

8-5-25 Weekly Clinical Update

I received this message from Courtney Bishnoi this week that I want to share with everyone. We have shared the value of this resource for your facility, but sure wanted to share again. The information in this forum is absolutely invaluable.

The Long Term Care National Infection Prevention Forum (NIPF) was established in 2023 as part of a grant from the CDC Project Firstline. This forum was created to give Long Term Care Infection Preventionists a place to gather and build a network, as well as share information and resources. While LTC-based Infection Preventionists are the primary audience, the forum is open to others including nurses, administrators, as well as public health officials.

Below are just a few benefits members find helpful:

- Association for Professionals in Infection Control and Epidemiology (APIC) and Center for Disease Control (CDC) subject matter experts are available to provide education and address timely and difficult questions Infection Preventionists are facing in the communities.
- Designated threads for Hot Topics and Ask the CDC Expert to increase public knowledge and awareness along with a library of resources developed for the forum or shared by participants.
- Networking opportunities to connect with influential leaders and public figures that impact in the infection control and aged care communities.

Please help us spread the word about this forum by sharing this information with your members. For more information, visit [National Infection Prevention Forum \(NIPF\)](#) or contact Cathy Ciolek cciolek@ahca.org.

As you have all heard, CMS issued the FY25 Skilled Nursing Facility Prospective Payment System Final Rule last week. It is certainly good news and bad news...as frequently happens these days. The net market basket index is a net 4.2% increase in PPS payment.

BUT, in the rule, as proposed, CMS expanded the penalties that can be enforced allowing for more per instance and more per day Civil Money Penalties (CMPs) to be imposed, even allowing both types of penalties to be imposed, not to exceed statutory daily limits. Both CMS and States will have authority to impose both per day and per instance CMPs for noncompliance IN THE SAME SURVEY.

Additionally, CMS or the State could impose multiple per instance CMP to address noncompliance that occurred in the or prior to the survey and a per day CMP that begins at the start of the survey and continues until the facility has corrected the noncompliance.

Still more, CMS or the State could impose multiple per instance CMPs when the same type of noncompliance is identified on more than one day. CMS or the State can impose CMPs for the number of days of previously cited noncompliance since the previous three standard surveys for which a CMP has not yet been imposed. The CMP enforcement updates go into effect October 5, 2024...this year.

Okay. So we knew it was coming, what can we do about it. The immediate answer is to avoid noncompliance all together...right? Well, we all know that while caring for real people, cared for by real

people, perfection should not be the goal. Of course, the goal is to provide the highest level of care at all times, but residents didn't live in a perfect world before they moved into your homes, and they don't live in a perfect world now. Stuff happens.

More CMPs are issued for IJ level of deficiencies than ever before. And that statistic will only increase. CMS Appendix Q defines Immediate Jeopardy as "a situation in which the provider's noncompliance with one or more requirements of participation has caused **or is likely to cause**, serious injury, harm, impairment or death to a resident or patient". A failure in one or more of these areas usually causes most IJs: managing operations and staff; planning delivery of care & services; implementing care plans correctly.

Here are some suggestions for facilities to avoid IJ's.

- Close oversight of day-to-day activities
 - Active management
 - Regular rounds
 - Direct engagement with staff and residents
 - Incident review
 - Daily review of incidents and near-misses to identify patterns and root cause with immediate, timely interventions
- Regular training and education of both residents and staff
 - Staff training on policies, procedures, best practices, especially but not limited to: infection prevention and control, fall prevention, elopement risk preventions, & emergency responses
 - Competency assessments: the facility MUST know that the staff know how & when to provide necessary cares to all residents
 - Resident and family training on expectations of family members & residents, mission of facility, grievance processes, resident rights, and very importantly...resident & family satisfaction
- Adherence to CMS Rules of Participation
 - Stay updated by regular review of facility policies to align with CMS regulations
 - Mock surveys: conduct internal mock surveys to prepare the staff for actual inspections and identification of areas needing improvement
- Effective communication
 - Provide clear protocols
 - Involve residents and family involvement
- Use technology
 - Monitor systems including EMR to track compliance and identify potential risks
 - Data analysis to monitor trends and outcomes to address issues proactively
- Risk management
 - Regular audits of high-risk areas such as medication management, infection control, and resident safety
 - ROOT CAUSE ANALYSIS performed when an incident occurs, perform RCA to understand "why" it happened & how to prevent recurrence
- Foster a culture of safety

- Empower staff to encourage staff to speak up about safety concerns without fear of reprisal or retribution
- Continuous improvement to encourage staff to seek out and implement best practices