

# Partnership News & Best Practice

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## Things are Changing (in Long Term Care)

As many of the long term care providers know, many changes continue to occur in the world of survey and certification. Beginning in November 28, 2016, CMS implanted Phase 1 for the Nursing Home Requirements for Participation. New regulatory language was added to the F Tags.

Phase 2 begins November 28, 2017 with changes to the F Tag numbering, Interpretive Guidelines (IG) and implementation of a new survey process and, oh by the way, implementation of the new **Emergency Preparedness Regulations for 17 provider /supplier types.**

A few of the highlights to the Phase 2 changes to the regulations include:

- Behavioral Health Services
- Quality Assurance and Performance Improvements
- Infection Control and Antibiotic Stewardship
- Resident Rights and Facility Responsibilities
- Freedom from Abuse, Neglect, and Exploitation
- Admission, Transfer, and Discharge Rights
- Comprehensive Person-Centered Care Planning
- Pharmacy Services – psychotropic medications

Phase 3 will be implemented November 28, 2019 and is the final step to the CMS implementation plan.

Through all of the changes, my hope is we will work together to ensure the health and safety of the residents. Ultimately, I believe that is all of our goal.

As always, I welcome calls or emails from Administrators with comments and suggestions.

My phone is 605.773.3356 and email address is [chris.qualm@state.sd.us](mailto:chris.qualm@state.sd.us)

Thank you. *Chris*

## Hospitals and nursing facilities are required to have a written fire safety plan

### Special points of interest:

- **Nursing Home Compare:** <http://www.medicare.gov/nursinghomecompare/?AspxAutoDetectCookieSupport=1>
- **CMS S&C's:** <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGen-Info/Policy-and-Memos-to-States-and-Regions.html>

The requirement for a written fire safety plan is not new but the Life Safety Code has added one requirement which was not required under the older version of the Life Safety Code.

Your written fire safety plan shall now include nine items. These items shall include:

1. Use of alarms.
2. Transmission of alarms

to the fire department.

3. Emergency phone call to fire department.
4. Response to alarms.
5. Isolation of fire.
6. Evacuation of immediate area.
7. Evacuation of smoke compartment.
8. Preparation of floors

and building for evacuation.

9. Extinguishment of fire.

The emergency phone call to the fire department was not previously included in the fire safety plan.

Federal life safety surveyors are citing this deficiency so you should update your written fire safety plan.

## Emergency Preparedness: Are You Ready?

### Plan

The core elements of an emergency preparedness are:

- All-hazards risk assessment and emergency planning
- Development and implementation of policies and procedures
- Communication plan
- Training and testing

Phase 2 of the implementation of the updated and new LTC regulations is fast approaching. In 483.75 (m)(1) The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents. Also noted in 483.75 (m) (2) The facilities must train all employees in emergency procedures when they begin to work in the facility, annually with existing staff, and carry out unannounced staff drills using these procedures.

Are you ready? Have you dusted off that large tote provided a number of years ago by the Department of Health and reviewed or restocked the identification items in it? Maybe you've enhanced what was in it? In monthly 30 minute testing, does your emergency generator maintain temperatures where pharma-

ceuticals are kept? What about the water vendor, have you reviewed and are they still able to meet your needs? Have you been reviewing and revising existing policies and procedures or creating new? What about those existing checklists, have you tested that evacuation plan vs. shelter-in-place plan with more than one scenario?

Think beyond monthly fire drills and generator testing and the arrival of spring weather alert drill. While South Dakota is not immune to winter storms, tornados, and flooding; a disaster might just affect your facility and no one else, or is there impact beyond your doors? Active shooter, infectious disease outbreak, or a missing resident to name a few.

The regulations reflect education and training need to

be exercised. That can be accomplished by conducting an individual-facility exercise. If you've never conducted an all-out table-top drill, they can be very enlightening and fun as well. If you haven't maintained a link with the outer community, now is the time to make that connection. Full-scale community based exercises really do test all services both inside and outside your facility. You may discover that a particular service you relied on isn't there.

The result of a well-organized and effective training program will allow your staff to be able to demonstrate knowledge of emergency procedures and have an understating of the roles and responsibilities should the situation real or otherwise arise. The old adage – The best laid plans of mice and men... is true.

### Emergency Preparedness Resources

#### CMS Emergency Preparedness Site

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

The Assistant Secretary for Preparedness and Response (ASPR's) **Technical Resources Assistance Center and Information Exchange (TRACIE)** is a resource for developing emergency plans and can be found at: <https://www.asprtracie.hhs.gov>



## Resident Directed Person-Centered Care: Enhancing Quality of Life and Quality Care for the Whole Person

Resident-directed person-centered care is highly recommended in the long term care setting as well as the assisted living centers setting. In fact resident-directed person-centered care is a key performance indicator to improve quality of care for the South Dakota Department of Health's Strategic Plan. The goal is to go from 85% of providers participating in resident-directed or person-centered care in 2015 to 100% by the year 2020.

Resident-directed person-centered care is about:

- A personalized environment related to sound levels, style of room, and access to public or common areas, home-like bathrooms, and dining alternatives.
- Having systems and processes in place to assess whether resident choices and preferences are respected.
- Being aware of resident health and safety but remembering a resident's right to make choices or decisions that are not always in their best interest.
- Staff receiving the necessary education and training to appropriately support resident care and quality of life.
- Staffing assignment that is consistent with the resident being known as a person whose concerns are sought after.

Resident-directed person centered care is not just focusing on the person's illnesses or diagnoses, it is about:

- Recognizing the person's strengths rather than their limi-

tations.

- What is important to the person, what are their interests?
- Offering activities that are truly meaningful to the person.
- Establishing and maintaining close and continuous contact with others, "building relationships."
- The rewards of being independent, not dependent.

Resident-directed person-centered care is about the person's preferences:

- When to eat, what to eat.
- When to sleep and bathe; how they sleep, how they bathe.
- What to wear, whether flamboyant or monotone.
- What to do all day. Read, take in a movie, listen to music, or join a group for coffee.
- Making the difficult decisions such as end-of-life, feeding tube placement, CPR, intubation - choices that are not easy.

Resident-directed person-centered care is about active listening, even when a person cannot speak, as in late dementia; they often express their feelings and needs in other ways such as through their eyes, their facial expressions, and their body language.

Resident-directed person-centered care can mean just slowing down enough to "just be" with the person for even a few minutes to look beyond the endless to-do list of caregiving and enjoy the person.

Does your staff offer hugs, hold a resident's hand, look them in the eye, and really speak to them? Or is it all business, with residents left alone for hours with no human contact or interaction?

Do administrators, director of nurses, social workers, and activity directors and other leadership model person-centered care? The culture of care starts at the top, what leadership does trickles down to the direct care staff. They are watching you. Make a great impression!

When it comes to promoting culture change and resident directed person-centered care, stakeholders and surveyors need to partner together, move forward, and create positive processes together to ensure the number one goal is the individual residents whom are entrusted to our care.

With the new long term care survey process quickly approaching let us enter this new frontier together to enhance the resident's quality of life by providing the best resident-directed person-centered care possible. Take it one-step and one person at a time.

As great NFL coach Vince Lombardi is credited with saying, "Individual commitment to a group effort – that is what makes teamwork, a company work, a society work, a civilization work."

## Hand In Hand: A Training Series for Nursing

### Event reporting Link:

<http://doh.sd.gov/providers/licensure/complaints.aspx>

The Reporting of injuries of unknown and reasonable suspicion of a crime algorithm is located at the following link:

<https://apps.sd.gov/PH91HcOsr/Website/CompFormOnline.aspx>

The Centers for Medicare and Medicaid (CMS) have created this series to address the requirement for the annual nurse aide training on how to care for residents with dementia and on preventing abuse. It consists of an orientation guide and six one-hour video-based modules, each of which has a DVD and an accompanying instructor guide. All long term care facilities were provided a copy by CMS. In addition, you can access this training at <http://www.cms-handinhandtoolkit.info/Index.aspx>.

This training can be used as an individual study or in a group setting. The modules

can be used independently of each other. The modules are:

**Module 1:** Understanding the World of Dementia: The Person and the Disease.

**Module 2:** What is Abuse?

**Module 3:** Being with a Person with Dementia: Listening and Speaking.

**Module 4:** Being with a Person with Dementia: Actions and Reactions.

**Module 5:** Preventing Abuse

**Module 6:** Being with a Person with Dementia: Making a Difference.

The training principles in this DVD series are:

- Consistent Staffing

- Empowering Nurse Aides
- Promoting Team Involvement
- Building Relationships

Our office encourages nursing facilities and other healthcare providers to view and educate staff on the CMS training program “Hand in Hand”. The number of dementia care residents is increasing and this series provides excellent tools and ideas for healthcare facilities to utilize in caring for this population. We hope you find this training useful in your facility.

When investigating an abuse/neglect report/complaint, SD DOH encourages use of this training for staff involved.

### Reporting of Resident Falls

The use of the algorithm located on our website <http://doh.sd.gov/providers/licensure/complaints.aspx> will assist you in determining if you need to report an incident to the South Dakota Department of Health. The reporting should be completed using the online reporting system at <https://apps.sd.gov/PH91HcOsr/Website/CompFormOnline.aspx>. If you have questions or need assistance please call 605.773.3497.

For falls, here are some samples of when and when not to report.

1. If an injury has occurred and requires emergency

treatment beyond what was provided in the nursing home (or ALC) or the resident was hospitalized as a result of injury. Conduct a thorough investigation and REPORT.

2. If through resident and staff interviews and recreating the occurrence with a thorough investigation with those involved, as best as possible, how the resident was discovered, and abuse or negligence cannot be ruled out, REPORT.
3. If through resident interview and recreating the occurrence with those involved, abuse or negligence

can be substantiated, REPORT.

4. If the resident is able to communicate to the provider what occurred and after conducting a thorough investigation, abuse and/or neglect can be ruled out, DO NOT REPORT.
5. If through a thorough investigation it has been determined the resident's plan of care was not followed, such as appropriate lift not used for transfer and a fall occurred, REPORT.

## What's Trending in Assisted Living Centers

The top 3 deficiencies identified in Assisted Living Centers:

**#1. 44:70:04:11 Care policies.** Each facility shall establish and maintain policies, procedures, and practices that follow accepted standards of professional practices. Examples:

1. Are medications administered according to physician orders or the manufacturer's recommendations?

2. Are medications signed off on the MAR after they have been administered?

3. Was the insulin pen primed prior to dialing the dose?

**#2. 44:70:04:13.01 Facility form.** The facility shall provide a form developed, by the department, to the resident's medical provider prior to admission, yearly and after a significant change. Ensure the form is completed accurately according to the optional ser-

vices listed on your current license.

**#3. 44:70:05:02 Resident care plans.** The nursing service of a facility shall provide safe and effective care from the day of admission through the ongoing development and implementation of written care plans for each resident. Ensure the care plan is individualized to address the needs of the resident.

## What's Trending in Nursing Homes

The top 3 deficiencies identified in Nursing Homes within the past 12 months:

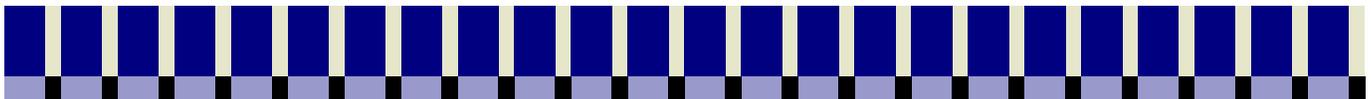
**#1. F-281 Professional standards:** "Professional standards of quality" means services that are provided according to accepted standards of clinical practice.

**#2. F-441 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 or infections.

**#3. F-323 Accidents/Hazards/Environment/Supervision:** The facility must ensure that the resident environment remains as free from accident hazards as is possible and each resident receives the adequate supervision and assistance devices to prevent accidents.

## Did you Know?

Did you know South Dakota regulations require prescribers and dispensers of controlled substances to sign up for the South Dakota Prescription Drug Program? The following is an excerpt from the South Dakota controlled substance registration form. **ATTENTION: After getting your controlled substance registration number, register with the South Dakota Prescription Drug Monitoring Program (SD PDMP).** The South Dakota Department of Health supports practitioner participation in the SD PDMP program to improve patient care and reduce the misuse and abuse of controlled substances. Visit <http://doh.sd.gov/boards/pharmacy/pdmp.aspx> to learn how to register for an account in PMP AWARE. If you have any questions about the SD PDMP, please contact Melissa DeNoon at the South Dakota Board of Pharmacy (605) 362-2737.



## KEEP YOUR HOLIDAYS SAFE

### South Dakota Department of Health

615 East 4th Street  
Pierre, SD  
57501-1700

Phone: 605-773-3356  
Fax: 1-866-539-3886



This summer, keep you and your family **SAFE**. The South Dakota Department of Health advises citizens should decline from taking or using prescription-type pills that are not prescribed by and obtained from one's own physician and/or pharmacy.

#### Be Safe!

**S:** Secure your medications

**A:** Alert your kids to the danger of taking someone else's medications

**F:** Foil drug dealers by reporting activity to your law enforcement authority

**E:** Educate yourself and children by visiting this website: [www.awarerx.org](http://www.awarerx.org)

The AWAREX® Consumer Protection Program encourages consumers to move medications from their medicine cabinets into a secure area for the holidays to protect loved ones. It is not uncommon when guests visit that pain pills, stimulants, and tran-

quilizers are removed from medicine cabinets to support prescription drug abuse habits. According to the Substance Abuse and Mental Health Services Administration, more than 50% of prescription drug abusers got them from family and friends for free. And sadly, prescription drugs are the most commonly abused drugs among 12 to 13 year olds.

Young teenagers do not realize that prescription drugs, when not taken according to a doctor's directions, can be deadly. Some teenagers secure pills from unsuspecting friends, parents, grandparents, aunts, uncles, sisters, and brothers, and go to a Pharm Party or a Skittles Party where all those who attend throw various pills into a bowl. Then each teen grabs some pills and ingests them. The pills they take could be anything from Ritalin®, to Tylenol® with Codeine, to Vicodin®, to Xanax®. Sometimes teens mix the pills with alcohol.

Taking such combinations could lead to serious injury and even death. In addition, teens and others who experiment with using prescription drugs to "get high," risk becoming addicted to medications such as opioid painkillers. Regrettably, more and more people addicted to these prescription pain pills are then turning to heroin use, with both addictions placing these people at risk for overdose and death.

Keep your loved ones safe from themselves. Lock your medicine out of sight in a secure place other than a drawer or cabinet, as these are the first places a determined person will look.

AWAREX promotes prescription drug safety awareness and focuses on four areas: misuse and abuse prevention, the risks of buying medications online, the dangers of counterfeit drugs, and proper drug disposal. For more information about disposal of unwanted medications in your area, visit the Get Local page for your state at [www.AWARErx.org](http://www.AWARErx.org).

### OLC Listserv

Interested providers can subscribe at <https://listserv.sd.gov/scripts/wa.exe?A0=SDOLC> by utilizing the **Subscribe** function found on the right side of the page. Receive newsletters as well as updates and information on licensing, survey, certification, rules, and regulations.



[http://doh.sd.gov/  
providers/  
licensure/](http://doh.sd.gov/providers/licensure/)

*The mission of the South Dakota Department of Health, Office of Health Care Facilities Licensure and Certification is to partner with consumers, families, healthcare providers, healthcare organizations, and other regulatory agencies to ensure the health, safety, and appropriate care of patients and residents in*