

Requirements of Participation: Overview

*Alaska State Hospital and Nursing Home
Association*

January 10, 2017

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Agenda

- High Level Overview of Requirements of Participation
- AHCA Resources for Implementing the Requirements
- State Partnerships
- Q&A

High Level Overview of Requirements of Participation

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Themes of the Rule

■ Person-Centered Care

- Greater involvement/direction by the person (representative)

■ Quality of Care & Quality of Life

- New/changed evidence-based practice
- Care Planning
 - Patient goals
 - Person (patient) as the locus of control

■ Facility-Based Responsibility

- Assessment/Staffing, Competency-Based Approach, Training
 - Know Your Center, Know Your Patients, Know Your Staff
 - Alignment of resources with patient needs

More Themes of the Rule

- **Changing Patient Population**
 - Acuity
 - Behavioral Health
- **Focus on Systems Improvement/QAPI**
 - Prevention of adverse events
 - Medication Related
 - Infection Related
 - Transitions of care
- Reflects dramatic cultural & technology changes over three decades

Alignment with HHS Priorities

Advancing Cross-Cutting priorities:

- Reducing unnecessary hospitalizations
- Reducing the incidences of healthcare acquired infections/adverse events
- Improving behavioral healthcare

More Alignment with HHS Priorities

- Advancing Cross-Cutting priorities:
 - Safeguarding nursing home residents from the use of unnecessary psychotropic (antipsychotic) medications
 - Care Planning
 - Quality Assurance & Performance Improvement
 - Health Information Technology/IT Interoperability

3-Phase Implementation

- Phase 1:

Upon the *effective date* of the final rule
(November 28, 2016)

- Phase 2:

1 year following the *effective date* of the final
rule (November 28, 2017)

- Phase 3:

3 years following the *effective date* of the final
rule (November 28, 2019)

Phase 1

Phase 1 (* this section is partially implemented in Phase 2 and/or 3)

- Resident Rights and Facility Responsibilities*
- Freedom from Abuse Neglect and Exploitation*
- Admission, Transfer and Discharge*
- Resident Assessment
- Comprehensive, Person-Centered Care Planning*
- Quality of Life
- Quality of Care*
- Physician Services
- Nursing Services*
- Pharmacy Services*
- Laboratory, radiology and other diagnostic services
- Dental Services*
- Food and Nutrition*
- Specialized Rehabilitation
- Administration (Facility Assessment – Phase 2)*
- Quality Assurance and Performance Improvement* - QAA Committee
- Infection Control – Program*
- Physical Environment*

Phases 2 and 3

Phase	Primary Implementation
Phase 2	<ul style="list-style-type: none">• Behavioral Health Services*• Quality Assurance and Performance Improvement* - QAPI Plan• Infection Control – Facility Assessment and Antibiotic Stewardship **• Physical Environment- smoking policies *
Phase 3	<ul style="list-style-type: none">• Quality Assurance and Performance Improvement* - Implementation of QAPI• Infection Control – Infection Control Preventionist *• Compliance and Ethics• Physical Environment- call lights at resident bedside *• Training *

*This section is partially implemented in other phases.

Impact of New RoPs on Survey Process

- CMS developing a new survey process
 - Merges QIS with traditional survey
 - Incorporates new RoPs
 - Goes into effect in Nov 2017
- This will change the survey focus and types of tags issued

Implementation Timeline

Implementation Date	Type of Change	Details of Change
Phase 1: November 2016	Effective date of new LTC Requirements for Participation	New Regulatory Language under current F Tags
Phase 2: November 2017	<ul style="list-style-type: none">Appendix PP of State Operations ManualImplement new survey process	<ul style="list-style-type: none">New F Tag numbersInterpretive Guidance (IG) ChangesBegin surveying with the new survey process

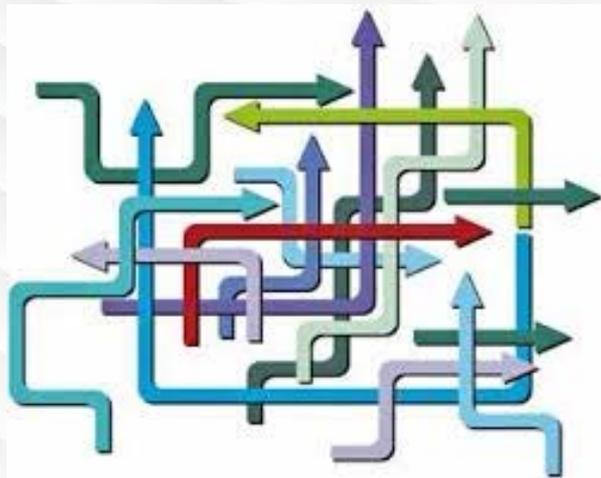
AHCA Resources for Implementing Requirements

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The First & Last Law of Improvement

Every system is perfectly designed to achieve exactly the results it gets.

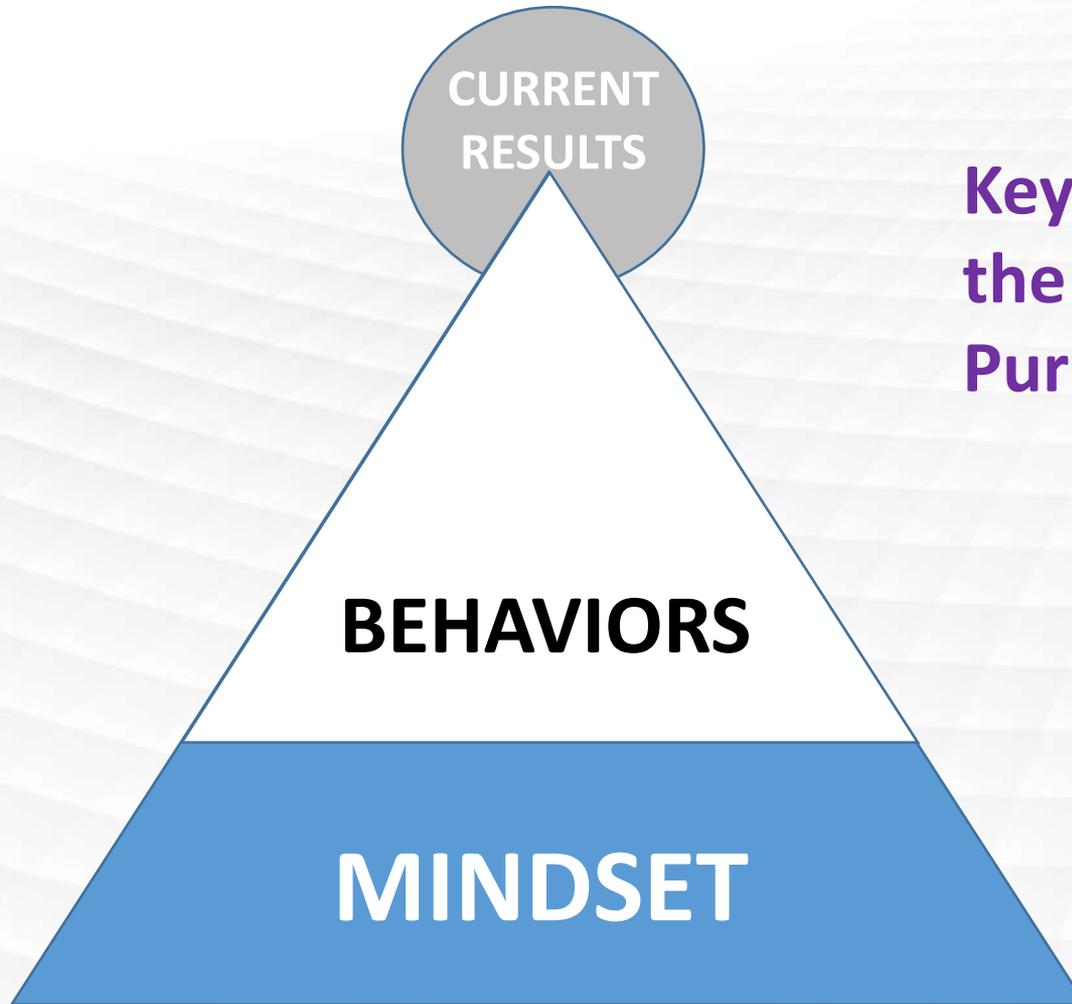


It's About the Systems and Processes.....

- Start somewhere....



Mindset Model



**Key: Understand
the Intent &
Purpose**

The Arbinger Institute:
Mindset Model

Example: Routines Consistent with Preferences

- Are we trying to fit the person into our structure or are we flexing the structure to meet the person's needs?
- Sleeping/waking, bathing, dining, activity
- Engage family to learn & in planning
- Examine staffing patterns
- Create inter-departmental teams to address challenges

Resources from AHCA

- AHCA working on:
 - Action Briefs providing summary for each change with steps & tips to comply
 - Template documents to help with implementation:
 - Draft P&P
 - Draft Forms
 - Checklists to assess your compliance
 - Infection Control Preventionist Certificate program
 - All in ahcancaLED – RequirED

<https://educate.ahcancal.org/>



HOW IT WORKS OUR COURSES ▾ SEARCH OUR COURSES CART (0 ITEMS) HELP

Log In

Online education tailored to the staff of post-acute and long-term care

>> View All Courses

Welcome!

At AHCA/NCAL we are passionate about education and quality! Recognizing that the two go hand-in-hand, we created ahcancalED to dramatically increase access to education for our members. Members can bridge the gap with online education programs, materials and tools created by experts from around the country to support the long term care

Resources for New Requirements of Participation

LearnED



SharED



RequirED



Infection Preventionist Certificate

- Approx. 24 hour on-line CEU program and Examination
- Start in Spring 2017
 - New RoPs require this by Nov 2019
- Charging a fee
 - Revenue sharing with states
- Starting to sign people up
 - 17 people preregistered prior to Convention
 - Email educate@ahca.org to sign up or for more information

LTC Trend Tracker: Quality of Care Measures

- Discharge to Community
 - Rehospitalization
 - Quality Measures
 - More.....
-
- LTC Trend Tracker = Great tool to support QAPI
 - Login or Register
https://www.ahcancal.org/research_data/trendtracker/Pages/default.aspx

LTCtrendtracker

YOUR QUALITY & PERFORMANCE SOLUTION

 Run a report

Configure your Report Criteria

Choose a Report:

CASPER Citation Report: Combined Health Survey

CASPER Citation Report: Combined Health Survey ✓

CASPER Citation Report: Complaint Health Survey

CASPER Citation Report: Life Safety Survey

CASPER Citation Report: Standard Health Survey

CASPER Resident Report

CASPER Staffing Report

Cost Report

Discharge to Community AHCA Measure Report

Five Star Overall Rating Report

Five Star Quality Measure Rating Report

Five Star Staffing Rating Report

Length of Stay Report

Quality Measure (All) Report

Rehospitalization Rate AHCA Measure Report

RUGS Medicare Utilization Report

Staff Turnover and Retention Report

Rehospitalization Rate Report

Limit my Centers for which

Limit Centers by Member

Limit my Peer results Geographically:

CMS Activity....

- CMS formed a small stakeholder group to meet
 - AHCA is represented
 - Phone call every other week
 - Face-to-face in Jan and Feb
- CMS to share all
 - Interpretative guidance drafts
 - Surveyor Training
- Surveyors need to complete training before Nov 28th 2016 in order to enforce Phase I
 - Training to be made available to public
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-03.pdf>

State Partnerships

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Stories from AHCA Quality Network

- Great opportunity
- We all want the same thing
- How do we get there?
- Examples of models in the works....

Success in Tomorrow's (Today's) Environment Will Require Deliberate Action...



“What if we don't change at all ...
and something magical just happens?”

Q&A

- Thank you for all that you do every day to make a difference in the lives of those you serve!!

Contact Information

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Additional Information on Reform of RoP by Section

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Added New Definitions

- “abuse”
- “adverse event”
- “exploitation”
- “misappropriation of resident property”
- “mistreatment”
- “neglect”
- “person-centered care”
- “resident representative”
- “sexual abuse”

Person-Centered Care Defines the Essence of Each RoP

- Care is customized based on patient needs and values—patient values drive variability (personality, nationality, ethnicity and beliefs and expectations associated with religion and culture).
- **Focus on the resident as the locus of control and supporting the resident in making their own choices and having control over their daily lives.**
 - The patient is seen and **cared for as a whole person**, not compartmentalized into body parts or functions.
 - **Engagement of the interdisciplinary team** is essential to the care and services for the patient according to their individual needs.

Person-Centered Care Defines the Essence of Each RoP

- **Focus on the resident as the locus of control and supporting the resident in making their own choices and having control over their daily lives.**
 - **Person-centered care is not task focused**, rather it is focused on the person and their needs which are unique for each individual and cannot be accurately reflected in a categorical manner.
 - Quality outcomes are the result of a comprehensive, **holistic and individualized dynamic relationship** between the direct caregivers, interdisciplinary team, support staff, patient, and family.

Person-Centered Care Defines the Essence of Each RoP

- **Flexibility in provision of care** and services is critical to desired outcomes and requires consideration of both quality of life and quality of care aspects.

AHCA Clinical Practice Committee July 2016

Resident/Patient Rights (§483.10) Comprehensive Restructuring

- Expanded & comprehensive restructuring, retain existing, update language and organization, includes “facility responsibilities
- Consider advances such as electronic communications
- Eliminate language such as interested family member, replace the term “legal representative with “resident representative”; in accordance with state and Federal law

Resident/Patient Rights (§483.10) Comprehensive Restructuring

- Addressing (written) roommate choice, including same-sex couples
- Right to physician choice:
 - Must be licensed to practice medicine in the state
 - If physician does not meet facility requirements, may seek alternative coverage, discuss with resident
- Retain HIPAA protections, but clarify the patients right to access to medical record

Resident/Patient Rights (§483.10)

Resident/patient rights related to planning and **implementing** care:

- Be informed of total health status, including medical condition.
- Right to:
 - Participate in the planning process, including identifying individuals or roles included in the planning process;
 - Establish expected goals & outcomes of care, type, amount frequency & duration of treatment;

Resident/Patient Rights (§483.10)

(Planning and implementing care)

- Right to:
 - Request meetings and revisions to the care plan; and
 - Receive the services included in the plan, right to see the care plan, including review/signing after significant change.

Resident/Patient Rights (§483.10)

Resident/patient rights related to care planning:

- The facility **shall**:
 - Facilitate the inclusion of resident/patient representative;
 - Include an assessment of patient/resident's strengths and weaknesses; and
 - Incorporate personal and cultural preferences in developing goals.

Resident/Patient Rights (§483.10)

(Care planning)

- Resident has the right to be informed in advance:
 - Of the care to be furnished and the type of care giver or professional that will furnish care;
 - Of the risk/benefits of proposed care, of treatment and treatment alternatives and to make choices;
- Does not include right to receive care that is not medically necessary.

Resident/Patient Rights (§483.10)

- The facility must ensure:
 - Exercise rights without interference, coercion, discrimination, or reprisal.
 - **Equal access to quality of care regardless of diagnosis, severity of condition, or payment source; once admitted.**
 - Identical policies and practices regarding transfer, discharge, and provision of services regardless of payment source.

Resident/Patient Rights (§483.10)

(Facility must)

- Develop written policies and procedure regarding visitation:
 - Receive visitors including spouse regardless of sexual orientation.
 - Rights plus, no restriction or discrimination, unless clinically necessary or based on safety.
- Only allow the resident representative to make decisions or take actions that are allowed by the court or delegated by the resident.
- If the center believes decisions/actions are not in the best interest of the patient/resident, facility shall report as required by state law.

Resident/Patient Rights (§483.10)

- Only allow the resident representative to make decisions or take actions that are allowed by the court or delegated by the resident.
- If the center believes decisions/actions are not in the best interest of the patient/resident, facility shall report as required by state law.
- Make available and respect the right to privacy in his/her oral, written and electronic communications.
- **The resident has the right to receive notices orally and in writing (including braille) in a format and language he/she can understand; how to contact an Aging & Disability resource, “No Wrong Door”**

Resident/Patient Rights (§483.10)

- Grievances, inform how to file; who may be contacted, to file;
 - Identify a **grievance official** responsible for the process, including:
 - Receiving & tracking;
 - Leading investigations;
 - Maintaining confidentiality;
 - Issuing official decisions to the resident;

Resident/Patient Rights (§483.10)

(Grievance Official responsibilities)

- Coordinating with State and Federal agencies;
- Preventing further violations while investigations are taking place;
- Documentation requirements; and
- Meeting all applicable State and Federal, laws and regulations.

Freedom From Abuse, Neglect & Exploitation (§483.12)

- Formerly “Resident Behavior & Facility Practices”
- Notes improvement, but relies on number of abuse deficiencies cited to mandate greater attention
- Definition of abuse: actions such as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.
 - **Definition means the individual must have acted deliberately, not that must have intended to inflict injury or harm.**
 - *Emphasis on exploitation: taking advantage for personal gain, through the use of manipulation, intimidation, threats, or coercion.*

Freedom From Abuse, Neglect & Exploitation (§483.12)

(Definition of abuse)

- **Definition means the individual must have acted deliberately, not that must have intended to inflict injury or harm.**
- *Emphasis on exploitation: taking advantage for personal gain, through the use of manipulation, intimidation, threats, or coercion.*

Freedom From Abuse, Neglect & Exploitation (§483.12)

- Establish policies and procedures to ensure the reporting of crimes in accordance with section 1150 B of the act, with associated penalties for failure to act (Elder Justice Act).
- Report violations to administrator immediately/not later than **two hours if abuse or serious bodily injury**—24 hours, if no abuse and does not result in bodily injury.
- Expand employment ban to professional who has current disciplinary action against their license.

Admission, Transfer and Discharge Rights (§483.15)

- Transfer and discharge period represents a period of increased risk for complications and adverse events for the individual
 - Ultimate goal of “coordination of care”
 - Strengthens current transfer, discharge and disclosure requirements
 - Focus on voluntary and involuntary discharge—may discharge a patient while appeal is pending if failure to discharge or transfer would endanger the health or safety of the resident or other individuals. Facility must document the danger.

Admission, Transfer and Discharge Rights (§483.15)

(Transfer and discharge)

- Requires policy on return to center following hospitalization or therapeutic leave; reflects CMS concern regarding facilities not taking patients back after transfer to the hospital.
- Focus on orientation for discharge & post-discharge planning and follow-up.
- **Implements provisions of the IMPACT ACT**

Resident Assessment (§483.20)

- Consistent with the goal of person-centered care.
- Go beyond collection of data to true understanding of strengths, goals, life history, and preferences.
- Clarify what it means to coordinate resident assessment with PASARR (preadmission screening & annual resident review)
 - Refer all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or related conditions for level II review upon a significant change in status assessment;
 - Incorporate recommendations from the PASARR level II and PASARR evaluation into a resident's assessment, care planning, and transitions of care.

Resident Assessment (§483.20)

- Establishes exceptions for PASARR screening.
- Mandates notification to state mental health authority or state intellectual disability authority promptly after a significant change in mental/physical health.
- *Cross Reference to New Section Behavioral Health (483.40)*

Comprehensive Person-Centered Care Planning (§483.21)

- **Baseline Care Plan with 48 hours of admission develop/implement; six components and summary to resident and family/representative**
- Incorporate PASARR evaluation, specialized services
- Interdisciplinary Team (IDT) add nurse aide, member of food and nutrition
- Includes the resident's goals for admission and desired outcomes

Comprehensive Person-Centered Care Planning (§483.21)

- **Be culturally-competent and trauma-informed;**
- The resident's preference and potential for future discharge, included as part of care planning
- Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose
- Written justification if resident/resident representative does not participate

Quality of Life (§483.24)

- Retain all and enhance requirements; Highest Practicable.
- Quality of Life is a fundamental principle that applies to all care and services provided to facility residents.
- Based on the comprehensive assessment of a resident, we are requiring facilities to ensure that residents receive treatment and care in accordance with **professional standards of practice**, the comprehensive **person-centered care plan**, and the **residents' choices**.

Quality of Life (§483.24)

- Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to the resident's advance directives and related physician orders.
- Conduct regular inspection of all bed frames, mattresses, and bed rails, to identify areas of possible entrapment.
- Support for ADLs, including walking.

Quality of Care (§483.25)

- Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents - Highest Practicable.
- Retains all current, but updates for change in evidence-based practice:
 - Modify requirements for nasogastric tubes to reflect current clinical practice, and include enteral fluids for assisted nutrition/hydration;

Quality of Care (§483.25)

(change in evidence-based practice)

- New requirements for enhanced services including: **Foot care, Incontinence, Mobility, Pain Management, Dialysis; Trauma informed care;**
 - Provide adequate supervision and assistance devices to prevent accident;
 - Meet professional standards—wide range of services;
 - Provide services according to person-centered plan of care.
- Re-designation of requirements:
- Re-locate unnecessary drugs, antipsychotic drugs, medication errors, and influenza and pneumococcal immunizations to §483.45 Pharmacy services.

Physician Services (§483.30)

- Retain existing and add
- Delegation of Orders allowed for qualified therapist and quality dietitian who is acting within scope of practices as defined by state law and supervised by a physician.

Nursing Services (§483.35)

- Sufficient Staffing:
 - Adds a competencies/skill set requirement for determining sufficient staff based on a **resident assessment**, which includes but is not limited to census, acuity, range of diagnosis, and the content of care plans, in **accordance with the facility assessment**.

Nursing Services (§483.35)

- Competency Approach:
 - Skills to care for residents' needs, as identified through resident assessments, and described in the plan of care.
 - Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.

Behavioral Health (§483.40)

- Provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, includes residents with dementia.

Behavioral Health (§483.40)

- These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:
 - Caring for residents with mental disorders and psychosocial disorders, as well as residents **with a history of trauma and/or post-traumatic stress disorder**, that have been identified in the **facility assessment** conducted pursuant to §483.70(e), including implementing non-pharmacological interventions.
 - Mental health/disorder includes substance disorders.

Behavioral Health (§483.40)

- Add “gerontology” to list which with a bachelor degree meets requirement for social worker.

Pharmacy Services (§483.45)

- Retains existing & modifies drug regimen review, definitions and reporting requirements, requires policies and procedures, including timeframes.

Pharmacy Services (§483.45)

- Review must include a review of the resident's medical chart (distinguishes from just MAR review):
 - When the resident is new and has not previously been in the center;
 - When prior resident returns from the hospital and/or other center;
 - Monthly when resident is taking psychotropic drug, and antibiotic, and any drug the QAPI committee has requested be included in the review. R/T adverse events/medications.
 - ✓ **Antimicrobial review is linked to antibiotic stewardship protocols.**

Pharmacy Services (483.45)

- Definition of Psychotropic drug: any drug that affects brain activities associated with mental processes and behavior
- Includes, but is not limited to:
 - Anti-psychotic;
 - Anti-depressant;
 - Anti-anxiety; and
 - Hypnotic

Pharmacy Services (483.45)

- Patients do not receive psychotropic drugs pursuant to a PRN order unless diagnosis supports and condition is in the medical record, and;
- PRN orders for psychotropic are limited to 14 days unless physician documents in the medical record the rationale for continuation.

Pharmacy Services (§483.45)

- Documentation and Reporting of Irregularities: excessive dose or duration, without adequate monitoring or indication for use, in the presence of adverse outcome.

Pharmacy Services (§483.45)

- Pharmacist—On separate, written report sent to medical director, director of nursing and attending physician, list:
 - Resident/patient name
 - Relevant drug
 - Irregularity the pharmacist identified.

Pharmacy Services (§483.45)

- Physician—Document in the medical record the review of irregularity and what if any action has been taken to address it.
- If no action is taken, document rationale in the medical record.

§483.50 Laboratory, radiology, and other diagnostic services

- Facility must promptly notify the ordering physician, PA, NP, or clinical nurse specialist of lab results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders.
- Physician extenders can order radiology and other diagnostic services and must be promptly notified of results falling outside of clinical reference ranges in accordance with facility policies and procedures.

Dental Services (§483.55)

- Retains existing and expands requirements.
- Recognized that Medicare does not pay for dental service, and defers to state plans regarding payment by Medicaid.
- Changes are limited and simply clarify existing with a few additions:
 - May not charge a patients for the loss or damage of dentures determined in accordance with facility **policy to be the facility's responsibility**;
 - Added language to clarify that a center must assist a patient with dental services: if necessary or is requested;

Dental Services (§483.55)

- *Promptly, within three days, refer patients with lost or damaged dentures for dental services; if referral does not occur within three days, the center must provide documentation of what they did to ensure that the resident could eat and drink adequately while waiting and of the extenuating circumstance that led to the delay;*
- Must assist patients who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the state plan.

Food & Nutrition Services (§483.60)

- Retain existing and modify
- Name change from dietary services indicative of broader scope of center responsibility
- Qualifications for Dietician:
 - Meets state requirements including licensure or certification
 - Absence of state requirements: Registered by Commission on Dietetic of the Academy of Nutrition & Dietetics (phase-in within meeting requirements within five years)

Food & Nutrition Services (§483.60)

- Procure food from sources approved/satisfactory by Federal, State, or local authorities
 - May include food from local producers, subject to state law;
 - May use food grown in center garden;
 - Does not preclude patients from consuming food not procured by the center.
- Requires a policy for use and storage of food brought by family/visitors to ensure safe/sanitary storage, handling and consumption.

Food & Nutrition Service (§483.60)

- Designee if dietician is not employed full-time
 - A certified dietary manager, **required five years** from final rule;
 - A certified food service manager;
 - National certification for food and service management and safety;
 - Associate or bachelor degree in food service management;
 - State certified.
 - Receives frequent scheduled consultations from a qualified dietitian.

Food & Nutrition Services (§483.60)

- Member of food and nutrition department must serve on IDT
 - Frequency of meals: replace 14 hours between with three meals per day, at regular times comparable to mealtimes in the community or in accordance with patient needs, preferences, requests, and plan of care.
 - Suitable, nourishing alternative meals and snacks must be available for patients who want to eat at non-traditional times or outside of scheduled meal service times and in accordance with the plan of care.

Specialized Rehabilitative Services (§483.65)

- Relocated & revised
 - Must provide, if patients need, physical therapy, speech-language pathology, occupational therapy, **respiratory therapy, and mental health rehabilitative services for mental disorder.**
 - Adds respiratory therapy to reflect current needs of patients
 - Clarifies the meaning of specialized rehab services R/T PASARR to specify (cross-reference to 483.120(c) that with respect to rehab services for a mental disorder and intellectual disability, they are of lower intensity and must be in the comprehensive plan of care.

Administration (§483.70)

- Retain/relocate existing & modify
- New requirement for annual facility assessment which serves as a central feature of the revisions to subpart B and intended to be used for multiple purposes, including activities such as:
 - Determining staffing requirements
 - Determining staff competencies
 - Establishing a QAPI program
 - Conducting emergency preparedness planning

Administration (§483.70)

- The facility-wide assessment would determine what resources a center would need to care for its patients competently both in day-to-day operations and in emergencies.
- Assessment must be updated as necessary, but at least annually—and whenever any change would require a substantial modification to any part of the assessment.

Arbitration Agreements (§483.70)

Not in effect at this time

Quality Assurance Performance Improvement (483.75)

- New requirement, retain QAA requirement
- Develop, implement and maintain an effective, comprehensive, data-driven QAPI programs that focuses on indicators of the outcomes of care and quality of life. The center must:
 - Maintain documentation & demonstrate ongoing program;
 - **Present plan to survey team at first annual recertification survey that occurs following final regulations and annually thereafter;**

Quality Assurance Performance Improvement (483.75)

- Present documentation & evidence of its ongoing program's implementation to State Agency, Federal Surveyor or CMS on request:
 - Design & Scope, address full range of care & services provided;
 - All systems of care & management practices;
 - Include clinical care, quality of life, and patient choice;
 - Use best evidence to define & measure goals that reflect predictive processes of care to achieve expected outcomes;
 - Reflect the complexities, unique care, and services that the center provides.

Infection Prevention & Control (§483.80)

- Health care-associated infections (HAIs) lead to suffering for patients, as well as increased cost for the healthcare system
 - Between 1.6 and 3.8 million HAIs in nursing centers yearly
 - Results in an estimated 150,000 hospitalizations each year and 388,000 deaths, and
 - Between 673 million to 2 billion dollars in additional cost.

Infection Prevention & Control (§483.80)

- Antibiotics are one of the most frequently prescribed medications in HCC; it is estimated that between 25% to 75% may be inappropriate.

Compliance & Ethics Program (483.85)

- **Chief Compliance Officer responsible for operating the compliance and ethics program including assuring the OIG seven required elements and all requirements for “each center requirements” are met:**
- **Required components:**
 - **Development of compliance and ethics standards and procedures;**
 - **Assignment of responsibility;**
 - **Due care in delegation of authority;**

Compliance & Ethics Program (483.85)

- **Required components:**
 - **Communication standards;**
 - **Adoption of monitoring and auditing systems;**
 - **Enforcement/disciplinary;**
 - **Correction and continued evaluation of the program.**
 - **Additional requirements for companies with 5 or more facilities.**

Physical Environmental (§483.90)

- Maintain all existing, and additions:
- Conduct regular inspection of all bed frames, mattresses, and bed rails, to identify areas of possible entrapment.
- Be 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 each residents bedside.

Physical Environmental (§483.90)

- Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas and smoking safety that also take into account non-smoking residents.
- New construction or reconstruction: each room accommodate no more than two residents and each room have its own bathroom.

Training Requirements (§483.95)

- Retain existing training requirement, relocate training for feeding assistants, add significant new requirements:
 - **The center must develop, implement and maintain an effective training program for:**
 - All new and existing staff
 - Individuals providing services under contractual arrangements
 - Volunteers, consistent with their existing roles
 - **A center must determine the amount and types of training necessary based on a facility assessment as specified at §483.70 (e)**
 - *Don't forget competency verification!*

Training Requirements (§483.95)

- Training for designated individuals as specified by category (new, existing, annually) and intervals must include (All existing retained):
 - 1. Residents Rights and facility responsibilities;**
 2. Abuse, neglect and exploitation, including:
 - ✓ Activities that constitute abuse, neglect, exploitation, or misappropriation of property
 - ✓ Procedures for reporting same
- Training of feeding assistants

Training Requirements (§483.95)

Training for designated individuals...

3. QAPI, that outlines and informs staff of the elements and goals of the center's program set forth at 483.754.
4. Infection Control as specified at 483.80 (a)(2): Infection Prevention and Control Program including standards, policies and procedures for the program
5. Compliance & Ethics (annual if operating more than 5 centers)

Training Requirements (§483.95)

Required Nurse Aide Training—Retains existing and adds:

- ✓ Dementia management training & resident abuse prevention
- ✓ Address areas of weaknesses in CNA performance reviews and facility assessment
- ✓ Behavioral Health—consistent with 483.40 and as determined by the facility assessment at 483.70(e)