Office of Health Facilities Licensure and Certification

South Dakota Department of Health

September 2019
Partnership News

Partnership News

& Best Practice

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FAQ's for cares that may be provided in the ALC

Q: Can an ALC provide urinary catheter care for the resident in the ALC setting?

A: Yes, it can be provided. 44:70:01:05(6).....any resident who is able to: (e) Complete their own ostomy or catheter care. Routine care such as emptying the drainage bag, catheter care, or switching from a leg bag to a bedside drainage bag may be provided by the unlicensed assistive personnel. **Skilled care** such as an irrigation or completion of intermittent catheterization every six hours is required to be completed by a licensed nurse. The licensed nurse should provide education for the daily routine care which should include infection control measures.

Q: Is insulin administration allowed?

A: Yes, it can be provided by the unlicensed assistive personnel with training and delegated by a licensed nurse according to the SD Board of Nursing (BON) regulations. An unlicensed medication assistant (UMA) may dial the dose on the insulin pen according to the physician's order to assist the resident and following manufacturer's recommendations for the dialing procedure. The UMA may not inject the insulin for the resident. The expectation is for the licensed nurse to educate the UMA, document the initial training and competency, and periodically ensure the UMA remains competent in the procedure. The link related to a licensed nurse delegating to the UMA is http://sdlegislature.gov/rules/DisplayRule.aspx?Rule=20:48:04.01:01. There is a separate SD BON certification for an unlicensed diabetic aide (UDA). The SD BON link related to the UDA is https://doh.sd.gov/boards/Nursing/uda.aspx.

doh.sd.gov/providers/licensure/

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Music & Memory

Music & Memory South Dakota having just completed its first year, has funded and trained fifty five nursing homes to implement the nationally acclaimed MUSIC & MEMORY® program through the use of CMP funds. Each facility received a laptop computer and equipment to provide 15 residents with individualized music devices, national certification and renewal fees, training, technical assistance, and facility scholarships to attend one of South Dakota's healthcare trade associations' fall conferences. Teresa Haatvedt, Program Coordinator through the South Dakota Foundation of Medical Care (SDFMC) reports that 175 residents have personalized music playlists and are utilizing the equipment thus far. As nursing homes further develop, implement, and streamline the program in their centers, this number will steadily increase.

Adopting a therapeutic music program assists skilled nursing homes in meeting several federal regulations related to use of unnecessary medications (F757), individualized and comprehensive care planning (F636, F639, F658, F659, F684), nutrition (F692), dementia care and related practices (F636, F658, F684). It promotes the development of person centered activities that identify and honor individual needs and keep each individual at the center of the care planning and decision-making process.

Being able to offer an individualized music program to residents is a great marketing tool for nursing homes. It is a program that the community and families can support through assisting in developing individualized music playlists and often times generates fundraising activities and donations to increase equipment for more residents to use, replace equipment, and increase music purchasing.

Below are several testimonies from nursing home staff implementing MUSIC & MEMORY South Dakota:

A resident who normally can be very grumpy told all sorts of stories while listening to the music and even started singing along. As I left and told him I'd be back again soon, he said, "Oh good, I have a reason to stick around… something to look forward to." To know that it was making a difference and improving his overall mood while helping him reminisce was a great feeling.

We had a 101-year old lady that cried a lot. I tried the music with her, and her eyes lit up. She smiled and started to move her fingers to the music. She was content for up to 45 minutes.

We have a resident who is very resistive to cares, including swinging at staff. Since listening to her music, she will allow staff to help her and her daily routine has improved.

I just started using the Music and Memory last week. I noticed that those residents that are agitated seem to be calmer and start sharing their old memories. It seems the music triggered some memories. Yesterday evening, I also played the music to two residents that have problems in eating. When they heard the music they smiled, ate 75-90% of their food and were calmer. I will do more tests on this and hopefully it has consistent positive results. I am in the early stages, but will continue to write down my observations. We are using it on a resident in hospice that gets very anxious and restless. We try to have music playing during the day when she typically starts to get restless or complains of pain. She has been staying a little calmer and not needing quite as much morphine to manage the pain.

The South Dakota Foundation for Medical Care, South Dakota Department of Health, South Dakota Department of Social Services, South Dakota Association of Health Care Organizations and South Dakota Health Care Association, all members of a subcommittee of the SD Dementia Coalition, partnered to request grant funding to

Music & Memory *(continued)*

bring MUSIC & MEMORY with technical assistance to nursing facilities in South Dakota. Efforts are underway to secure additional funding to assist all South Dakota nursing facilities with the opportunity to implement a resident -centered therapeutic music program in their centers.

Long-Term Care Providers Recognized

Eight Long-Term Care providers in the state were recognized for its quality of care.

Information from the South Dakota Health Care Association says Pierre Care and Rehab has been awarded the 2019 Bronze – Commitment to Quality Award by the American Health Care Association and National Center for Assisted Living.

The award honors providers across the nation that have demonstrated a commitment to improving the quality of care in long term and post-acute care centers and communities. The award has three progressive levels— Bronze, Silver and Gold.

This year's recipients are:

- Pierre Care and Rehab, Pierre
- Armour Care and Rehab, Armour
- Bella Vista Care and Rehab, Rapid City
- Dow Rummel Village, Sioux Falls
- Lake Andes Senior Living, Lake Andes
- Milbank Care and Rehab, Milbank
- Redfield Care and Rehab, Redfield
- Watertown Care and Rehab, Watertown

Decoding the Food Code: Information to assist the user

The U.S. Food and Drug Administration (FDA) has published an online training module called **Decoding the Food Code: Information to assist the user** (https://collaboration.fda.gov/decodingthefoodcode/). This online training module was designed to help stakeholders, including all levels of government and industry, understand the structure, nomenclature, and conventions of the Food Code. Access more information through the links below.

Constituent Update: FDA Releases Decoding the Food Code: Information to Assist the User, an Online Based Training Module: https://www.fda.gov/food/cfsan-constituent-updates/fda-releases-decoding-food-code-information-assist-user-online-based-training-module

Decoding the Food Code Training Module: https://collaboration.fda.gov/decodingthefoodcode/

FDA Food Code Page: https://www.fda.gov/food/retail-food-protection/fda-food-code - module is under the "Resources" section. The module can also be found on the **Retail Food Industry/Regulatory Assistance & Training** page under the "**Free Training Provided by the Food and Drug Administration**" section.

Tuberculin Screening Requirements

The Office of Health Care Facilities Licensure & Certification is aware that some providers who perform skin testing screening for Mycobacterium tuberculosis (TB); are having trouble in obtaining adequate supplies of tuberculin purified protein derivative (PPD), utilized to administer the Mantoux tuberculin skin test.

In the absence of enough supplies, providers are encouraged to be vigilant in conducting individual TB risk assessments and consult with their medical director for further follow-up. Document the unavailability of the PPD and what was carried out relevant to the individual(s).

Controlled substance registrations (new, renewals, and changes to an existing registration) can now be done on-line

The South Dakota Department of Health is pleased to announce that beginning on July 1, 2019, all new applications, renewal registrations, verifications, and changes to an existing registration, will be completed online with the South Dakota Department of Health's new registration system. Payment using the online Controlled Substance Registration system must be made using Mastercard or Visa credit and debit cards.

If you are a practitioner that does not have a federal DEA certificate to move to South Dakota and are applying for a new DEA number at a South Dakota location, you must write "pending" where it asks for the DEA registration on the state application, and you must also apply to the DEA for a new DEA number, since you are not moving a number to South Dakota.

When submitting an application, please be sure to have all of your information ready, including any supporting documents needing to be uploaded, such as a copy of the updated federal DEA certificate. After the application has been submitted and the payment has been made, the Department will review the application, email the registrant if additional information is needed, approve or deny the application, or pend the application until we receive the new DEA number.

After July 1, 2019, you can log in at any time to view the application status or print a registration. Controlled substance registration certificates or letters will no longer be mailed. Any controlled substance registration can also now be primary source verified on the website.

Special points of interest:

- ***Nursing Home Compare:*** ***http://www.medicare.gov/nursinghomecompare/?AspxAutoDetectCookieSupport=1***
- ***Hospital Compare:*** ***https://www.medicare.gov/hospitalcompare/search.html***
- ***Home Health Compare:*** ***https://www.medicare.gov/homehealthcompare/search.html***
- ***CMS Memos:***
- ***http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html***
- ***Licensure and Certification website:*** ***https://doh.sd.gov/providers/licensure/***

Plan of Correction – Why acceptable is a must

The Statement of Deficiencies, CMS Form 2567 is the official documentation to record deficiencies. The CMS Form 2567 or the "survey report" is a Federal form and communicates to the provider or supplier surveyed what is wrong; it forms the basis for the plan of correction (PoC) that the entity surveyed provides to the State survey agency. In South Dakota, the survey agency also uses the CMS Form 2567 to document assisted living deficiencies. *Note – Deemed facilities are not required to submit a plan of correction in response to a survey with only standard-level findings, although it may voluntarily do so.*

In 42 CFR 488.401 the PoC is defined as a plan developed by the facility and approved by CMS or the survey agency that describes actions the facility will take to correct deficiencies and specifies the date by which those deficiencies will be corrected. The PoC is the provider's allocation of compliance (AoC) with the rules of participation (RoPs). An acceptable plan of correction must:

- Address how corrective action will be accomplished for those individuals found to have been affected by the deficient practice;
- Address how the facility will identify other individuals having potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes will be made to ensure the deficient practice will not recur.
- Indicate how the facility plans to monitor performance to make sure that solutions are sustained; and
- Include dates of when corrective action will be completed that may not exceed the last date for completion as indicated in the accompanying letter.
- Include the title not the proper name of the individual responsible for monitoring performance.
- Include a form that reflects a dated name and title signature of the authorized designee for the provider.

An acceptable PoC must be submitted within 10 calendar days from the date the provider receives its Statement of Deficiencies, CMS Form 2567.

Except in cases of past noncompliance and for deficiencies at a scope and severity level A, providers must submit an acceptable PoC. If the PoC is unacceptable for any reason, the State will notify the provider and work with them to achieve an acceptable PoC.

Under 42 CFR 483.10(g) Examination of Survey Results, long-term care facilities are required to post the most recent CMS Form 2567 and any PoC in effect.

Providers are cautioned that they are ultimately responsible for their own compliance. The PoC will serve as the provider's AoC. The CMS Form 2567 and accompanying PoC/AoC is a public record of the survey and is disclosable.

Providers interested in joining the OLC listserv can subscribe at **https://listserv.sd.gov/scripts/wa.exe?A0=SDOLC** ,
CLIA: **https://listserv.sd.gov/scripts/wa.exe?A0=SDCLIA**
RHC: **https://listserv.sd.gov/scripts/wa.exe?A0=SDRHCLINICS**
Click on 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.

Cybersecurity Challenges and Risks in Healthcare

Cybersecurity threats to health care facilities and patient/resident safety are real. The health care industry is seen as a weak target by hackers, large volumes of data are stored, and patient/resident information carries a high value on the black market.

Once the hacker has access to a network, they can install ransomware to encrypt files or lock essential services until the organization pays a specific ransom. Healthcare is such a time-sensitive field that facilities have little choice but to pay the ransom. The cost of recovery from a ransomware attack is twofold: 1. The costs of mitigating the attack which include the cost of a forensic analysis, rebuilding servers and workstations, eradicating the ransomware, and file recovery. 2. The main cost is downtime. With systems out of action, productivity falls dramatically, and the facility loses revenue opportunities. With the increased complexity and widespread nature of cyber-attacks, health care facilities must make cybersecurity a priority and invest in ensuring the protection of healthcare technology and the confidentially of patient/resident information from unauthorized access.

Strategies/approaches on improving cybersecurity and preventing cyber threats include:

- ⇒ Cybersecurity should be part of your annual facility-wide assessment - review your health information technology systems to maintain a secure network. Look for outdated software or other unsecured access points.
- ⇒ Cybersecurity planning, preparing, and training should be part of your facility emergency preparedness program. Create a plan that outlines specific protocols for dealing with information and networks — both physical and virtual — and make sure they are followed.
- ⇒ Establish a security culture by providing ongoing cybersecurity training and education with emphasis on every employee is responsible for protecting patient/resident data. New employee onboarding should include training on best practices for computer use.
- ⇒ Set strict personal device regulations - protect mobile devices at work with encryption and other protective measures to ensure any information on these devices is secure.
- ⇒ Use a firewall.
- ⇒ Install and maintain anti-virus software.
- ⇒ Back up files regularly for quick and easy data restoration. If possible, consider storing data away from the main system.
- ⇒ Require software updates by forcing software updates on computers/laptops, utilize two-factor authorization, and require periodic password updates that require characteristics of a “strong” password.
- ⇒ Limit network access – only grant access to protected information to those who need to view or use the data.

What should you do if there is a security breach in your facility?

Report the breach: If you experience unsecured or compromised network activity, you must report this to:

- ⇒ Local law enforcement. In addition, it is recommended to contact Division of Criminal Investigation #605-773-3331
- ⇒ Department of Human Services – Call Dakota at Home #1-833-663-9673
- ⇒ Department of Health Office of Licensure and Certification – Call 605-367-7499 or 605-367-4640 if unable to submit a report through Launchpad or to provide a facility resource.

Reevaluate your Network: If an attacker gained access to your facility’s network, you will need to investigate the incident and implement measures to secure any weaknesses that allowed threats.

Resources:
Facility Assessment Tool http://qioprogram.org/facility-assessment-tool

Cybersecurity Challenges *(continued)*

Emergency Preparedness Rule https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html

FCC Cyber Security Planning Guide https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/CyberSecurity-Planning-Guide-FCC.pdf

Technology's Guide to Privacy and Security of Health Information https://www.healthit.gov/sites/default/files/pdf/privacy/privacy-and-security-guide.pdf

If you have any questions or if you have not been set-up in Launchpad to complete and/or submit reports, please contact Shelly Walstead at 605-367-4640 or Jolene Hanson at 605-367-7499 or email DOHOLCComplaint@state.sd.us.

Critical Access Hospital – What's New?

In October 2018, the Centers for Medicare and Medicaid Services (CMS) updated the State Operations Manual (SOM) Appendix W – Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAH), and Swing-Beds in CAHs. Although there were changes, do not be alarmed, the changes predominately came in the form of combining regulations, renumbering, and language clarification. A couple of the changes are discussed below.

A noticeable change is that there are no Interpretive Guidelines or Survey Procedures outlined as seen with other regulations in the SOM. CMS refers affected stakeholders to reference Nursing Home Appendix PP of the State Operations Manual for Interpretive Guidelines and Survey Procedures.

Regulations affected include:

- C350 Special Requirements for CAH Providers of Long-Term Care Services (Swing-Beds").
- C351 Eligibility.
- C352 Facilities Participating as Rural Primary Care Hospitals (RPCHs) on September 30, 1997.
- C361 Resident Rights
- C373 Admission, Transfer and Discharge Rights.
- C381 Freedom from abuse, neglect and exploitation.
- C385 Patient Activities
- C386 Social Services
- C388 Comprehensive assessment, comprehensive care plan, and discharge planning
- C402 Specialized Rehabilitative Services.
- C404 Dental Services.
- C410 Nutrition.

A new regulation, titled 'Nutrition', was added to include CMS definition of assistive nutrition, hydration expectations, and outlined provider responsibilities. Assisted nutrition and hydration includes naso-gastric and gastrostomy tubes, percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids. Based on the resident's comprehensive assessment, providers must ensure residents maintain acceptable nutritional parameters and enough fluids are offered to maintain proper hydration and health.

Critical Access Hospital *(continued)*

Under admission, transfer, and discharge rights CMS added information on what the CAH must provide to the receiving provider when a resident is discharged or transferred under circumstances of necessity, improved health, the safety of other individuals in the facility is endangered, non-payment, or the CAH ceases to operate. Under this section, clarification is provided when the reason for the transfer or discharge is related to non-payment. In addition, a resident may not be transferred or discharged while an appeal is pending unless the failure to discharge or transfer would endanger the health and safety of the resident or other individuals in the facility. When a resident is transferred or discharged, a notice must be made not only to the resident but to the Office of the State Long-Term Care Ombudsman.

What a great opportunity to review swing-bed regulations and update policies as needed. Again, the changes are not huge, but you will still need to know what the changes are and how they will affect your facility. Also remember the Interpretive Guidelines will now only be found in Appendix PP of the State Operations Manual for Nursing Home Facilities.

Emergency Preparedness

Need help with you Emergency Preparedness planning? Need to know how to connect with a **HealthCare Coalition in SD?**
Go to **http://doh.sd.gov/providers/preparedness/hospital-preparedness/system/**

The **South Dakota Hospital Preparedness Program (HPP)** works with hospitals and other medical facilities to ensure South Dakota's medical community is as prepared as we can be! For additional information about HPP, go to **http://doh.sd.gov/providers/Preparedness/Hospital-Preparedness/** or contact the HPP at 605.773.4412.

CMS Emergency Preparedness Site:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html

Avoid Opioid
https://www.avoidopioidsd.com/
South Dakota Opioid Resource Hotline 1.800.920.4343

Pocket Guide: Tapering Opioids for Chronic Pain - Opens in a new window : Quick-reference tool for when and how to taper and important considerations for safe and effective care; https://www.cdc.gov/drugoverdose/pdf/Clinical_Pocket_Guide_Tapering-a.pdf and

CDC Opioid Prescribing Guideline Mobile App - Opens in a new window : Apply the recommendations in clinical practice, including a morphine milligram equivalent calculator, key recommendations, motivational interviewing techniques, resources, and glossary; https://www.cdc.gov/drugoverdose/prescribing/app.html