NOTES FROM THE DIRECTOR

Hello Everyone,

I hope this article finds everyone well, and looking forward to spring. Hopefully, the rainy, snowy, and chilly days are almost behind us. I want to clarify a few questions that we have had about various topics during our training sessions in November 2017 regarding the Federal regulations and also provide an update on clarification received from CMS on Life Safety Code regulations for certified nursing facilities.

Let’s start with the Life Safety Code clarification. We have received updated guidance from CMS regarding the storage of aerosols and other combustibles. We will not be citing the laboratory tag in the future related to storage of aerosols and combustibles, unless these items are stored inappropriately in a LABORATORY in a certified nursing facility.

A few cans of aerosols and other combustibles stored here and there about the facility to be provided for resident/staff use will not be considered an issue. The facility is considered the resident’s home, and a normal home would have some cans of hairspray, shaving cream, deodorant, etc. stored in it. If you are storing VERY LARGE quantities of these items that may be considered hazardous in one storage room (room has to be larger than 50 square feet to be considered a storage room), that room must be sprinklered, and have a self-closing device on the door.

I hope this provides some clarification regarding concerns about having a few cans of various items stored in different locations about the facility for resident and staff use. I know that some of you would like guidance that specifies exactly how many cans of aerosols and combustibles can be stored in the same area, but to my knowledge that guidance does not exist. Please try to keep it to a reasonable number for staff use and to provide to residents, and if you decide you need a storage room greater than 50 square feet to be filled with aerosols and combustibles, just make sure the area is sprinklered and has a self-closing device on the door.
Now, I will cover a few questions from our last two 2-day training sessions regarding regulatory requirements, and will try to include a few questions and answers in each month’s newsletter.

QUESTION: If it is an in-house transfer such as a room change, do you have to give a 30-day notice prior to the room change?

ANSWER: No. You must however, provide notice to the residents whose rooms are changing, in writing, as soon as practicable in advance of the room change, and provide the reason for the room change.

QUESTION: When the interpretive guidance talks about screening of potential residents for admission at the abuse/neglect section of the regulations, does this mean you have to do background checks of potential admissions?

ANSWER: No. Screening potential admissions would be for the purpose of determining what the potential residents’ care needs are, physical and psychosocial, to ensure that your facility has the resources and appropriately trained staff to meet the resident’s care needs. Screening of potential admissions is part of a comprehensive abuse/neglect prevention program, as admitting people for whom the facility cannot meet their needs can lead to potential neglect or possibly even abuse due to staff frustration. The requirement for background checks relates to screening of potential employees and others who have significant contact with residents in efforts to prevent abuse/neglect/misappropriation.

QUESTION: If you get a phone call and all they say is abuse/neglect/exploitation is occurring, and just give the name of the alleged perpetrator with a statement such as “I know that ______ is being mean to the residents.” and no other information, do you still start an investigation?

ANSWER: Yes. An allegation has been made, and you do need to investigate it. The regulations require a thorough investigation of all allegations of suspected abuse, neglect, and misappropriation/exploitation. It would be a good idea to train staff to try and get all information possible and ask follow-up questions when you have an anonymous caller, as this may be the only opportunity to get information from that person. Staff need to know to ask questions such as is there a particular shift, wing or unit that these things are
occurring? Can you give me names of other staff or residents I could interview about this? Can you give some details about how this person is mean? Is the abuse physical or verbal/mental abuse? Can I have a phone number or email to contact you if I have more questions?, etc. While we understand that it is more difficult to investigate when you only have a general allegation and an alleged perpetrator name, it is still important to try and determine if there is validity to the allegation in an effort to prevent further abuse/neglect or even to address and defuse a situation in your facility that may lead to future abuse/neglect. For example, there may be a staff person who has not yet been abusive, but is stressed and burned-out and may be speaking in an angry or harsh tone to residents. This is the type of thing a facility should address as part of an effective abuse/neglect prevention program.

QUESTION: Is it acceptable to use “I” care plans? For example, “I would like to rise for breakfast at 9:30 am daily”.

ANSWER: Yes. A facility may use any format of care plan that works for your facility. The key is that your plan of care be based upon a thorough and accurate assessment to determine residents’ needs, preferences and the possible root causes of concerns identified. Goals and interventions should be person-centered. And, staff who provide the care should be knowledgeable and trained as to the care the plan says should be provided to the resident.

QUESTION: Do we have to have a doctor’s order for alcohol if a resident requests alcohol, i.e., wine with dinner?

ANSWER: No, but if your facility policy requires it, then staff should follow the facility policy. If you have concerns regarding drug/alcohol interactions, you should discuss with your pharmacist if it would be okay for a resident who is on particular medications to partake of reasonable amounts of alcohol and document this discussion in the medical record. However, it should be noted that if the resident is competent to understand risks/benefits of the alcohol use and these have been explained to the resident and this has been documented in the medical record, and the resident wishes to have that glass or two of wine, then the resident’s preferences should be taken into account, consistent with the concept of person-centered care.
QUESTION: Is it suggested to re-screen employees after a period of time?

ANSWER: There is no requirement for screening of employees except prior to employment. However, if you should become aware of information that leads you to believe an employee who was previously screened now has some type of finding by a court of law or finding against a license related to abuse/neglect/misappropriation that would prohibit employment in a nursing home, it would be prudent and appropriate to re-screen in an effort to prevent abuse/neglect/misappropriation in your facility.

I hope these answers have been helpful to you, and we will continue to answer questions received to the extent possible in each newsletter. Thanks for all you do!

Sandra Houchen, Director

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