WELCOME

GINA GAMBARO

Director, Marketing & Business Development

Asking a question is easy!

➢ **About the topic being presented** —

❖ Click on the **Q&A** icon at the bottom of your screen

❖ Type your question & hit Enter

❖ Questions will be answered at the program's end, or offline if time runs out

➢ **About technical issues or CE credit** —

❖ Click on the **Chat** icon at the bottom of your screen

❖ Type your question & hit Enter

❖ Our team will reply to your question right away

Housekeeping notes

▶ This webinar is being recorded for on-demand access later, after the series' conclusion

▶ To earn CE, you must attend the <u>entire</u> session

▶ **For those <u>sharing</u> a computer**
- Complete a manual sign-in sheet before the program ends
- <u>Go to **Chat** to access the link for the sign-in sheet</u>
- Each participant must complete an evaluation to obtain CE credit
- Instructions will also be emailed to the program registrant

Where We Stand Now —

Recap of Regulations and Surveys After COVID

Introduction

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Office of Healthcare Regulation

Illinois Department of Public Health

Agenda

01
Most cited deficiencies and compliance issues

02
Understanding of the survey cycle

03
National and State Policy Agenda

Most cited deficiencies and compliance issues

Tag	Tag Description	# Citations	% of Providers Cited
F689	Free of Accident/Hazards/Supervision/Devices	721	59.5
F880	Infection Prevention & Control	411	46.6
F677	ADL Care Provided for Dependent Residents	394	36.4
F684	Quality of Care	391	37
F686	Treatment/Services to Prevent/Heal Pressure Ulcers	374	37
F600	Free from Abuse or Neglect	279	27.1
F690	Incontinence/Catheter/UTI	266	29.7
F812	Food Procurement/Store/Prepare/Serve/Sanitary	232	30.4
F761	Label/Store Drugs and Biologicals	225	30.1
F755	Pharmacy services/procedures/records	188	21.7
Tag	Notable Mention		
F609	Reporting of alleged violations	181	18.80
F610	Investigating/preventing/correcting alleged violation	173	19.30
F758	Free from unnecessary psychotropic medications	138	19.00

Top 10 Skilled Nursing/Nursing Facility Deficiencies Cited by IDPH in 2021

LOOK BACK — TOP 10 DEFICIENCIES

Tag	Tag Description	2021 Citations	2020 Citations	2019 Citations
F689	Free of Accident/Hazards/Supervision/Devices	721	360	609
F880	Infection Prevention & Control'	411	295	470
F677	ADL Care Provided for Dependent Residents	394	164	326
F684	Quality of Care	391	184	323
F686	Treatment/Services to Prevent/Heal Pressure Ulcers	374	228	363
F600	Free from Abuse or Neglect	279	87	134
F690	Incontinence/Catheter/UTI	266	96	336
F812	Food Procurement/Store/Prepare/Serve/Sanitary	232	64	292
F761	Label/Store Drugs and Biologicals	225	49	187
F755	Pharmacy services/procedures/records	188	113	216
	Notable Mention			
F609	Reporting of alleged violations	181	66	128
F610	Investigating/preventing/correcting alleged violation	173	68	116
F758	Free from unecssary psychotropic medications	138	48	167

LOOKING AHEAD — TOP 10 DEFICIENCIES

Tag	Tag Description	2022 Projected*	2022 Citations (June)	2021 Citations
F689	Free of Accident/Hazards/Supervision/Devices	588	196	721
F880	Infection Prevention & Control'	366	122	411
F677	ADL Care Provided for Dependent Residents	384	128	394
F684	Quality of Care	351	117	391
F686	Treatment/Services to Prevent/Heal Pressure Ulcers	315	105	374
F600	Free from Abuse or Neglect	252	84	279
F690	Incontinence/Catheter/UTI	177	59	266
F812	Food Procurement/Store/Prepare/Serve/Sanitary	222	74	232
F761	Label/Store Drugs and Biologicals	171	57	225
F755	Pharmacy services/procedures/records	195	65	188

Related CFR & F-tags

483.15 Administration & Personnel: 17 F-tags including one substandard quality of care

483.35 Nursing Services: 8 F-tags most related to staffing, competency

483.24 Quality of Care: 16 F-tags all potential for substandard quality of care

483.10 Resident Rights: 35 F-tags 6 potential substandard quality of care

483.12 Resident Abuse: 9 F-tags all potential substandard quality of care

483.90 Physical Environment: 21 F-tags

Administration/Personnel Allegations

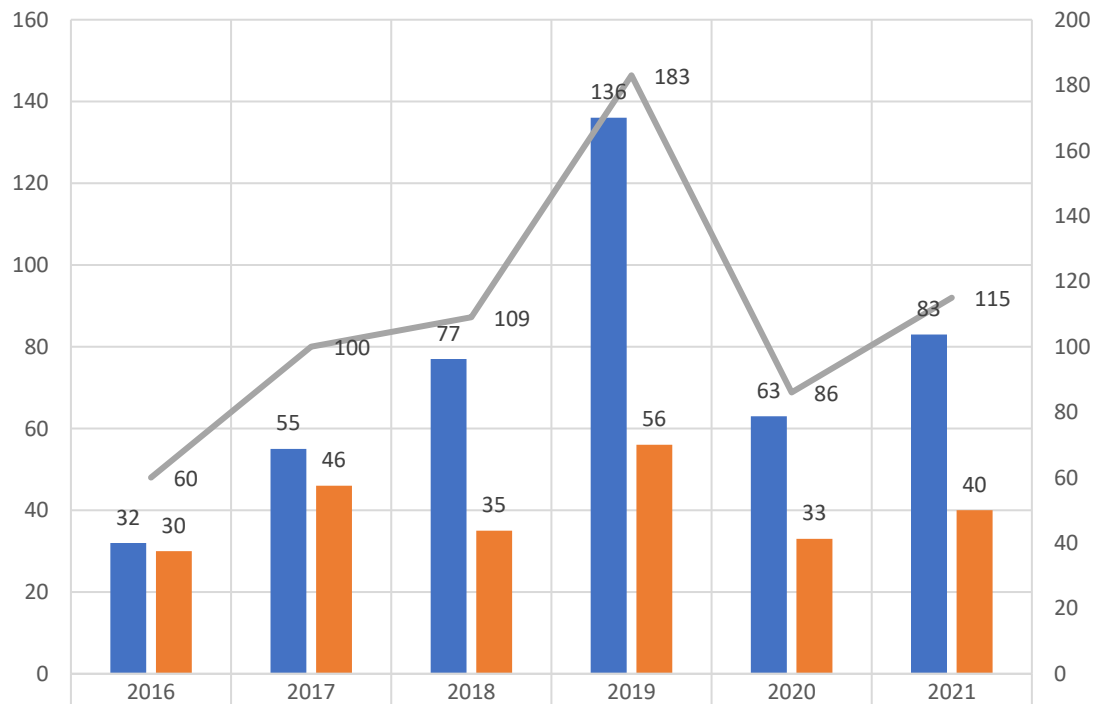| Failure to follow abuse policies and procedures	Background checks not completed	Unlicensed staff working in facility
Failure to report serious injuries to IDPH	Inappropriate staff behavior	Failure to release medical records

Nursing Services Allegations

❖ Predominantly staffing related

	2016	2017	2018	2019	2020	2021
F725	32	55	77	136	63	83
F727 RN 8hr/7day/FT DON	30	46	35	56	33	40
Number of Surveys	60	100	109	183	86	115

Quality of Care Allegations

- ❖ Improper infection control practice
- ❖ Call lights not answered
- ❖ Medication not administered per physician's order
- ❖ Improper incontinent care
- ❖ Failure to prevent pressure ulcers
- ❖ Lack of MD notification change in condition

Resident Abuse & Rights Allegations

Retaliation	Visitation restricted/denied	Dignity issues
Staff refusing to provide care	Moving call lights out of reach	Facility took personal items/searched belongings

Examples of Non-Compliance

- Failed to keep cleaning supplies out of reach, resident with dementia ingests, hospitalized with esophageal damage

- Failed to apply a smoke apron and resident suffered 3rd degree burns

- Failed to move bed away from radiating heater causing 3rd degree burns on physically impaired resident

- Failed to use two persons to transfer/mechanical lift, fall and subdural hematoma, death

- Failed to supervise while toileting, falls with injuries

Accidents, Hazards & Supervision

CMS Enforcement Actions for Deficiencies

Types of Enforcement Actions

- Plans of Correction (including Directed)

- Discretionary Denial of Payment for New Admissions (DOPNA)

- Denial of Payment for all Residents

- Directed In-Service Training

- Civil Money Penalties

Total Enforcement Actions

- 2021:   1,535
- 2020:   1,285
- 2019:   246
- 2018:   244

State Violations

Licensure Findings & Violations separate from Federal enforcement cycle and may include:

- Plans of Correction
- Money penalties

The Regulatory Maze

Secretary of State Index

Illinois Register (ilsos.gov)

Illinois Register 2020 Yearly Index (ilsos.gov)

SIREN
SIREN (illinois.gov)

Advisory Boards
Long-Term Care Facility Advisory Board(illinois.gov)

Joint Committee on Administrative Rules Joint Committee on Administrative Rules

TITLE 77: PUBLIC HEALTH : Parts Listing

Centers for Medicare & Medicaid
Policy & Memos to States and Regions | CMS

Understanding the survey cycle

Preparing for the onsite survey process

- **Planning for the annual survey**
  - *Appoint a responsible party for survey preparedness*
  - *Responsible party should have a working knowledge of the CMS Regulations, CFR, SOM, NHCA, and Administrative Rules*
  - *Develop a survey folder/binder which is reviewed at least quarterly with your team*
  - *Keep all previous annual, complaint surveys and Statements of Correction within your folder/binder*
  - *Ensure all deficiencies from prior surveys have been addressed in accordance with any previous POC*
  - *Address major survey areas which will be covered in an annual survey*
  - *Have all required documents for staff/administration in your folder/binder*
  - *Review all policies in your facility to ensure they are current, revise policies if required*
  - *Prepare and educate staff on the survey process and what to expect during a survey*
  - *Plan a mock survey 2-3 months before the annual survey time frame*
  - *Prepare any questions or queries you may have for the surveyors prior to visit*
- **Major areas reviewed during an annual survey**
  - *Resident Rights, Abuse/Neglect, Assessments, Care Plans, Quality of Life/Care, Physician and Nursing Services, Medication/Pharmacy Services, Behavioral Health, Administration and Training, Nutrition, Infection Control and Physical Environment*

- 👥 Onsite survey: observation, interview, record review

- ✏️ Writing the statement of deficiencies

- ✔️ Supervisor review

- 📋 Plan of Correction Review

- 🟧 Transmittal to compliance assurance

- 🔍 Initiating enforcement

- 📋 Facility Compliance

- ⚖️ Appeals

Survey Process

SURVEY EXIT DATE OPENS AN ENFORCEMENT CYCLE

State issues the SOD to Facility within 10 business days

30-45 DAYS OPPORTUNITY TO CORRECT if only Level 2 deficiencies (45 days)) or a G tag that the facility does <u>not</u> have a history of G or higher back to and including the last annual survey and the tag is not in a SQC category (30 days).

As a courtesy, the State provides a 70 DAY notice of mandatory DOPNA

3 MONTHS is mandatory Denial of Payment for New Admissions

6 MONTHS mandatory Termination of Medicare and Medicaid Certification
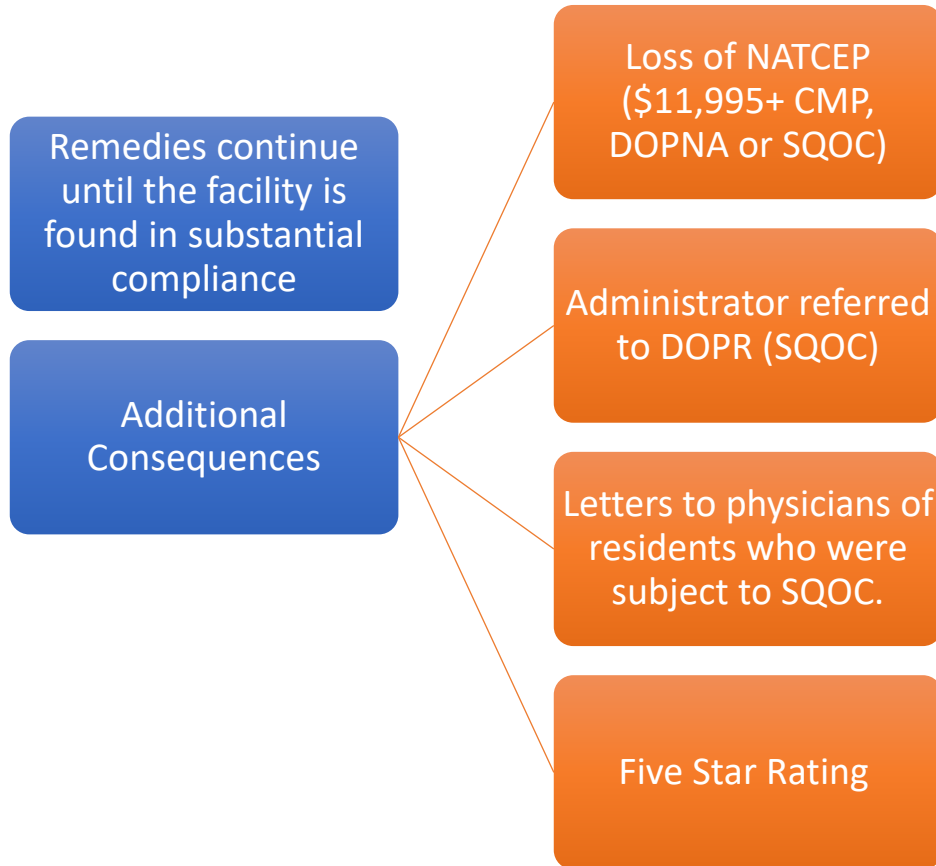
TIMELINE

Enforcement Process

"D" or above begins survey (enforcement) cycle

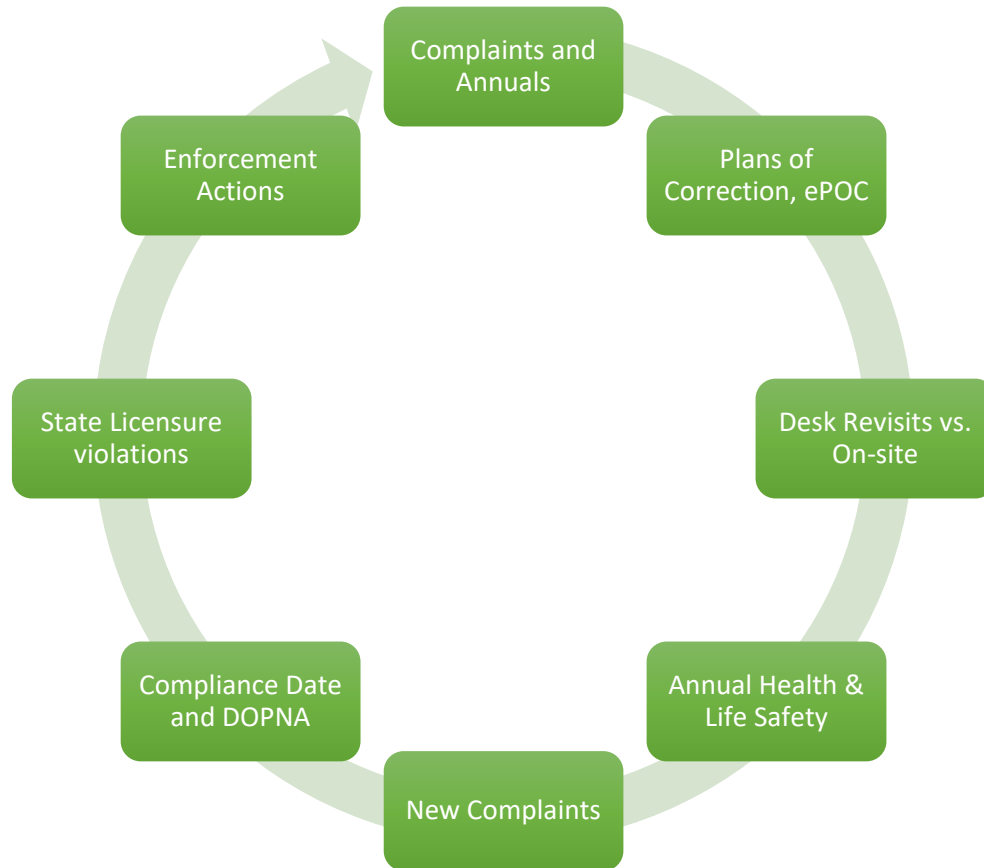**DPNA in 3 months or Discretionary Denial of Payment for New Admissions (DDOPNA) in less time**

Termination in 6 months

Other remedies may be imposed, recommended or imposed

With "A," "B," or "C" must still submit POC or correct- but are considered in substantial compliance.

Remedies continue until the facility is found in substantial compliance

Additional Consequences

Loss of NATCEP ($11,995+ CMP, DOPNA or SQOC)

Administrator referred to DOPR (SQOC)

Letters to physicians of residents who were subject to SQOC.

Five Star Rating

Enforcement Process (cont'd)

Enforcement Cycle Information

- Complaints and Annuals
- Plans of Correction, ePOC
- Desk Revisits vs. On-site
- Annual Health & Life Safety
- New Complaints
- Compliance Date and DOPNA
- State Licensure violations
- Enforcement Actions

National and State Policy Agenda

Future Policy/Regulatory Agenda

► "... federal and state governments, nursing homes, health care and social care providers, payers, regulators, researchers, and others need to make clear a shared commitment to the care of nursing home residents. Fully realizing the committee's vision will depend upon the collaboration of multiple partners to honor this commitment to nursing home residents, their chosen families, and the staff who strive to provide the high-quality care every resident deserves."

► National Academies of Sciences, Engineering, and Medicine 2022. The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff. Washington, DC: The National Academies Press. https://doi.org/10.17226/26526.

National Policy/Regulatory Agenda

Establish minimum staffing

Increased regulatory oversight/enforcement

Technical Assistance

Transparency

Improving staffing/workforce sustainability

Illinois Policy/Regulatory Agenda 2022

- Quality Improvement
- IDPH/Industry collaboration
- State agency collaboration
- Civil Money Penalty distribution
- Infection control/COVID 19
- Staffing Rules
- Modernizing Website
- Strikeforce CDC Grant

CASPER Report of Enforcement Actions, 2019-2022

National Academies of Sciences, Engineering, and Medicine 2022. The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff. Washington, DC: The National Academies Press. https://doi.org/10.17226/26526.

Nursing Home Care Act, 210 ILCS 45. 210 ILCS 45

Fact sheet: Protecting seniors by improving safety and quality of care in the nation's nursing homes. The White House. February, 2022. Skilled Nursing & Intermediate Care Facilities Code 77 Ill.Adm.300

Sheltered Care Facilities Code 77 Ill.Adm.330

Intermediate Care for Developmentally Disabled Facilities Code 77 Ill.Adm.350

Community Living Facilities Code 77 Ill.Adm.380

Specialized Mental Health Rehabilitation Facilities Code 77 Ill.Adm.380

References

About CE credit

Administrator credit

This program has been approved for one clock hour of continuing education credit by the National Continuing Education Review Services (NCERS) of the National Association of Long-Term Care Administrator Boards (NAB).

Approval #20230817-1-A86231-DL

Nursing credit

This program has been approved for one clock hour of continuing education credit by The Illinois Board of Nursing, an approved sponsor of continuing education by the Illinois Department of Professional Regulation.

Obtaining CE credit

► Complete the evaluation at the conclusion of this program:
- In your web browser
- Also emailed immediately following this program

► For those sharing a computer to view the webinar:
- Submit your sign-in sheet to the email address listed on the form
- Each participant will then be emailed a link to the evaluation
- Each person must complete an evaluation to receive CE credit

► Certificates should be **emailed in the next 30 days**

Want more CE after this?

Look for our upcoming webinars:

Sep: *Happenings on the Hill – Updates on LTC Initiatives and Legislation*

Oct: *Recruitment, Retention & More in the New Normal*

Nov: *Long-Term Care @ Home*

Dec: *Cyber-Security & HIPAA Compliance*

THANK YOU!