Bureau of Facility Standards Updates

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IDAHO DEPARTMENT OF HEALTH & WELFARE

Current Staffing:

- Long Term Care Surveyors – Currently have 11 surveyors (7 in CO & 4 in IF)
    - We are looking to hire 1 more Surveyor for CO. This will complete our staffing levels for LTC Program (12).
- LTC overdue surveys
    - ZERO late recertification surveys (15.9 mos.)
    - Still have HMS surveyors under contract just in case

Chief's Focus FY27

State	CMS Location	Number of Nursing Homes active during the entire 12-month observation window - [GE1]	Number of Standard Surveys - [QS18]	Average Survey Time: On site (Hours) (1-48 Census) - [FR6] {<10/>90 Percentile}	Average Survey Time: On site (Hours) (**49-95 Census**) - [FR7] {<10/>90 Percentile}	Average Survey Time: On site (Hours) (**96-174 Census**) - [FR8] {<10/>90 Percentile}	Average Survey Time: Post (Hours) - [FR10]
National	_National	14,631	10,704	71.7	96.4	123.1	23.8
Idaho	Seattle	80	70	72.1	105.4	123.4	28.9

Bureau of Facility Standards

Risk-Based Surveys

Complaints/Grievances

PNC-Best Practice

Elopements-Reportable or Not

IDAHO DEPARTMENT OF HEALTH & WELFARE

Risk-Based Surveys

In 2023, CMS began testing a Risk-Based Survey (RBS) process that permits higher quality facilities to undergo a more focused survey protocol requiring less onsite time and a smaller survey team, while continuing to ensure compliance with health and safety standards.

CMS notes that it is critical to perform the RBS only in higher-performing facilities where the risk to residents' health and safety is lower.

Risk-Based Surveys

The RBS process includes a streamlined review of all the required areas and fewer activities. They are conducted in roughly half the time with fewer total surveyors as the standard LTCSP. For example, a sample of residents is still assessed for the facility's compliance, but the RBS includes a smaller number of residents to review as compared to the traditional survey process.

Risk-Based Surveys

Higher quality facility is indicated by factors such as a history of fewer citations, higher staffing levels, fewer hospitalizations, and other similar indicators of quality.

Facilities that meet CMS' criteria will be eligible for the SA to conduct a standard recertification survey using the RBS process. CMS estimates that approximately 12% of nursing homes nationwide will qualify for the RBS.

CMS will provide each SA with a list of RBS qualified facilities at the end of each calendar year quarter (March, June, September, and December).

Risk-Based Surveys

How will you know if you are on the list?

CMS will place an icon on each nursing home's profile page on the Nursing Home Care Compare website to identify facilities that qualify for the RBS, making it easy for consumers and stakeholders to identify higher performing nursing homes that have quality indicators in addition to the traditional five-star rating.

Risk-Based Surveys

To qualify, a facility must not have any of the following:

- Less than a 5-Star Overall Rating
- Less than 3-star Staffing Rating
- Any citation(s) for Actual Harm, or Immediate Jeopardy (IJ) or Substandard Quality of Care (SQC) in the last survey cycle
- More than 18 months without a standard survey
- Any staffing waivers in effect
- Failed Payroll-Based Journal (PBJ) staffing data audit
- Failed resident assessment Minimum Data Set audit (MD

Risk-Based Surveys

Continued.....

- Health Inspection Score higher than the 50th percentile in the state (lower scores indicate better performance).
- Two or more residents aged 65 or older that are coded with diagnosis of schizophrenia after being admitted without this diagnosis.
- A change in ownership since the last standard survey.
- Special Focused Facility Candidate.

Risk-Based Surveys

A facility listed as qualifying for the RBS on the Quarterly Qualified List will be disqualified if any of the following occur before the RBS survey is started (any time before entrance):

- Citation(s) at Actual Harm, Immediate Jeopardy, abuse (at any level), or Substandard Quality of Care that occurred on an intake investigation while the facility was listed as qualified for the RBS.
- Pending Intake Investigations triaged at Immediate Jeopardy.
- More than three (3) pending non-IJ active intakes (Complaints/FRI's) triaged as non-IJ medium or higher.

Risk-Based Surveys

Continued.....

- CMS-approved Nursing waivers
- Change in ownership since the last standard survey

If the facility meets any of the above exclusions, the State Agency MUST convert the RBS to a standard survey.

Complaints/FRI's

Complaint and Facility Reported Incidents Priority Designation:

- Immediate Jeopardy (IJ)
- Non IJ High
- Non IJ Medium
- Non IJ Low

Immediate Jeopardy

Intakes are assigned this priority if the alleged noncompliance indicates there was serious injury, harm, impairment or death of a patient or resident, or the likelihood for such, and there continues to be an immediate risk of serious injury, harm, impairment or death of a patient or resident unless immediate corrective action is taken.

Complaints/FRI's

Examples of intakes that are assigned this priority include, but are not limited to, the following:

- All intakes alleging abuse of a resident/patient/client that involve serious injury, harm, impairment, or death of a resident/patient/client or likelihood for such, and it is uncertain that they are adequately protected.

- For nursing homes, all intakes where a resident was discharged to an unsafe setting, or in a manner that place the resident at risk for serious harm (e.g. the resident still has medical needs, but they cannot be supported in the setting they were discharged to).

Complaints/FRI's

Non IJ High

Intakes are assigned a "high" priority if the alleged noncompliance with one or more requirements may have caused harm that negatively impacts the individual's mental, physical and/or psychosocial status and are of such consequence to the person's well-being that a rapid response by the SA is indicated.

Complaints/FRI's

Non IJ Medium

Complaints are assigned a "medium" priority if the alleged noncompliance with one or more requirements caused no actual physical and/or psychosocial harm but there is the potential for more than minimal harm to the resident.

Facility reported incidents are assigned a "medium" priority if the alleged noncompliance with one or more requirements caused no actual physical and/or psychosocial harm but there is the potential for more than minimal harm to the resident(s) (Severity Level 2) and the facility has not provided an adequate response to the allegation or it is not known whether the facility provided an adequate response.

Complaints/FRI's

- Complaints are more important than ever when determining what type of survey, you will receive. (RBS or Standard)
- Well over 50% of complaints are called in by other healthcare providers.
- Most complaints could and should be handled at the facility level.
- If BFS receives a complaint, we must investigate.

Bottom Line

- If you are on the qualified list for an RBS, complaints will disqualify you.
- So, do not let the complaint come to BFS.
- Believe it or not, it is your choice most of the time.

Grievance Process

- Unresolved Grievances become complaints.
- Strengthen your Grievance Process.
- Highlight the process throughout the facility.
- Have multiple locations for grievances to be turned in.
- Most important part of a grievance is a timely response; you must respond in writing.
- All staff should promote the process.
- Also, earn the trust of your residents and families by staying true to your word.

Complaints/FRI's

Things to Consider

- Special focus on the facilities Grievance Process.
- Send flyers/letters to families and hand them to residents.
- Takes grievances seriously, building trust with residents and families.
- Continue to follow through to ensure the issue has not recurred.

Provider Grievance Process

- Just a suggestion, not regulatory.
- Remember, well over 50% of complaints come from other providers (Hospitals, Hospice, Dialysis, Wound Clinics, other Physicians, EMT's).
- Really consider creating a provider complaint/grievance outlet.
- Ensure that there is someone on the other end of the phone line. If there is no answer, BFS or APS is the very next call.

Questions?

Past Non-Compliance

Best Practice

- Self identify and create a Plan of Correction
- Include all elements of a POC
- Include a compliance date
- Complete audits and review in QAPI
- PNC is determined by the surveyor during survey.

Elopements

Are elopements reportable? This is not a yes/no answer.

- Appendix PP, does not list elopements as reportable.
- Its is reportable only if the elopement happened due to a facility failure.
- Example, resident is assessed/care planned as an elopement risk and failed to implement interventions.
- Example, resident is wearing a wander guard and the doors failed to alarm or staff failed to provide timely response to the alarm.

Questions?

Top 10 Citations

Top 10 Citations in Idaho

- F641 - Accuracy of Assessments
- F656 – Develop/Implement Comprehensive Care Plan
- F657 – Care Plan Timing and Revision
- F684 – Quality of Care
- F695 – Respiratory Care
- F755 – Pharmacy Services/Procedures/Records
- F760 – Significant Med Errors
- F761 – Label/Store Drugs and Biologicals
- F812 – Food Procurement/Prepare/Serve-Sanitary
- F880 – Infection Prevention & Control

F641 – Accuracy of Assessments

- Mostly related to the MDS.
- PASARR, this is a domino effect.
- Missing diagnosis on MDS

Top 10 Citations

F656 – Develop/Implement Comprehensive Care Plan

- Not following the care plan. Example, 2-person transfer completed by 1-person.
- Fall interventions listed in the Care Plan but not in place. Example, fall mat and bed in lowest position while in bed. Care giver removed the fall matt to transfer and did not put in place after cares were completed.
- DME and assistive devices not included in the Care Plan.

F657 – Care Plan Timing & Revision

- Not completing care conferences timely or at all in some cases. Not including the resident or representative in Care Plan review.
- Not revising Care Plans with current goals. Not revising Care Plans when interventions are needed or no longer required.

F684 – Quality of Care

- Not following physician orders.
- Not following Bowel Protocols. (most common)

F695 – Respiratory Care

- Not following lpm ordered by the physician.
- Not cleaning or storing equipment properly, common example would be a CPAP.

F755 – Pharm Srvcs/Procedures/Records

- Medications marked as unavailable, delay in ordering and receiving Medications.

F760 – Med Errors

- This citation speaks for itself.

F761 – Label/Store Drugs and Biologicals

- Expired medication
- Medication not labeled or dated
- Missing refrigerator temps
- Lock box in the med refrigerator must be permanently affixed.

Top 10 Citations

F812 – Food Procurement, Store/Prepare/Serve-Sanitary

- Expired food
- Undated food items
- Hand hygiene
- Kitchen cleanliness

F880 – Infection Prevention & Control

- Proper hand hygiene before, during, and after cares, including wound care.
- Placing wound care equipment/supplies on a residents' bed or bedside table without a barrier.
- Not following PPE protocols for EBP.

The End

Thank you