

# LTC Provider Call

## Nursing/Skilled Nursing Facilities & ICF/IID

### FEBRUARY 15, 2023, 1:00 PM – 2:00 PM

All lines are muted.  Lines will be muted throughout the program.

1



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**QIN-QIO**  
Quality Innovation Network  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP

Quality Improvement Facilitators in Oklahoma:

- Micki Reyman, MS, RN ([mreyman@telligen.com](mailto:mreyman@telligen.com))
- Morgan Satterlee, LPN ([msatterlee@telligen.com](mailto:msatterlee@telligen.com))
- Tamara Carter, RN ([tcarter@telligen.com](mailto:tcarter@telligen.com))

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2

2

February 15, 2023

## Nursing Home and LTC Facility Strike Team and Infrastructure Grant

Project Coordinator-Kerry Cudd

Email: [kerryc@health.ok.gov](mailto:kerryc@health.ok.gov)  
Phone: 405-808-9217

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Oklahoma State Department of Health | Nursing Home and LTC Facility Strike Team and Infrastructure

3

3

## Nursing Home & LTC Strike Team and Infrastructure Grant Activities

### Respirator Fit Testing-Train the Trainer:

- Vendor will provide Respirator Fit Testing Train the Trainer education to two identified healthcare workers at approximately 150 SNF/LTC and 150 "other LTCFs"
- Participating facilities will be provided a complete fit testing kit for their facility or they will be provided any supplies needed to complete a kit the facility already has on hand.

### Requirements for Participation:

- Develop an OSHA compliant Respiratory Protection Plan-(required before the vendor will contact you to schedule the training)
- Medical Clearance capabilities-vendor will assist facilities with this



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4

4

## How Do We Sign-up for Respirator Fit Testing Train the Trainer or How Can We Contact Someone with Questions?

If you would like to sign your facility up for this grant activity the preferred method would be for your facility representative to complete a Learning Needs Assessment on RedCap:

1. Open your camera and point at the QR code to the right and click on the link which will pop up on your screen in yellow. The link will take you directly to the assessment
2. Enter this link into your URL <https://redcap.health.ok.gov/surveys/> and then you will be prompted to enter the following code: DD8M7X8MJ (code is not case sensitive).

If you have questions about Respirator Fit Testing or you would like to Sign-Up by other means you can contact the project coordinator:

Kerry Cudd at 405-808-9217 OR

Email Kerry Cudd at [kerryc@health.ok.gov](mailto:kerryc@health.ok.gov)



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5

5

February 15, 2023

## Healthcare Associated Infections Program Updates

Jeneene Kitz, BSN, RN, CIC  
HAI Program Manager  
Acute Disease Service

Rhonda McComas, BSN, RN  
Lead Infection Preventionist  
Acute Disease Service

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6

6

## Contact HAI/AR Program

[HAI@health.ok.gov](mailto:HAI@health.ok.gov) or call 405-426-8735

- All NHSN inquiries for technical support (new changes to modules, definitions, etc.)
- To request an on-site preventative Infection Control And Response visit
- General Infection Prevention questions



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7

7

## QSO-23-05-NH

Wednesday, February 15, 2023

Diane Henry  
Administrative Programs Manager  
Long Term Care Service

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8

8

# Deficiency Review NF/SNF 2022

Wednesday, February 15, 2023

Beverly Clark  
Training Manager  
Long Term Care Service

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9

9

## Top 10 F Tag Deficiencies Trending for 2023 FFY To Date Compared to 2021/2022 FFY

FFY To Date Ranking	Times Cited FFY 2022	Times Cited FFY 2021	Tag	Description
1	<b>Areas for Focus:</b> - Reporting NHSN - Quality of Care - Abuse - ADL Care - Infection Control		F884	Reporting NHSN (Cited by CMS only)
2			F684	Quality of Care
3			F607	Develop/Implement/Abuse/Neglect Policies
4			F677	ADL Care Provided for Dependent Residents
5			F578	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir
6			F584	Safe/Clean/Comfortble Homelike Environmnt
7			F657	Care Plan Timing and Revision
8			F761	Label/Sore Drugs and Biologicals
9			F880	Infection Prevention and Control
10			F610	Investigate/Prevent/Correct Alleged Violations



10

10

## Resources and References

- Appendix PP
- Regulation Review
- Investigative Protocol
- Key Elements of Noncompliance
- Deficiency Categorization

11

## 483.25 Quality of Care

F684 – “Catch All” tag for care NOT covered in F685 – F700

May include:

- Non Pressure-Related Skin Ulcer/Wound (Arterial Ulcer, Diabetic Neuropathic Ulcer, Venous or Stasis Ulcer)
- End of Life and/or Receiving Hospice Care and Services

483.25	Quality of Care
F684	Quality of Care
F685	*Treatment/Devices to Maintain Hearing/Vision
F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers
F687	*Foot Care
F688	*Increase/Prevent Decrease in ROM/Mobility
F689	*Free of Accident Hazards/Supervision/Devices
F690	*Bowel/Bladder Incontinence, Catheter, UTI
F691	*Colostomy, Urostomy, or Ileostomy Care
F692	*Nutrition/Hydration Status Maintenance
F693	*Tube Feeding Management/Restore Eating Skills
F694	*Parenteral/IV Fluids
F695	*Respiratory/Tracheostomy care and Suctioning
F696	*Prostheses
F697	*Pain Management
F698	*Dialysis
F699	*Trauma Informed Care
F700	*Bedrails

12

## F684 – Quality of Care

### § 483.25

Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:

**INTENT** To ensure facilities identify and provide needed care and services that are resident centered, in accordance with the resident's preferences, goals for care and professional standards of practice that will meet each resident's physical, mental, and psychosocial needs.

13

## INVESTIGATIVE PROTOCOL

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

### General Critical Element Pathway

Use this pathway to investigate quality of care concerns that are not otherwise covered in the remaining tags of §483.25, Quality of Care, and for which specific pathways have not been established. For investigating concerns regarding care at the end of life, use the Hospice/End of Life CE Pathway.

**Review the Following in Advance to Guide Observations and Interviews:**

- The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for areas pertinent to the concern.
- Physician's orders.
- Pertinent diagnoses.
- Care plan.

**Observations Across Various Shifts:**

- Does staff consistently implement the care-planned interventions? If not, describe.
- Ensure interventions adhere to professional standards of practice.
- What is the resident's response to interventions? Is the resident's response as intended?
- Do observations of the resident match the assessment? If not, describe. Are there visual cues of psychosocial distress and harm?

**Resident, Resident Representative, or Family Interview:**

- Will you describe your current condition or history of the condition, or diagnosis?
- How did the facility involve you in the development of the care plan and goals?
- How effective have the interventions been? If not effective, what alternate approaches have been tried?
- What are your goals for care? Do you think the facility is meeting them? If not, why do you think that is?
- For newly admitted residents, did you receive a summary of your (or the resident's) baseline care plan? Did you understand it?

14



## KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F684, the surveyor's investigation will generally show that the facility failed to do any one of the following:

- Provide needed care or services resulting in an actual or potential decline in one or more residents' physical, mental, and/or psychosocial well-being;
- Provide needed care or services (i.e., manage symptoms) resulting in one or more residents' failure to improve and/or attain their highest practicable physical, mental, and/or psychosocial well-being;
- Recognize and/or assess risk factors placing the resident at risk for specific conditions and/or problems;
- Implement resident-directed care and treatment consistent with the resident's comprehensive assessment and care plan, preferences, choices, rights, advance directives (if any, and if applicable, according to State law), goals, physician orders, and professional standards of practice, causing a negative outcome, or placing the resident at risk for specific conditions and/or problems.;
- Monitor, evaluate the resident's response to interventions, and/or revise the interventions as appropriate, causing a negative outcome, or placing the resident at risk for specific conditions and/or problems; and
- Inform and educate the resident who decides to decline care about risks/benefits of such declination; and offer alternative care options and take steps to minimize further decline, causing a negative outcome, or placing the resident at risk for specific conditions and/or problems.

15

## DEFICIENCY CATEGORIZATION

Examples of Severity Level 4 Noncompliance Immediate Jeopardy to Resident Health or Safety include but are not limited to:

- The facility failed to promptly identify and intervene for an acute change in a resident's condition related to congestive heart failure (CHF), resulting in the family calling 911 to transport the resident to the hospital. The resident was admitted to the hospital with respiratory distress, pulmonary edema, and complications of CHF.(Also cross-referenced and cited at F580, Notification of Changes.)
- As a result of the facility's continuous or repeated failure to implement comfort measures in accordance with the care plan, the resident experienced serious harm related to uncontrolled vomiting and nausea

16



**Reminder:**  
**QAA and QAPI Processes**  
**Great resources for quality improvement**

17


### 483.80 Infection Control

F880 Infection Prevention & Control

Appendix PP  
 Investigative Protocol - Pathway  
 Key Elements of Noncompliance  
 Deficiency Categorization

483.80	Infection Control
F880	Infection Prevention & Control
F881	Antibiotic Stewardship Program
F882	Infection Preventionist Qualifications/Role
F883	*Influenza and Pneumococcal Immunizations
F884	**Reporting – National Health Safety Network
F885	Reporting – Residents, Representatives & Families
F886	COVID-19 Testing-Residents & Staff
F887	COVID-19 Immunization
F888	COVID-19 Vaccination of Facility Staff

18



# F880 Infection Control Insights


Wednesday, February 15, 2023

Shalya Spriggs  
Manager of Survey  
Long Term Care Service

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19

19



# IIDR Panel Training

Wednesday, February 15, 2023

Beverly Clark  
Training Manager  
Long Term Care Service

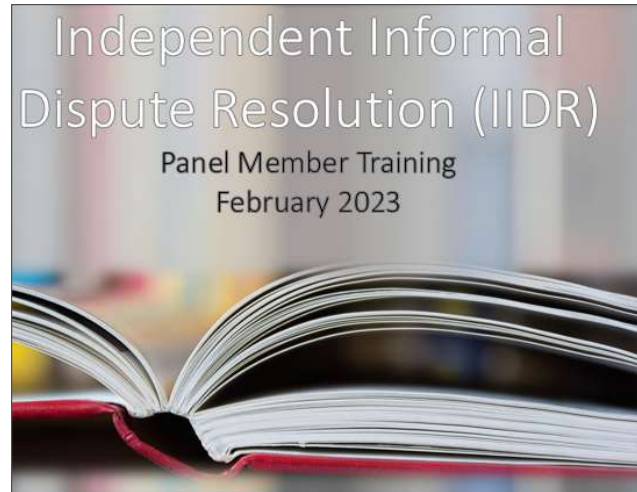
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20

20

## IIDR Panel Training

- Self Study Program to Participate as a Panel Member for IIDRs



21

## Self Study Program Includes

Completing a review of:

- Chapter 7 requirements
- Appendix PP
- Panel Processes

QSEP Training

22

## QSEP Training

- Must Create a Login Account to get credit for the training

The screenshot shows the QSEP Training website interface. At the top, there is a navigation bar with 'Home', 'Help', and 'SADOC & SETI Training'. Below this is the CMS logo and the QSEP logo. The main content area features a 'Sign Up' section with two primary buttons: 'CMS & State Agencies' and 'Providers & Other Learners'. The 'Providers & Other Learners' button is highlighted with a red box. Below this button, there is a list of roles: 'Providers | Accrediting Organizations | Quality Improvement Organizations | HHS Employees/Contractors | Advocacy Groups | Educators/Authors/Researchers'. To the right of this list, there is a 'Sign Up' button, also highlighted with a red box. Below the 'Sign Up' button, there is a link for 'Public access to the Training Catalog' and a section for 'the Long Term Care (LTC) Training Plan revisions'. On the left side of the 'Sign Up' section, there is a video player for 'HARP Registration' with the text: 'Need help signing up? The first step is creating a HARP account. Watch this video to help you understand the HARP registration process.'

23

## Qualification

- Must be 25 years old or older
- Understanding of Medicare and Medicaid program requirements
- No felony conviction in connection with the management or operation of a home or facility

24

## Request the IIDR Training

- Email [LTC@health.ok.gov](mailto:LTC@health.ok.gov)

Thanks for your support and participation

25

**Submit Questions to:  
LTC@health.ok.gov**

Thank you!

26



# Long Term Care Update


Wednesday, February 15, 2023

Janene Stewart, MBA  
Director  
Long Term Care Service

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
27

27



The Q&A Session has begun.

Submit questions to  
[LTC@health.ok.gov](mailto:LTC@health.ok.gov)

(Questions in the online Q&A chat  will be answered in the FAQ document.)

28

# Closing Comments

