

Nursing Facility/Skilled Nursing Facility Provider Call

Wednesday, April 19, 2023

1:00 PM – 2:00 PM

1. Welcome

Beverly Clark

- Session is being recorded.
- All participants are muted, please keep phones muted during the call.
- Q&A session – **All** participants should submit questions to LTC@health.ok.gov, we will answer as many questions as time allows on the call
 - Online participants may post questions in the Q&A box, these questions will be answered in the FAQ document
 - Only questions sent to the LTC email box will be answered during the call
- Phone number 405.426.8200
- Fax Incidents/Form 283 to 1-866-239-7553.
- To request emails from Gov.Delivery.com email Diane Henry at DianeH@health.ok.gov or email LTC@health.ok.gov
- Please join via Team app on the computer to view presentations

2. Telligen Update

Micki Reyman

- Telligen QIN/QIO facilitators in Oklahoma: Morgan Satterlee, LPN (msatterlee@telligen.com); Tamara Carter, RN (tcarter@telligen.com); and Micki Reyman, (mreyman@telligen.com).
- Telligen contracts with CMS but is not a regulatory entity
- CMS referrals continue for homes with COVID-19 outbreak with five or more residents
- CMS referrals continue for homes whose resident bivalent booster rates are below 80%
- Telligen offers support and completes onsite visits for homes with lower rates of bivalent booster uptake among residents. Resource materials are provided and/or are available.
- For additional support with vaccinations, check out Telligen's VaxHub: <https://www.telligenqiconnect.com/vaxhub/>
- Emergency Preparedness: Telligen's Emergency Preparedness Assessment: <https://www.telligenqiconnect.com/resource/emergency-preparedness-assessment/>
- For those who have completed the Emergency Preparedness assessment, you will receive a copy of your assessment with included references and resources. (You may find that you still have a gap in your Emergency Preparedness Plan.)
- We are also offering a seven-part series titled "Wake Up Wednesdays" which began January 25th. This will focus on high-risk medication management, resident safety and quality of care. To register for this series, go to <https://www.telligenqiconnect.com/event/wake-up-wednesday-high-risk-medication-echo-series/>. The last session, which is scheduled for 8:30 a.m., April 26th, will be "Communicating with Residents and Families about Medications". If you missed any of the series, the event recordings and materials will be available on-demand online
- Telligen is available to support your quality efforts including implementing infection prevention processes, troubleshooting with NHSN, performing gap analysis, and expanding your team's knowledge about quality reporting programs.
- For a list of on-line training events, go to <https://www.telligenqiconnect.com/> for details

3. Survey Process: Substandard Quality of Care (SQC)

Beverly Clark

- The information provided is related to NF/SNF facilities
- Review the attached *Slides* on the [Provider Calls and Q&As](#) webpage for more details on the presentation
- CMS – State Operations Manual (SOM) located at [100-07 | CMS](#)
 - SOM is made up of 10 chapters and 25 appendices (not all are specific to SNF/NF)
 - Chapter 7 is specific to the Survey and Enforcement Process for SNF/NF
 - Implements the nursing home survey, certification, and enforcement regulations at 42 CFR Part 488. (7000 – Introduction)
 - Establishes procedures for the survey process and protocol (7200-7207)
 - Provides guidance related Substandard Quality of Care and Extended/Partial Extended Surveys (7210)

- Appendix PP is specific to SNF/NF
- Appendix Q used to determine Immediate Jeopardy – it is used by several different segments, and has portions specific to SNF/NF
- Appendix P is being held in reserve - Long Term Care Survey Process (LTCSP) Procedure Guide provides guidance on recertification survey process
- What is Substandard Quality of Care?
 - Substandard quality of care means one or more deficiencies related to participation requirements under
 - §483.10 “Resident rights” (F550, F558, F559, F561, F565, F584)
 - §483.12 “Freedom from abuse, neglect, and exploitation” (F600 - F610)
 - §483.24 “Quality of life” (F675 - F680)
 - §483.25 “Quality of care” (F684 - F700)
 - §483.40 “Behavioral health services” (F742 - F745)
 - §483.45 “Pharmacy services” (F757 - F760)
 - §483.70 “Administration” (F850)
 - §483.80 “Infection control” (F883)
 - that constitute either
 - Immediate Jeopardy to resident health or safety (level J, K, or L);
 - a pattern of or widespread actual harm that is not immediate jeopardy (level H or I); or
 - a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm (level F). (42 CFR 488.301)
- Two easy ways to determine if a tag could be Substandard Quality of Care
 - The List-of-revised FTags is color coded. There are 48 red lettered tags that could result in Substandard Quality of Care
 - The Scope and Severity (S/S) Grid contains a list of the tags which could result in Substandard Quality of Care
 - Survey Teams will use both documents when identifying potential deficient practice that may result in Substandard Quality of Care
 - Both of these documents can be located in the *Survey Resource -02/17/23* download located at [Nursing Homes | CMS](#)
- SQC – Extended/Partial Extended Survey (7203.6)
 - NOTE: Extended Survey relates to SQC found during a recertification survey. Partial Extended Survey relates to SQC found during a complaint or follow-up survey
- What is an Extended Survey?
 - Extended Survey: The purpose of the extended survey is to explore the extent to which structure and process factors may have contributed to systemic problems causing SQC.
 - An extended survey is conducted when Substandard Quality of Care (SQC) has been verified.
- How is an Extended Survey Conducted?
 - The survey team will follow the *Extended Survey Pathway*
 - They will review facility policies and procedures which are related to the deficiencies representing SQC in an effort to identify systemic failures which may have contributed to the SQC in the following areas:
 - §483.35 Nursing Services:
 - §483.75 Quality Assurance & Performance Improvement:
 - §483.30 Physician Services:
 - §483.70 Administration:
 - §483.95 Training Requirements:
- 7210 - Extended and Partial Extended Survey Time Frames
 - 7210.5 - Time frames
 - An extended or partial extended survey should be conducted immediately after the standard or abbreviated standard survey, but, if delayed, not later than 14 calendar days after completion of a standard survey or abbreviated standard survey which found that the facility had furnished substandard quality of care.
- 7210.6 – Notices

- When substandard quality of care is identified, in addition to the notices required of all surveys in §7300, the State must issue notices to the following:
 - The State board responsible for the licensing of the nursing home administrator; and
 - The attending physician of each resident who was identified as having been subject to substandard quality of care. (See §7320.) The facility is responsible for submitting to the State the names of the attending physician for each resident who was identified as having been subject to substandard quality of care.
- 7210.7 - Nurse Aide Training and Competency Evaluation Program and Competency Evaluation Program
 - As required in §1819(f)(2)(B)(iii)(I)(b) and §1919(f)(2)(B)(iii)(I)(b) of the Act, the nurse aide training and competency evaluation program and competency evaluation program must be denied or withdrawn when an extended or partial extended survey is conducted. (Also see §7320 and §7809.)
- 7320 - Action When There is Substandard Quality of Care
 - The facility's ability to provide a nurse aide training and competency evaluation program must also be prohibited for 2 years from the date of the finding of substandard quality of care. (See §7303 for related appeal rights.)
- 7809 - Nurse Aide Training and Competency Evaluation Program and Competency Evaluation Program Disapprovals
 - Sections 1819(f)(2)(B)(iii) and 1919(f)(2)(B)(iii) of the Act, as well as 42 CFR 483.151(b)(2) and 483.151(e), require denial or withdrawal of approval of facility-based Nurse Aide Training and Competency Evaluation Programs and Competency Evaluation Programs offered by or in a facility which, within the previous 2 years: Has been subject to an extended or partial extended survey under §1819(g)(2)(B)(i) or §1919(g)(2)(B)(i) of the Act
- OSDH Process for Identifying Potential SQC
 - If the survey team determines they may have SQC, they will expand their sample
 - If the team still feels they may have potential SQC, they will call the manager of survey or PMC
 - Once the SQC is confirmed by the manager of survey and/or PMC, the team will notify the facility
 - Team will conduct an Extended/Partial Extended Survey.
 - Team will use the Extended Survey Pathway to evaluate additional participation requirements in:
 - 42 CFR 483.30 Physician Services (F710 through F715)
 - 42 CFR 483.35 Nursing Services (F725 through F732) Complete Nurse Staffing Task (see pathway)
 - 42 CFR 483.70 Administration (F835 through F486, F849 & F850)
 - 42 CFR 483.75 QAA/QAPI (F865 through FF868) Complete QAA/QAPI Task (see pathway)
 - 42 CFR 483.95 Training Requirements (F943, F947, F948)
- Key Reminders
 - Chapter 7 and Appendix PP provide guidance and insight related to Substandard Quality of Care, Extended and Partial Extended Survey
 - LTCSP Procedure Guide, Pathways and Psychosocial Severity Guide replaced content previously found in Appendix P (Appendix P is currently held in reserve)
 - CMS Nursing Home Website has all the resources needed to understand SQC and the survey process in the *Survey Resources – 02/17/23* download, located at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>
- Submit Questions to: LTC@health.ok.gov

4. Long Term Care Update

Dr. Latrina Frazier

- Facility Reported Incidents (FRIs) and Complaints
 - Between October 1, 2022 and February 28, 2023, we had 809 reported complaints
 - 39% were prioritized as Immediate Jeopardy (IJ)
 - 12% of high-volume complaints are being triaged as IJ, with more than half resulting in citations. Look for opportunities to beef up documentation, ensure your policies and procedures are being followed, and staff understand the expectations of trainings and inservices



- 25% of the FRIs were prioritized as IJs
- 86% of FRIs convert to a complaint
- LTC has specific rules from CMS we have to follow for triaging and LTC is actually graded on how we triage
- When you submit your FRI, we must review and triage it, so just because you report it, there is a possibility there will be a survey conducted on the FRI
- There is opportunity for you to identify what happened, how it happened, what the end result was, what you did do or could have done better, which will allow you to be an active participant when do we come out for a FRI which was converted to a complaint
- Make sure you know what your policy and the regulatory requirements are, and combine those to have appropriate outcomes
- This also gives you the opportunity to trend, especially if you see there is a repeat issue reoccurring in your facility
- This allows you to make sure your residents are safe and are receiving good quality of care
- CMS has now imposed a 45-day window to work Non-IJ Medium complaints, so you may see the teams in your facility a little more often at the direction of CMS
- Surveys
 - Recertifications – as of end of February, we had completed 174 of the required 292 surveys
 - Teams are working hard to get to you
 - Every time there is a IJ or High priority complaint, it causes the team to have to be redirected away from their planned schedule. We are impressed the teams are being so flexible
- Staffing Ratios

While there is a lot of conversation, there is no specific guidance. In Oklahoma, at the State level, we have not promulgated any rules toward staffing requirement changes. This does not mean that CMS won't impose federal requirements. There is no specific information or guidelines. We do not want to speculate. We will make sure we share any information with you as it is released.
- QAPI

QAPI allows you to see areas where you can improve and areas where you are doing great. It allows you to have a discussion with your team that is very fact based. Surveyors love to see a robust QAPI system as it allows them to see into the logic of the facility's thought. It is a window into your needs and allows the team to have a conversation with you about what did you see and what did you learn. Please reach out if you have any questions about QAPI. Telligen is also another good resource for your QAPI program.

5. General Comments

Janene Stewart

- The PHE will expire on May 11, 2023. We have not received any updated guidance on what will be changing, or any extensions. We will make sure we share any information with you as it is released.

Questions and Answers
Next call to be announced