F678	*Cardio-Pulmonary Resuscitation (CPR)
F553	Right to Participate in Planning Care	F605	*Right to be Free from Chemical Restraints	F679	*Activities Meet Interest/Needs of Each Resident
F554	Resident Self-Admin Meds-Clinically Appropriate	F606	*Not Employ/Engage Staff with Adverse Actions	F680	*Qualifications of Activity Professional
F555	Right to Choose/Be Informed of Attending Physician	F607	*Develop/Implement Abuse/Neglect, etc. Policies	483.25	**Quality of Care**
F557	Respect, Dignity/Right to have Personal Property	F609	*Reporting of Alleged Violations	F684	Quality of Care
F558	*Reasonable Accommodations of Needs/Preferences	F610	*Investigate/Prevent/Correct Alleged Violation	F685	*Treatment/Devices to Maintain Hearing/Vision
F559	*Choose/Be Notified of Room/Roommate Change			F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers
F560	Right to Refuse Certain Transfers	483.15	**Admission, Transfer, and Discharge**	F687	*Foot Care
F561	*Self Determination	F620	Admissions Policy	F688	*Increase/Prevent Decrease in ROM/Mobility
F562	Immediate Access to Resident	F621	Equal Practices Regardless of Payment Source	F689	*Free of Accident Hazards/Supervision/Devices
F563	Right to Receive/Deny Visitors	F622	Transfer and Discharge Requirements	F690	*Bowel/Bladder Incontinence, Catheter, UTI
F564	Inform of Visitation Rights/Equal Visitation Privileges	F623	Notice Requirements Before Transfer/Discharge	F691	*Colostomy, Urostomy, or Ileostomy Care
F565	*Resident/Family Group and Response	F624	Preparation for Safe/Orderly Transfer/Discharge	F692	*Nutrition/Hydration Status Maintenance
F566	Right to Perform Facility Services or Refuse	F625	Notice of Bed Hold Policy Before/Upon Transfer	F693	*Tube Feeding Management/Restore Eating Skills
F567	Protection/Management of Personal Funds	F626	Permitting Residents to Return to Facility	F694	*Parenteral/IV Fluids
F568	Accounting and Records of Personal Funds	483.20	**Resident Assessments**	F695	*Respiratory/Tracheostomy care and Suctioning
F569	Notice and Conveyance of Personal Funds	F635	Admission Physician Orders for Immediate Care	F696	*Prostheses
F570	Surety Bond - Security of Personal Funds	F636	Comprehensive Assessments & Timing	F697	*Pain Management
F571	Limitations on Charges to Personal Funds	F637	Comprehensive Assmt After Significant Change	F698	*Dialysis
F572	Notice of Rights and Rules	F638	Quarterly Assessment At Least Every 3 Months	F699	*Trauma Informed Care
F573	Right to Access/Purchase Copies of Records	F639	Maintain 15 Months of Resident Assessments	F700	*Bedrails
F574	Required Notices and Contact Information	F640	Encoding/Transmitting Resident Assessment	483.30	**Physician Services**
F575	Required Postings	F641	Accuracy of Assessments	F710	Resident's Care Supervised by a Physician
F576	Right to Forms of Communication with Privacy	F642	Coordination/Certification of Assessment	F711	Physician Visits- Review Care/Notes/Order
F577	Right to Survey Results/Advocate Agency Info	F643	Coordination of PASARR and Assessments	F712	Physician Visits-Frequency/Timeliness/Alternate NPPs
F578	Request/Refuse/Discontinue Treatment;Formulate Adv Di	F645	PASARR Screening for MD & ID	F713	Physician for Emergency Care, Available 24 Hours
F579	Posting/Notice of Medicare/Medicaid on Admission	F646	MD/ID Significant Change Notification	F714	Physician Delegation of Tasks to NPP
F580	Notify of Changes (Injury/Decline/Room, Etc.)	483.21	**Comprehensive Resident Centered Care Plan**	F715	Physician Delegation to Dietitian/Therapist
F582	Medicaid/Medicare Coverage/Liability Notice	F655	Baseline Care Plan	483.35	**Nursing Services**
F583	Personal Privacy/Confidentiality of Records	F656	Develop/Implement Comprehensive Care Plan	F725	Sufficient Nursing Staff
F584	*Safe/Clean/Comfortable/Homelike Environment	F657	Care Plan Timing and Revision	F726	Competent Nursing Staff
F585	Grievances	F658	Services Provided Meet Professional Standards	F727	RN 8 Hrs/7 days/Wk, Full Time DON
F586	Resident Contact with External Entities	F659	Qualified Persons	F728	Facility Hiring and Use of Nurse
		F660	Discharge Planning Process	F729	Nurse Aide Registry Verification, Retraining
		F661	Discharge Summary	F730	Nurse Aide Perform Review – 12Hr/Year In- service
				F731	Waiver-Licensed Nurses 24Hr/Day and RN Coverage
				F732	Posted Nurse Staffing Information

F-Tag List Updated June 2023

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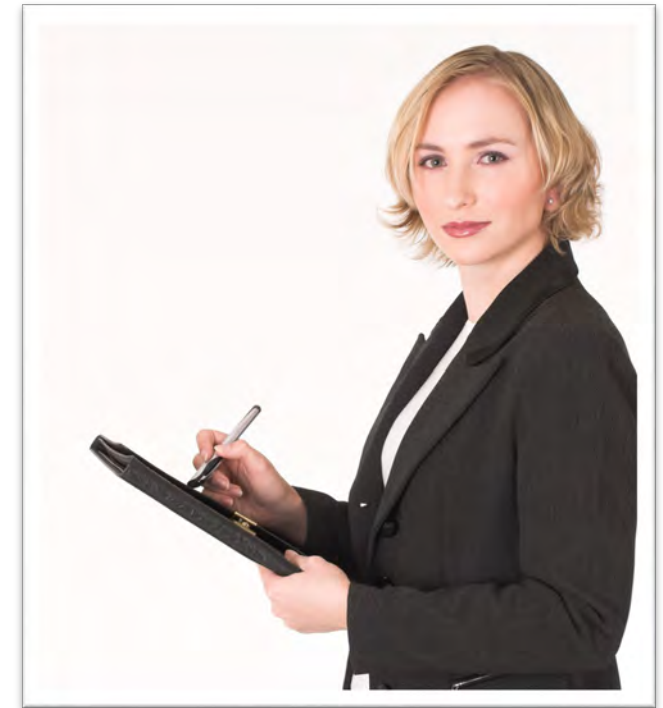|					
483.40	**Behavioral Health**	F811	Feeding Asst -Training/Supervision/Resident	**483.90**	**Physical Environment**
F740	Behavioral Health Services	F812	Food Procurement, Store/Prepare/Serve - Sanitary	F906	Emergency Electrical Power System
F741	Sufficient/Competent Staff-Behav Health Needs	F813	Personal Food Policy	F907	Space and Equipment
F742	*Treatment/Svc for Mental/Psychosocial Concerns	F814	Dispose Garbage & Refuse Properly	F908	Essential Equipment, Safe Operating Condition
F743	*No Pattern of Behavioral Difficulties Unless Unavoidable	**483.65**	**Specialized Rehabilitative Services**	F909	Resident Bed
F744	*Treatment /Service for Dementia	F825	Provide/Obtain Specialized Rehab Services	F910	Resident Room
F745	*Provision of Medically Related Social Services	F826	Rehab Services- Physician Order/Qualified Person	F911	Bedroom Number of Residents
483.45	**Pharmacy Services**	**483.70**	**Administration**	F912	Bedrooms Measure at Least 80 Square Ft/Resident
F755	Pharmacy Svcs/Procedures/Pharmacist/ Records	F835	Administration	F913	Bedrooms Have Direct Access to Exit Corridor
F756	Drug Regimen Review, Report Irregular, Act On	F836	License/Comply w/Fed/State/Local Law/Prof Std	F914	Bedrooms Assure Full Visual Privacy
F757	*Drug Regimen is Free From Unnecessary Drugs	F837	Governing Body	F915	Resident Room Window
F758	*Free from Unnec Psychotropic Meds/PRN Use	F838	Facility Assessment	F916	Resident Room Floor Above Grade
F759	*Free of Medication Error Rate sof 5% or More	F839	Staff Qualifications	F917	Resident Room Bed/Furniture/Closet
F760	*Residents Are Free of Significant Med Errors	F840	Use of Outside Resources	F918	Bedrooms Equipped/Near Lavatory/Toilet
F761	Label/Store Drugs & Biologicals	F841	Responsibilities of Medical Director	F919	Resident Call System
483.50	**Laboratory, Radiology, and Other Diagnostic Services**	F842	Resident Records - Identifiable Information	F920	Requirements for Dining and Activity Rooms
F770	Laboratory Services	F843	Transfer Agreement	F921	Safe/Functional/Sanitary/ Comfortable Environment
F771	Blood Blank and Transfusion Services	F844	Disclosure of Ownership Requirements	F922	Procedures to Ensure Water Availability
F772	Lab Services Not Provided On-Site	F845	Facility closure-Administrator	F923	Ventilation
F773	Lab Svs Physician Order/Notify of Results	F846	Facility closure	F924	Corridors Have Firmly Secured Handrails
F774	Assist with Transport Arrangements to Lab Svcs	F847	Enter into Binding Arbitration Agreements	F925	Maintains Effective Pest Control Program
F775	Lab Reports in Record-Lab Name/Address	F848	Select Arbitrator/Venue, Retention of Agreements	F926	Smoking Policies
F776	Radiology/Other Diagnostic Services	F849	Hospice Services	**483.95**	**Training Requirements**
F777	Radiology/Diag. Svcs Ordered/Notify Results	F850	*Qualifications of Social Worker >120 Beds	F940	Training Requirements - General
F778	Assist with Transport Arrangements to Radiology	F851	Payroll Based Journal	F941	Communication Training
F779	X-Ray/Diagnostic Report in Record-Sign/Dated	**483.75**	**Quality Assurance and Performance Improvement**	F942	Resident's Rights Training
483.55	**Dental Services**	F865	QAPI Program/Plan, Disclosure/Good Faith Attempt	F943	Abuse, Neglect, and Exploitation Training
F790	Routine/Emergency Dental Services in SNFs	F867	QAPI/QAA Improvement Activities	F944	QAPI Training
F791	Routine/Emergency Dental Services in NFs	F868	QAA Committee	F945	Infection Control Training
483.60	**Food and Nutrition Services**	**483.80**	**Infection Control**	F946	Compliance and Ethics Training
F800	Provided Diet Meets Needs of Each Resident	F880	Infection Prevention & Control	F947	Required In-Service Training for Nurse Aides
F801	Qualified Dietary Staff	F881	Antibiotic Stewardship Program	F948	Training for Feeding Assistants
F802	Sufficient Dietary Support Personnel	F882	Infection Preventionist Qualifications/Role	F949	Behavioral Health Training
F803	Menus Meet Res Needs/Prep in Advance/Followed	F883	*Influenza and Pneumococcal Immunizations		
F804	Nutritive Value/Appear, Palatable/Prefer Temp	F884	**Reporting – National Health Safety Network		
F805	Food in Form to Meet Individual Needs	F885	Reporting – Residents, Representatives & Families		
F806	Resident Allergies, Preferences and Substitutes	F887	COVID-19 Immunization		
F807	Drinks Avail to Meet Needs/P references/ Hydration				
F808	Therapeutic Diet Prescribed by Physician				
F809	Frequency of Meals/Snacks at Bedtime	**483.85**	**Compliance and Ethics Program**		
F810	Assistive Devices - Eating Equipment/Utensils	F895	Compliance and Ethics Program		

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

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Offsite Preparation Worksheet

Offsite Preparation Worksheet

Survey Date: ___ Previous Recertification Survey Date: ___ Offsite Review Date: ___
Facility Name: ___ EventID: ___
Administrator Name: ___
Team (List Coordinator First): ___

☐ Review the CASPER 3 report to determine whether the facility has any patterns of repeat deficiencies.

☐ Results from the last Standard survey.

☐ Review complaints since the last Standard survey. ___
☐ Review facility reported incidents (FRIs) since the last Standard survey. ___

☐ Review the CASPER PBJ Staffing Data Report for identified concerns regarding staffing.

Mark all that apply and the applicable quarter.

Concern	Selected	FY Quarter	Year
Low weekend staffing	☐		
RN coverage for 8 consecutive hours/day	☐		
Licensed nurses for 24 hours/day	☐		
1 star staffing rating	☐		
Failed to submit PBJ data*	☐		

If the facility failed to submit PBJ data, F851 (CE1) on the Sufficient and Competent Nurse Staffing pathway cite at Severity/Scope of F.

Staffing Notes: ___
Note any nurse staffing waiver for onsite review. ___

☐ List active Complaints and FRIs that will be investigated during this survey. Document the following: the complaint/FRI details; whether a complaint/FRI resident is also offsite selected; and link from the ACTS allegation to the LTCSP (i.e., initial pool, facility task, directly to investigation, closed record). Assign a surveyor.

☐ Was abuse cited on the prior standard survey or have there been any abuse allegations or citations for complaints? ___
☐ Note any federal waivers/variances for onsite review. ___

☐ Note any active enforcement cases (resident/issues/dates/reason) that shouldn't be investigated: ___

☐ Ombudsman Name : ___ Ombudsman Contact date: ___
Ombudsman's Phone Number: ___
Ombudsman Area(s) of Concern: ___
☐ Mandatory facility task assignments:
1) Dining Observation ___
2) Infection Control and Immunizations ___
3) Kitchen/Food Service Observation ___

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4) Beneficiary Notification Review ___
5) Medication Administration ___
6) Med Storage and Labeling ___
7) QAPI/QAA ___
8) Resident Council ___
9) Sufficient and Competent Nurse Staffing ___
☐ Team unit assignments: ___

FORM CMS-20044 (10/2023) 2

Facility Entrance Survey Process

❖ Meet with the Administrator

❖ Conduct *brief* Entrance Conference to communicate to Administrator what is needed

❖ Request Administrator to contact the Medical Director

❖ Exclude bed holds from census number

❖ Request Facility Assessment upfront

❖ Ask if the facility has asked a resident/representative to inter into a binding arbitration agreement

❖ Surveyor assigned will immediately go to the kitchen based on the critical element pathway

❖ All other surveyors will go to assigned areas

❖ Request client roster and note new admissions in the past 30-days

Entrance Conference Form – 4 Pages

ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE

- ❑ 1. Census number
- ❑ 2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
- ❑ 3. An alphabetical list of all residents (note any resident out of the facility).
- ❑ 4. A list of residents who smoke, designated smoking times, and locations.

ENTRANCE CONFERENCE

- ❑ 5. Conduct a brief Entrance Conference with the Administrator. Ask the Administrator to make the Medical Director aware that the survey team is conducting a survey. Offer an opportunity to the Medical Director to provide feedback to the survey team during the survey period if needed.
- ❑ 6. Information regarding full time DON coverage (verbal confirmation is acceptable).
- ❑ 7. Information about the facility's emergency water source (verbal confirmation is acceptable).
- ❑ 8. Signs announcing the survey that are posted in high-visibility areas.
- ❑ 9. A copy of an updated facility floor plan, if changes have been made, including COVID-19 observation and COVID-19 units.
- ❑ 10. Name of Resident Council President.
- ❑ 11. Provide the facility with a copy of the CASPER 3.
- ❑ 12. Does the facility offer arbitration agreements? If so, please provide a sample copy.
- ❑ 13. Has the facility asked any residents or their representatives to enter into a binding arbitration agreement?
- ❑ 14. Name of the staff responsible for the binding arbitration agreements.

INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE

- ❑ 15. Schedule of mealtimes, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
- ❑ 16. Schedule of Medication Administration times.
- ❑ 17. Number and location of med storage rooms and med carts.
- ❑ 18. The actual working schedules for all staff, separated by departments, for the survey time period.
- ❑ 19. List of key personnel, location, and phone numbers including the Medical Director and contract staff (e.g., rehab services).
- ❑ 20. If the facility employs paid feeding assistants, provide the following information:
  - a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training;
  - b) A list of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks;
  - c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.
- ❑ 21. Name of the facility's infection preventionist (IP). Documentation of the IP's primary professional training and evidence of completion of specialized training in infection prevention and control.

INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE

- ❑ 22. Complete the matrix for all other residents. The TC confirms the matrix was completed accurately.
- ❑ 23. Admission packet.
- ❑ 24. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.

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- ❑ 25. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
- ❑ 26. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
- ❑ 27. Does the facility have an onsite separately certified ESRD unit?
- ❑ 28. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).
- ❑ 29. Infection Prevention and Control Program Standards, Policies and Procedures, including:
  - the surveillance plan;
  - Antibiotic Stewardship program; and
  - Influenza, Pneumococcal, and COVID-19 Immunization Policy & Procedures.
- ❑ 30. QAA committee information (name of contact, names of members and frequency of meetings).
- ❑ 31. QAPI Plan.
- ❑ 32. Abuse Prohibition Policy and Procedures.
- ❑ 33. Description of any experimental research occurring in the facility.
- ❑ 34. Facility assessment.
- ❑ 35. Nurse staffing waivers.
- ❑ 36. List of rooms meeting any one of the following conditions that require a variance:
  - Less than the required square footage
  - More than four residents

INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY

- ❑ 37. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident's medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 4 which is titled "Electronic Health Record Information."
- ❑ 38. Provide a list of residents, who are currently residing in the facility, that have entered into a binding arbitration agreement on or after 9/16/2019.
- ❑ 39. Provide a list of residents who resolved disputes through arbitration on or after 9/16/2019.

INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE

- ❑ 40. Completed Medicare/Medicaid Application (CMS-671).
- ❑ 41. Please complete the attached form on page 3 which is titled "Beneficiary Notice - Residents Discharged Within the Last Six Months".

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https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

Entrance Conference Form – 4 Pages

ENTRANCE CONFERENCE WORKSHEET

Beneficiary Notice - Residents Discharged Within the Last Six Months

Please complete and return this worksheet to the survey team within 24 hours. Please provide a list of residents who were discharged from a Medicare covered Part A stay with benefit days remaining in the past 6 months. Please indicate if the resident was discharged home or remained in the facility. (Note: Exclude beneficiaries who received Medicare Part B benefits only, were covered under Medicare Advantage insurance, expired, or were transferred to an acute care facility or another SNF during the sample date range).

Resident Name	Discharge Date	Discharged to:	
		Home/Lesser Care	Remained in facility
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

ENTRANCE CONFERENCE WORKSHEET
ELECTRONIC HEALTH RECORD (EHR) INFORMATION

Please provide the following information to the survey team before the end of the first day of survey.

Provide specific instructions on where and how surveyors can access the following information in the EHR (or in the hard copy if using split EHR and hard copy system) for the initial pool record review process. Surveyors require the same access staff members have to residents' EHRs in a read-only format.	
Example: Medications	EHR: Orders – Reports – Administration Record – eMAR – Confirm date range – Run Report
Example: Hospitalization	EHR: Census (will show in/out of facility) MDS (will show discharge MDS) Prog Note – View All - Custom – Created Date Range - Enter time period leading up to hospitalization – Save (will show where and why resident was sent)
1. Pressure ulcers	
2. Dialysis	
3. Infections	
4. Nutrition	
5. Falls	
6. ADL status	
7. Bowel and bladder	
8. Hospitalization	
9. Elopement	
10. Change of condition	
11. Medications	
12. Diagnoses	
13. PASARR	
14. Advance directives	
15. Hospice	
16. COVID-19 test results	

Please provide name and contact information for IT and back-up IT for questions:

IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

Care Areas and Probes

COVID-19 FIC Survey	File folder					4/11/2024 3:22 PM
LTC Survey Pathways	File folder					3/25/2024 7:52 AM
LTCSP Initial Pool Care Areas	File folder					2/1/2024 2:49 PM
2022 Summary of Major Software E...	Adobe Acrobat Document	93 KB	No	106 KB	13%	9/27/2022 11:28 AM
Appendix PP State Operations Man...	Adobe Acrobat Document	4,179 KB	No	4,469 KB	7%	2/13/2023 8:15 AM
Appendix Q	Adobe Acrobat Document	497 KB	No	540 KB	8%	9/11/2019 8:29 AM
Appendix Z State Operations Manual	Adobe Acrobat Document	760 KB	No	799 KB	5%	5/9/2022 9:41 AM
Chapter 7 State Operations Manual	Adobe Acrobat Document	1,023 KB	No	1,093 KB	7%	2/13/2023 8:14 AM
CMS-802	Adobe Acrobat Document	201 KB	No	230 KB	13%	10/25/2023 8:48 AM
CMS-807	Adobe Acrobat Document	42 KB	No	51 KB	19%	3/12/2024 10:20 AM
Editing and Finalizing Statements o...	Adobe Acrobat Document	324 KB	No	382 KB	16%	5/2/2018 3:06 PM
Entrance Conference Form	Adobe Acrobat Document	186 KB	No	210 KB	12%	8/30/2023 10:10 AM
Immediate Jeopardy Template	Microsoft Word Document	14 KB	No	17 KB	18%	3/14/2019 9:50 AM
Immediate Jeopardy Template	Adobe Acrobat Document	23 KB	No	29 KB	21%	3/14/2019 9:50 AM
List-of-Revised-FTags	Adobe Acrobat Document	179 KB	No	194 KB	8%	6/2/2023 7:55 AM
LTCSP Mapping Document_Stream...	Adobe Acrobat Document	288 KB	No	300 KB	5%	9/27/2023 12:11 PM
LTCSP Procedure Guide	Adobe Acrobat Document	764 KB	No	795 KB	4%	3/20/2024 12:50 PM
LTCSP_Complaints_12.2.0_FINAL	Adobe Acrobat Document	625 KB	No	675 KB	8%	10/19/2022 8:12 AM
LTCSP_UG_12.4.4.0_FINAL	Adobe Acrobat Document	9,277 KB	No	10,085 KB	9%	10/11/2023 3:58 PM
Offsite Prep Worksheet	Microsoft Word Document	33 KB	No	39 KB	16%	9/27/2023 11:17 AM
Principles of Documentation	Adobe Acrobat Document	138 KB	No	393 KB	65%	5/2/2018 3:06 PM
Psychosocial Severity Guide	Adobe Acrobat Document	217 KB	No	224 KB	3%	10/3/2022 2:01 PM
Scope_Severity Grid	Adobe Acrobat Document	115 KB	No	133 KB	14%	7/24/2018 3:32 PM
SOG_IJStateEndDateDetermination-1	Adobe Acrobat Document	82 KB	No	86 KB	6%	9/7/2022 3:52 PM
SOG_SingularEventDetermination-1	Adobe Acrobat Document	106 KB	No	120 KB	12%	9/7/2022 3:52 PM
Survey Instructions if you Encount...	Adobe Acrobat Document	293 KB	No	374 KB	22%	10/5/2022 1:59 PM

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

Initial Pool Areas – Resident **Interview** (11 Pages)

Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Choices	• Are you able to make choices about your daily life that are important to you? • I'd like to talk to you about your choices. Are you able to get up and go to bed when you want to? • How about bathing, are you able to choose a bath or shower? Do you choose how often you bathe? • How about food, does the facility honor your preferences or requests regarding meal times, food and fluid choices? • How about activities, are you able to choose when you go to activities? • How about meds, are you able to choose when you receive your medications? • Did you choose your doctor? Do you know their name and how to contact them? • Can you have visitors any time or are there restricted times?	No Issues/NA Further Investigation
Activities	• Do you participate in activities here? If not, why? • Do the activities meet your interests? If not, what type of activities would you like the facility to offer? • Are activities offered on the weekends and evenings? If not, would you like to have activities on the weekends or in the evenings? • Do staff provide activities you can do on your own (cards, books, other)? If resident is in the facility for rehab or is a young resident who says they don't care to participate in the activities, determine: • If it is because the activities don't interest them. or • If they wouldn't participate in activities no matter what was offered. If they don't want to participate in activities (offered or not), then mark activities as No Issues.	No Issues/NA Further Investigation

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Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Dignity	• Do staff treat you with respect and dignity? • Do you have any concerns about how staff treat you? If so, please describe. • Do you have any concerns about how staff treat other residents in the facility? If so, please describe. • Have you shared with staff any of your concerns about how you or other residents are treated? If so, what happened? • *Have staff searched you, your room, or your belongings without your permission? If so, what happened?* • *Did they tell you the reason for the search?* NOTE: If abuse is suspected, mark abuse as Further Investigation.	No Issues/NA Further Investigation

Abuse	Describe any instances where staff:
	  o Made you feel afraid or humiliated/degraded
	  o Said mean things to you
	  o Hurt you (hit, slapped, shoved, handled you roughly)
	  o Made you feel uncomfortable (touched you inappropriately)
	• Have you seen or heard of any residents being treated in any of these ways?
	• Did you tell anyone about what happened (e.g., staff, family, or other residents)? What was their response?
	
	NOTE: If you receive an allegation of abuse, immediately report this to the facility administrator, or his/her designated representative if the administrator is not present.
	
	If the concern is dignity related, mark dignity as Further Investigation.
		No Issues/NA
		
		Further Investigation

Resident-to-Resident Interaction	• Have you had any confrontations with other residents? If so, please describe. • Have you reported this to anyone (e.g., staff, family, or other residents)? If so, what happened afterwards?	No Issues/NA Further Investigation
Privacy	• If the resident has a roommate, ask: Do you feel like you can have a private conversation with your family or a visitor if your roommate is here? • Does staff provide you privacy when they are helping you to bathe or dress, or providing treatments? • Do you have privacy when on the telephone?	No Issues/NA Further Investigation

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https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

Initial Pool Areas – Resident Observation (11 Pages)

Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
Activities	• Did you observe the resident in activities? • Is the resident actively participating or engaged in activities? • Do staff encourage the resident to participate? • Is a younger resident engaged in age appropriate activities? • Are there a variety of activities available for all residents?	No Issues/NA Further Investigation

Dignity	• Observe to determine whether staff failed to:
	  o Knock/ask permission to enter room or wait to enter until permission given
	  o Explain service or care to be provided
	  o Include resident in conversations while providing care or services
	  o Provide visual privacy of resident's body while transporting through common areas, or uncovered in their room but visible to others
	  o Cover a urinary catheter bag/other body fluid collection device
	  o Respond to the resident's call for assistance in a timely manner
	  o Clothing and face soiled after meals
	  o Poorly fitting clothing
	
	• Staff did the following:
	  o Used a label for resident (e.g., "feeder" or "honey")
	  o Posted confidential clinical/personal care instructions in viewable areas
	  o Dressed resident in institutional fashion (e.g., hospital type gown during day)
	  o Labeled clothes with resident's name visible
	  o Searched the resident, the room, and/or their personal belongings without the resident or resident representative's permission or explaining the reason for the search.
	• Any other identified dignity concerns?
		No Issues/NA
		
		Further Investigation

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Initial Pool Process: Resident Observation

Care Area	Probes	Response Options

Abuse	• Is there evidence of indicators of possible abuse?
	  o Fractures, sprains or dislocations
	  o Burns, blisters, or scalds on the hands or torso
	  o Bite marks, scratches, skin tears, and lacerations including those that are in locations that would unlikely result from an accident
	  o Bruises or injuries, including those found in unusual locations such as the head (e.g., black eye, broken /missing teeth), neck, lateral locations on the arms, posterior torso and trunk, or shapes (e.g., finger imprints)
	  o Fear of others
	• Is the resident exhibiting any aggressive behavior (verbal or physical) to other residents?
	  o Hitting, striking out at others, kicking, pushing
	  o Threatening others
	
	Note: If you witness an act of abuse, you must immediately report this observation to the administrator, or his/her designated representative if the administrator is not present.
		No Issues/NA
		
		Further Investigation

Privacy	• Bedrooms are not equipped to assure full privacy (e.g., ceiling suspended curtains, moveable screens, private rooms, etc.)
	• Is personal privacy assured for:
	  o Electronic communications
	  o Personal care
	  o Medical treatments
	  o Communication to residents and representatives regarding the resident's condition that cannot be overheard
		No Issues/NA
		
		Further Investigation

Accommodation of Needs (physical)	• Are any of the following observed?
	  o Difficulty opening and closing drawers and turning faucets on and off
	  o Unable to see him/herself in a mirror and have items easily within reach while using the sink
	  o Difficulty opening and closing bedroom and bathroom doors, accessing areas of their room and bath, and operating room lighting
	  o Difficulty performing other desired tasks such as turning a table light on and off
	  o Difficulty or inability to use the call device
	• Observe for alternatives to traditional call systems such as tabs, pads, air puff call lights.
	• Is adaptive equipment available and used?
		No Issues/NA
		
		Further Investigation

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https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

Initial Pool Process – Limited Record Review

Initial Pool Process – Limited Record Review

Care Area	Probe	Response Options
For **any resident marked as non-interviewable, refused, unavailable or out of facility** the following areas should be reviewed in the record regardless of whether the area is an indicator for the resident.		
Pressure Ulcers	• Did the resident develop a pressure ulcer in the facility that has not healed? • Did the resident have a pressure ulcer that worsened and hasn't improved recently? • *Does the resident currently have a pressure ulcer that became infected in the facility?* Note: Exclude Stage 1 pressure ulcers.	No Issues/NA Further Investigation MDS Discrepancy
Dialysis	• Is the resident receiving peritoneal dialysis or hemodialysis?	No Issues Further Investigation NA MDS Discrepancy
Nutrition	• Did the resident have an unplanned weight loss of 5% or more in the last month or 10% or more in the last 6 months? • Does the resident still have weight loss? Note: Exclude residents currently receiving hospice or end of life services.	No Issues/NA Further Investigation MDS Discrepancy
Respiratory Infection	• Does the resident currently have a respiratory infection?	No Issues/NA Further Investigation MDS Discrepancy
Urinary Tract Infection (UTI)	• Does the resident currently have a UTI?	No Issues/NA Further Investigation MDS Discrepancy
Infections (not UTI, Pressure Ulcer, or Respiratory)	• Does the resident currently have any other infection (e.g., surgical infection, eye infection, *C. difficile, sepsis, or gastroenteritis such as norovirus*)?	No Issues/NA Further Investigation MDS Discrepancy

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Initial Pool Process – Limited Record Review

Care Area	Probe	Response Options
Falls	• Did the resident have a fall(s) with major injury in the last 120 days?	No Issues/NA Further Investigation MDS Discrepancy
ADL Decline	• Has the resident had a decline in their bed mobility, transfer, eating or toilet use recently and is not receiving therapy or restorative for the decline in the last 120 days?	No Issues/NA Further Investigation MDS Discrepancy
Low Risk B&B	• Is the resident incontinent of bowel or bladder and not at a high risk for incontinence issues? Note: High risk means the resident is cognitively impaired, receives hospice or end of life services, or requires extensive to total assistance from staff with bed mobility, transfers, toileting or locomotion.	No Issues/NA Further Investigation MDS Discrepancy
Hospitalization	• Was the resident re-hospitalized in the last 120 days?	No Issues/NA Further Investigation MDS Discrepancy
Elopement	• Is the resident at risk for elopement? • Has the resident eloped in the last *120 days*?	No Issues/NA Further Investigation MDS Discrepancy
Change of Condition	• Has the resident had a change of condition in the last 120 days that was not identified, monitored or treated appropriately?	No Issues/NA Further Investigation
For **all residents** who are observed during the initial pool process, the record is reviewed for high risk meds and PASRR only if the resident has the indicator present.		
Insulin	• Is the resident currently receiving insulin?	Yes No MDS Discrepancy
Anticoagulant	• Is the resident currently receiving an anticoagulant?	Yes No MDS Discrepancy

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Initial Pool Process: Resident Representative Interview

Family member's name, relationship, and phone number if contacted by phone:

_____

Care Area	Probes	Response Options
Choices	• Is [resident's name] able to make choices about his/her daily life that are important to [resident's name]? • I'd like to talk to you about [resident's name] choices. Is [resident' name] able to get up and go to bed when he/she wants to? • How about bathing, is [resident's name] able to choose a bath or shower? Does [resident's name] choose how often he/she bathes? • How about food, does the facility honor [resident's name] preferences or requests regarding meal times, food and fluid choices? • How about activities, is [resident's name] able to choose when he/she goes to activities? • How about meds, is [resident's name] able to choose when he/she receives medications? • Did [resident's name] choose his/her doctor? Does [resident's name] know their name and how to contact them? • Can [resident's name] have visitors any time or are there restricted times?	No Issues/NA Further Investigation
Activities	• Does [resident's name] participate in activities here? If not, why? • Do the activities meet [resident's name] interests? If not, what type of activities would [resident's name] like the facility to offer? • Are activities offered on the weekends and evenings? If not, would [resident's name] like to have activities on the weekends or in the evenings? • Does staff provide activities [resident's name] can do on his/her own (cards, books, other)?	No Issues/NA Further Investigation

Care Area	Probes	Response Options
Dignity	• Does staff treat [resident's name] with respect and dignity? • Do you have any concerns about how staff treat [resident's name]? If so, please describe. • Do you have any concerns about how staff treat other residents in the facility? If so, please describe. • Have you shared with staff any of your concerns about how [resident's name] or other residents are treated? If so, what happened? • _Have staff searched [resident's name], his/her room or belongings without your permission? If so, what happened?_ • _Did they tell you the reason for the search?_ NOTE: If abuse is suspected, mark abuse as Further Investigation.	No Issues/NA Further Investigation

Abuse	Describe any instances where staff:
	  o Made [resident's name] feel afraid or humiliated/degraded
	  o Said mean things to [resident's name]
	  o Hurt [resident's name] (hit, slapped, shoved, handled [resident's name] roughly)
	  o Made [resident's name] feel uncomfortable (touched [resident's name] inappropriately)
	• Have you seen or heard of any residents being treated in any of these ways?
	• Did you tell anyone about what happened (e.g., staff, family, or other residents)? What was their response?
	
	NOTE: If you receive an allegation of abuse, immediately report this to the facility administrator, or his/her designated representative if the administrator is not present.
	
	If the concern is dignity related, mark dignity as Further Investigation.
		No Issues/NA
		
		Further Investigation

Resident-to-Resident Interaction	• Has [resident's name] had any confrontations with other residents? If so, please describe. • Have you reported this to anyone (e.g., staff, family, or other residents)? If so, what happened afterwards?	No Issues/NA Further Investigation

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

CMS 802 – Matrix for Providers

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

Mandatory Tasks

Medication Administration	Medication Storage	QAA/QAPI Review	Resident Council Meeting
Sufficient and Competent Staff Review	Dining	Infection Prevention and Control Program	Kitchen

Life Safety and Emergency Preparedness

❖ Documentation of automatic fire alarm system

❖ Annual fire door and sprinkler inspection

❖ Range hood suppression system

❖ Fire drills last 12 months

❖ Documentation of flame-resistant materials

❖ Generator logs

❖ Fire Watch

❖ Smoking policy

❖ Water outages

❖ Disaster Plan

Common Additional Requests

- ❖ CLIA Waiver

- ❖ Surety Bond

- ❖ CPR Policy and Certified Employees

- ❖ Current Activity Schedule

- ❖ List of Volunteers

- ❖ Current Employees

- ❖ Discharge, transfer and admissions last 3 months

Infection Prevention: Update

CMS QSO-24-08-NH

Enhanced Barrier Precautions in Nursing Homes

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-24-08-NH

DATE: March 20, 2024

TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG)

SUBJECT: Enhanced Barrier Precautions in Nursing Homes

Memorandum Summary

- CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards.
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status.
- The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control.

Background:

Multidrug-resistant organism (MDRO) transmission is common in long term care (LTC) facilities (i.e., nursing homes), contributing to substantial resident morbidity and mortality and increased healthcare costs. Many residents in nursing homes are at increased risk of becoming colonized and developing infections with MDROs.

In 2019, CDC introduced a new approach to the use of personal protective equipment (PPE) called Enhanced Barrier Precautions (EBP) as a strategy in nursing homes to decrease transmission of CDC-targeted and epidemiologically important MDROs when contact precautions do not apply. The approach recommended gown and glove use for certain residents during specific high-contact resident care activities associated with MDRO transmission and did not involve resident room restriction.

As described in the Healthcare Infection Control Practices Advisory Committee (HICPAC) white paper, "Consideration for the Use of Enhanced Barrier Precautions in Skilled Nursing Facilities" dated June 2021, more than 50% of nursing home residents may be colonized with an MDRO. This report noted that the use of contact precautions to prevent MDRO transmission involves restricting residents to their rooms, which may negatively impact a resident's quality of life and psychosocial well-being. As a result, many nursing homes only implemented contact precautions when residents are infected with an MDRO.

Page 1 of 5

In July 2022, the CDC released updated EBP recommendations for "Implementation of PPE Use in nursing homes to prevent spread of MDROs," and therefore, CMS is updating its infection prevention and control guidance accordingly. The recommendations now include the use of EBP during high-contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their MDRO status, in addition to residents who have an infection or colonization with a CDC-targeted or other epidemiologically important MDRO when contact precautions do not apply.

This new guidance related to EBP is being incorporated in F880 Infection Prevention and Control to assist LTC surveyors when evaluating the use of enhanced barrier precautions in nursing homes. We note that facilities have some discretion when implementing EBP and balancing the need to maintain a homelike environment for residents.

Regulations and Guidance:

F880
§483.80 Infection Control
The 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.

§483.80(a) Infection prevention and control program.
The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

* * * * *

GUIDANCE
"Enhanced Barrier Precautions" (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities.

EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.

EBP are indicated for residents with any of the following:
- Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or
- Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.

Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage (e.g., Band-Aid®) or similar dressing. Examples of

chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers.

Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies. A peripheral intravenous line (not a peripherally inserted central catheter) is not considered an indwelling medical device for the purpose of EBP.

EBP should be used for any residents who meet the above criteria, wherever they reside in the facility.

Facilities **have discretion** in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by CDC.

Table 1: Implementing Contact versus Enhanced Barrier Precautions

This table only applies to MDROs, not all pathogens that may require use of transmission-based precautions.

Resident Status	Contact Precautions	Use EBP
Infected or colonized with any MDRO and has secretions or excretions that are unable to be covered or contained.	Yes	No
Infected or colonized with a CDC-targeted MDRO **without** a wound, indwelling medical device or secretions or excretions that are unable to be covered or contained.	No	Yes
Infected or colonized with a non-CDC targeted MDRO **without** a wound, indwelling medical device, or secretions or excretions that are unable to be covered or contained.	No	At the discretion of the facility
Has a wound or indwelling medical device, **and** secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	Yes, unless/until a specific organism is identified.	Yes, if they do not meet the criteria for contact precautions.
Has a wound or indwelling medical device, **without** secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	No	Yes

Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen.

https://www.cms.gov/files/document/qso-24-08-nh.pdf

Table 1: Implementing Contact versus Enhanced Barrier Precautions

This table only applies to MDROs, not all pathogens that may require use of transmission-based precautions.

Resident Status	Contact Precautions	Use EBP
Infected or colonized with any MDRO and has secretions or excretions that are unable to be covered or contained.	Yes	No
Infected or colonized with a CDC-targeted MDRO **without** a wound, indwelling medical device or secretions or excretions that are unable to be covered or contained.	No	Yes
Infected or colonized with a non-CDC targeted MDRO **without** a wound, indwelling medical device, or secretions or excretions that are unable to be covered or contained.	No	At the discretion of the facility
Has a wound or indwelling medical device, **and** secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	Yes, unless/until a specific organism is identified.	Yes, if they do not meet the criteria for contact precautions.
Has a wound or indwelling medical device, **without** secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	No	Yes

Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen.

https://www.cms.gov/files/document/qso-24-08-nh.pdf

For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

Note: In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be shorter in duration. Outside the resident's room, EBP should be followed when performing transfers or assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility.

Residents are not restricted to their rooms or limited from participation in group activities. Because EBP do not impose the same activity and room placement restrictions as Contact Precautions, they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.

Facilities have discretion on how to communicate to staff which residents require the use of EBP. CMS supports facilities in using creative (e.g., subtle) ways to alert staff when EBP use is necessary to help maintain a home-like environment, as long as staff are aware of which residents require the use of EBP prior to providing high-contact care activities.

Facilities should ensure PPE and alcohol-based hand rub are readily accessible to staff. Discretion may be used in the placement of supplies which may include placement near or outside the resident's room. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room. For example, staff entering the resident's room to answer a call light, converse with a resident, or provide medications who do **not** engage in a high-contact resident care activity would likely not need to employ EBP while interacting with the resident.

Information regarding CDC-targeted MDROs and current recommendations on EBP are available on the CDC's webpage, "Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)," at https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html.

Survey Procedures
Surveyors will evaluate the use of EBP when reviewing sampled residents for whom EBP are indicated and focus their evaluation of EBP use as it relates to CDC-targeted MDROs.

CMS will update associated survey documents which will be found under the "Survey Resources" link in the Downloads Section of the CMS Nursing Homes webpage and will also be added to the Long-Term Care Survey Process software application.

Contact:
For questions or concerns relating to this memorandum, please contact DNH_TriageTeam@cms.hhs.gov.

Effective Date: April 1, 2024.

/s/
David R. Wright
Director, Quality, Safety & Oversight Group

Resources to Improve Quality of Care:
Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to specific provider types and intended to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.
Learn to:

- _Understand surveyor evaluation criteria_
- _Recognize deficiencies_
- _Incorporate solutions into your facility's standards of care_

See the Quality, Safety, & Education Portal Training Catalog, and select Quality in Focus.

https://www.cms.gov/files/document/qso-24-08-nh.pdf

For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities:

- Dressing
- Bathing/showering
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Note: In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be shorter in duration. Outside the resident's room, EBP should be followed when performing transfers or assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility.

Residents are not restricted to their rooms or limited from participation in group activities. Because EBP do not impose the same activity and room placement restrictions as Contact Precautions, they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.

https://www.cms.gov/files/document/qso-24-08-nh.pdf

CDC Updates – FAQs – EBP (5.20.24)

Long-term Care Facilities (LTCFs)

EXPLORE TOPICS ⌄

Q SEARCH

MAY 20, 2024

Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes

AT A GLANCE

Frequently asked questions about using enhanced barrier precautions in nursing homes to prevent MDROs.

Background

These FAQs were created to address questions about Enhanced Barrier Precautions as defined in the CDC guidance Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs).

Definition and scope of Enhanced Barrier Precautions

1. What are Enhanced Barrier Precautions?

Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).

2. What are the differences between Enhanced Barrier Precautions and Standard Precautions?

ON THIS PAGE

Background

Definition and scope of Enhanced Barr...

Application and duration of Enhanced ...

Implementation of Enhanced Barrier P...

Infection Prevention, Control & Immunizations

This facility task must be used to investigate compliance at F880, F881, F882, F883, and F887. For the purpose of this task, "staff" *includes facility staff (direct and indirect care functions), contracted staff, consultants, volunteers, others who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions.* The infection prevention and control program (IPCP) must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observations.

Focused Infection Control (FIC) Survey (not associated with a recertification):
- Surveyors must evaluate the facility's compliance at all critical elements (CE) in *this pathway* with the exceptions of CE#4 (Water Management), CE#5 (Laundry Services), and CE#6 (Antibiotic Stewardship Program).

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

Infection Prevention, Control & Immunizations

☐ Interview appropriate staff to determine if PPE supplies are readily available, accessible, and used by staff, and who they contact for replacement supplies.

- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?

Enhanced Barrier Precautions (EBP):

EBP use is evaluated when investigating specific care activities, such as wound care, enteral feeding, urinary catheter care, etc.

EBP are indicated during high contact care activities for residents with infection or colonization with a CDC targeted MDRO (when contact precautions do not apply) or for any resident who has a chronic wound and/or indwelling medical device.

High-contact resident care activities include dressing, bathing/showering, transferring, toileting, providing hygiene, changing linens or briefs, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, or wound care: generally, for residents with a chronic wound(s), not skin breaks or tears covered with an adhesive bandage (e.g., Band-Aid) or similar dressing.

☐ *Interview staff to determine if they are aware of which residents require the use of EBP prior to providing high-contact care activities?*
☐ *Is PPE readily available to staff?*

Transmission-Based Precautions (TBP):

☐ Determine if appropriate transmission-based precautions are implemented, including but not limited to:

- For a resident on contact precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
- For a resident on droplet precautions: staff don a facemask and eye protection (goggles or face shield) within six feet of a resident and prior to resident room entry;
- For a resident on airborne precautions: staff don a fit-tested N95 or higher-level respirator prior to room entry of a resident;
- For a resident with an undiagnosed respiratory infection: staff follow standard, contact, and droplet precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis);
- Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then reusable resident medical equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare settings and effective against the identified organism (if known) prior to use on another resident.
- Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare settings and effective against the organism identified (if known) at least daily and when visibly soiled.
- Signage on the use of specific PPE (for staff) is posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide).

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

Top 10 F-Tags

Data – QCOR (Click on "Nursing Homes")

https://qcor.cms.gov/main.jsp

https://qcor.cms.gov/report_select.jsp?which=0

Top 10 – All States

F0884	Reporting - National Health Safety Network
F0880	Infection Prevention & Control
F0689	Free of Accident Hazards/Supervision/Devices
F0812	Food Procurement, Store/Prepare/Serve Sanitary
F0684	Quality of Care
F0656	Develop/Implement Comprehensive Care Plan
F0761	Label/Store Drugs and Biologicals
F0677	ADL Care Provided for Dependent Residents
F0609	Reporting of Alleged Violations
F0584	Safe/Clean/Comfortable/Homelike Environment

https://qcor.cms.gov/report241.jsp?which=0&report=report241.jsp

Top 10 – State of Illinois – Accessed 6.10.24

F0689	Free of Accident Hazards/Supervision/Devices	
F0884	Reporting - National Health Safety Network	
F0880	Infection Prevention & Control	
F0600	Free from Abuse and Neglect	
F0684	Quality of Care	
F0677	ADL Care Provided for Dependent Residents	
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	
F0812	Food Procurement, Store/Prepare/Serve Sanitary	
F0690	Bowel/Bladder Incontinence, Catheter, UTI	
F0609	Reporting of Alleged Violations	

QCOR
Quality, Certification & Oversight Reports

Go To: Report Select Page

Citation Frequency Report

Selection Criteria
Begin Year: 2024
End Year: 2024
Display Options: Display all results
Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (
State: Illinois
Survey Focus: Health

Year Type: [Fiscal Year] Year: [2024] Quarter: [Full Year]

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Illinois Active Providers=686		Total Number of Surveys=3892
F0689	Free of Accident Hazards/Supervision/Devices	502	50.7%	12.9%
F0884	Reporting - National Health Safety Network	430	24.2%	11.0%
F0880	Infection Prevention & Control	272	34.4%	7.0%
F0600	Free from Abuse and Neglect	263	25.4%	6.8%
F0684	Quality of Care	249	28.4%	6.4%
F0677	ADL Care Provided for Dependent Residents	236	25.9%	6.1%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	215	26.4%	5.5%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	195	25.8%	5.0%
F0690	Bowel/Bladder Incontinence, Catheter, UTI	151	19.5%	3.9%
F0609	Reporting of Alleged Violations	138	17.1%	3.5%

https://qcor.cms.gov/report241.jsp?which=0&report=report241.jsp

Citation Frequency – Top 15 - Illinois

F0689	Free of Accident Hazards/Supervision/Devices
F0884	Reporting - National Health Safety Network
F0880	Infection Prevention & Control
F0600	Free from Abuse and Neglect
F0684	Quality of Care
F0677	ADL Care Provided for Dependent Residents
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer
F0812	Food Procurement, Store/Prepare/Serve Sanitary
F0690	Bowel/Bladder Incontinence, Catheter, UTI
F0609	Reporting of Alleged Violations
F0550	Resident Rights/Exercise of Rights
F0761	Label/Store Drugs and Biologicals
F0755	Pharmacy Srvcs/Procedures/Pharmacist/Records
F0695	Respiratory/Tracheostomy Care and Suctioning
F0584	Safe/Clean/Comfortable/Homelike Environment

https://qcor.cms.gov/report241.jsp?which=0&report=report241.jsp

Let's Look at the Top 10! (Illinois)

1. F689: Free of Accident Hazards/Supervision/Devices

2. F884: Reporting – National Health Safety Network

3. F880: Infection Prevention and Control

4. F600: Free from Abuse and Neglect

5. F684: Quality of Care

6. F677: ADL Care Provided for Dependent Residents

7. F686: Treatment/Services to Prevent/Heal Pressure Ulcer

8. F812: Food Procurement, Store/Prepare/Serve Sanitary

9. F690: Bowel/Bladder Incontinence, Catheter, UTI

10. F609: Reporting of Alleged Violations

Strategies to Prepare Your Team for the Top 10 F-Tags

"Every day is a survey day"

- ❖ Survey Book Ready
- ❖ Ongoing education with all departments
- ❖ Daily interdepartmental rounding
- ❖ Audits
- ❖ Use survey tools!
- ❖ Transparent communication
- ❖ Effective QAA/QAPI Committee
- ❖ Promote service excellence for internal and external customers

Develop a Pre-Survey Check List

Area Review	Date	Action Steps	Responsibility
Previous Survey			
QM/QI (6-month history)			
Fall and Accident logs			
Pressure ulcer documentation			
Care Plan for Falls/Accidents			
Catheters with proper diagnosis			
Med room storage (expired/labeled)			
Med administration review			
Call lights answered and within reach			

Develop a Pre-Survey Check List

Area Review	Date	Action Steps	Responsibility
MD/Family notification			
Observe meal assistance			
Food storage practices			
Environment rounds			
Staffing list posted			
Emergency Preparedness Program (reviewed annually)			
Dressing change observation			
Vaccinations			
Infection Prevention			

Think Survey Preparedness

Review QA Committee minutes, Grievance Log and Incidents for trends to focus on.	Review fall log and care plans interventions.	Schedule Medication Pass Audits with consultant pharmacist.	**Monitor dining service and room trays.**
Interventions for residents with weight loss and gain? Are they care planned?	Infection control practices during meal servicer	Menu on meals posted, food served as indicated on menu	Assessments completed as per facility policy
	Oxygen tubing dated and clean	Oxygen cylinders have adequate levels of O2	

Think Survey Preparedness

Wheelchairs and seat cushions clean and free from odor?

Is your staff answering call lights within 3-5 minutes?

Are call lights within reach?

Are noise levels low - excessive overhead paging, staff chatter, unnecessary noise?

Do your employees know how to respond to complaints, concerns, resident grievances?

Are there background checks on all employees?

Are licenses/certifications current?

Think Survey Preparedness

Are blood glucose meters being cleaned between residents?	Do resident's each have their own blood glucose meter?	Check for good resident grooming	Post-meal grooming
Urinary catheter care and storage	Insulin dated	Lab tests are tracked timely	Review NHSN Data Submissions

Think Survey Preparedness

Disaster/Emergency Preparedness. Does your staff know what to do?	Med carts clean?	Disposed of all expired meds?
Oxygen cylinders properly stored and chained?	O2 tubing off floors?	All O2 concentrators have clean filters.

Next Steps

Focus audits on high-risk areas:

❖ Infection Prevention

❖ Abuse Prevention

❖ Falls/Accidents and Injuries

❖ Wound Care

❖ Food Storage and Procurement

Team-Building Strategies

- Scavenger Hunt for Survey Preparedness

- Question and Answer

- Mock Survey

- Survey Quiz

- Topic of the Week

- Frequent Rounding

Have We Discussed Talking with Surveyors?

Use the CMS Tools Available for You!

NEW Update May 10th!

- Facility Assessment (8.8.24!)
- RN 24/7 requirement
- Total Nurse Staffing
- RN/NA minimum staffing
- And more!

https://www.federalregister.gov/documents/2024/05/10/2024-08273/medicare-and-medicaid-programs-minimum-staffing-standards-for-long-term-care-facilities-and-medicaid

Locating Resources to Assist YOU!

Key Resources

- ❖ CMS State Operations Manual, Appendix PP

- ❖ CMS Nursing Home Website

- ❖ Survey Resources

- ❖ CMS Memos to the States Weblink

- ❖ State Industry Association Websites

Summary

Thank you - Any questions?

Reference List

- Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities: https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

- Centers for Medicare & Medicaid Services. Nursing Homes (Survey Resources): https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

- Centers for Medicare & Medicaid Services. Policy & Memos to States and CMS Locations: https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/policy-memos-states-and-cms-locations

- Centers for Medicare & Medicaid Services. Quality, Certification & Oversight Reports (QCOR): https://qcor.cms.gov/main.jsp

- Medicare and Medicaid Programs, Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting final rule (CMS 3442-F). May 10, 2024. https://www.federalregister.gov/documents/2024/05/10/2024-08273/medicare-and-medicaid-programs-minimum-staffing-standards-for-long-term-care-facilities-and-medicaid

Surviving the Survey 2024

Meredith A Duncan, BS, JD
Attorney, Polsinelli Law Firm

Surviving the Survey 2024

Meredith Duncan, BS, JD

A litigator at heart, Meredith Duncan advocates for clients before government regulators, administrative law judges and courtrooms alike. She focuses mainly on the compliance and operational issues facing health care providers, including long-term care providers, senior housing entities and hospitals. From licensing to contracts, to risk management and regulatory compliance, she handles all aspects of a health care provider's practice. Meredith appears regularly before the regulatory agencies that oversee the health care industry, including the Centers for Medicare and Medicaid Services, the Office of the Inspector General, the Department of Healthcare and Family Services, the Illinois Department of Public Health, the Illinois Department of Professional and Financial Regulation, as well as other state and federal governmental agencies on behalf of clients. Meredith also has significant experience with Medicare, Medicaid and Managed Care Organizations. She assists clients in their relationships with payers and with responses to reimbursement disputes, audits, and appeals.

Meredith holds a BS in Business Administration from the University of Missouri-Columbia and earned her JD from Chicago-Kent College of Law at the Illinois Institute of Technology.

Agenda

- ❖ Developing and implementing smart policies that can help you avoid pitfalls
- ❖ Hot survey topics and how to prepare for your surveys
- ❖ Strategies for managing the Survey Process and best practices to mitigate your penalties

Preparing for a Survey

Getting Ready for Survey

Are you in the window for your Annual survey?

Have you recently submitted an incident report to SSA?

Have you recently had an incident or confrontation with a resident's family?

Have you recently terminated or disciplined a problematic or disgruntled employee?

Getting Ready for a Survey

Review compliance for at least the past year, if not the past three to five years.

Identify problem areas and problem employees.

Confirm all prior Plans of Correction were completed.

Have routine jobs been done, and documented?

Are you staffs' licenses and certifications up-to-date?

Have your in-services been accomplished?

Are fire drills and alarm checks in the maintenance binder?

Have you investigated incidents/accidents and taken corrective actions?

Getting Ready for a Survey

Conduct a dress rehearsal or mock survey, including interviews of staff.

Drill staff on policies and procedures.

Can staff orally describe what they are supposed to do in certain situations?

Practice interviewing (Listen to questions, ask for clarification, stick to the facts, etc.)

Gather important documents and have them ready.

You have the incident report handy, how about the Nurses' Notes, follow-up assessments, revised Care Plan, new Physicians' Orders, etc?

In-service training forms.

Background' Licensure check reports.

Key Risk Areas

Abuse / Neglect

Elopements

Falls / Accident Hazards

Incident Investigations & Reporting

Getting Ready for a Survey

❖ *Review the critical issues that surveyors focus on:*

- ▪ Abuse / Neglect

- ▪ Skin Breakdown

- ▪ Falls/Accident Hazards

- ▪ Elopements

- ▪ Resident-to-resident altercations

- ▪ Incident Investigations & Reporting

Review Your Policies

❖ You know those areas where you need to tightened up.

❖ Start with your policies for those issues.

❖ Let's explore how we can make sure your policies don't set you up for a deficiency or violation.

Smart Policies

Identify issues that should (and should not) be identified in policies.

Develop policies that will address the issues in a meaningful way.

Learn strategies for implementing policies in a way that solves problems and reduces liability.

Why Have Policies?

Required by law.

Give Guidance to staff.

Create consistency in practice.

Remove the chance for error.

Biggest Risk with Policies

Trap for the unwary.

You set the standard of care and you couldn't live up to it.

Automatic violation.

Biggest Problems with Policies

Too elaborate.

Too strict.

Too many.

Contrary to practice.

Too secret.

Policy Do's

Clear.

One policy for an issue.

To the point – what is the take away?

Easy to carry out. If staff can't tell you the policy when you ask they probably aren't carrying it out.

Shared with residents and families as appropriate.

Known by everyone (or at least everyone who should know).

Do We Need a Policy?

Is it required by law or regulation?

Is it a problem in our community?

Do we have inconsistency on the issue?

Is consistency important?

What are the benefits?

What are the risks if there is no policy?

Is Our Existing Policy Bad?

❖ Can staff tell you succinctly from memory what the policy is? At least the nuts and bolts?

❖ How often do you have problems with the issue addressed by the policy?

❖ How often do staff fail to follow the policy?

Case Study: Abuse

Top Five Errors with Abuse

❖ Staff fail to identify an incident or allegation of abuse.

❖ Staff fail to report an allegation of abuse.

❖ Once a report has been made, staff are not suspended pending investigation.

❖ Failure to conduct a thorough investigation.

❖ Failure to dig deeper.

Three Golden Rules

1. Treat every allegation as if it were true and as if it were abuse.
2. Treat every allegation as if it were true and as if it were abuse.
3. Treat every allegation as if it were true and as if it were abuse.

Staff Need to Know That Whenever They Have Any Concern at All They Must:

Immediately report it to the administrator.

Immediately suspend staff pending the investigation.

Initial report to State Agency within 24 hours.

Conduct a thorough investigation.

Send 5-Day Follow-Up Report.

Discipline any staff as necessary.

Conduct a Thorough Investigation

Must be more than your determination as to what was the most likely cause.

Interview everyone who might know something.

- Staff on duty at the time;
- Roommate;
- Family;
- Other residents.

Review prior notes.

Interview staff for any other concerns.

Abuse Survey Response File ─ Key Components

Original State Agency report.

Facility Abuse Policy.

Summary of investigation.

5 Day follow-up report to State Agency.

Inservice training documentation.

Copies of updated care plans if applicable.

The Hallmarks of an Effective Abuse Policy

Short.

Focused on reporting anything that could be a problem.

Identifies who takes action when a report is made.

Describes the process for responding to an allegation

My preferred abuse policy for training staff:

You must report anything that you see or hear about that makes you feel uneasy or just doesn't seem right. You will never get disciplined for reporting something like this but you will be disciplined if you fail to do so.

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Now What?

❖ Does your staff know the policy?

❖ Is your staff following the policy?

❖ Have your investigations been thorough?

❖ Can you demonstrate compliance with your policy?

Abuse Plan of Removal

Alleged perpetrator suspended or barred from facility.

All staff in-service on abuse policy and reporting responsibility.

Report to IDPH.

Initiate comprehensive investigation.

Contact family and physician.

Discharge of perpetrator resident.

Repeat in-servicing.

Case Study: Elopement

Elopement

Elopement is presumed to be an Immediate Jeopardy / Violation.

The assessment is critical. Is it accurate and updated?

Initial assessment upon admission. Risks are high during initial days of admission.

Does the initial care plan address the wander/elopement risk?

Elopement Issues

❖ Failure to monitor main entrance exit visually if door is not alarmed.

❖ Failure to respond to door alarm.

❖ Disabling of alarms.

❖ Failure to maintain alarms in working order.

❖ Staff are not aware that a resident has left the building.

❖ Failure to follow a resident's care plan regarding wandering.

❖ Failure to have a care plan for behavior.

Elopement Response

❖ Find the resident.

❖ Assess the resident.

❖ Check all other residents.

❖ Test all door alarms / repair if necessary.

❖ Document everything you did.

❖ Review resident care plan.

❖ At a minimum pass out your elopement policy immediately and remind staff.

❖ Inservice staff immediately.

❖ Prepare your survey response file.

❖ Thoughtfully draft your incident report.

Elopement

Conducting the investigation

Interviews

Floor plans

Pictures

Weather conditions

Mental condition

Documenting the investigation

Decide what you write very carefully. (Ask a lawyer!?) You will have to live with what you write.

Elopement Policy Concerns

What does your policy say about testing alarms?

- Daily
- Monthly

Documentation of testing?

How do staff respond to door alarms?

"Went to door. Didn't see anyone. So I reset the alarm."

Can your door alarms be disabled by staff?

Are they disabled?

Elopement Survey Response File

❖ Care plan.

❖ Documentation that resident was assessed.

❖ Documentation of any changes that were made – new interventions to care plan.

❖ Copies of alarm testing documentation.

❖ Policies on elopement and alarm testing.

❖ Instructions to staff.

❖ Reports sent to state.

❖ Inservice documents.

Elopement Plan of Removal

Individual's care plan is updated.

Door alarms are repaired (if appropriate).

Elopement Policy has been reviewed and revised as necessary.

Staff in-serviced.

Additional alarms installed.

Case Study: Falls
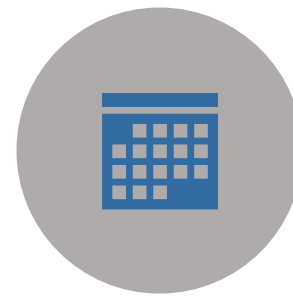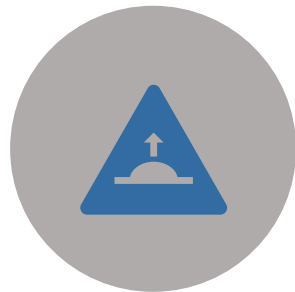
Excessive Falls

Any resident experiencing a significant number of falls will be looked at.

Could be frequency over time (one fall every other month).

Could be recent episodes of frequent falls.

Focus is on the facility's response to the falls.

"I find that once R2 had shown a risk for falling, the facility had an obligation to do everything practicable to keep her safe from further falls. Petitioner failed to submit evidence that additional practicable measures to better ensure R2's safety were unavailable."

"Several of R2's falls occurred when she tried to get out of bed. Yet, Petitioner submitted no evidence that it considered switching her to the use of a low bed or placing soft mats beside her bed...<u>I find it amazing that the facility made no changes in care planning</u> to prevent further falls after this resident broke her hip ."

- ALJ Interpretation of compliance obligation related to falls

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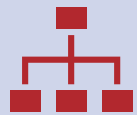
Key to Avoiding a Citation for Falls

❖ Documentation that you assessed issue.

❖ Documentation that you were communicating with MD.

❖ Documentation that you were constantly trying new approaches.

OR

❖ *Documentation that you considered other approaches and why you did not / could not implement them.*

Falls Survey Response File

Care Plan showing that new approaches were considered and/or implemented following each fall.

Documentation showing that the falls were reviewed to determine if there was a trend and to identify possible causes.

Policy on falls.

Excessive Falls Plan of Removal

- ❖ Update of care plan for each resident identified.

- ❖ Review of care plans for all residents with falls in the past three months to ensure that they are up to date and adequately address risk.

- ❖ Review of all falls within the past two months by DON and administrator.

- ❖ Inservice staff.

Managing the Survey

During the Survey

❑ Command Central

❑ Escorts (monitor the surveyors as closely as possible)

❑ Runners

❑ Give and take (and always copy)

❑ Did I really say that?

- If possible, correct misunderstandings and provide documents
- Document discussions and get statements from staff.

❑ Getting ready for day 2, day 3, ...exit.

Immediate Jeopardy

❖ If an IJ is called, #1 priority is to get it abated/removed (save arguments of why it should not be an IJ for later).

❖ Submit a Plan of Abatement/Removal to State survey agency.

❖ Confirm that IJ has been removed.

❖ Even when IJ is "removed," you are still considered to be out of compliance and must submit a POC after receiving the 2567. An In-site revisit will need to be done.

Removal / Abatement

❖ The facility should begin immediate removal of the risk to individuals and immediately implement corrective measures to prevent repeat Jeopardy situations. (Removal / Abatement Plan)

❖ This should be your top priority regardless of whether you feel the citation is justified.

❖ Plan should be specific and contain specific dates for each action.

❖ Not a plan of correction, rather what actions are you taking to get rid of the immediate threat.

❖ Staff training takes the most time.

❖ Be very careful with removal dates. Days = $

During the *Bad* Survey, You Might Want To

1 Use your daily exits to recap, clarify and supplement information with the surveyors

2 If necessary, get Springfield supervisors involved in discussions

3 Address problems as they arise

4 Recap with staff daily to review status, issues, and concerns

5 Start collecting documents

State v. Federal

One Survey, Two Agencies & Parallel Tracks

The Key:

Look at all correspondence	Watch for deadlines	Make sure you respond to both the federal and the state issues	Correct once – get credit for it twice!

Step 1: Correct

POC Required Elements:

- ❖ Measures to address resident(s) specifically identified in the survey.
- ❖ Identify other resident(s) having the potential to be affected by the same alleged deficient practice.
- ❖ Measures the facility will take or systems the facility will alter to ensure that the alleged problem will not recur.
- ❖ Quality assurance plan to monitor facility performance and make sure that corrections are achieved and are permanent.
- ❖ Completion date.

Completion Date Strategy

Date of completion ≠ Date of compliance.

❖ Date of completion on POC – the anticipated date when you believe you will have completed your POC.

❖ Date of compliance – when you have corrected the POC.

❖ State will assume your date of completion on the POC is the date of compliance.

If you can prove earlier compliance, you can avoid DPNA and per day CMPs.

❖ Documentation of compliance may become critical.

❖ Correct as quickly as possible.

Step 2: Refute

Refuting the survey – chance to argue that the tag is wrong

- Keep this out of the POC.

Explain "why is the surveyor wrong?"

Provide documentation

- Did the surveyor miss it?
- Is there new information?

Show staff and physicians the 2567 – are they accurately quoted?

Thank you - Any questions?

Finding Joy in Our Business
Practical Strategies for Keeping Yourself and your Team in the Game

Benjamin Surmi, Social Gerontologist

Director of Culture and Education, Koelsch

Finding Joy in Our Business

Benjamin Surmi, MSG, Social Gerontologist

The focus of Benjamin's work as a social gerontologist is to empower people to thrive, no matter the disability or cognitive disorder they may have. He is passionate about designing powerful user experiences for elders and the people who serve them. Benjamin joined Koelsch Senior Communities in 2016 as the Director of Programs and Training before moving into the Director of Education and Culture in 2018, where he shapes innovative engagement experiences for seniors, as well as specialized programming for people living with dementia. Benjamin also guides person-centered training for over 2,000 employees in 8 states, leads Koelsch Innovation Lab, and coaches 70+ wellness directors and 32+ Executive Directors who support over 1,500 seniors. His passion is imagining the impossible and building alliances that make it possible. Benjamin holds a Bachelor's degree in Communication and Sociology from Biola University and a Master's degree in Gerontology from California State University.

Finding Joy in Our Business

1. How this Work Steals Our Joy
2. 7 Strategies for Recovering Joy
3. Selecting Your Strategies

How This Work Steals Our Joy

Exercise #1

What steals your joy?

Build Your Tribe

Exercise #2

IDEAS:
Building Your Tribe

Reconnect
to Purpose

IDEAS: Reconnect to Purpose

3

Conquer Distress

Conquer Distress

1. Clarify Eustress vs Distress
2. Regain Control in Areas of distress
3. Use Productivity Tools
4. Pursue Work-Changing Projects
5. Practice Shinrin-Yoku

Exercise #4

IDEAS:
Conquer Distress

4

Practice Compassion

IDEAS: Practice Compassion

5
Prioritize Creativity

IDEAS:
# Prioritize Creativity

STRATEGY:
Your One Next Step

Benjamin Surmi

Social Gerontologist

Director of Culture and Education, Koelsch

☎ 360.601.4959

🐦 twitter.com/benjaminsurmi

in www.linkedin.com/in/benjaminsurmi

🌐 www.koelschcommunities.com