

LNHA Agency Liaison Virtual Meeting | Minutes

February 8, 2022 | 10 a.m. | Virtual Meeting Via Zoom

<p>Committee members: Jamie Shelton (Central Management), Steven Boulware (Priority Management), Scott Broussard (TrustCare Management), Jeff Burch (Inspired Healthcare Management), Phyllis Chatelain (Lakeview Manor), Myles Holyfield (Legacy Management), Andy Hughes (Pathway Management), Branden LeBlanc (Diversified Healthcare), Stephanie Marriott (Priority Management), Marcus Naquin (Hammond Nursing Home), Tanya Procell (Provider Professional Services), Dawn Rogers (Central Management)</p> <p>Absent: Dale Hewitt (Senior Village), Jack Sanders (TrustCare Management), Mike Scanlan (Pathway Management)</p>	<p>Staff members present: Mark Berger, Wes Hataway, Karen Miller</p> <p>Guests present: J. Michelle Lewis (LDH Long Term Care Supervisor), Alisa Morris (LDH Legislative Liaison Program Manager), Michael Mire (Nurse Aide/Direct Service Worker Registry RN Program Manager), Darren Guillory (Operations Manager Health Standards), Venetra Holiday (LDH Emergency Preparedness Program Manager), Ash-Leigh Garcia, RN (Nurse Aide/Direct Service Worker Registry Program Manager), Lisa Burt (LDH Field Operations Supervisor)</p>
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LNHA Agency Liaison Committee Chairman Jamie Shelton welcomed the Louisiana Department of Health (LDH) representatives and thanked them for attending the meeting.

- Emergency Preparedness
 - **Must all exercises be “unannounced?”**
All exercises must be unannounced. LDH referenced [State Operations Manual](#): Clarification: Appendix Z; tag E-0039 (page 85). See below.

Variability in Requirements

For inpatient providers (inpatient hospice facilities, PRTFs, hospitals, LTC facilities, ICFs/IID, and CAHs): The types of acceptable testing exercises are expanded. Inpatient providers can choose one of the two annually required testing exercises to be an exercise of their choice, which may include one community-based full-scale exercise (if available), an individual facility-based functional exercise, a mock disaster drill, or a tabletop exercise or workshop that includes a group discussion led by a facilitator.*

***NOTE:** For LTC facilities, while the types of acceptable testing exercises was expanded, LTC facilities must continue to conduct their exercises on an annual basis.

Facilities must conduct exercises to test the emergency plan, which for LTC facilities also includes unannounced staff drills using the emergency procedures.

As a reminder, if a facility activates their emergency plan due to either a natural or man-made event, the facility is exempt from the next required full-scale community-based or individual, facility-based functional exercise as stated in CMS memo [QSO-20-41-ALL](#).

- **Does an in-service staff meeting qualify as a “drill” or “table-top” exercise?**
According to CMS memo [QSO-20-41-ALL](#), a drill is a coordinated, supervised activity

usually employed to validate a specific function or capability in a single agency or organization. Click [here](#) to view the LDH Emergency Preparedness for Providers web page.

- **What documentation is required to prove the completion of an exercise?**

Ideally, the facility should document the exercise using the CMS “Health Care Provider After Action Report/Improvement Plan” template found [here](#) on the CMS website.

- **What are some current trends or findings in recent surveys related to emergency preparedness?**

From January 2021 to February 2022, the following tags from [E-0020](#) were found most frequently: 1) citations related to not making adequate transportation arrangements and 2) citations related to not immediately notifying the resident's next of kin, guardian or custodian. These tags were not cited too often – four for each issue in the timeframe mentioned above. In addition, LDH noted that five citations were issued due to providers failing to follow policies for evacuations related to resident assessment and transportation.

- **A committee member inquired about a checklist template that a surveyor used during a recent inspection. The member requested the template but was denied a copy.**

LDH noted that surveyors utilize a checklist created by LDH that serves as a helpful reference combining federal and state regulations into one checklist. LDH noted that it is an internal document and is not meant to be shared.

LDH stressed that facilities already have access to all information contained in the internal checklist as the information is taken straight from the federal and state regulations.

- **Reporting of Abuse and Neglect**

- **What are the timelines for reporting abuse and neglect? Which incidents should be reported within two hours of the event?**

Per the State Operations Manual, if the event causes an allegation of abuse, the facility must report it immediately, no later than two hours at the time the allegation was made. LDH noted that this timeframe is “actual hours” and not business hours.

- **Which incidents should be reported within 24 hours?**

If the incident does not result in abuse or serious bodily injury, it must be reported no later than 24 hours to the administrator, state agency and other authorities necessary.

- **Abuse definition**

The definition of abuse is found in the CMS State Operations Manual Appendix PP under [F600](#).

- F600 defines abuse as *“the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.”*

If no physical contact was made, LDH says perhaps it is not reportable but the facility should make that determination.

- Does the Brief Interview for Mental Status (BIMS) score of the residents involved factor into the reporting requirements?

Although the requirement does not identify the BIMS score to be a required component, it is viewed as pertinent findings of a thorough investigation to determine whether appropriate actions were taken by the facility to protect the residents and prevent further occurrences. In addition, each self-report is reviewed by the program desk. The BIMS score is one of many factors that is considered to help determine whether an on-site survey is warranted.

- If an incident does not result in injury and there was no intent to injure, must it still be reported?

The nursing facility must make this determination based on regulation requirements that define intent, pain and mental anguish. The facility should take into consideration the totality of the incident.

- Are there additional state regulations for reporting in addition to F600?

In addition to [F600](#), there are requirements in reporting abuse and neglect under the [LDH State Minimum Licensing Standards](#). These regulations are in line with federal regulations.

- What are some current trends or findings in recent surveys related to abuse and neglect reporting?

From August 2021 to February 2022, the following tags were found most frequently:

- [F609](#) reporting allegations of abuse, neglect, exploitation or mistreatment tag was cited 28 times. This citation is written when a nursing facility staff observes or hears an incident or witnesses a resident-to-resident incident and does not communicate it to upper management.
- [F600](#) Free Abuse And Neglect tag was cited 21 times.

- LDH noted an increase in abuse, neglect and misappropriation reports and referrals in the Statewide Incident Management System (SIMS). From March 2021 through November 2021, out of the 70 referrals, 17 were regarding temporary nurse aides (TNAs). Two TNAs became CNAs after they were terminated from their original facilities. From those referrals, 10 were classified as verbal abuse, one was classified as mental abuse, six were classified as physical abuse, one was classified as misappropriation and three were classified as neglect.

LDH reminded members to select “DSW” when referencing a TNA in an incident report in the SIMS.

- Will a facility receive a deficiency even if it reports an incident of abuse timely and takes corrective action?

Per CMS regulations in the State Operations Manual, if an incidence of abuse occurred, the facility should be cited even if corrective action has been taken.

- Temporary Nurse Aide (TNA) Testing

- Please provide an update on the TNA-CNA pathway (number of students registered for CNA testing, testing completed, the time between training and testing, etc).

LDH is addressing the timeliness concerns regarding testing. LDH reminded members that there are several items in place that were created to assist and improve scheduling issues, such as 1) the ability to request a test date in advance of training completion; 2) the nursing facility is able to become an in-facility test site; and 3) the facility can request a test date as far in advance as desired.

LDH noted that nursing facilities are submitting TNAs for approval but they are submitting them under the wrong code, which skews tracking and data. The specific code is sent in the TNA approval email.

Mr. Berger noted that LNHA requests more detailed information on the frequent issues so LNHA can include the information in a memo. A member requested the TNA protocol training seminar presented by LDH. LDH has not conducted a training seminar specific to TNA protocol; however, the TNA to CNA Transition [web page](#) has valuable information. LDH noted that there is a 2020 [PowerPoint](#) posted on the website that provides general information regarding Prometric's scheduling and testing processes..

LDH requested data on wait time from Prometric after the Agency Liaison meeting. Below are the latest Prometric call center stats as of February 14, 2022. Prometric will typically experience high volume around the December holidays that continues through January.

	December 2021	January 2022
Calls Offered	726	816
Calls Answered	562	588
Calls Abandoned	164	228
Average Speed of Answer (in seconds)	381	560
Average Talk Time	7	22

- **What can be done to address the timeliness of testing after training?**

The completion of training and testing timeframe averages approximately 14 days, but this data reviews "application completion," not "training completion." LDH reminded members that an application needs to be accompanied by payment or it is considered incomplete. Prometric does not have access to a quick report that shows that data. LDH noted that Prometric is contracted to stay between a certain timeframe so it is in its best interest to provide swift service.

- **Pass/fail rates on TNA Test**

Through November 2021, TNAs had the following pass rates: 53% clinical pass rate and 68% written/oral pass rate. Retake pass rates were 65% for clinical skills test and 41% for written/oral test.

Prior to the public health emergency and the allowance of the TNA program, the average pass rate for nursing facility programs was approximately 80%, which was the highest of all programs.

LDH noted that there are a lot of resources and information on the LDH Prometric [web page](#), including [practice tests](#), a clinical skills [checklist](#) and an updated [study guide](#), which is precisely what the evaluator uses when they watch the candidate perform their skills.

TNA students should reference [4yourCNA.com](#) as it may be a helpful, free resource.

The eight-hour online TNA course should not be the student's only theory training because the student may retest often and does not have to watch the course.

LDH reminded members that if a TNA is certified, the TNA does not have to take the online training as it is just a tool. There is no mechanism to ensure the full eight hours have been viewed and the student can retake the test many times.

- COVID-19

- [What guidance have surveyors received regarding the COVID-19 vaccine mandate?](#)

LDH referenced [QSO-22-09-ALL](#) as it is the guidance surveyors reference. They referenced the training available on the CMS Quality, Safety & Education Portal (QSEP) [website](#). CMS recommends accessing QSEP in Google Chrome. On February 14, 2022, LDH will follow CMS' mandate to begin surveying for compliance with the staff vaccination memo (see [Long-Term Care and Skilled Nursing Facility Attachment A](#)).

LNHA inquired about the surveyor vaccination policy and any additional precautions for exempt people. LDH is working on its policy and should have it before too long.

According to CMS memo [QSO-22-10-ALL](#), nursing facilities are not permitted to ask surveyors about vaccination status as a condition for entry. Surveyors will comply with standard screening practices, such as asking about COVID-19 signs and symptoms, taking temperatures, etc.; however, surveyors are not required to disclose their vaccination status. Surveyors will continue to follow CDC recommendations, including face mask use, social distancing and hand hygiene while conducting surveys.

- [What are some common issues cited during infection control surveys and traditional surveys? Please provide any observations and trends.](#)

LDH noted the following tags:

- From August 2021 to February 2022, the F880 infection control tag was cited 40 times.

That tag includes the following issues:

- Proper hand hygiene: prior to, during or after a residents' care, improper use of PPE, no gloves when delivering food, etc.
 - Isolation requirements failure: not posting the proper signage, which prevents staff from being aware of resident's COVID-19 status. Also, not having the proper personal protective equipment (PPE) available outside the resident's room.
 - Development of the implementation of the care plans.

- LDH introduced LDH Emergency Preparedness Manager Venetra Holiday as Malcolm Tietje's replacement.

LDH Emergency Preparedness Manager Venetra Holiday encouraged members to email Venetra.Holiday@la.gov for MSTAT user access as needed.

- Where is the state as far as catching up with recertification surveys?

LDH is in the process of completing the recertification survey backlog and plans to finish the project at the end of May.