



Department for Aging
and Disability Services

**House Children and Seniors Committee
February 3, 2015**

**Nursing Homes
Survey, Certification, and Credentialing**

Presented by:

Joe Ewert, Commissioner

Kansas Department for Aging and Disability Services

Nursing Homes

- Nursing Facilities: 302
- Nursing Facilities for Mental Health: 11
- Long Term Care Units of Hospitals: 42

Nursing Home Oversight

Licensure:

State statutes and regulations

http://www.aging.ks.gov/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_Reg_Index.html

Certification (Medicare/Medicaid):

Federal statute, regulations, and interpretive guidance through Centers for Medicare/Medicaid Services

<http://www.cms.gov>



Layers of Oversight

- CMS contracts with states to perform survey and certification activities.
- States implement federal policies and systems.
- CMS maintains strict oversight over the state's performance.

Inspections

- Annual Licensure Inspections
- Revisit Inspections
- Abbreviated Complaint Investigations
Adult Abuse Neglect and Exploitation Hotline
1-800-842-0078
- Life Safety Code / Kansas State Fire Marshal



Inspection Process

- In 2005 Kansas volunteered to pilot a new “Quality Indicator Survey” process developed by CMS.
- The process is data driven making it more objective than the traditional process.
- The process is more thorough, and requires 20% more time to complete.



QIS

- The QIS uses health record data which is submitted quarterly on all residents, record reviews, resident interviews, and direct observations to identify “triggers” for further investigation.
- Regulatory requirements are broken into “tags.” Each tag has a specific investigative protocol a surveyor must complete.



Federal Regulatory Groups for Long Term Care Facilities

***Substandard quality of care =one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red Letter Reg. Groups**

Definitions

F150 Definition of a Facility – SNF & NF

Resident Rights: 483.10

- F151 Right to Exercise Rights – Free of Reprisal
- F152 Rights Exercised by Representative
- F153 Right to Access/Purchase Copies of Records
- F154 Informed of Health Status, Care & Treatments
- F155 Right to Refuse; Formulate Advance Directives
- F156 Notice of Rights, Rules, Services, Charges
- F157 Notify of Changes (Injury/Decline/Room, Etc)
- F158 Right to Manage Own Financial Affairs
- F159 Facility Management of Personal Funds
- F160 Conveyance of Personal Funds Upon Death
- F161 Surety Bond – Security of Personal Funds
- F162 Limitation on Charges to Personal Funds
- F163 Right to Choose a Personal Physician
- F164 Personal Privacy/Confidentiality of Records
- F165 Right to Voice Grievances Without Reprisal
- F166 Right to Prompt Efforts to Resolve Grievances
- F167 Right to Survey Results – Readily Accessible
- F168 Right to Info From/Contact Advocate Agencies
- F169 Right to Perform Facility Services or Refuse
- F170 Right to Privacy – Send/Receive Unopened Mail
- F171 Access to Stationary/Postage/Pens, Etc
- F172 Right to/Facility Provision of Visitor Access
- F173 Allow Ombudsman to Examine Resident Records
- F174 Right to Telephone Access with Privacy
- F175 Right of Married Couples to Share a Room
- F176 Resident Self-Administer Drugs if Deemed Safe
- F177 Right to Refuse Certain Transfers

Admission, Transfer & DC: 483.12

- F201 Reasons for Transfer/Discharge of Resident
- F202 Documentation for Transfer/Discharge of Res
- F203 Notice Requirements Before Transfer/Discharge
- F204 Preparation for Safe/Orderly Transfer/Discharge
- F205 Notice of Bed Hold Policy Before/Upon Transfer
- F206 Policy to Permit Readmission Beyond Bed Hold
- F207 Equal Practices Regardless of Payment Source
- F208 Prohibiting Certain Admission Policies

*Resident Behavior and Facility Practices: 483.13

- F221 Right to be Free from Physical Restraints
- F222 Right to be Free from Chemical Restraints
- F223 Free from Abuse/Involuntary Seclusion
- F224 Prohibit Mistreatment/Neglect/Misappropriation
- F225 Investigate/Report Allegations/Individuals
- F226 Develop/Implement Abuse/Neglect, etc. Policies

*Quality of Life: 483.15

- F240 Care and Environment Promotes Quality of Life
- F241 Dignity and Respect of Individuality
- F242 Self Determination – Right to Make Choices
- F243 Right to Participate in Resident/Family Group
- F244 Listen/Act on Group Grievance/Recommendation
- F245 Participate in Social/Religious Act/Community
- F246 Reasonable Accommodation of Needs/Preferences
- F247 Right to Notice Before Room/Roommate Change
- F248 Activities Meet Interests/Needs of Each Resident
- F249 Qualifications of Activity Professional
- F250 Provision of Medically Related Social Service
- F251 Qualifications of Social Worker > 120 Beds
- F252 Safe/Clean/Comfortable/Homelike Environment
- F253 Housekeeping and Maintenance Services
- F254 Clean Bed/Bath Linens in Good Condition
- F256 Adequate and Comfortable Lighting Levels
- F257 Comfortable and Safe Temperature Levels
- F258 Maintenance of Comfortable Sound Levels

Resident Assessment: 483.20

- F271 Admission Physician Orders for Immediate Care
- F272 Comprehensive Assessments
- F273 Comprehensive Assessment 14 Days after Admit
- F274 Comprehensive Assess After Significant Change
- F275 Comprehensive Assess At Least Every 12 Months
- F276 Quarterly Assessment At Least Every 3 Months
- F278 Assessment Accuracy/Coordination/Certified
- F279 Develop Comprehensive Care Plans
- F280 Right to Participate Planning Care – Revise CP
- F281 Services Provided Meet Professional Standards
- F282 Services By Qualified Persons/Per Care Plan
- F283 Anticipate Discharge: Recap Stay/Final Status
- F284 Anticipate Discharge: Post-Discharge Plan
- F285 PASRR Requirements for MI & MR
- F286 Maintain 15 Months of Resident Assessments
- F287 Encoding/Transmitting Resident Assessment

*Quality of Care: 483.25

- F309 Provide Care/Services for Highest Well Being
- F310 ADLs Do Not Decline Unless Unavoidable
- F311 Treatment/Services to Improve/Maintain ADLs
- F312 ADL Care Provided for Dependent Residents
- F313 Treatment/Devices to Maintain Hearing/Vision
- F314 Treatment/Svcs to Prevent/Heal Pressure Ulcers
- F315 No Catheter, Prevent UTI, Restore Bladder
- F317 No Reduction in ROM Unless Unavoidable
- F318 Increase/Prevent Decrease in Range of Motion
- F319 Treatment/Svc for Mental Psychosocial Difficulties
- F320 No Behavior Difficulties Unless Unavoidable
- F321 No NG (Nasogastric) Tube Unless Unavoidable
- F322 NG Treatment/Services – Restore Eating Skills
- F323 Free of Accident Hazards/Supervision/Devices
- F325 Maintain Nutritional Status Unless Unavoidable
- F327 Sufficient Fluid to Maintain Hydration
- F328 Treatment/Care for Special Needs
- F329 Drug Regimen is Free From Unnecessary Drugs
- F332 Free of Medication Error Rates of 5% or More
- F333 Residents are Free of Significant Med Errors
- F334 Influenza and Pneumococcal Immunizations

Federal Regulatory Groups for Long Term Care Facilities

Nursing Services: 483.30

- F353 Sufficient 24 Hour Nursing Staff Per Care Plans
- F354 Waiver – RN 8 Hrs 7 Days/Week, Full Time DON
- F355 Waiver – Licensed Nurses 24 Hr/Day
- F356 Posted Nurse Staffing Information

Dietary Services: 483.35

- F360 Provided Diet Meets Needs of Each Resident
- F361 Qualified Dietician – Director of Food Services
- F362 Sufficient Dietary Support Personnel
- F363 Menus Meet Res Needs/Prep in Advance/Followed
- F364 Nutritive Value/Appear, Palatable/Prefer Temp
- F365 Food in Form to Meet Individual Needs
- F366 Substitutes of Similar Nutritive Value
- F367 Therapeutic Diet Prescribed by Physician
- F368 Frequency of Meals/Snacks at Bedtime
- F369 Assistive Devices – Eating Equipment/Utensils
- F371 Food Procurement, Store/Prepare/Serve – Sanitary
- F372 Dispose Garbage & Refuse Properly
- F373 Feeding Asst – Training/Supervision/Resident

Physician Services: 483.40

- F385 Residents' Care Supervised By a Physician
- F386 Physician Visits – Review Care/Notes/Orders
- F387 Frequency & Timeliness of Physician Visits
- F388 Personal Visits By Physician, Alternate PA/NP
- F389 Physician for Emergency Care, Available 24 Hours
- F390 Physician Delegation of Tasks in SNFs & NFs

Specialized Rehab Services: 483.45

- F406 Provide/Obtain Specialized Rehab Services
- F407 Rehab Services – Physician Order/Qualified Person

Dental: 483.55

- F411 Routine/Emergency Dental Services in SNFs
- F412 Routine/Emergency Dental Services in NFs

Pharmacy Services: 483.60

- F425 Pharmaceutical Svc – Accurate Procedures, RPH
- F428 Drug Regimen Review, Report Irregular, Act On
- F431 Drug Records, Label/Store Drugs & Biologicals

Infection Control: 483.65

- F441 Infection Control, Prevent Spread, Linens

Physical Environment: 483.70

- F454 Life Safety from Fire
- F455 Emergency Electrical Power System
- F456 Essential Equipment, Safe Operating Condition
- F457 Bedrooms Accommodate No More Than 4 Residents
- F458 Bedrooms Measure at Least 80 Square Ft/Resident
- F459 Bedrooms Have Direct Access to Exit Corridor
- F460 Bedrooms Assure Full Visual Privacy
- F461 Bedrooms – Window/Floor, Bed/Furniture/Closet
- F462 Bedrooms Equipped/Near Lavatory/Toilet
- F463 Resident Call System – Rooms/Toilet/Bath
- F464 Requirements for Dining and Activity Rooms
- F465 Safe/Functional/Sanitary/Comfortable Environment
- F466 Procedures to Ensure Water Availability
- F467 Adequate Outside Ventilation – Window/Mechanic
- F468 Corridors Have Firmly Secured Handrails
- F469 Maintains Effective Pest Control Program

Administration: 483.75

- F490 Effective Administration/Resident Well-Being
- F491 Facility Licensed Under State and Local Laws
- F492 Comply With Federal/State/Local Laws/Prof Std
- F493 Governing Body – Facility Policies/Appoint Admin
- F494 Nurse Aide Work > 4 Mo – Training/Competency
- F495 Nurse Aide Work < 4 Mo – Training/Competency
- F496 Nurse Aide Registry Verification, Retraining
- F497 Nurse Aide Perform Review – 12 Hr/Year In-service
- F498 Nurse Aide Demonstrate Competency/Care Needs
- F499 Employ Qualified FT/PT/Consult Professionals
- F500 Outside Professional Resources – Arrange/Agreement
- F501 Responsibilities of Medical Director
- F502 Provide/Obtain Lab Services – Quality/Timely
- F503 Lab Services – Fac Provided, Referred, Agreement
- F504 Lab Services Only When Ordered by a Physician
- F505 Promptly Notify Physician of Lab Results
- F506 Assist With Transport Arrangements to Lab Svcs
- F507 Lab Reports in Record – Lab Name/Address
- F508 Provide/Obtain Radiology/Diagnostic Services
- F509 Diagnostic Services – Meet Hospital Requirements
- F510 Radiology/Diagnostic Services Only When Ordered
- F511 Radiology Findings – Promptly Notify Physician
- F512 Assist With Transport Arrangements to Radiology
- F513 X-Ray/Diagnostic Report in Record – Sign/Dated
- F514 Resident Records – Complete/Accurate/Accessible
- F515 Retention of Resident Clinical Records
- F516 Release Resident Info, Safeguard Clinical Records
- F517 Written Plans to Meet Emergencies/Disasters
- F518 Train All Staff-Emergency Procedures/Drills
- F519 Transfer Agreement With Hospital
- F520 QAA Committee - Members/Meet Quarterly/Plans
- F522 Disclosure of Ownership Requirements

Deficiencies

- Deficiencies are given a scope and severity ranking based on how many residents were impacted, and what the impact of the deficient practice was.



CMS SCOPE AND SEVERITY GRID

IMMEDIATE JEOPARDY TO RESIDENT HEALTH OR SAFETY: A situation in which immediate corrective action is necessary because the provider's non-compliance has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident receiving care in a facility.	J	K	L
ACTUAL HARM THAT IS NOT IMMEDIATE JEOPARDY: Non-compliance that results in a negative outcome that has compromised the resident's ability to maintain and/or reach his/her highest practicable well being.	G	H	I
NO ACTUAL WITH POTENTIAL FOR MORE THAN MINIMAL HARM THAT IS NOT IMMEDIATE JEOPARDY: Non-compliance that results in minimal physical, mental and/or psycho social discomfort to the resident and/or has the potential (not yet realized) for harm.	D	E	F
NO ACTUAL WITH POTENTIAL FOR MINIMAL HARM: A deficiency that has the potential for causing no more than a minor negative impact to the resident(s).	A	B	C
	ISOLATED: 1 or very limited # of residents affected.	PATTERN: More than a limited # of residents are affected or staff involved.	WIDESPREAD: Pervasive, systemic problems identified that do/potentially affect a large # of residents.

RED	SUBSTANDARD CARE
BLUE	SUBSTANTIAL COMPLIANCE

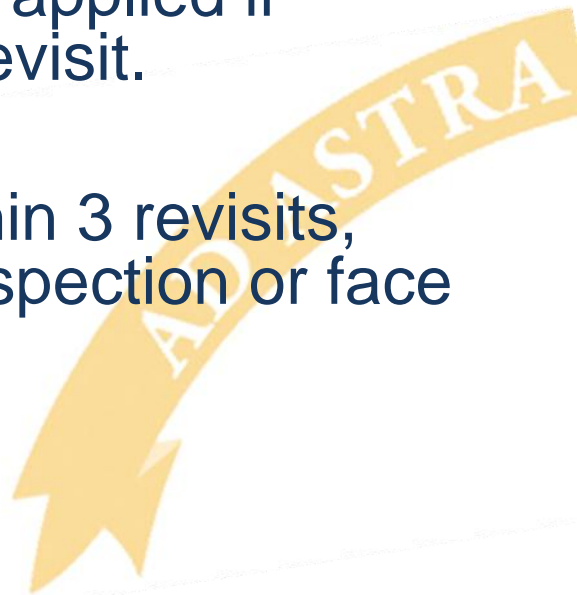
Enforcement Remedies

- Correction Orders
- Civil Money Penalties
- Ban on Admissions
- Denial of Payment for new Admissions
- Decertification
- Receivership
- Licensure Revocation



Achieving Compliance

- All deficiencies cited must be corrected.
- KDADS conducts additional reviews to assure corrective actions have occurred and compliance has been achieved.
- Progressive enforcement remedies are applied if deficiencies are not corrected upon a revisit.
- Facilities must achieve compliance within 3 revisits, with maximum of 180 days from first inspection or face decertification.



Deficiency Trends

- Deficiencies Written CY 2014: 2606
- Average Number per Facility: 9.6
- Percentage Deficiencies SS of G or Higher: 3%
- Percentage Facilities with 0 Deficiencies: 2.2%

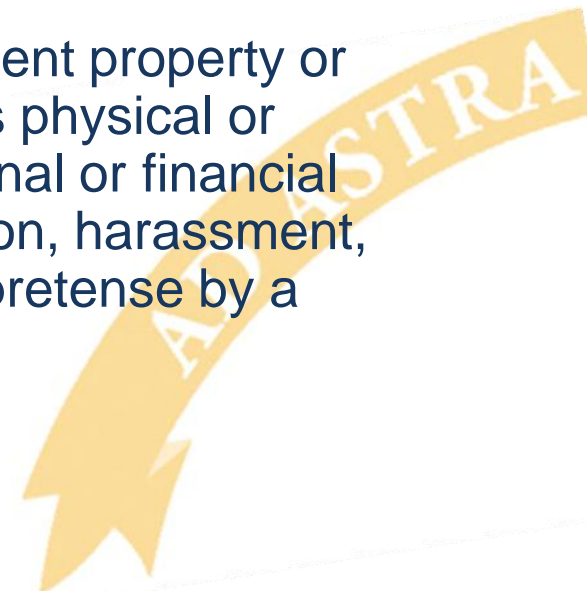


Deficiency Trends

- Most frequently written deficiencies at SS of G or higher:
 - Accidents/Supervision/Devices
 - Preventions/Treatment of Pressure Sores
- Most frequently written deficiencies lower than G:
 - Accidents/Supervision/Devices
 - Food Service

Abuse Neglect and Exploitation (ANE) KSA 39-1401

- (f) “Abuse” means any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to a resident.
- (g) “Neglect” means the failure or omission by one's self, caretaker or another person with a duty to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.
- (i) “Exploitation” means misappropriation of resident property or intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.



ANE Related Deficiencies

- ***Four tags related to ANE:***

- F223- Free from Abuse/Involuntary Seclusion: 7

- F224- Neglect/Misappropriation: 7

- F225- Investigate/Report Allegations: 72

- F226- Develop/Implement Policies for prevention: 39

Individual Liability

- In addition to holding facilities accountable, credentialed individuals may be disciplined.
- Our team reviews investigations for individual liability and makes referrals to professional boards such as KSBN, BACHA, and the Kansas Nurse Aide Registry for discipline.



Kansas Nurse Aide Registry

- KDADS maintains the Kansas Nurse Aide Registry.
- Individual nurse aides who have findings of ANE may be placed on the registry and be prohibited from employment in any adult care home.



Kansas Nurse Aide Registry

KSA 39-936

- Nurse aides accused of ANE have due process through OAH.
- KDADS legal issues notice and petition within 30 days of referral.
- Can take several months to work through the process and place an individual on the registry.



Kansas Nurse Aide Registry

- All adult care homes must verify employees are eligible for employment.
- Adult care homes must submit all unlicensed/non-registered staff for criminal record checks.
- Record checks conducted on licensed/registered staff through respective boards/authorities.