

**Nurse Leadership
Prep Course for CDONA**

Nancy Tuders, RN, GERO-BC, CDONA, FACDONA, IP-BC
Assistant Director of Education
Master Trainer
NADONA

© 2022 National Association of Directors of Nursing Administration in Long Term Care, Inc. (NADONA, LLC). All rights reserved.

1

2

Lesson Three - Regulations

© 2019 NADONA, LLC

2

3

Contact Hour Accreditation

- This CNE activity has been provided by Ohio Nurses Association
- Learners must attend the entire session (live presentation or 11 webinars) and receive a passing post-test with a score of at least 80% in order to receive a certificate of contact hours.
- There is no conflict of interest for anyone with the ability to control content of this activity.
- This nursing continuing professional development activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)
- Approval Valid through June 1, 2024

© 2019 NADONA, LLC

3

4 Disclosures

- Nancy has no relationships with commercial entities related to the healthcare industry.
- Nancy is the Assistant Director of Education for NADONA

© 2019 NADONA LLC

4

5 Objectives

- The participant will be able to
 - Understand the 2019 final Rule for skilled nursing facility requirements
 - Learn strategies for implementing the new and revised regulations
 - Relate the policy regarding the posting of staff numbers

© 2019 NADONA LLC

5

6 Live by DATA

- D – How are you going to Direct
- A – How will you Assess your Clinical Services
- T – Training is Key
- A - Accountability

© 2019 NADONA LLC

6

Phase 1-3

10

- Phase 1: November 28, 2016
- Phase 2: November 28, 2017
- Phase 3: November 28, 2019

Topic	Phase	Phase 3
Resident Rights	1 & 2	
Freedom from abuse, neglect & exploitation	1,2,&3	Integrate abuse, neglect and exploitation into QAPI program
Admissions, transfer and discharge rights	1,2	
Resident Assessment	1	
Comprehensive Person Centered Care Planning	1,2,3	Trauma informed care
Quality of Life	1	
Quality of Care	1,2,3	Trauma informed care staff training

© 2019 HAZDONA LLC

10

11

Topic	Phase	Phase 3
Physician Services	1	
Nursing Services	1,2	
Behavioral Health Services	1,2,3	Develop and implement a process to assess staff competencies and skills sets as related to caring for residents with a history of trauma and/or post-traumatic stress disorder.
Pharmacy Services	1,2	
Lab, X-Ray	1	
Dental Services	1,2	
Food & Nutrition Services	1,2	
Specialized Rehab Services	1	
Administration	1,2,3	Include responsibility and accountability for the QAPI program to the obligations of the governing body.
QAPI	1,2,3	Proof of Implementation of QAPI plan

© 2019 HAZDONA LLC

11

12

Topic	Phase	Phase 3 Action
Infection Control	1,2,3	Hire/designate one or more infection preventionist(s) who is responsible for the Infection Prevention and Control Program. Add the infection preventionist (or at least one, if there are more than one) to the QAPI committee
Compliance & Ethics program	1,2	
Physical Environment	1,2,3	Confirm that each resident's bedside has a call system that will allow the resident to request staff assistance and the call goes directly to a staff member or a centralized staff work area.
Training Requirements	1,2,3	Implement required new trainings: communication; resident's rights and facility responsibility; abuse, neglect and exploitation; quality assurance and performance improvement; infection control; compliance and ethics; and behavioral health.

© 2019 HAZDONA LLC

12

13

Resident Rights

- Right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive (483.10(g)(12)
- Right to name a representative to make decisions for them should they not be able to - 483.10(b))
- Rights to choose their physician (483.10(d)(4)
- Rights to participate, see and be informed of changes to their 48hr Baseline care plan (483.21(a)(3) & 483.10(c)
- Rights to participate, see, sign and be informed of changes to their comprehensive care plan (483.21(b) & 483.10(c)(2)(v)
- Rights to participate, see and be informed of changes their discharge plan (483.21(c))
- Rights to be informed in advance, of the care to be furnished and type of care giver or professional that will furnish care, (483.10(c)(4)
- Rights to see (within 24 hour excluding weekend and holidays) and receive a copy of their medical record (within 2 working days) and the cost of any copies- 483.70(i) & 483.10(g)(2)
- Bed-hold policy upon transfer or discharge
- Readmission rights (483.15(e)(2).

© 2019 NAADHA LLC

13

14

Resident Rights

- How to file grievances 483.10(j)(3)
- Rights to be free from physical and chemical restraints - 483.10(e)(1)
- Rights to bring and use personal possessions, including furnishings and clothing, as space permits and as long as they don't infringe on health or safety of other residents. - 483.10(e)(2)
- Right to share a room with their spouse and living in the same facility - 483.10(e)(4)
- Right to receive written notice before any change in room or roommate - 483.10(e)(6)
- Right to choose activities, schedules, (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, plan of care and other applicable provisions of this part-483.10(f)(1)
- Their right to refuse and appeal a transfer or discharge decision as well as room change (431.220(a)(3) & 483.10(e)(7)
- Right to refuse to perform any activities for the facility - 483.10(f)(9)

© 2019 NAADHA LLC

14

15

Resident Rights cont.

- Facility visitation policy which enumerates the right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. - 483.10(f)(4)
- The right to organize and/or participate in resident groups and family groups- 483.10(f)(5) & (6)
- Right to manage their own financial affairs 483.10(f)(10)
- Right to communicate with other privately, including access to telephone (including TTY and TDD), mail, internet, video communications and email - 483.10(g) [6-9)
- Right to refuse to release of personal and medical records except as required 483.10(h)(3)(i)

© 2019 NAADHA LLC

15

16 Resident Rights cont.

- Right to receive notices orally or in writing (including in braille) in a format and language the resident understands 483.10(g)(4), which includes the following notices:
 - Protecting of personal funds
 - Requirement and procedures for establishing Medicaid eligibility
 - List of names, addresses (mailing & email), and telephone of all pertinent state regulatory agencies such as
 - State Survey Agency
 - Mental Health Authority
 - Developmental Disability Authority
 - ombudsman program
 - adult protective services
 - "local contact agency for information about returning to the community"
 - Medicaid Fraud Control Unit
 - Aging and Disability Resource Center
 - Any other "No Wrong Door Program" (not having to jump through several doors to get access to answers)
- Statement about resident's ability to file a complaint with the State Survey Agency
- Contact information on how to file a grievance about any violation of state or federal regulations

© 2019 NAACOM, LLC

16

17 Facility Wide Resource Assessment

- To determine appropriate resources to care for residents during day-to-day operations and emergencies
- Update annually and with any major change in census or services
- Address the following: Census, Capacity, Types of Care, Staff Competencies Required, Cultural Aspects, Resources Needed (personnel and equipment)

© 2019 NAACOM, LLC

17

18 Facility Assessment Tool

Requirement
Nursing facilities will conduct, document, and annually review a facility-wide assessment, which includes both their resident population and the resources the facility needs to care for their residents (§ 483.70(e)).
The requirement for the facility assessment may be found in Attachment 1.

Purpose
The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decisions about your direct care staff needs, as well as your capabilities to provide services to the residents in your facility. Using a competency-based approach focuses on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable physical, mental, and psychosocial well-being.

The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary person-centered care and services the residents require.

© 2019 NAACOM, LLC

18

19 Facility Assessment Tool cont.

Overview of the Assessment Tool
 This is an optional template provided for nursing facilities, and if used, it may be modified. Each facility has flexibility to decide the best way to comply with this requirement.

The tool is organized in three parts:

Resident profile including numbers, diseases/conditions, physical and cognitive disabilities, acuity, and ethnic/cultural/religious factors that impact care

Services and care offered based on resident needs (includes types of care your resident population requires; the focus is not to include individual level care plans in the facility assessment)

Facility resources needed to provide competent care for residents, including staff, staffing plan, staff training/education and competencies, education and training, physical environment and building needs, and other resources, including agreements with third parties, health information technology resources and systems, a facility-based and community-based risk assessment, and other information that you may choose


© 2019 NAADDM, LLC

19

20 Surveyor Instruction

F838- The Facility Assessment is a policy

- The survey team will ask for the Facility Assessment on the first day of the Annual Survey
- During the survey process if the survey team in their investigation identifies an area where there is evidence of a systemic issues then the team will use the facility assessment to determine how the facility evaluated its population and identify the appropriate resources needed to provide the necessary care and services the residents require



© 2019 NAADDM, LLC

20

21 Facility Assessment Tool cont.

- The Facility Assessment is an overall planning document to help guide the overall operations and care delivery system of the facility.
- You may find a copy at <http://qioprogram.org/facility-assessment-tool>

© 2019 NAADDM, LLC

21

22

FACILITY ASSESSMENT TOOL

Facility Name	Administrator: Director of Nursing: Governing Body Rep: Medical Director: Other:
Persons (agency/other) involved in completing assessment	
Date(s) of assessment or update	
Date(s) assessment reviewed with QAA/QAP committee	

Part 1: Our Resident Profile

Numbers

1.1. Indicate the number of residents you are licensed to provide care for: (enter number of beds)

Consider if it would also be helpful to differentiate between long-stay and short-stay residents or other categorizations (e.g., unit floors or specialty areas or units, such as those that provide care and support for persons living with dementia or using ventilators).

1.2. Indicate your average daily census: (enter a range) _____

Consider if it would also be helpful to differentiate between long-stay and short-stay residents or other categorizations (e.g., unit floors or specialty areas or units, such as those that provide care and support for persons living with dementia or using ventilators).

1.2.a Consider if it would be helpful to describe the number of persons admitted and discharged, as those processes can impact staffing needs.

Weekday	Number (enter average or range) of persons admitted	Number (enter average or range) of persons discharged
Monday		
Wednesday		

Diseases/conditions, physical and cognitive disabilities

1.3 Indicate if you may accept residents with, or your residents may develop, the following common diseases, conditions, physical and cognitive disabilities, or combinations of conditions. **ISM** ISM LLC requires complete medical care and management.

Disclaimer: Use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance. 8/18/2017.

22

23

Nursing Services

- Your licensed nurse staff must have specific competencies and skill sets necessary to care for resident needs as identified through assessments and care planning
- Provide care that includes assessing, evaluating, planning, and implementing resident care plans and responding to resident needs
- DON 35 Hours a week
- RN coverage 8 consecutive hours 7 days a week




© 2019 RADONA LLC

23

24

Sufficient Staffing

- Policy
 - That addresses Capacity, Census, Acuity, Assures Resident Safety, Range of Diagnosis, Person Centered Care Content
 - Adds competency requirement for determining sufficient staff based on the facility assessment



© 2019 RADONA LLC

24

25

F732 CMS Information on Posting of Nursing Hours

- §483.35(g) Nurse Staffing Information, §483.35(a)(1). Data requirements. The facility must post the following information **on a daily basis**:
- (i) **Facility name**,
- (ii) **The current date**,
- (iii) **The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:** (A) Registered nurses, (B) licensed practical nurses or licensed vocational nurses (as defined under state law), (C) Certified nurse aides;
- (iv) **Resident census**.

■ §483.35(a)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (a)(1) of this section on a daily basis of the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format; (B) In a prominent place readily accessible to residents and visitors; **■ MUST KEEP A COPY FOR 18 MONTHS.**

© 2019 NAADHA, LLC

25

26

Daily Posting of Hours

Date: _____
Resident Center at time of posting for this date: _____

Shift	Number of Registered Nurses	Number of Licensed Practical Nurses	Number of Certified Nurse Aides	Resident Census
Night Shift (see appendix)	Licensed Staff	Licensed Staff	Non Licensed Staff	Census at end of shift: _____ Nurse Initials: _____
	◆ RN _____	◆ RN _____	◆ TMA _____	
	◆ LPN _____	◆ LPN _____	◆ NAR _____	
	Non Licensed Staff	Non Licensed Staff	◆ TMA _____	
Day Shift (see appendix)	Licensed Staff	Licensed Staff	Non Licensed Staff	Census at end of shift: _____ Nurse Initials: _____
	◆ RN _____	◆ RN _____	◆ TMA _____	
	◆ LPN _____	◆ LPN _____	◆ NAR _____	
	Non Licensed Staff	Non Licensed Staff	◆ TMA _____	
Evening Shift (see appendix)	Licensed Staff	Licensed Staff	Non Licensed Staff	Census at end of shift: _____ Nurse Initials: _____
	◆ RN _____	◆ RN _____	◆ TMA _____	
	◆ LPN _____	◆ LPN _____	◆ NAR _____	
	Non Licensed Staff	Non Licensed Staff	◆ TMA _____	

Place in Medical Records Drawer at the end of the evening shift.

NSF080801-07 1

26

27

Life Safety Code

- Set of fire protection requirements designed to provide a reasonable degree of safety from fire.
- Construction
- Protection & operational features to provide safety from
 - Fire
 - Smoke
 - Panic

© 2019 NAADHA, LLC

27

28

Infection Control, Medical Director Role

Accident prevention, Quality of Life, Behavioral Services

Identify resident representative, Abuse Reporting

© 2019 NAACNA LLC

28

29

Infection Prevention Program Components

© 2019 NAACNA LLC

29

30

Infection Prevention Program Development and Oversight: Personnel

- Facility Oversight and Collaboration needs to include a team consisting of:
 - Infection Preventionist,
 - Administrator,
 - Director of Nursing
 - Medical Director or designee

© 2019 NAACNA LLC

30

29 **Medical Director Roles & Responsibilities**

- Advisory
- Criteria for identifying infections
- How to distinguish facility acquired from community-acquired
- Appropriate surveillance activities
- Data collection instruments
- Antibiotic usage
- Surveillance forms



© 2019 NAACOM, LLC

31

30 **Infection Communication**

- How do your interdisciplinary team members made aware of infections/outbreaks/isolation precautions
- Create systems for communication
- How can you substantiate your system is effective




© 2019 NAACOM, LLC

32

31 **Substantiate in Your Program Safety**

This includes systems and processes to:

- Identify hazard(s) and risk(s);
- Evaluate and analyze hazard(s) and risk(s);
- Implement interventions to reduce hazard(s) and risk(s); and
- Monitor for effectiveness and modify approaches as indicated
- Residents receive supervision and assistive devices to prevent avoidable accidents
- Emergency Preparedness Plan



© 2019 NAACOM, LLC

33

Behavioral Services

34

- Requirement to provide necessary behavioral health care and services to residents, in accordance with their comprehensive assessment and care plan.
 - Residents who display or are diagnosed with mental disorder or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being
 - Review what you make available to residents with mental disorders or psychological adjustment difficulties. Consider additional staff training in this area.

© 2019 NAADDM, LLC

34

Behavioral Services cont.

35

- Residents who do not have diagnosis of a mental disorder or psychosocial adjustment difficulty, do not have an avoidable decrease in social interaction and/or increased withdrawn angry, or depressive behaviors, unless the resident's clinical condition demonstrates that development or such a pattern was unavoidable.
 - Verify that your facility identifies residents who experience a decrease in social interaction and/or increased withdrawn angry, or depressive behaviors – how do you respond?

© 2019 NAADDM, LLC

35

The Culture/Systems

36

- Resident Directed
 - Approach addresses risks for individual residents
- Facility Centered
 - Approach addresses risks for groups of residents
- Culture of Safety
 - Blameless reporting of safety concerns


© 2019 NAADDM, LLC

36

35 F761: Storage of Drugs and Biologicals

"(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys

(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected."



© 2019 NAACOM, LLC

37

38 Surveyors instructed to inspect 50% of carts and Med Rooms

► What was found in previous surveys????

- Expired medications in medication and treatment carts
- Use of expired wound dressings used on residents
- Insulin vials not dated when opened
- Nutritional drink expired
- Narcotic Check Sheet was not signed at shift change
- Nebulizer masks and medication cups dirty and open to air on bedside table
- Central line and IV line dressing changes not consistent with MD orders or facility policy
- Hand hygiene not performed according to standard of care
- Medications signed out on the Controlled Drug Record but not on MAR

© 2019 NAACOM, LLC

38

39 Resident Representative

► Modify language in all documents, policies & procedures, admission agreement etc. to include resident representative. (It may have previously said family, significant other, etc.)

© 2019 NAACOM, LLC

39

40

Review and Follow Your System and Process for Prevention and Reporting Allegations of Abuse

- There is a two hour window for reporting to the Administrator, State Survey Agency, Adult Protective Services and other officials in accordance with State Law if a resident suffers serious bodily injury due to neglect, exploitation, mistreatment or an injury of unknown source it is 2 hours.

© 2019 NAADDM, LLC

40

41

RECAPITULATION - Update your Admission/Discharge Process

- This includes Diagnosis, course of illness/ treatment or therapy, pertinent lab results, and that arrangements have been made with other providers for the resident's follow-up care.
- Requires facilities to reconcile all pre-discharge medications with the resident's post-discharge medications as part of the discharge summary.

© 2019 NAADDM, LLC

41

42

Admission Policy (Reg Language)

The facility must establish and implement an admissions policy. *(Note: the Reg does not specify what must be in the admission policy; however, the Regs state what can NOT be in the admission policy.)* The Reg language for 485.15(a) & 485.70(n) is as follows:

(1) The facility must establish and implement an admission policy.

(2) The admission policy must:

- (i) Not request or require residents or potential residents to waive their rights as set forth in this subpart and in applicable state, federal or local licensing or certification laws, including but not limited to their rights to Medicare or Medicaid; and
- (ii) Not request or require oral or written assurance that residents or gg will not apply for Medicare or Medicaid benefits.
- (iii) Not request or require residents or potential residents to waive potential facility liability for losses of personal property.
- (3) The facility must not request or require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may request and require a resident representative who has legal access to a resident's income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility payment from the resident's income or resources.
- (4) In the case of a person eligible for Medicaid, a nursing facility must not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State plan, any gift, money, donation, or other consideration as a precondition of admission, expedited admission or continued stay in the facility. **§500002.CC.**
- (5) A nursing facility may charge a resident who is eligible for Medicaid for items and services the resident has requested and received, and that are not specified in the State plan as included in the term "nursing facility services"; so long as the facility gives proper notice of the availability and cost of these services to residents and does not condition the resident's admission or continued stay on the request for and receipt of such additional services; and
- (6) A nursing facility may solicit, accept, or receive a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to a Medicaid eligible resident or potential resident, but only to the extent that the contribution is not a condition of admission, expedited admission, or continued stay in the facility for a Medicaid eligible resident.

© 2019 NAADDM, LLC

42

43 Additional Comments

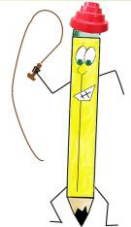
- Bed Holds
 - Policy reviewed on admission
 - Form signed when resident leaves / phone call to family and then get form signed
- Add to top of form that you are using :
 - Give a copy to the resident and
 - A copy to the resident's representative
- PASARR
 - Be persistent in getting these
 - Keep a log so you can track them
 - Document in chart your attempts to receive this form

© 2019 NAADDM, LLC

43

44 Mini Mock Survey

- AWHIP – a daily round to prepare for key issues
- Abuse
- Weight
- Hydration
- Incontinence
- Pain and Pressure



© 2019 NAADDM, LLC

44

45 Remember DATA

- D – What will you Direct
- A- How will You Assess
- T- Take a look at your Training
- A- Hold yourself Accountable- Discuss with your Administrator, Medical Director and Consultant Nurse



- One Day at a Time

© 2019 NAADDM, LLC

45

46 Resources

- **Federal Register** / Vol. 81, No. 192 / Tuesday, October 4, 2016 / Rules and Regulations

© 2019 NADONA LLC

46

47 Questions

Cindy Fronning
651-324-8415
cindy@nadona.org

Nancy Tuders
612-718-8974
nancy@nadona.org

47
