

# The LTC Survey Process and Enforcement Update

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## Sherry Thomas, RN



Sherry Thomas, BS, RN, QCP has more than 34 years of experience working in healthcare. Sherry's experience includes the entire continuum of care from acute care to many aspects of Post-Acute Care such as sub-acute, skilled nursing, assisted living, hospice/palliative care, legal nurse consulting and risk management. Sherry has a proven record of achieving excellent survey outcomes as well as Joint Commission accreditation in skilled nursing centers. As an RN Consultant at LeaderStat, her consulting work includes assisting nursing facilities in managing their day-to-day operations in regulatory compliance, development of plans of correction, guidance in facility preparation for resurvey, education and training, survey recovery and clinical documentation requirements.

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## Objectives

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Identify and understand:

- Changes to the Requirements of Participation (RoP)
- Clarifications from CMS regarding Interpretative Guidelines for F-tags
- Strategies that are helpful to minimize survey deficiencies and enforcement actions

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## Changes to RoP (Phase 3)

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Trauma-Informed Care

- Definitions (§) 483.21(b) “Trauma results from:
  - An event, series of events or set of circumstances experienced by an individual as physically or emotionally harmful or life threatening and
  - Has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being

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## Trauma-Informed Care

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### F699 Trauma-Informed Care §483.25(m)

- The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care
  - Must be accordance with professional standards of practice
  - Must account for resident's experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization

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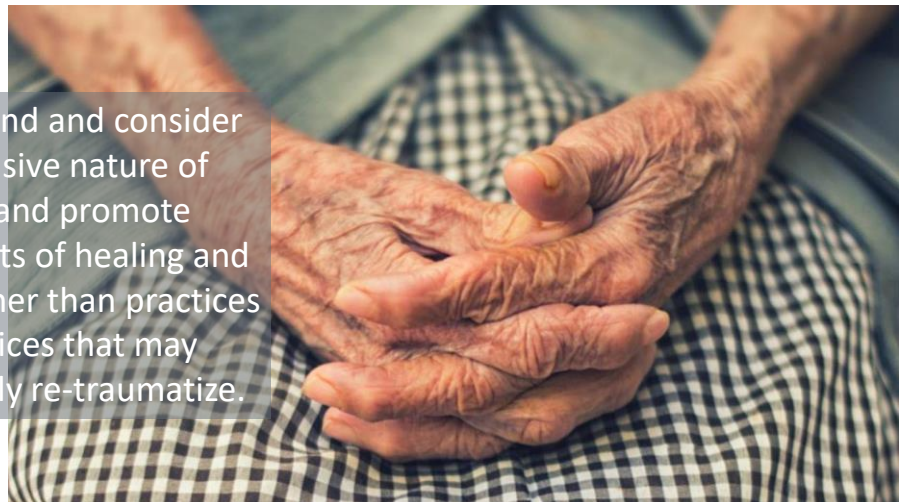
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## Goal of Trauma-Informed Care

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To understand and consider the pervasive nature of trauma and promote environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.



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## Types of Trauma/Trauma Survivors

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- Veterans
- Survivors of large-scale natural and human-caused disasters
- Holocaust survivors
- Survivors of crimes
- Survivors of all forms of abuse (sexual, physical, and mental)
- Witnesses to horrific events

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## Trauma-Informed Care Planning

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### (§) 483.21(b)iii(3) Comprehensive Care Plans

- The services provided or arranged by the facility, as outlined by the comprehensive care plan must –
  - (i) Be provide by qualified persons
  - (ii) Be culturally-competent and trauma-informed

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## Person-Centered Trauma-Informed Care

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### Considerations:

- Assessment – need to identify a resident's history of trauma and cultural preferences (utilize RA, Admission Assessment, Social History/Assessment)
- Trauma – review H&P, visual screening of resident's skin, review diagnoses and medical records, discussion with family, observation of behaviors that may indicate past trauma
- Triggers – highly individualized
- Cultural – determine resident's needs and preferences, be respectful and responsive to health beliefs and practices

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## Strategies For Minimizing Deficiencies

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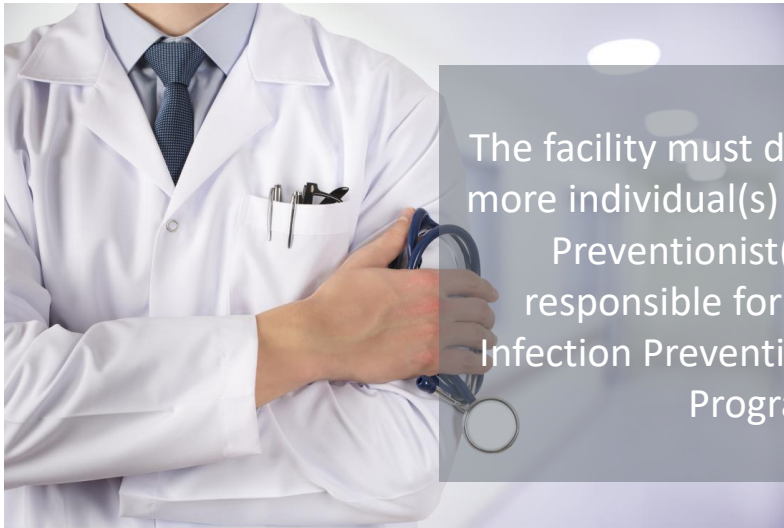
- Assess for past trauma – develop a screening tool to assess all residents and new admissions
- Develop care plan to address past trauma (should be driven by individualized triggers)
- Obtain input from nursing assistants – they can often describe the resident's triggers and interventions that are effective
- Provide appropriate care to treat past trauma
- Assure staff competency in recognizing and caring for trauma survivors
- Develop educational programs for staff to increase knowledge of how past trauma impacts residents, how it manifests itself in behaviors, and how to approach residents with past trauma

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## Infection Preventionist 483.80(b)



The facility must designate one or more individual(s) as the Infection Preventionist(s) who are responsible for the facility's Infection Prevention and Control Program

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## Infection Preventionist 483.80(b)

The IP must:

- Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field
- Be qualified by education, training, experience or certification
- Ensure the individual has sufficient time at the facility to meet the objectives of the IPCP
- Have completed specialized training in infection prevention and control

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## Infection Preventionist 483.80(c)

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Participation on the Quality Assessment and Assurance Committee is required

- The individual designated as the IP must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis

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## Strategies for Minimizing Deficiencies

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- Ensure designation of a clinician who has additional training in infection control
- Designate a "back-up" clinician to assist and to serve as the IP if the IP is off or leaves
- Training available through AHCA and CDC

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## Strategies for Minimizing Deficiencies

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- Ensure at least annual review of IPCP
- Link IPCP to Facility Assessment, QAPI program and Emergency Preparedness Program
- Review “Lessons Learned” from Covid-19 pandemic in QAPI and ensure best practices in place for prevention and containment of outbreaks, epidemics/pandemics
- Audit and observe staff’s infection control practices frequently

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## Compliance and Ethics 483.85

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Interpretation: All organizations must have a functional compliance and ethics program with written compliance and ethics standards, policies and procedures

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## Required Components – Compliance/Ethics

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- Sufficient resources for the compliance officer, effective communication and mandatory training
- If an organization has 5 or more facilities, there must be mandatory and annual training for all staff, a designated corporate compliance officer, and designated compliance liaisons at each facility

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## Strategies for Minimizing Deficiencies

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- Post information on how employees can access/report to compliance/ethics committee anonymously when needed
- Ensure all staff educated on role of compliance/ethics committee
- Record minutes of meetings and link to QAPI program

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## Phase 3 QAPI: What's It All About?

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## QAPI – Phase 3 RoP

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Documentation **MUST demonstrate** the following:

- System identification
- Reporting
- Investigation
- Analysis
- Implementation and evaluation of corrective action plans

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## QAPI – Phase 3 RoP

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### Must **reflect**:

- Complexity
- Unique care
- Services the community provides

### Must **be**:

- Ongoing
- Address all systems of care and management practice

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## QAPI – Phase 3 RoP

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Present QAPI plan to SSA/FSA and evidence of ongoing QAPI program implementation

- Annual
- Complaints
- Follow up surveys

The interpretative Guidelines state the QAPI plan must describe the process for identifying and correcting quality deficiencies

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## QAPI – Phase 3 RoP

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Ongoing QAPI program is:

- Defined
- Implemented and maintained
- Addresses and identifies priorities
- Adequately resourced with:
  - Staff time
  - Equipment
  - Training

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## QAPI – Phase 3 RoP

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QAPI program must be sustained during periods  
of transition



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## Governing Body Phase 3

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F 837 (§)483.70(d)(3):

- “The governing body is responsible and accountable for the QAPI program, in accordance with 483.75(f)”

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## Governing Body Phase 3

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Intent:

- This regulation is intended to ensure that the facility has an active (engaged and involved) governing body that is responsible for establishing and implementing policies regarding the management of the facility

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## Governing Body Phase 3

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Intent:

- How the administrator is held accountable and report information about the facility's management and operation (i.e. audits, budgets, staffing, supplies, etc.); and
- How the administrator and the governing body are involved with the facility wide assessment and QAPI Plan on an ongoing basis

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## Governing Body Phase 3

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The added guidance indicates what the facility must determine:

- A process and frequency by which the administrator report to the governing body
- The method of communication between the administration and the governing body.

This includes how the governing body responds back to the administrator and what specific types of problems and information (i.e. survey results, allegations of abuse or neglect, complaints etc.) are reported or not reported directly to the governing body

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## F Tag 944: QAPI at 485.95(d)

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CMS shall require facilities provide:

- Mandatory QAPI training to the staff
- This training would outline the elements and goals of the facility's QAPI program
- All facility staff should be aware of what a QAPI program entails and how the facility intends to implement and monitor their program

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## F Tag 944: QAPI at 485.95(d)

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CMS shall require facilities provide (cont'd):

- Given that a facility's QAPI program is meant to encompass input from the facility staff it is imperative that staff members are adequately trained on the elements of the facility's QAPI program
- CMS shall require facilities to include mandatory training as part of the QAPI program that educates staff on the written standards, policies, and procedures for the program

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## Intent

These requirements are intended to ensure facilities develop a plan that describes the process for conducting QAPI/QAA activities, such as identifying and correcting quality deficiencies as well as opportunities for improvement, which will lead to improvement in the lives of nursing home residents, through continued attention to QOC, QOL, and resident safety



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## Intent

- Foster a culture where nursing homes can openly conduct their internal QAA investigations and PI efforts
- If documents contain the evidence necessary to determine compliance with QAPI/QAA regulations, the facility must allow the surveyor to review and to make copies as needed

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## “Good Faith Efforts of Facility”

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Intent and key points:

- “The facility MUST provide satisfactory evidence that it has, through its QAA committee, identified its own HIGH RISK, HIGH VOLUME, and PROBLEM-PRONE quality deficiencies, and are making a “GOOD-FAITH ATTEMPT” to correct them.”

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## “Good Faith Efforts of Facility”

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Intent and key points (cont’d):

- “If the facility, through its QAA committee, has identified and made a ‘GOOD FAITH EFFORT’ attempt to correct the same issue(s) identified by the survey team during the current survey, the facility will NOT be cited for QAA”

(It may still be cited for deficiencies related to actual/potential issues and other relevant F tags)

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## Investigative Procedure by Surveyors

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Prior to conducting the review of the QAPI/QAA review, the survey team should do the following:

1. Identify and validate systemic problems in the facility (may include both offsite and onsite information)
2. Determine which areas will be cited at a S/S of E or above
3. Conduct the QAPI plan review at the end of the survey and determine if these areas are included in the QAPI plan and how they are being addressed by the facility
4. CE Pathway

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## How to Minimize Deficiencies

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- Ensure all staff have received QAPI training
- Involve staff and identify “champions” who can help excite others about QAPI activities
- Make QAPI a part of your day-to-day culture and encourage staff participation
- Identify high-risk, high-volume, problem-prone areas (falls, med errors, elopements, wounds infections, resident to resident altercations)
- Be proactive in addressing these high-risk areas – don’t wait until there is an incident
- Implement corrective actions timely and ensure facility has made a “good faith effort” to correct

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## Comprehensive Training Requirements

### (F940-942, F944-946 and F949 (483.95))

A facility must develop, implement, and maintain an effective training program for all:

- New and existing staff;
- Individuals providing services under a contractual arrangement;
- And volunteers, consistent with their expected roles

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## Comprehensive Training Requirements

### (F940-942, F944-946 and F949 (483.95))

- A facility must determine the amount and types of training necessary based on a facility assessment specified at 483.70

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## Comprehensive Training Requirements (F940-942, F944-946 and F949 (483.95))

Training topics must include but are not limited to:

- Communication
- Resident Rights
- Abuse, Neglect, and Exploitation
- QAPI
- Infection Control
- Compliance & Ethics
- Behavioral Health; and
- Any other topics guided by facility assessment

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## Comprehensive Training Requirements (F940-942, F944-946 and F949 (483.95))

STNA Trainings (§)483.95(g)

- Required in-service training for nurse aides must:
  1. Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year
  2. Include dementia management training and resident abuse prevention training
  3. Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at 483.70(e) and may address the special needs of residents as determined by the facility staff
  4. For nurse aides providing services to individuals with cognitive impairment address the care of the cognitively-impaired

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## How to Minimize Deficiencies

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- Review your current in-service programs against the requirements
- Utilize various formats for in-services depending on the audience and topic (in-person training, computer-based training, role-playing, “hands-on” learning)
- Assess understanding of topics and ensure competencies are completed
- Offer in-service education for all shifts
- Track and document all training
- Link trainings to your QAPI program and facility assessment
- Make trainings fun and interactive!

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## Clarifications on Interpretative Guidance from CMS

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- CMS will be releasing updated Interpretative Guidance and training for the RoP for LTC facilities in the second quarter of calendar year 2020, along with information on training and implementing related changes to the Long-Term Care Survey Process (LTCSP)
- While the regulations became effective on November 28, 2019, the ability to survey compliance with these requirements will be limited until the Interpretative Guidance is released

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Thank You

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## Resources/References

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<https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapiataglace.pdf>

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/CAHs>

<https://www.ahcancal.org/qualityimprovement/qapi/page/default.aspx>