

The Top 10 Survey Citations and Related Activities

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ALL IN GOOD HEALTH.



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ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.



ALL IN GOOD HEALTH.

AGENDA

1. Licensure and certification activities
2. Inspection/survey types, periodicity
3. Frequently cited deficiencies (tags)
4. After the inspection/survey
5. Provider/facility responsibilities
6. Questions
7. Contact information

OBJECTIVES



After this presentation, Attendees will:

- Understand the main differences between Federal/Centers for Medicaid Services (CMS) and State inspection requirements;
- Be aware of the most frequently cited deficiencies in Nevada;
- Understand the process followed once the inspection team exits from the site visit; and,
- Be knowledgeable regarding the Provider's responsibilities related to the submission of an acceptable Plan of Correction (POC), the process to request an Informal Dispute Resolution (IDR), an Independent Informal Dispute Resolution (IIDR), or an Administrative Review and the required time frames for each.

LICENSURE AND CERTIFICATION



- State Licensed and CMS Certified = 764 Health Facilities
 - CMS Certified only facilities = 82 Facilities
 - State Licensed only = 1,256 Health Facilities
- Total State Licensed and CMS Certified = 2,102 Health Facilities/Facilities

- Initial licensure applications pending = 341 Pending Applications

(As of 7/30/2024)

SURVEY AND INSPECTION



Requirements for CMS:

- Activities outlined in the Mission and Priority Document (MPD)
- Periodicity of survey can be nine months to six years
- Complaints/Facility Reported Incidents are investigated based on prioritization of each allegation
- State Operations Manual Chapter 5 guidance is used for prioritization
- Instructions are provided in the cover letter included with the Statement of Deficiencies (SOD) from findings identified during survey/investigation

Requirements for State:

- Activities/periodicity outlined in Chapter 449 of the Nevada Revised Statutes, Nevada Administrative Code and Bureau policy
- Complaints/Facility Reported Incidents are investigated based on the prioritization of each allegation
- State Statute and Administrative Code is used for guidance in prioritization
- Instructions are provided on the Aithent Licensing System (ALiS) website in the same location where the SOD is to be completed and submitted electronically

DEFICIENCIES MOST CITED



Hospital – Health

0048 - MEDICAL STAFF - BYLAWS AND RULES – (2)

Long Term Care – Health

0684 - Quality of Care – (20)

0689 - Free of Accident Hazards/Supervision/Devices – (16)

0656 - Develop/Implement Comprehensive Care Plan – (16)

0609 - Reporting of Alleged Violations – (15)

0600 - Free from Abuse and Neglect – (13)

0657 - Care Plan Timing and Revision – (12)

0686 - Treatment/Services to Prevent/Heal Pressure Ulcer – (10)

0552 - Right to be Informed/Make Treatment Decisions – (10)

~~DEFICIENCIES MOST~~ CITED, CONT.



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Long Term Care – Health (continued)

- 0812 - Food Procurement, Store/Prepare/Serve-Sanitary – (23)
- 0761 - Label/Store Drugs and Biologicals – (18)
- 0880 - Infection Prevention & Control – (14)
- 0759 - Free of Medication Error Rates 5 Percent or More – (12)
- 0758 - Free from Unnecessary Psychotropic Meds/PRN Use – (9)

Long Term Care – Life Safety Code

- 0511 - Utilities - Gas and Electric – (19)
- 0353 - Sprinkler System - Maintenance and Testing – (17)
- 0921 - Electrical Equipment - Testing and Maintenance – (12)
- 0918 - Electrical Systems - Essential Electric System – (11)
- 0345 - Fire Alarm System - Testing and Maintenance – (10)

AFTER THE INSPECTION



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- The exit conference will have been completed and the facility should be aware of the specific deficiencies which will be cited.
- While waiting for the Statement of Deficiencies (SOD), the facility should begin working on a Plan of Correction (POC) for the deficiencies discussed during the exit conference.
- The inspection team will prepare the SOD.
- If Federal certification/recertification, the SOD will arrive via certified mail and/or email.
- If state licensure, the SOD will arrive in the facility's ALiS/CLICs account. The facility should receive a notification email from the system.

PROVIDER'S RESPONSIBILITY



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Once the facility has received the SOD, whether by mail or through ALiS:

- The facility has 10 calendar days to return an acceptable POC.
- Within the same 10 calendar day timeframe, the provider must also submit the IDR or Administrative Review request, if they so choose.
- If the POC is not received within the stated time frame, the Bureau will follow up with letters and possibly a site visit by inspectors.
- Facilities should follow the directions in the letter and/or instructions from ALiS when completing the POC.
- A request for an IDR or Administrative Review does not stop the POC process. Both documents must be submitted by the facility within the time frame set forth.

IDR, IIDR, AND ADMINISTRATIVE REVIEW



The Federal Process:

- The opportunity for an IDR is offered to SNFs and HHAs.
- Directions are in the cover letter sent with the SOD.
- Chapter 7 of the State Operations Manual provides additional guidance.
- The opportunity for an IIDR is offered when the CMS Enforcement letter is received.

The State Process:

- The opportunity to request an Administrative Review is offered for state licensing activities only.
- The process for an Administrative Review is outlined in ALiS.
- The policy for requesting an Administrative Review can be found in the same location as the process.

QUESTIO NS?



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ACRONYMS

- › ALiS – Aithent Licensing System (aka “CLiCs”) or ALiS/CLiCs or CLiCs/ALiS or “online licensing system”
- › Bureau – Bureau of Health Care Quality and Compliance
- › CMS – Centers for Medicare and Medicaid Services
- › DPBH – Division of Public and Behavioral Health
- › HCQC – Health Care Quality and Compliance
- › HHAs – Home Health Agencies
- › IDR – Informal Dispute Resolution
- › IIDR – Independent Informal Dispute Resolution
- › MPD – Mission and Priority Document
- › POC – Plan of Correction
- › SNFs – Skilled Nursing Facilities
- › SOD – Statement of Deficiencies

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