

# What's Coming in 2023 and Beyond

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**NCAL**<sup>®</sup>  
NATIONAL CENTER FOR ASSISTED LIVING

# 2022 & beyond

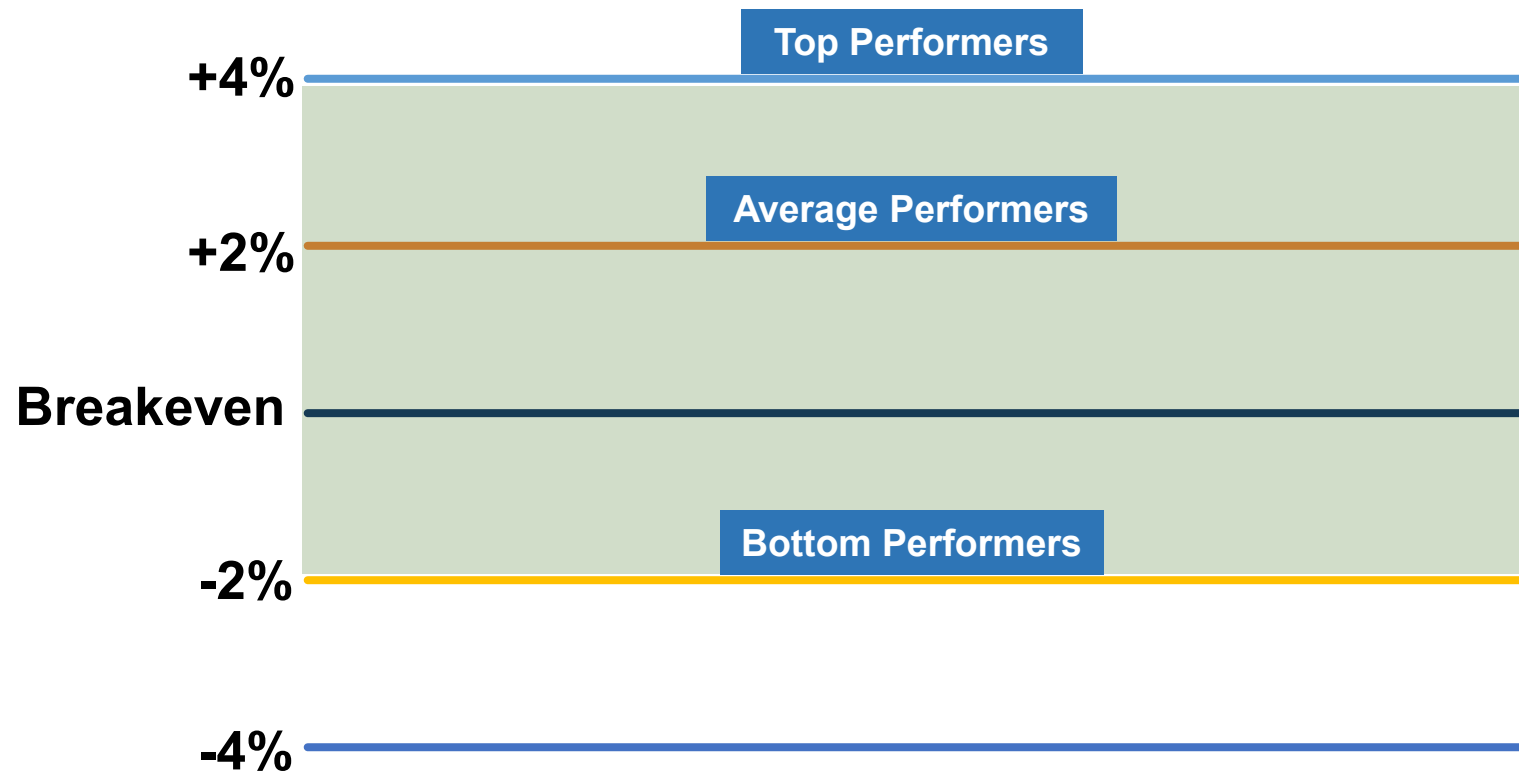
## 2022 & beyond....

- Reimbursement
  - PDPM
  - SNF VBP
  - Managed Care
  - SNPs
  - Alternate payment models
- Five Star
  - Staffing
  - SNF QRP
- Survey & regulatory
  - Infection Control
  - Abuse & neglect
  - Antipsychotic
  - Poor performing/SFF
- Changing patient mix
  - SMI & OUD
  - Advanced dementia
  - Increasing acuity

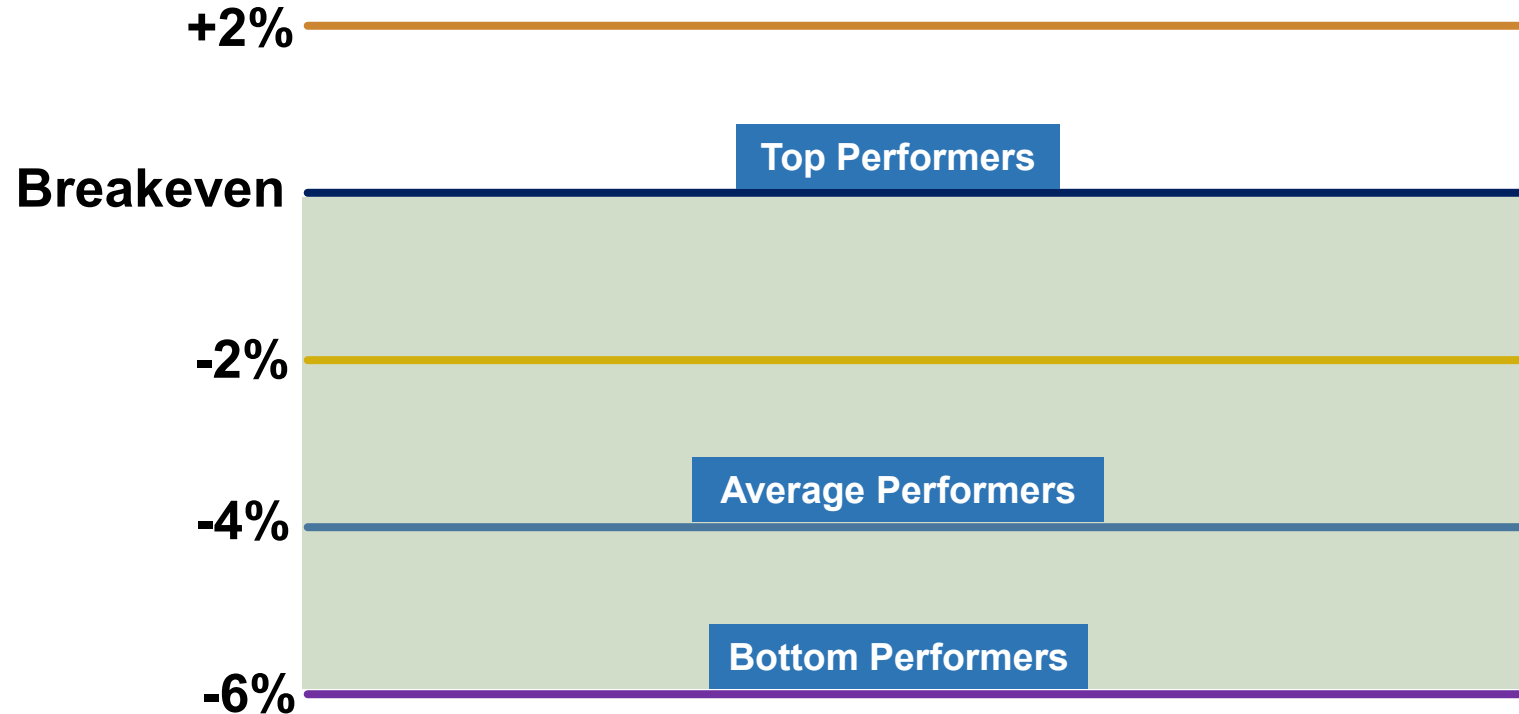
**Common  
Outcomes**

- Hospitalizations
- Satisfaction
- Antipsychotic use
- Function
- Staffing

# In Normal Times, We Have a Modest Margin



# The Pandemic Has Shifted The Margin Band To Negative



State

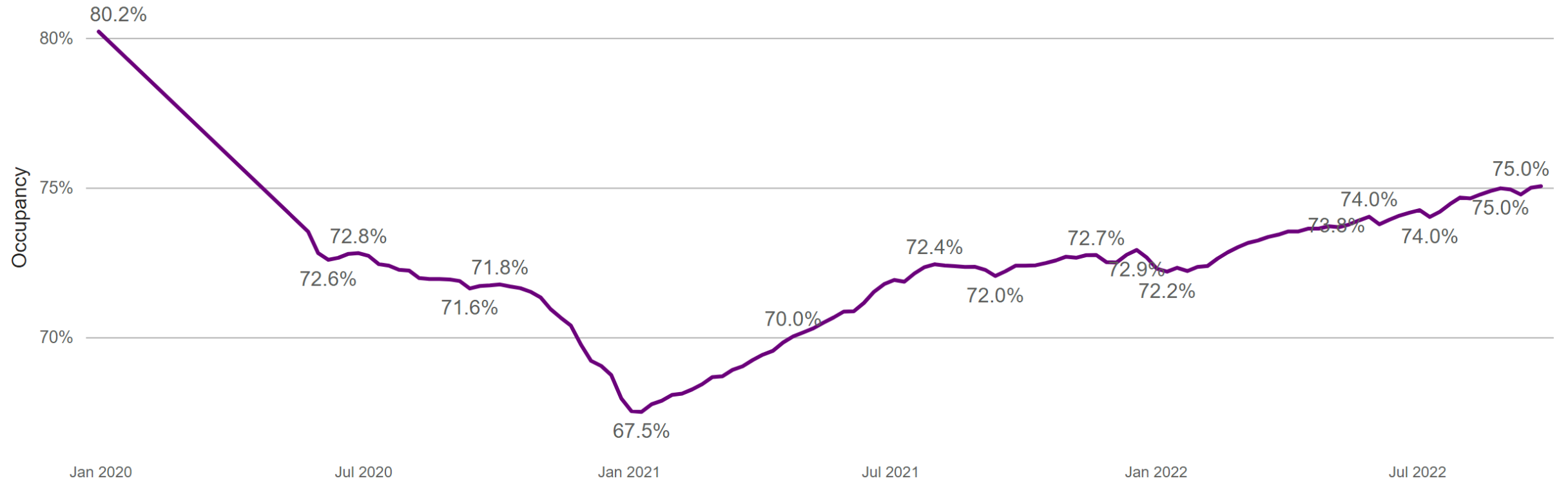
All

# Nursing Home Occupancy

Current Average Occupancy

## 75.0%

Average Occupancy



**Data Through Week Ending:**  
September 25, 2022

**Source:** Payroll-Based Journal (PBJ) and NHSN

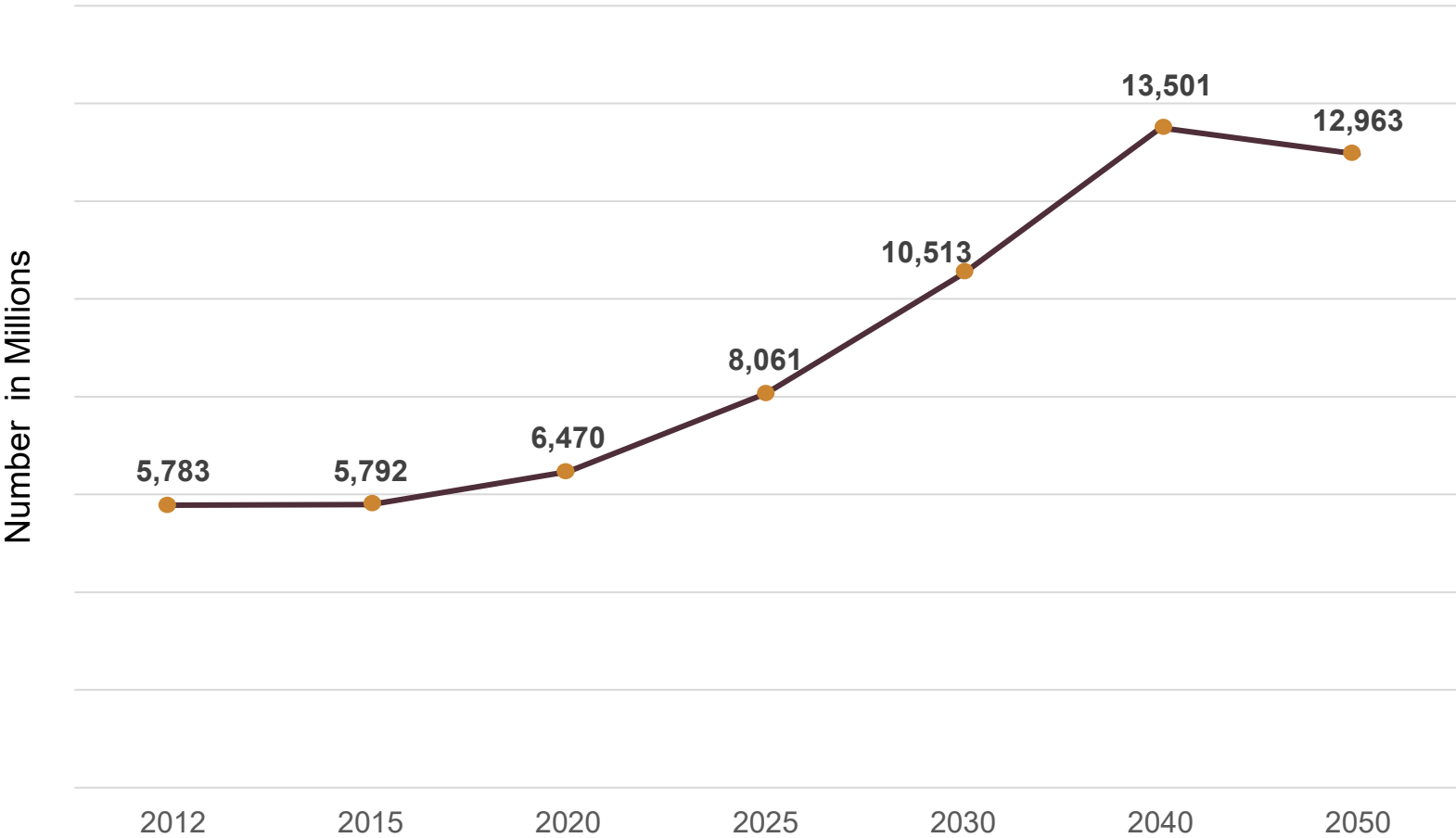
**Notes:** PBJ data used to calculate 2019 average occupancy. All other occupancy data based on NHSN.

# Recovery is Possible

- **30%** of the sector is at or above pre-pandemic census
- **One third** of the sector has no staffing agency use

# Aging Population is growing

## Population Growth – 80-84 Years





## Fight and Be Active

- Vaccine mandate changed after 4,000 emails
- Medicare cut reversed after 6,920 comments
- CDC guidance relaxed after 3,000 emails
- We will need your help on minimum staffing rule
- Invest and get involved in your state associations

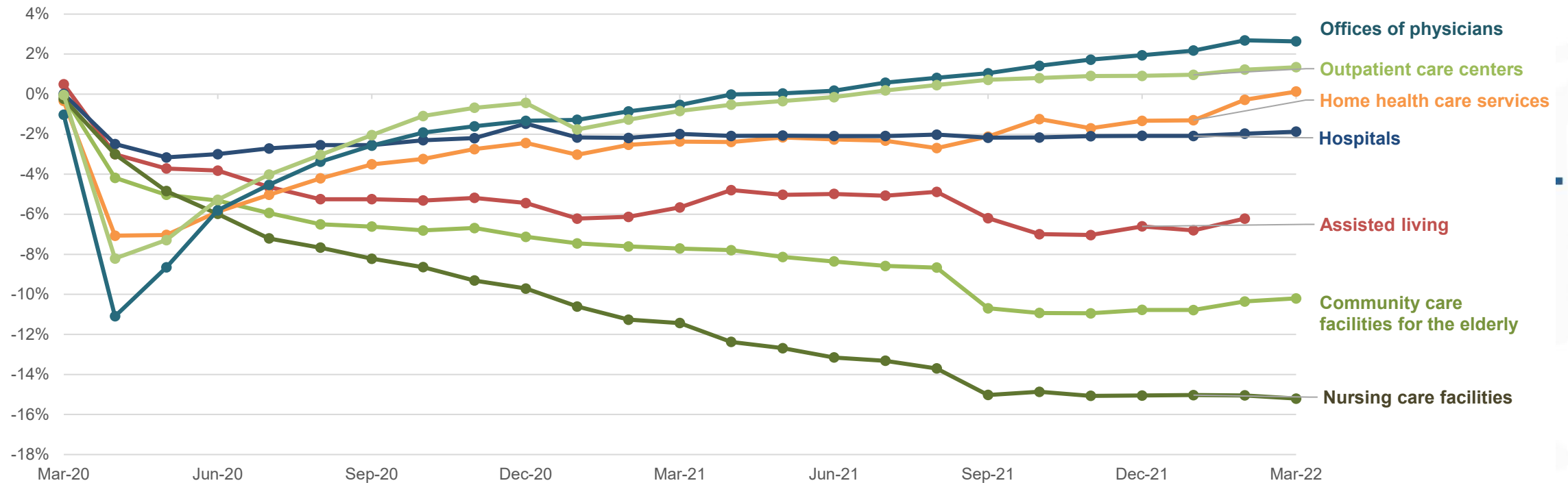




# Staffing Challenges

## LONG TERM CARE: WORST IMPACTED INDUSTRY OF HEALTH CARE SECTOR

Cumulative % Change in Health Care Sector Employment Since Feb 2020



Source: Bureau of Labor Statistics (BLS) February 2020 – March 2022

\*Assisted Living BLS data through February 2021



# Become a Top Performer

- Commit to culture and your employees
- Be opportunistic with ancillaries and special situations
- Develop a Population Health Management strategy



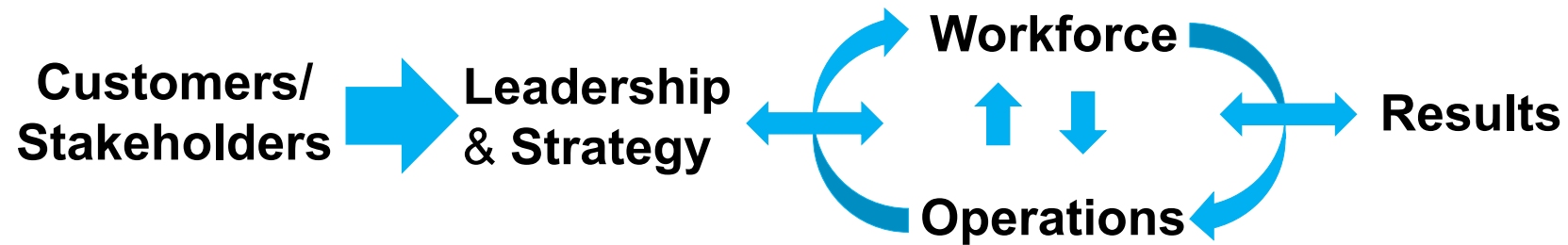
# AHCA/NCAL's National Baldrige Based Quality Award Program



# Baldrige Framework: Integrated Management System

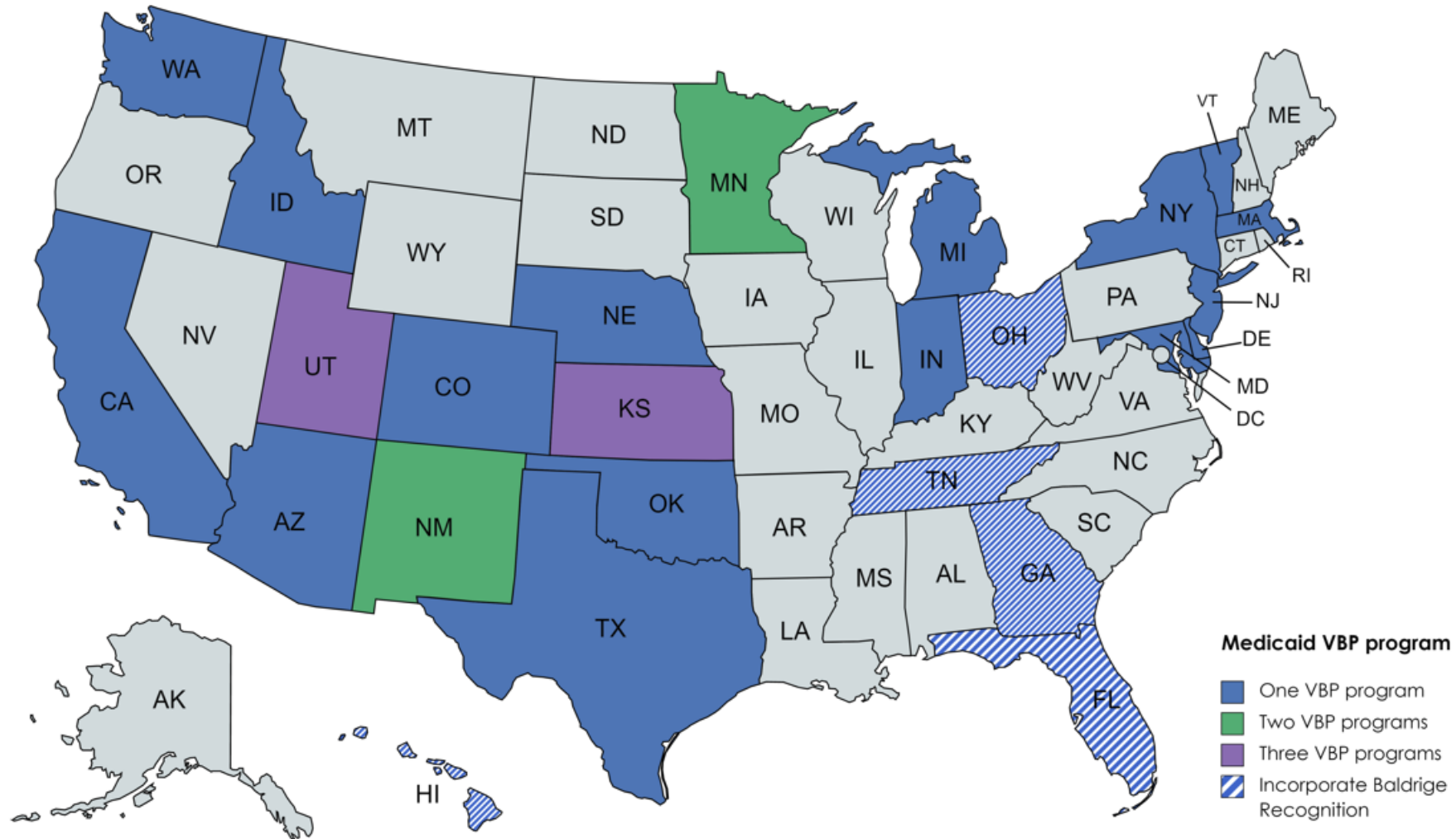
## Mission, Vision and Values

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## Measurement, Analysis & Knowledge Management

# State Medicaid VBP programs incorporate Baldrige Recognition



### Medicaid VBP program

- One VBP program
- Two VBP programs
- Three VBP programs
- Incorporate Baldrige Recognition



# Dates and Deadlines

- August: Applications Published
- November: Intent to Apply Deadline Nov 7<sup>th</sup> 2019bb
- Jan-Feb: Application Deadline
- Early Summer: Gold Site Visits
- Summer: Notification
- October: Recognition at Convention

# CMS & Congress worrying about...

- Infection control: SARS-CoV-2, Influenza, MDRO and C. Auris
- Staffing levels and competency
- Chronically poor performing facilities
- CHOW
- Top 10 deficiencies
- Antipsychotic Use
- Abuse and neglect
- Involuntary Discharges
- Opioid use disorder
- Serious Mental Illness (SMI)





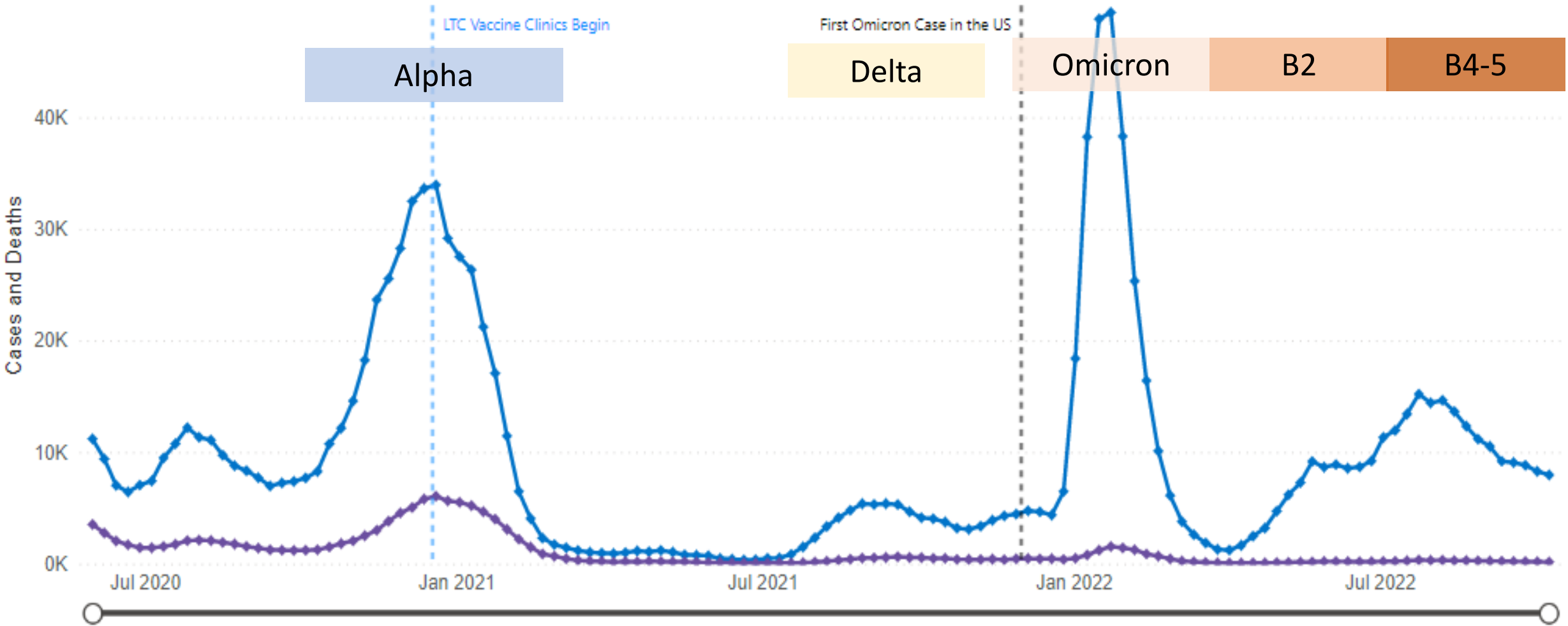
COVID-19

# COVID-19

- Here to stay but will have “seasonal” outbreaks
- Variants will continue to arise
- Vaccination rates and community transmission rates will dictate how COVID-19 impacts care and our lives
  - Prevention practice will vary by prevalence of COVID-19 and up to date vaccination status

# National Trends COVID-19 Cases by Variant

◆ New Resident Cases ◆ New Resident Deaths





Infection Control moving forward

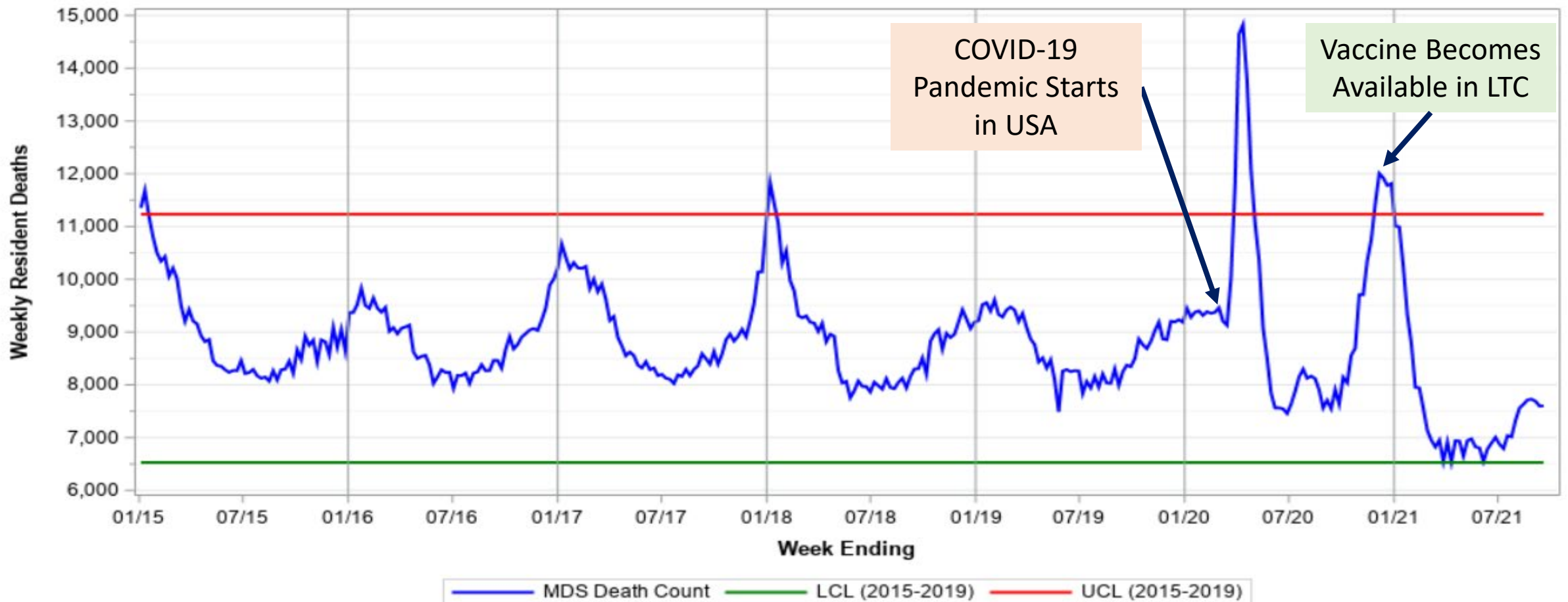
# COVID vs Influenza Infection Control<sup>1</sup>

- Vaccinated residents and staff
- Monitored ~~Influenza~~ COVID-19 in community
- Tested residents who had symptoms
- During an outbreak (defined as 1 resident with ~~influenza~~ COVID-19)
  - Screened visitors or restricted visitors
  - Cancel or limit group activities
  - Used masks and PPE when treating symptomatic unvaccinated or ill residents
    - N95 when aerosolizing procedures and COVID-19 positive residents
  - ~~Initiated facility wide prophylaxis~~ initiate cohorting of COVID-19 (+) residents
- Treated residents as soon as they developed symptoms (~~Tamiflu~~ mAb)

<sup>1</sup>SOURCE: Edit existing CDC recommendation for influenza but updated with COVID specific recommendations from CDC

# All Cause Deaths in LTC

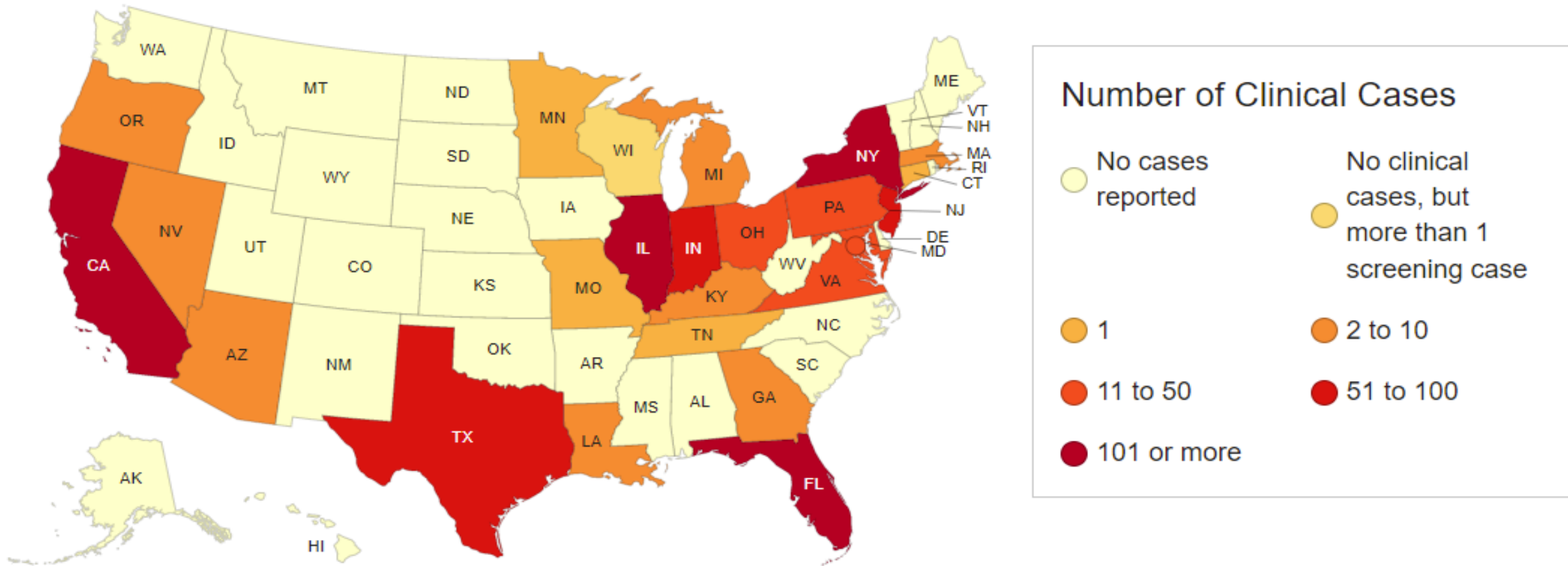
Count of Deaths of SNF Residents per Week (Jan 2015 - Sep 2021)



Source: Minimum Data Set (MDS) 3.0 Resident Assessments

# New Emerging Pathogens: *C. auris*

Reported clinical cases of *Candida auris*, March 1, 2021-February 28, 2022



Territories

- AS
- GU
- PR
- VI
- MP

# Enhanced Barrier Precautions Rational

- Increasing prevalence of MDRO infections and colonization
- Shift away from testing due to misleading results
- Goal is to prevent infections and spread to high-risk residents
- EBP applies to any residents at risk of acquiring MDRO
  - Does not require isolation or residents
  - Does not apply to incidental contacts (such as in the hallway, etc)



# Enhanced Barrier Precautions

- EBP applies to any residents at risk of acquiring MDRO
  - Open wounds that require dressing changes
  - Any indwelling device (catheter, feeding tub, trach, central line, IV, etc)
  - Known infection/colonization that does not require TBP
- EBP entails
  - Use of gowns and gloves
  - Does not require eye protection unless splashing anticipated
  - Does not require masks
- Required during high-touch activities
  - Any ADL care
  - Changing linens
  - Device care
  - Wound care
- Apply for duration the person has a wound or indwelling device



# Overview of CMS Regulatory Enforcement Changes

# CMS Updated SOM

- SOM has not been updated since Nov 2017
- No new regulations
- Updates include
  - Guidance for phase II and III RoPs that have not been issued to date
  - Insertion of updates made through QSO memos since 2017
  - New changes
    - Technical changes
    - New definitions, descriptions, examples and guidance

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-long-term-care-surveyor-guidance-revisions-surveyor-guidance-phases-2-3-arbitration>

# Regulatory Areas Updated in SOM

- Resident Rights
- Freedom From Abuse, Neglect, and Exploitation
- Psychosocial Outcome Severity Guide
- Admission, Transfer, and Discharge
- Comprehensive Resident Centered Care Plan
- Quality of Life
- Quality of Care
- Physician Services
- Nursing Services
- Behavioral Health
- Pharmacy Services
- Food and Nutrition Services
- Administration
- Quality Assurance and Performance Improvement
- Infection Control
- Compliance and Ethics
- Physical Environment
- Training



# Key Concepts Reflected in SOM Revisions (1 of 2)

- Mental and behavioral health care
  - Including for residents with substance abuse disorders
- Protecting residents from abuse and neglect
- Providing culturally competent and trauma informed care
- Ensuring sufficient staff and staff competencies
- Reducing use of psychotropics not just antipsychotics
- Effective Infection Control programs
  - Facilities are required to have at least a part time infection preventionist



## Key Concepts Reflected in SOM Revisions (2 of 2)

- Effective, robust and comprehensive Quality Assurance/Performance Improvement (QAPI) program
- Compliance and Ethics program to prevent violations and promote the quality of care
- Effective training programs to ensure staff competencies
- Effective use of the facility assessment to determine care needs and required staffing competencies
- Increased guidance to surveyors on cross tagging (not stacking)

# Top 10 Deficiencies 2018 to 2022

Tag#	Tag Description	2018		2019		2020		2021		2022 (2/6/22)	
		# Citations	Rank	# Citations	Rank	# Citations	Rank	# Citations	Rank	# Citations	Rank
F0884	Reporting - National Health Safety Network	0	0	0	0	3,729	2	11,161	1	1614	1
F0880	Infection Prevention & Control	7,105	1	7,151	1	11,982	1	7,340	2	209	2
F0689	Free of Accident Hazards/Supervision/Devices	6,560	2	6,945	2	3,453	3	4,474	3	49	3
F0812	Food Procurement, Store/Prepare/Serve Sanitary	5,643	3	5,945	3	1,995	5	3,286	5	36	4
F0656	Develop/Implement Comprehensive Care Plan	5,345	4	5,315	4	1,895	6	2,334	9	20	12
F0684	Quality of Care	4,906	5	5,095	5	2,435	4	3,499	4	33	6
F0761	Label/Store Drugs and Biologicals	3,675	6	4,182	6	1,420	10	2,588	6	24	9
F0657	Care Plan Timing and Revision	3,471	7	3,406	7	1,131	14	1,409	17	13	21
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	3,023	8	2,920	12	1,538	8	2,453	8	21	11
F0758	Free from Unnec Psychotropic Meds/PRN Use	2,979	9	2,946	11	747	25	1,222	22	5	43
F0677	ADL Care Provided for Dependent Residents	2,910	10	3,136	8	1,427	9	2,531	7	33	5

# Nevada Top 10 F-tags FY22

Tag #	Tag Description	# Citations	% SNFs (N=67)
F0884	Reporting - National Health Safety Network	89	37.3%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	36	46.3%
F0656	Develop/Implement Comprehensive Care Plan	32	37.3%
F0761	Label/Store Drugs and Biologicals	32	44.8%
F0684	Quality of Care	31	35.8%
F0880	Infection Prevention & Control	27	32.8%
F0689	Free of Accident Hazards/Supervision/Devices	23	26.9%
F0655	Baseline Care Plan	18	22.4%
F0609	Reporting of Alleged Violations	17	19.4%
F0690	Bowel/Bladder Incontinence, Catheter, UTI	16	19.4%



# Themes Across All Deficiencies

- Surveyors

- inconsistent in scope and severity and
- how they explain what practices trigger deficiency

- Providers

- Inconsistent following of P&P, care plan or orders
- P&P or care plan stated as absolute or go beyond regulations
- Not recognizing trends in resident's change of status
- Timely notification of clinician, family, SSA or residents change of status or acute events

# Across all Citation, CMS wants to ...

- Wants to see that you have
  - Identified the problem in timely manner
  - Conduct a root cause analysis
  - Made changes to prevent future occurrences
  - Made staff aware of changes
  - Monitor if changes are being followed and/or resolved the problem

# Required vs Optional (within context)

## Words that mean required

- Must
- Shall
- Required
- Necessary to

## Words that do not mean required

- May
- Should
- Such as
- Generally
- May necessitate
- Recommend



CMS Expects that you use their resources  
& understand the survey process

# CMS Resources

- CMS Resource Center website
  - CMS Resource Center for LTCF
  - CMS Nursing Home Medicare & Medicaid Programs
  - Appendix PP to State Operations Manual (SOM)
  - QSO memos: Quality & Safety Memos to State Survey Agencies on SOM updates
  - Surveyor training portal: QSEP: Quality Safety Education Portal
  - Trends in Deficiencies, Enforcement actions: Qcore
  - QIES technical support

# Welcome to the Nursing Home Resource Center!

Here, you'll find our nursing home resources, including COVID-19 public health emergency response information.



## News

*Last Updated: July 7, 2022*

[FACT SHEET: Updates to the Nursing Home Compare Website  
July 2022 Updates](#)


CMS is adding four new measures to the Nursing Home Five Star Quality Rating System effective with the July 27 release.


<https://www.cms.gov/nursing-homes>


## For Providers & CMS Partners




Get the latest information, guidance, clarification, instructions, and recent COVID-related policies

 Regulations & Guidance

 Training & Resources

 Technical Information

 COVID-19 Data & Updates


 Payment Policy Information


[See more on the Providers & CMS Partners page >](#)


## For Patients & Caregivers



Find the latest resources and guidance for people in nursing home and their caregivers

 Finding a Nursing Home

 Residents' Rights & Quality of Care

 COVID-19 Information & Resources

[See more on the Patients & Caregivers page >](#)

# Quality Safety & Education Portal (QSEP)



## Driving Healthcare Quality

Welcome to the Quality, Safety & Education Portal (QSEP)

Login Sign Up

Select here for public access to the Training Catalog

[Select here](#) for instructions on how to access Targeted COVID-19 Training for Nursing Homes

[Selecciona aquí](#) para obtener instrucciones para acceder Capacitación en COVID-19 para asilos de ancianos



<https://qsep.cms.gov/welcome.aspx>

The Quality, Safety & Education Portal (QSEP) provides the full curriculum of surveyor training and guidance on health care facility regulations.

QSEP is an online platform that empowers learners to lead and manage their own learning in order to master the content. All training is available on-demand on a top-notch self-service portal. 24/7 access means you have the freedom to learn what you want, where you want, when you want.





[HOME](#) / [PROVIDERS](#)

# Nursing Home (MDS)/Swing Bed Providers

The purpose of this page is to display technical information related to MDS (the Minimum Data Set) for use in Nursing Homes and Swing Bed Facilities

**CMSNet - Submission Access**

[Launch CMSNet](#)

[News](#)

[Software](#)

[Reference & Manuals](#)

[Training](#)

[Access Forms](#)

[FAQs](#)

[Important Links](#)



## News & Updates

Aug 25, 2022

### Notice: 5-Star Preview Reports

The Five Star Preview Reports will be available on August 25, 2022. To access these reports, select...

<https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers>



- Medicare
- Medicaid/CHIP
- Medicare-Medicaid Coordination
- Private Insurance
- Innovation Center
- Regulations & Guidance
- Research, Statistics, Data & Systems
- Outreach & Education

Home > Medicare > Quality, Safety & Oversight-General Information > Policy & Memos to States and Regions

## Policy & Memos to States and Regions

CMS Quality Safety & Oversight memoranda, guidance, clarifications and instructions to State Survey Agencies and CMS Regional Offices.

Show entries:

Filter On

10 per page

NH

Apply

Showing 1-10 of 161 entries

<u>Title</u> ↕	<u>Memo #</u> ↕	<u>Posting Date</u> ↕	<u>Fiscal Year</u> ↕
<a href="#">April and July 2011 Changes to Nursing Home Compare</a>	11-17-NH	2011-03-18	2011
<a href="#">Publication of Final Rule Civil Money Penalties for Nursing Homes</a>	11-16-NH	2011-03-18	2011
<a href="#">Change to the 5 Star Monthly Provider Preview</a>			
<a href="#">Final Rule for Skilled Nursing Facilities (SNE) and Nursing</a>			

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>

Quality, Safety & Oversight - General Information

Nursing Homes

Spotlight

Accreditation of Advanced Diagnostic Imaging Suppliers

Accreditation of Medicare Certified Providers & Suppliers

CMS National Background Check Program

Civil Monetary Penalties (Annual Adjustments)

CLIA

CMS Federal Grant Opportunity

Contact Information

Diabetic Self-Management



## Search

### Provider Reports

Active Provider and Supplier Counts  
New Provider and Supplier Counts  
Terminated Provider Counts

### Survey Reports

Overdue Recertification Surveys  
Recertification Survey Counts  
Survey Activity Report  
Frequency of Data Entry (F4)

### Deficiency Reports

Deficiency Count  
Average Number of Deficiencies  
Citation Frequency  
Double G Citations Report

### Enforcement Reports

Enforcement Actions  
Civil Money Penalty (CMP)  
CMP Tool

### Abuse Reports

Abuse Citation Rates

[Top of Page](#)

## Nursing Home Provider Reports

### Citation Frequency

Displays information about conditions including the number and percent of providers cited, and percent of surveys resulting in a citation for each condition.

Sample:

National Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
	<b>Totals represent the # of providers and surveys that meet the selection criteria specified above.</b>		Active Providers=16742	Total Number of Surveys=47168
<a href="#">F0309</a>	PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING	4,021	24.0%	8.5%
<a href="#">F0371</a>	STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS	3,870	23.1%	8.2%
<a href="#">F0324</a>	SUPERVISION/DEVICES TO PREVENT ACCIDENTS	3,366	20.1%	7.1%
<a href="#">F0281</a>	SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	3,176	19.0%	6.7%
<a href="#">F0323</a>	FACILITY IS FREE OF ACCIDENT HAZARDS	2,733	16.3%	5.8%
<a href="#">F0253</a>	HOUSEKEEPING & MAINTENANCE SERVICES	2,278	13.6%	4.8%
<a href="#">F0314</a>	PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES	2,272	13.6%	4.8%

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers [For More Information](#)

Source: CASPER (08/21/2022)

[Accessibility Information](#), [Privacy & Security](#)

**Go To:** [S&C QCOR Start Page](#)

# QCOR Report Page



[Search for a Nursing Home](#)

## Citation Frequency Report

### Selection Criteria

#### Nursing Home Providers

Run Report

#### Display Options

- Display top 25 tags  
 Display all results

#### Time Interval

Please select the year or years for which you would like data.

Year Type:

Begin Year:

End Year:

#### Geographic Region(s)

You may run a national report or you may limit the report to one or more CMS regions or states. To select more than one, hold down the Ctrl key while you click on the desired region or state names.

Select one of the following three options:

National:

Region(s):

State(s):

#### Provider Selection

Select one or more types of nursing homes to include in your report. To select more than one type, hold down the Ctrl key while you click on the desired nursing home types.

Provider Type(s):

#### Provider Characteristics

Use these filters if you want to limit the report to providers that have certain characteristics.

Bed Size:

Ownership:



Chain Affiliated?:

Top 10 Chains:

#### Survey Type

You may limit the report to data about certain kinds of surveys.

Survey Type:   QIS  Traditional

#### Survey Purpose:

#### Select Type(s) of Survey Focus:

#### Survey Results

Use these filters if you want to limit the report to providers that were cited for certain deficiencies during the time interval and survey type(s) you selected.

Substandard Quality of Care:

Regulatory Group:

# Citation Frequency Report



## Selection Criteria

**Begin Year:** 2022  
**End Year:** 2022  
**Display Options:** Display all results  
**Provider and Supplier Type(s):** Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare  
**State:** Iowa  
**Survey Focus:** Health

**Year Type:**  **Year:**  **Month:**

## Citation Frequency Report

State	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Tag #				
<b>Totals represent the # of providers and surveys that meet the selection criteria specified above.</b>		Iowa Active Providers=436		Total Number of Surveys=877
<a href="#">F0884</a>	Reporting - National Health Safety Network	390	28.9%	44.5%
<a href="#">F0689</a>	Free of Accident Hazards/Supervision/Devices	111	17.0%	12.7%
<a href="#">F0880</a>	Infection Prevention & Control	106	16.7%	12.1%
<a href="#">F0684</a>	Quality of Care	102	15.4%	11.6%
<a href="#">F0812</a>	Food Procurement, Store/Prepare/Serve Sanitary	71	13.3%	8.1%
<a href="#">F0677</a>	ADL Care Provided for Dependent Residents	65	9.9%	7.4%
<a href="#">F0658</a>	Services Provided Meet Professional Standards	65	10.1%	7.4%
<a href="#">F0657</a>	Care Plan Timing and Revision	61	12.4%	7.0%
<a href="#">F0550</a>	Resident Rights/Exercise of Rights	58	8.5%	6.6%
<a href="#">F0656</a>	Develop/Implement Comprehensive Care Plan	52	10.1%	5.9%
<a href="#">F0686</a>	Treatment/Svcs to Prevent/Heal Pressure Ulcer	48	8.5%	5.5%
<a href="#">F0725</a>	Sufficient Nursing Staff	41	6.4%	4.7%
<a href="#">F0644</a>	Coordination of PASARR and Assessments	35	7.1%	4.0%
<a href="#">F0584</a>	Safe/Clean/Comfortable/Homelike Environment	35	4.8%	4.0%
<a href="#">F0690</a>	Bowel/Bladder Incontinence, Catheter, UTI	26	4.6%	3.0%
<a href="#">F0625</a>	Notice of Bed Hold Policy Before/Upon Trnsfr	25	5.3%	2.9%
<a href="#">F0580</a>	Notify of Changes (Injury/Decline/Room, etc.)	25	4.6%	2.9%
<a href="#">F0758</a>	Free from Unnec Psychotropic Meds/PRN Use	24	5.0%	2.7%
<a href="#">F0623</a>	Notice Requirements Before Transfer/Discharge	23	4.4%	2.6%
<a href="#">F0755</a>	Pharmacy Svcs/Procedures/Pharmacist/Records	22	3.7%	2.5%
<a href="#">F0609</a>	Reporting of Alleged Violations	22	3.9%	2.5%
<a href="#">F0582</a>	Medicaid/Medicare Coverage/Liability Notice	21	4.8%	2.4%
<a href="#">F0803</a>	Menus Meet Resident Nds/Prep in Adv/Followed	19	3.7%	2.2%
<a href="#">F0688</a>	Increase/Prevent Decrease in ROM/Mobility	18	3.4%	2.1%
<a href="#">F0868</a>	OAA Committee	18	3.7%	2.1%

# Providers Cited For: F0880 Deficiencies

## Selection Criteria

**Provider and Supplier Type(s):** SNF/NF (Dually Certified), SNF/NF (Distinct Part), Skilled Nursing Facilities, Nursing Facilities

**Deficiency Tags:** F0880 - Infection Prevention & Control

**Survey Focus:** Health

Year Type:  Year:  Month:

## Providers Cited For: F0880 Deficiencies

CMS Certification Number	State	Provider Name	# Citations
Region=(VII) Kansas City, F0880=Infection Prevention & Control			
<a href="#">165402</a>	Iowa	ACCURA HEALTHCARE OF MILFORD	2
<a href="#">165434</a>	Iowa	ACCURA HEALTHCARE OF OGDEN, LLC	1
<a href="#">165324</a>	Iowa	ACCURA HEALTHCARE OF PLEASANTVILLE, LLC	2
<a href="#">165529</a>	Iowa	ACCURA HEALTHCARE OF SHENANDOAH	1
<a href="#">165504</a>	Iowa	ALGONA MANOR CARE CENTER	2
<a href="#">165162</a>	Iowa	ALTOONA NURSING AND REHABILITATION CENTER	1
<a href="#">165478</a>	Iowa	ARBOR COURT	2
<a href="#">165387</a>	Iowa	ASPIRE OF PRIMGHAR	2
<a href="#">165458</a>	Iowa	ASPIRE OF SUTHERLAND	2
<a href="#">165453</a>	Iowa	ASPIRE OF WASHINGTON	1
<a href="#">165294</a>	Iowa	AVOCA SPECIALTY CARE	4
<a href="#">165202</a>	Iowa	AZRIA HEALTH PARK PLACE	1
<a href="#">165280</a>	Iowa	BETTENDORF HEALTH CARE CENTER	2
<a href="#">165448</a>	Iowa	BISHOP DRUMM RETIREMENT CENTER	2
<a href="#">165255</a>	Iowa	CARLISLE CENTER FOR WELLNESS AND REHAB	2
<a href="#">165599</a>	Iowa	CEDAR MANOR NURSING HOME	1
<a href="#">165540</a>	Iowa	COUNTRYSIDE HEALTH CARE CENTER	2
<a href="#">165157</a>	Iowa	CROWN POINTE ESTATES CARE CENTER	1
<a href="#">165193</a>	Iowa	DUNLAP SPECIALTY CARE	2
<a href="#">165145</a>	Iowa	EMBASSY REHAB AND CARE CENTER	2
<a href="#">165273</a>	Iowa	FLEUR HEIGHTS CENTER FOR WELLNESS AND REHAB	1
<a href="#">165081</a>	Iowa	FRIENDSHIP VILLAGE RETIREMENT	1

## Citation Frequency Report: Survey History

**Provider or Supplier Name:** ACCURA HEALTHCARE OF MILFORD  
**CMS Certification Number:** 165402  
**Provider or Supplier Type:** SNF/NF (Dually Certified)  
**Address:** 1600 13TH STREET  
 MILFORD, IA 51351  
**Phone Number:** 712 338-4742  
**Participation Date:** 02/01/1999  
**Region:** (VII) Kansas City  
**Number of Certified Beds:** 50  
**Hospital Based:** No  
**Chain Name:** No chain affiliation  
**Ownership Type:** For Profit

### Surveys for CY 2022

02/03/2022 STANDARD SURVEY HEALTH SURVEY

#### Deficiencies:

Scope and Severity	Tag #	Deficiency Description	Date Cited (2567 Date)
D	F0550	Resident Rights/Exercise of Rights	02/03/2022
D	F0625	Notice of Bed Hold Policy Before/Upon Trnsfr	02/03/2022
E	F0812	Food Procurement, Store/Prepare/Serve Sanitary	02/03/2022
E	F0880	Infection Prevention & Control	02/03/2022

#### Followup Visits:

Last Followup: 02/24/2022

First Followup: 02/24/2022

02/03/2022 COMPLAINT SURVEY HEALTH SURVEY

#### Deficiencies:

Scope and Severity	Tag #	Deficiency Description	Date Cited (2567 Date)
D	F0550	Resident Rights/Exercise of Rights	02/03/2022
E	F0880	Infection Prevention & Control	02/03/2022

#### Followup Visits:

Last Followup: 02/24/2022

First Followup: 02/24/2022





Quality, Safety & Oversight-  
Guidance to Laws &  
Regulations

Ambulatory Surgery Centers

Nursing Homes

Community Mental Health  
Centers

Critical Access Hospitals

Dialysis

Home Health Agencies

Hospice

Hospitals

## Nursing Homes

### Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

Nursing home surveys are conducted in accordance with survey protocols and Federal requirements to determine whether a citation of non-compliance appropriate. Consolidated Medicare and Medicaid requirements for participation (requirements) for Long Term Care (LTC) facilities (42 CFR part 483, subpart B) were first published in the Federal Register on February 2, 1989 (54 FR 5316). The requirements for participation were recently revised to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. The revisions were published in a final rule that became **effective on November 28, 2016**.

The survey protocols and interpretive guidelines serve to clarify and/or explain the intent of the regulations. All surveyors are required to use them in assessing compliance with Federal requirements. Deficiencies are based on violations of the regulations, which are to be based on observations of the nursing home's performance or practices.

The sections below provide additional information about the background and overview of the final rule, frequently asked questions, and other related resources.



## Downloads

[CMS-802 - Updated 11/25/2020 \(PDF\)](#)

[LTCSP Initial Pool Care Areas - Updated 11/25/2020 \(ZIP\)](#)

[Initial Surveys \(ZIP\)](#)

[LTC Survey FAQs - Updated 08/03/2018 \(PDF\)](#)

[F-Tag Crosswalk \(XLSX\)](#)

[LTCSP Interim Revisit Instructions - Updated 08/03/2018 \(PDF\)](#)

[New Long-term Care Survey Process – Slide Deck and Speaker Notes \(PPTX\)](#)

[Appendix PP State Operations Manual \(Revised 10/04/2022\) \(PDF\)](#)

[Revision History for LTC Survey Process Documents and Files Updated 10/04/2022 \(PDF\)](#)

[Survey Resources with Staff Vaccine Documents 10/04/2022 \(ZIP\)](#)





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COVID-19 FIC Survey	File folder				6/1/2022 8:05 AM
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LTCSP Initial Pool Care Areas	File folder				9/13/2021 3:51 PM
Appendix PP State Operations Manual	Adobe Acrobat Document	No	3,222 KB	9%	5/2/2022 1:44 PM
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Staff Formulas for F888	Microsoft Excel Worksheet	No	9 KB	25%	4/25/2022 4:41 PM
Staff Matrix for F888	Microsoft Word Document	No	75 KB	7%	1/26/2022 1:22 PM

## ENTRANCE CONFERENCE WORKSHEET

### INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE

- 1. Census number
- 2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
- 3. An alphabetical list of all residents (note any resident out of the facility).
- 4. A list of residents who smoke, designated smoking times, and locations.
- 5. A list of current residents who are confirmed or suspected cases of COVID-19.
- 6. Name of facility staff responsible for Infection Prevention and Control Program.
- 7. Name of facility staff responsible for overseeing the COVID-19 vaccination effort.

### ENTRANCE CONFERENCE

- 8. Conduct a brief Entrance Conference with the Administrator.
- 9. Information regarding full time DON coverage (verbal confirmation is acceptable).
- 10. Information about the facility's emergency water source (verbal confirmation is acceptable).
- 11. Signs announcing the survey that are posted in high-visibility areas.
- 12. A copy of an updated facility floor plan, if changes have been made, including COVID-19 observation and COVID-19 units.
- 13. Name of Resident Council President.
- 14. Provide the facility with a copy of the CASPER 3.

## INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE

- 15. Schedule of meal times, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
- 16. Schedule of Medication Administration times.
- 17. Number and location of med storage rooms and med carts.
- 18. The actual working schedules for all staff, separated by departments, for the survey time period.
- 19. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services). Also include the staff responsible for notifying all residents, representatives, and families of confirmed or suspected COVID-19 cases in the facility.
- 20. If the facility employs paid feeding assistants, provide the following information:
  - a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training;
  - b) A list of staff (including agency staff) who have successfully completed training for paidfeeding assistants, and who are currently assisting selected residents with eating meals and/or snacks;
  - c) A list of residents who are eligible for assistance and who are currently receiving assistance frompaid feeding assistants.
- 21. The facility's mechanism(s) used to inform residents, their representatives, and families of confirmed or suspected COVID-19 activity in the facility and mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., supply the newsletter, email, website, etc.). If the system is dependent onthe resident or representative to obtain the information themselves (e.g., website), provide the notification/information given to residents, their representatives, and families informing them of how to obtain updates.
- 22. Documentation related to COVID-19 testing, which may include the facility's testing plan, logs of county level positivity rates (before 09-10-2021) and the level of community transmission (after 09-10-2021), testing schedules, list of staff who have confirmed or suspected cases of COVID-19 *over the last 4 weeks*, and if there were testing issues, contact with state and local health departments.



# 802 Entrance Matrix Instructions and Form

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB Exempt

## MATRIX INSTRUCTIONS FOR PROVIDERS

The Matrix is used to identify pertinent care categories for: 1) newly admitted residents in the last 30 days who are still residing in the facility, and 2) all other residents. The facility completes the resident name, resident room number and columns 1–20, which are described in detail below. Blank columns are for Surveyor Use Only.

**All information entered into the form should be verified by a staff member knowledgeable about the**

Resident Room Number	Date of Admission if Admitted within the Past 30 Days	Alzheimer / Dementia	I, DD, ID & No PASARR level II services	Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), (RESP) Respiratory	Facility Acquired Pressure Ulcers (any stage)	Worsened Pressure Ulcer (any Stage)	Excessive Weight Loss w/out Prescribed Weight Loss Program	Tube Feeding	Dehydration	Physical Restraints	Falls (F), Fall with Injury (FI), or Fall w/Major Injury (FMI)	Indwelling Catheter	Dialysis: Peritoneal (P), Hemo (H), in facility (F) or outside (O)	Hospice	End of Life Care /Comfort Care/Palliative Care	Tracheostomy	Ventilator	Transmission-Based Precautions	Central venous line/Intravenous therapy	Infections (M, WI, FI, P, TB, VH, UTD)	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21



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LTC Survey Pathways	File folder					4/5/2022 3:11 PM
LTCSP Initial Pool Care Areas	File folder					9/13/2021 3:51 PM
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Staff Matrix for F888	Microsoft Word Document	75 KB	No	80 KB	7%	1/26/2022 1:22 PM

# LTSCP Initial Pool Care Areas Interview Questions

> LTSCP Initial Pool Care Areas



Search LTSCP Initial Pool Care Areas

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RRI Care Areas and Probes		145 KB	No	159 KB	9%	11/18/2020 9:47 AM

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Choices	<ul style="list-style-type: none"><li>• Are you able to make choices about your daily life that are important to you?</li><li>• I'd like to talk to you about your choices. Are you able to get up and go to bed when you want to?</li><li>• How about bathing, are you able to choose a bath or shower? Do you choose how often you bathe?</li><li>• How about food, does the facility honor your preferences or requests regarding meal times, food and fluid choices?</li><li>• How about activities, are you able to choose when you go to activities?</li><li>• How about meds, are you able to choose when you receive your medications?</li><li>• Did you choose your doctor? Do you know their name and how to contact them?</li></ul>	No Issues/NA  Further Investigation



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Name	Type
CMS-20052 Beneficiary Notice	Adobe Acrobat Document
CMS-20053 Dining	Adobe Acrobat Document
CMS-20054 Infection Prevention Control and Immunization	Adobe Acrobat Document
CMS-20055 Kitchen	Adobe Acrobat Document
CMS-20056 Med Admin	Adobe Acrobat Document
CMS-20057 Resident Council	Adobe Acrobat Document
CMS-20058 QAA and QAPI	Adobe Acrobat Document
CMS-20059 Abuse	Adobe Acrobat Document
CMS-20061 Environment	Adobe Acrobat Document
CMS-20062 Sufficient and Competent Staff	Adobe Acrobat Document
CMS-20063 Personal Funds	Adobe Acrobat Document
CMS-20066 Activities of Daily Living	Adobe Acrobat Document
CMS-20067 Behavioral-Emotional	Adobe Acrobat Document
CMS-20068 Urinary Catheter or UTI	Adobe Acrobat Document
CMS-20069 Comm-Sensory	Adobe Acrobat Document
CMS-20070 Dental	Adobe Acrobat Document
CMS-20071 Dialysis	Adobe Acrobat Document
CMS-20072 General	Adobe Acrobat Document
CMS-20073 Hospice and End of Life	Adobe Acrobat Document
CMS-20074 Death	Adobe Acrobat Document
CMS-20075 Nutrition	Adobe Acrobat Document
CMS-20076 Pain Mgt	Adobe Acrobat Document
CMS-20077 Physical Restraints	Adobe Acrobat Document
CMS-20078 Pressure Ulcer	Adobe Acrobat Document
CMS-20080 Rehab and Restorative	Adobe Acrobat Document
CMS-20081 Respiratory Care	Adobe Acrobat Document
CMS-20082 Unnecessary Medications	Adobe Acrobat Document

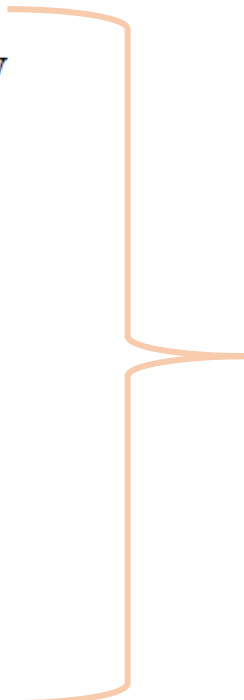
# CMS Critical Element Pathways Update end of Sept 2022

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# Mandatory Survey Tasks during Standard Survey

## Step 7: TC makes mandatory facility task assignments

- **Assign mandatory facility tasks** by selecting Investigation | Facility Tasks from the Navigation menu. If there is one surveyor conducting the initial survey, you should still assign all facility tasks listed below (just to the individual surveyor). You will add the triggered tasks later.
  - Beneficiary Protection Notification Review
  - Dining Observation
  - Infection Control
  - Kitchen
  - Medication Administration
  - Medication Storage
  - QAA/QAPI
  - Resident Council Meeting
  - Sufficient and Competent Nurse Staffing



Review Critical Element (CE)  
Pathway for each task

# State Operations Manual

## Appendix PP - Guidance to Surveyors for Long Term Care Facilities

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Table of Contents

(Rev. 26, 08-17-07)

### [Transmittals for Appendix PP](#)

#### INDEX

§483.5: Definitions

§483.10 Resident Rights

§483.10(a) Exercise of Rights

§483.10(b) Notice of Rights and Services

<https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/LTC>



§483.90 Physical Environment

# Challenges

- Call lights not answer in timely manner
- CMS rule change on call lights
- Resident to resident abuse challenges
- Resident falls
- Resident, Staff & Family satisfaction
- Staff stress to respond to call light vs complete scheduled care

# Key Changes to F919-Resident Call System

## Regulation:

- The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area *from—*
  - §483.90(g)(1) *Each resident's bedside; and*
  - §483.90(g)(2) *Toilet and bathing facilities.*

# Key Changes to F919-Resident Call System

## Guidance:

- The system must be accessible to residents:
  - While in their bed or
  - other sleeping accommodations within the resident's room. •
- The system must be accessible at each:
  - Toilet, Bath, Shower
  - The system should be accessible to residents lying on the floor



Hallway Ambassadors





# Hallway Ambassador

- A person who walks the hallways continuously to
  - Answer call lights
  - Assist nursing during procedures
  - Assist housekeeping, nursing or others while in isolation rooms
  - stock supplies
  - get additional supplies so Nurse or Aide doesn't need to leave the room
  - Talks and helps visitors
  - Redirects residents
  - Helps with any unexpected needs



# Hallway Ambassador

- Lessen the load of Clinical Staff (C.N.A's and Nurses)
- Can assist in many different capacities, increasing staff morale
- Offer an entry level position to the Clinical Career Path
- Potential Candidates
  - Students (H.S. or college)
  - Retired elderly
  - Family members



Measure Customer Satisfaction

# CoreQ Satisfaction

- AHCA/NCAL develop a short, reliable and valid questionnaire that could be added to existing survey instruments or used by itself to collect information to measure satisfaction
- The CoreQ measures were endorsed by the National Quality Forum (NQF)
- There are five center-level satisfaction measures
  - SNF short stay discharges
  - NF long stay residents
  - NF long stay family
  - AI residents
  - AI family

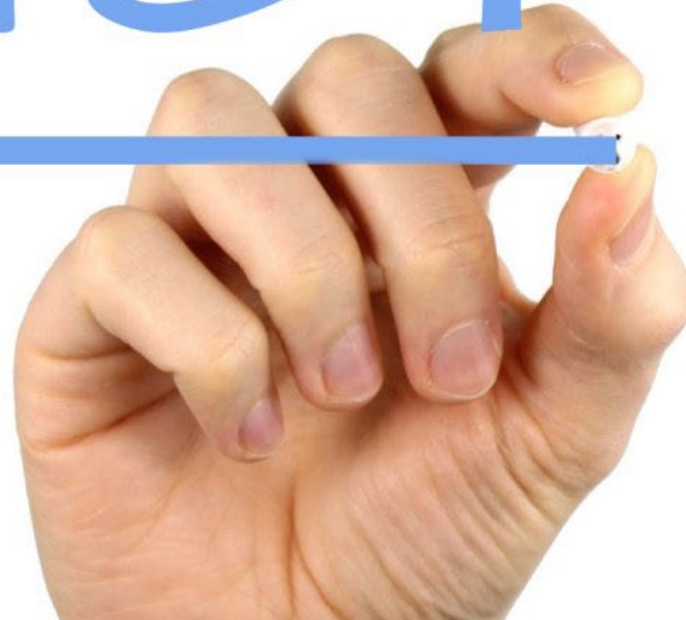
<http://www.coreq.org/>

# Vendors who use CoreQ

- [Align](#)
- [Bivarus, Inc](#)
- [Brighton Consulting Group](#)
- [Cortex Health Inc.](#)
- [The Doug Williams Group, Inc.](#)
- [Healthcare Academy \(ReadyQ\)](#)
- [Holleran](#)
- [Lighthouse Care Updates](#)
- [inQ Experience Surveys](#)
- [Market Research Answers \(CareSat\)](#)
- [NRC](#)
- [Pinnacle](#)
- [Providigm/abaqis](#)
- [Sensight Surveys](#)
- [Service Trac](#)

<http://www.coreq.org/>

TRUST



Assessing the Conditions for Trust in your Facility



# Building Trust in Long Term Care



*A Strategy to Improve Vaccine Uptake, Patient Safety & Staff Wellbeing*



**Learn More and Register:**

[www.ahcancal.org/BuildingTrust](http://www.ahcancal.org/BuildingTrust)

**Questions?**

Email us at [BuildingTrust@ahca.org](mailto:BuildingTrust@ahca.org)

*Free virtual course to help long term care leaders build trust with staff*



# Three Drivers of Trust



From: "Begin with Trust," by Frances Frei  
and Anne Morriss, May-June 2020







# Long-Term Care

DATA COOPERATIVE

---

**AHCA**<sup>®</sup>  
AMERICAN HEALTH CARE ASSOCIATION

**NCAL**<sup>®</sup>  
NATIONAL CENTER FOR ASSISTED LIVING

# Data Uses

- Assist with care coordination and care delivery
  - Provide aggregate reports not available elsewhere compared to peers
  - Provide resident specific reports that may require medical record review
  - More Realtime data on hospitalization and ER use
- Public health surveillance
  - Infections
  - Medication side effects
- Research on the effectiveness of
  - Treatments on resident outcomes
  - Policy impacts on care delivery

# *Improving Quality of Care in Skilled Nursing Centers Using EMR Data*



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***Questions?***

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