NAVIGATING NEW WATERS
RoP, Phase 2

Presented by:

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OVERVIEW

This program was developed to support the long term care professional navigate the turbulent waters of regulatory change found in the Rules of Participation (RoP) and support smooth sailing through November 28, 2017, phase 2 implementation.

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OBJECTIVES
Upon completion of his program, participants will be able to state the **Four D's** of RoP.

1. **Detail** the changes included in RoP Phase 2.
2. **Define** new terms included in RoP Phase 2.
3. **Discuss** possible substandard quality of care tags.
4. **Describe** the educational needs to support transition.
Changes in RoP Phase 2

Note to Self:

- Effective November 28, 2017
- Changes in F Tag Numbering – New F Tags
- Interpretative Guidance/Critical Element Pathways – Updated
- Implement new survey process
Changes in RoP Phase 2

A. Resident Rights & Facility Responsibilities

B. Freedom from Abuse, Neglect, Exploitation (1150B), Misappropriation, Mistreatment, Injury of Unknown Source & Grievance
Changes included RoP Phase 2

C. Admission, Transfer, Discharge Rights – Transfer Discharge Documentation

D. Comprehensive Person-Centered Care Planning

E. Behavioral Health Services
Changes Included RoP Phase 2

F. Pharmacy Services

G. Dental Services

H. Food & Nutrition Services

I. Administration – Facility Assessment
Changes in RoP Phase 2

J. Quality Assurance
   Performance Improvement (QAPI)

K. Infection Control &
   Antibiotic Stewardship

L. Physical Environment
   ...Smoking Policies
A. Resident Rights
483.10 (g) (4) (ii)-(v) Resident Rights and Facility Responsibilities – Required Contact Information.

- The resident has right to receive notices orally (meaning spoken) and in writing (including Braille) in a format or language he or she understands.)
(ii) Information and contact information for State & local advocacy organizations, including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program & the protection & advocacy system.

(iii) Information regarding Medicare & Medicaid eligibility & coverage.
(iv) Contact information for the Aging & Disability Resource Center (established under Section 202 (a) (20) (B) (iii) of the Older Americans Act); or other No Wrong Door Program.

(v) Contact information for the Medicaid Fraud Control Unit.
483.12 (b) (5) Freedom from Abuse, Neglect, Exploitation, Misappropriation, Mistreatment & Injury of Unknown Source (ANEMMI)

- The facility must develop and implement written policies and procedures that:
  - (5) Ensure reporting of crimes occurring in federally-funded long term care facilities in accordance with section 1150B of the Act. The policies & procedures must include but are not limited to the following elements:
Freedom from ANE continued (5) (i)

(5) (i) Annually notifying covered individuals, as defined at section 1150B (a) (3) of the Act, of that individual’s obligation to comply with the following reporting requirements.
Freedom from ANE continued (5) (i)

(A) Each covered individual shall report to the State agency & one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from the facility.
(B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.
Freedom from ANE continued (5) (ii)

(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B (d) (3) of the Act.

(iii) Prohibiting & preventing retaliation, as defined at section 1150B (d) (1) and (2) of the Act.
Freedom from ... continued

Expectation

- Facility to develop and implement written policies & procedures that ensure reporting of crimes in accordance with section 1150B of the Social Security Act (the Elder Justice Act requirement).
Grievances

- 483.10 (j) (1) (Implementation 3/8/2017)
- Resident the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal.

- Grievances with respect to care & treatment, the behavior of staff & other residents, & other concerns regarding their LTC facility stay.
Grievances

- 483.10 (j) (2 to 3)
  - The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances that the resident may have, in accordance with this paragraph.

- The facility must make information on how to file a grievance or complaint available to the resident.
483.10 (j) (4) Facility establish a grievance policy to ensure the prompt resolution of all grievances. Upon request, the provider must give a copy of the grievance policy to the resident. The policy must include:

(i) Notifying the resident individually or through postings in prominent locations throughout the facility of the right:
Facility establish a grievance policy to ensure the prompt resolution of all grievances. Upon request, the provider must give a copy of the grievance policy to the resident. The policy must include:

(i) Notifying the resident individually or through postings in prominent locations throughout the facility of the right:
Grievances

- A reasonable expected time frame for completing the review of the grievance;

- The right to obtain a written decision regarding his or her grievance;

- The contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency & State LTC Ombudsman program or protection & advocacy system;
483.10 (j) (4)

(ii) Identify a grievance official who is responsible for overseeing the grievance process, receiving & tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; & coordinating with state & federal agencies as necessary in light of specific allegations;
(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;
(iv) Consistent with 483.12 (c) (1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;
(V) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident’s grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident’s concern(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;
(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents’ rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents’ rights within its area of responsibility; and
(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of a grievance decision.
483.15 (c) (2) Admission, Transfer, and Discharge Rights (ATD) – Transfer/Discharge Documentation

- Documentation – When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c) (1) (i) (A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident’s medical record & appropriate information is communicated to the receiving health care institution or provider.
ATD Rights continued

483.15 Transfer/Discharge Documentation continued

(2) (i) Documentation in the resident’s medical record must include:

(A) The basis for the transfer per paragraph (c) (1) (i) of this section – Facility allow resident to remain in the facility and not transfer or discharge unless conditions are met;
(B) In the case of paragraph (c) (1) (i) (A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs & the service available at the receiving facility to meet the need(s);
(c) (i) The documentation of the resident’s medical record must include:

- The basis for the transfer

- The specific resident need(s) that cannot be met, facility attempts to meet the needs, & service available at the receiving facility to meet the needs
(2) (ii) The documentation required by (c) (2) (i) of this section must be made by

A. Resident’s Physician or B. A Physician

(2) (iii) Information given to the receiving provider must include a minimum of the following

A. Contact information of the practitioner responsible for the care of the resident
(2) (iii)

B. Resident representative information including contact information

C. Advance Directives information

D. All special instructions or precautions for ongoing care
(2) (iii)

E. Comprehensive care plan goals

F. All other necessary information, including a copy of the resident’s discharge summary, consistent with 483.21 (c) (2), as applicable, to ensure a safe & effective transition of care
Discharge Planning and Discharge Summary
When the facility anticipates discharge a resident must have a discharge summary that includes, but is not limited to the following:
483.21 (c) (2) Transfer/Discharge continued

(i) A recapitulation of the resident’s stay that includes, but is not limited to, diagnosis, course of illness/treatment or therapy, & pertinent lab, radiology, & consultation results;
(ii) A final summary of the resident’s status to include items in paragraph (b) (1) of 483.20, at the time of discharge that is available for release to authorized persons & agencies, with the consent of the resident or resident’s representative;
483.21 (c) (2) Transfer/Discharge continued

(iii) Reconciliation of all pre-discharge medications (both prescribed) and over the counter;

(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident’s consent, the resident representative(s), which will assist the resident to adjust to his/her new living environment;
(iv) The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident’s follow up care & any post-discharge medical & non-medical services.
ATD continued

Expectations

- Determine staff allocation of hours and resources
- Guidelines/procedures & documentation requirements with care transitions & discharges
- Review electronic records to align with defined assessments & tools
ATD continued

Expectations

- Have a detailed training & competency plan to include the interdisciplinary team members and other staff involved in the discharge process

- Tracking, trending, analyzing discharges for any gaps and need to complete quality assurance quality improvement

- Coordination of PASARR process
Changes in RoP Phase 2:
D. Comprehensive Person-Centered Care

483.21 (a) (1) Comprehensive Person-Centered Care Planning (CPCC)

- Baseline Care Plans – the facility must develop and implement a baseline care plan for each resident that includes instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care.
CPCC continued

Comprehensive person-centered care planning continued

483.21 (a) (1) The baseline care plan must:

(i) Be developed within 48 hours of a resident’s admission

(ii) Include the minimum healthcare information necessary to properly care for a resident
483.21 (1) (ii) Comprehensive person-centered care planning continued

Minimum Healthcare information
A. Initial goals based on Admission orders
B. Physician orders
C. Dietary orders
D. Therapy Services
E. Social Services
F. PASARR recommendations, if applicable
The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan:

(i) Developed within 48 hrs. of admission

(ii) Meets the requirements set forth in paragraph (b) (2) (i) of this section
483.21 (a) (3) Comprehensive person-centered care planning continued

- The facility must provide the resident & their representative with a summary of the baseline care plan that includes but is not limited to:
  (i) Initial goals of the resident
  (ii) A summary of the resident’s medications & dietary instructions
Resident person-centered care planning continued

(iii) Any services and treatments to be administered by the facility and personnel acting in behalf of the facility

(iv) Any updated information based on the details of the comprehensive care plan, as necessary
Expectations

- Completion of team of baseline care plan
- Electronic documentation requirements related to baseline & comprehensive care planning
- Competency-based staffing approach to respond to resident population needs and review of resources. Staff necessary to care for residents
Each resident must receive and the facility must provide the necessary behavioral care & services to attain or maintain the highest practicable physical, mental, & psychosocial well-being, in accordance with the comprehensive assessment and the plan of care.
Behavioral Health Services (BHS)

483.40 Behavioral Health Services continued

- Behavioral health encompasses a resident’s whole emotional well-being, which includes, but is not limited to, the prevention & treatment mental & substance use disorders.

- 483.40 (a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies & skills set – provide nursing & related services.
483.40 (3) Behavioral Health Services continued

- A resident who displays or is diagnosed with dementia, receives the appropriate treatment & services to attain or maintain his or her highest practicable physical, mental, & psychosocial well-being.
(c) If rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, & rehabilitative services for mental disorders & intellectual disability, are required in the resident’s comprehensive plan of care, the facility must provide required services.
Expectations

- Review staffing needs & resources based on facility assessment & behavioral health of residents

- Competency and skills sets of staff to take care of residents
483.45 (c) (2) Pharmacy Services

- Medical Chart Review – continue for pharmacist to report any irregularities to the attending physician, & the facility’s medical director, & director of nursing, and these reports must be acted upon.

- (e) Psychotropic drugs-Based on a comprehensive assessment of a resident, the facility must ensure that:
(e) (1) Residents who have not used these drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed & documented in the clinical record;

(e) (2) Residents who use psychotropic drugs receive gradual dose reductions, & behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;
(e) (3) Residents do not receive psychotropic drugs pursuant to a PRN order unless the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and

(e) (4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in 483.45 (e) (5), if attending physician believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document rationale in medical record;
(e) (5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.
Expectations

- Finalize procedures for psychotropic medications and PRN medications with specific guidelines r/t administration requirements.

- Define reporting procedures for Drug Regimen Review (DRR) and follow up procedures to include timeframes for various actions & processes to be followed.
Dental Services

483.55 Dental Services

- (a) (3) & (b) (4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility’s responsibility & may not charge the resident for the loss or damage of dentures determined in accordance with facility policy to be the facility’s responsibility.
Dental Services continued

483.55 (a) (5) & (b) (3) Must promptly within 3 days, refer residents with loss or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat & drink adequately while awaiting dental services & the extenuating circumstances that lead to the delay.
Dental Services

Expectations

- Define policies & procedures related to loss of dentures & referral process.

- Procedures to follow while awaiting appointment.
483.60 (a) As linked to Facility Assessment 483.70 (e)

Staffing – The facility must employ sufficient staff with the appropriate competencies & skills sets to carry out the functions of the food & nutrition service, taking into consideration resident assessments, individual plans of care & the number, acuity and diagnosis of the facility’s resident population in accordance with the facility assessment required at 483.70 (e). This includes:
Food & Nutrition Services continued

- (1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other qualified nutrition professional as defined in Phase 1.

- (a) (1) (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by State law.
Food Nutrition Services continued

- (a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full time, the facility must designate a person to serve as the director of food & nutrition services who:

  - (i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after Nov. 28, 2016, or no later than 1 year after Nov. 28, 2016 for designations after Nov. 28, 2016.
Expectations

- Review and employ sufficient staff based on new requirement of a facility assessment

- Interdisciplinary team involvement
483.70 Administration

(e) The facility must conduct & document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations & emergencies.

Review and update the assessment as necessary – facility plans for any change that would require a substantial modification to any part of this assessment.
483.70 (e) The facility assessment must include:

1. The facility’s resident population, including but not limited to:
   - Both the number of residents & the facility’s resident capacity
(ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, & other pertinent facts that are present within that population;

(iii) The staff competencies that are necessary to provide the level & types of care needed for the resident population;
(iv) The physical environment, equipment, services, & other physical plant considerations that are necessary to take care for this population;

(v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including but not limited to, activities & food & nutrition services.
483.70 (e) (2) The facility resources, including, but not limited to,

(i) All buildings &/or other physical structures & vehicles

(ii) Equipment (medical & non-medical)

(iii) Services provided, such as, physical therapy, pharmacy, & specific rehabilitation therapies;
(iv) All personnel, including managers, staff (both employees & those who provide services under contract), & volunteers, as well as their education &/or training & any competencies related to resident care;
(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services & equipment both during normal operations & emergencies;

(vi) Health information technology resources, such as systems for electronically managing patient records & sharing information with other organizations.
Administration continued

Expectations

- Complete facility assessment & develop plans according to facility assessment. Define your resources & capabilities.

- Revision/review of policies & procedures related to facility assessment.
483.75 Quality Assessment/Quality Improvement (QAPI)

(a) (2) Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, & maintain an effective, comprehensive data-driven QAPI program that focuses on indicators of the outcomes of care & quality of life. The facility must:
QAPI continued

☐ 483.75 (a) (2) Present its QAPI plan to the State Survey Agency no later than one year after the promulgation of this regulation. Nov. 27, 2017;

☐ (a) (3) Also to submit to the Survey Agency at the first annual certification survey and at each recertification survey & upon request during any other survey & to CMS upon request;
QAPI continued

- (a) (4) Present documentation & evidence of its ongoing QAPI program’s implementation & the facility’s compliance with requirements to a State Survey Agency, Federal Surveyor or CMS upon request.
QAPI program focuses on the following core elements 483.75

1. Design & scope – section (b)

2. Feedback, Data Systems & Monitoring – section (c)

3. Systematic Analysis & Systemic Action – section (d)
QAPI continued

Systematic Analysis & Systemic Action – section (d)

- Take actions aimed at performance improvement & after implementing actions, measure its success, & track performance to ensure that improvements are realized & sustained.

- Develop & implement policies- use systematic approach to determine underlying causes of problems impacting larger systems.
Systematic Analysis & Systemic Action continued

- Develop corrective actions to effect change at the systems level to prevent quality of care, quality of life, and safety problems.

- Monitor effectiveness of performance improvement activities to ensure improvements are sustained.
Core Elements continued 483.75
4. Performance improvement projects - section (e)
   (1) Set priorities for its performance improvement activities – focus on high risk, high volume, problem-prone areas, consider the incidence, prevalence, & severity of problems in those areas; & affect health outcomes, resident safety, resident autonomy, resident choice, & quality of care.
(2) Performance improvement activities must track medical errors & adverse resident events, analyze their causes & implement preventive actions & mechanisms that include feedback & learning throughout the facility.
Program Activities continued – section (e)

(3) As part of their performance activities the facility must conduct distinct performance improvement projects. Number & frequency of projects must reflect the scope & complexity of services & available resources as reflected in the facility assessment required at 483.70 (e).
5. Governance & Leadership – 483.75 section (f)
The governing body &/or executive leadership (or organized group or individual who assumes full legal responsibility for operation of the facility) is responsible and accountable for ensuring that – (continued on next page)
QAPI continued

Governance & Leadership – section (f)

(1) An ongoing QAPI program is defined, implemented, & maintained & address identified priorities

(2) The program is sustained during transitions in leadership & staffing
QAPI continued

Governance & Leadership – section (f)

(3) The program is adequately resourced, including ensuring staff time, equipment, & technical training as needed

(4) The program identifies, & prioritizes problems & opportunities that reflect organizational process, functions, & services
(5) Corrective actions address gaps in systems, and are evaluated for effectiveness

(6) Clear expectations are set around safety, quality, rights, choice, & respect
QAPI continued

Expectations:

- Provide QAPI plan to State Survey Agency at annual survey. Complete by 11/27/2017; resources & staff allocation.

- Effective systems to comply with processes as defined.

- Policies & procedures
Infection Control

- 483.80 (a) Infection Control
- As linked to facility assessment at 483.70 (e).

Infection Prevention & Control Program (IPCP). The facility must establish an IPCP that must include at a minimum, the following elements:

1. A system for preventing, identifying, reporting, investigating, & controlling infections & communicable diseases;
(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:

(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons;
(2) (ii) When & to whom possible incidents of communicable disease or infections should be reported;

(iii) Standard & transmission-based precautions to be followed to prevent spread of infections;

(iv) When & how isolation should be used;
(2) (v) Circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease;

(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.
483.80

(a) (3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use
Infection Control continued

Expectations:

- Facility assessment and meeting better compliance related to results. Develop program, processes, surveillance, reporting etc.
- Antibiotic protocols in place and monitored.
483.90 Physical Environment

(i) (5) Establish policies, in accordance with applicable Federal, State, & local laws & regulations, regarding smoking areas, and smoking safety that also take into account non-smoking residents.
Expectations

- Have in place policies & procedures related to smoking.

- Smoking areas & smoking safety.
Physical Environment

- 483.25 2) Each resident receives adequate supervision and assistance devices to prevent accidents.

- 483.25(n) – Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.
Physical Environment

(1) Assess the resident for risk of entrapment from bed rails prior to installation.

(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.

(3) Ensure that the bed’s dimensions are appropriate for the resident’s size and weight.
483.25(n)(4) Follow the manufacturers’ recommendations and specifications for installing and maintaining bed rails. §483.90(d)(3) Conduct Regular inspection of all bed frames, mattresses, and bed rails, if any, as part of a regular maintenance program to identify areas of possible entrapment. When bed rails and mattresses are used and purchased separately from the bed frame, the facility must ensure that the bed rails, mattress, and bed frame are compatible.
Key Points

- The different changes forthcoming for full implementation envisions a great improvement in quality of care & quality of life of our residents.

- Embrace the change & be an instrument in actual implementation of these changes.
New Definitions
Resident representative – an individual chosen by the resident to act on their behalf; person authorized by State or Federal Law.

Conditions for transfer/discharge as discussed under this section
Change to the notice of discharge – if the information changes prior to effecting the transfer or discharge, the facility must the recipients of the notice as soon as practicable once the updated information becomes available.
Baseline Care Plans – the facility must develop and implement a baseline care plan for each resident that includes instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care.
Definitions continued

- Behavioral Health – encompasses a resident’s whole emotional and mental well-being, which includes, but is not limited to, the prevention & treatment of mental & substance use disorders.

- Psychotropic drug – is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: Anti-psychotic, Anti-depressant, Anti-anxiety, Hypnotic
Definitions continued

Irregularities – include, but are not limited to any drug that meets the criteria for an unnecessary drug

- Unnecessary drugs – is any drug when used –
  1. In excessive dose (including duplicate drug therapy)
  2. For excessive duration
Unnecessary drug continued

3. Without adequate monitoring; or

4. Without adequate instructions for each use; or

5. In the presence of adverse consequences which indicate the dose should be reduced or discontinued

6. Any combinations of the reasons from 1 to 5
Definitions continued

- **Facility assessment** – conducted to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies.

- **Facility’s resident population** – refer to number of residents & facility’s capacity, the care required by the resident population considering the types of diseases, conditions, physical & cognitive disabilities, overall acuity, & other pertinent facts that are present within that population.
QAPI – an effective, comprehensive, data-driven program that focuses on indicators of the outcomes of care & quality of life. Includes systems & reports demonstrating systematic identification, reporting, investigation, analysis, & prevention of adverse events, & documentation, demonstrating the development, implementation, & evaluation of corrective actions or performance improvement activities.
Infection Prevention & Control program – is designed to provide a safe, sanitary, & comfortable environment & to help prevent the development & transmission of communicable diseases & infections.
Learning the different definitions paves the way for you to get a better understanding of the changes that are going to be implemented in Phase 2.

Teambuilding is an important part of the process of change and every team player must put their best foot forward to embrace change.
Substandard Quality of Care Tags
Some Substandard Quality of Care Tag 483.10

- F 550 Resident Rights/Exercise of Rights
- F558 Reasonable Accommodations of Needs & Preferences
- Choose/Be Notified of Room/Roommate Change
- Self - Determination
Effective November 28, 2017

- F565 Resident/Family Group and Response 483.10
- F584 Safe/Clean/Comfortable Homelike Environment 483.10
- F600 Free from Abuse & Neglect 483.12
- F602 Free from Misappropriation/Exploitation 483.12
Effective November 28, 2017

- F603 Free from Involuntary Seclusion 483.12
- F604 Right to be Free from Physical Restraints 483.10 & 483.12
- F605 Right to be Free from Chemical Restraints 483.10 & 483.12
Effective November 28, 2017

- F606 Not Employ/Engage Staff with Adverse Actions 483.12

- F608 Reporting of Reasonable Suspicion of a Crime 483.12

F609 Reporting of Alleged Violations 483.12

F610 Investigate/Prevent/Correct Alleged Violation 483.12
Effective November 28, 2017

- F675 to F680 Quality of Life F483.24 &
- F684 to F700 Quality of Care F483.25 except for F699 which will be in Phase 3

- F742 Treatment/Services for Mental/Psychosocial Concerns 483.40 (Behavioral Health Services)

- F743 No Pattern of Behavioral Difficulties Unless Unavoidable 483.40
Effective November 28, 2017

- F744 Treatment/Service for Dementia 483.40
- F745 Provision of Medically Related Social Services 483.40
- F757 Drug Regimen Free from Unnecessary Drugs 483.45 (Pharmacy Services)
- F758 Free from Unnecessary Psychotropic Meds/PRN Use
Effective November 28, 2017

- F579 Free of Medication Error Rates of 5% or More
- F760 Residents Are Free of Significant Med Errors
- F850 Qualifications of Social Worker >120beds
  483.70 Administration
- F883 Influenza & Pneumococcal Immunizations
  483.80 Infection Control
Educational Needs
Educational Needs

Education of all Staff on
- Revised policies & procedures

- Completion of baseline & person-centered care planning

- Care transition & discharge protocols, standardization of communication, expectations of care transition, physician communications
Educational Needs continued

- Competencies and necessary skills set to care for resident population as per facility assessment

- Training/certification of staff (abilities, knowledge, competencies) – e.g. Dietary requirements

- Documentation requirement
Educational Needs continued

- Pharmacy staff, Medical Director, Nursing staff regarding DRR and follow-up requirements, irregularities, monitoring of drug effects etc.

- Dental procedures & care of resident awaiting for an appointment for replacement of dentures

- QAPI process and Campaign for implementation
Educational Needs continued

- Organization based facility assessment, ongoing evaluation & changes, responsibilities & accountability

- Guidelines related to Infection Control for Phase 2
Key Points – Education Needs

- It is important to foster a great educational program that can assist inquisitive minds to find answers to their questions or solutions to their problems.

- Having a well structured educational program speaks of having a great concern for staff learning and development of competencies.
Thoughts to Inspire

“All you need is the plan, the road map, and the courage to press on to your destination.”

Earl Nightingale

“It takes as much energy to wish as it does to plan.”

Eleanor Roosevelt
References

- CMS Transmittal 168 3/8/2017
- www.cms.gov. Long-Term Care Rule/F-Tag: Job Aid
- www.cms.gov. Phase 2 Tag Crosswalk
Questions???
Thank you for your participation

For questions, please contact Dr. Anabelle Locsin at anabelle@rbhealthpartners.com or coordinated this program. You may also contact Robin A. Bleier, RN, LHRM, CLC with regard to this or other services robin@rbhealthpartners.com or call our office at 727.786.3032.

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