



Better Together | Alaska Nursing Homes Together (ANHT) Conference

Angela Rick RN | Supervisor, Health Facility Surveyor II
Past, Present, and Future Trends

January 9-10, 2017

Current Trends in Citations

Objectives:

- Review frequently cited F tags
- CMS direction regarding past noncompliance
- Commonalities among citations
- Review current topics



Frequently Cited F Tags

F-Tag
241-Dignity
279-Care Plans
309-Quality of Care
323-Accidents / Supervision
329-Unnecessary Drugs
371-Food
431-Meds
441-Infection
514-Records



F241 Dignity

483.10 (a)(1)

A facility must *treat each resident with respect and dignity and care for each resident* in a manner and in an environment that promotes maintenance or enhancement *of his or her* quality of life *recognizing each resident's individuality. The facility must protect and promote the rights of the resident.*



F241 Dignity (examples)

- Communication with the resident during cares and/or dining
- Language the resident understands
- Examining, treating, and/or medicating residents during meals and in common areas
- Discussing residents bodily functions in front of others
- Infantile terms
- Visual privacy in a common area
- Dining observations



F279-Care Plan

The care plan is a Resident's map to his/her highest practicable physical, mental and psychosocial well-being.

The facility did not develop a complete care plan that meets all of a Resident's needs with timetables and actions that can be measured.

A facility must use the results of the assessment to develop, review and revise the Resident's comprehensive plan of care.

The facility must develop a comprehensive care plan for each Resident that includes measurable objectives and timetables to meet a Resident's medical, nursing, mental and psychological needs that are identified in the comprehensive assessment.



F 279 Example

- A resident's seat belt that was discontinued and not in use, remained on the care plan.
- There was no care plan for a resident with a history of elopement.



F309 -Quality of Life-Quality of Care

483.24 Quality of life

Quality of life is a fundamental principle that applies to all care and services provided to facility residents.

483.25 Quality of Care

Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents.

Pain Management

Dialysis



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F309-Examples

- Staff not implementing care plan
- Revision of the care plan
- Professional standards of practice
- Pain management
- Dialysis



F 323-Accidents and Supervision

A facility must ensure that-

- The resident environment remains as free from accident hazards as is possible
- Each resident receives adequate supervision and assistant devises to prevent accidents
- **Bedrails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail.**



F 323-Examples

- Bedrails, mobility Bars, bolsters, assistive devices, equipment used in accordance with manufactures recommendations
- Failing to follow care plan
- Seat belts
- Environment-coffee, hot pads, ovens, water
- Smoking –e ciggs
- Victim and aggressor
- Supervision



F329-Unnecessary Drugs

- Each resident's drug regime must be free from unnecessary drugs.
 - Definition
 - Excessive dose
 - Excessive duration
 - Inadequate monitoring
 - Without adequate indications for use
 - In the presence of adverse consequences
 - Any combination of the reasons stated



F 329-Examples

- Initiate dose reductions-if not feasible ensure reason is well documented by physician
- Duplicate therapy
- Adequate monitoring



F371-Kitchen

Store, prepare, distribute and serve food under sanitary conditions



F371-Examples

- Demonstrating proper personal hygiene (use of hair restraints, hand washing, safe health practices at work, etc.);
- Practicing the appropriate cooking/holding temperatures for food;
- Keeping equipment uncontaminated;
- Preventing contamination (biological, chemical and physical);
- Using proper food handling/storage practices; and preparing food safety.



F431-Drug Records/ Storage

Employ or obtain the services a licensed pharmacist who:

- Establishes system of receipt and controlled drugs in sufficient detail for reconciliation,
- Determines drug records are in order
- Drugs and biologicals labeled
- Storage of drugs and biologicals
- Separate affixed compartments for controlled drugs



F431-Example

A facility's pharmacy had no tracking log of controlled substances moving in and out of the pharmacy.

Expired medications were not reconciled and disposed of.



F441-Infection Control

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.



F441-Example

Hand hygiene

Isolation

Tracking and trending infections

Antibiotic stewardship



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F514-Resident Records

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes



F514-Example

A confused resident had eloped from the facility and was outside for several minutes. There was no documentation of this occurrence in the medical record.



Commonalities

Observational citations

Staff education and oversight

Resident / responsible party grievances

Residents with complex medical/ behavioral needs

Citations with multiple parts: F441, F371, F309



Past Noncompliance (PNC) in LTC

Past noncompliance: deficiency citation at a specific survey data tag (F-tag or K-tag) that meets all of the following three criteria:

- Facility was not in compliance with the specific regulatory requirement (*as referenced by the specific F-tag or K-tag*) at the time the situation occurred
- The noncompliance occurred after the exit date of the last standard recertification survey and before the current survey (*standard, complaint or revisit*) currently being conducted
- There is sufficient evidence that the facility corrected the noncompliance and is in substantial compliance at the time of the current survey for the specific regulatory requirement(s), *as referenced by the specific F-tag or K-tag.*

PNC (cont.)

Generally the state agency does not document evidence of PNC on a 2567 unless the facility failure was egregious:

- Immediate Jeopardy
- Harm-level 3 or above



Past Noncompliance Examples

F314-Pressure wounds-the Resident had avoidable pressure wound that had healed by the time of the survey.

F425-A pharmacy failed to provide the correct narcotic medication dosage. The facility had corrected the oversight prior to survey.



Hot Topics-Adaptive Equipment of Restraint?

- Bolsters
- Wander Guard
- Bed Rails/ Mo-bars
- Seat Belts
- Geri-chairs
- Merry Walker
- Mitts/ socks
- Alarms



Hot Topics-Continued

- Use of the PASARR in the care plan
- Discharge planning
- Facility initiated discharge
- Prevalence of preventable pressure ulcers
- Reduction in use of unnecessary antipsychotic medications



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References

<https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Downloads/restraintreduction.pdf>

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c02.pdf>

State Operations Manual Appendix P and PP



QUESTIONS?

Angela Rick
Health Facilities Surveyor II
907-334-2491
Angela.rick@alaska.gov

Thank You

