10-20-2025 Weekly Clinical Update

As the Federal shutdown continues with media reporting “no end in sight”, standard surveys are on hold. This situation makes it even more important for facilities to continuously monitor the care & services themselves. And that can and should be occurring through the facility’s Corporate Compliance Plan and measures.

Corporate compliance refers to the systems and processes that ensure a nursing home adheres to federal, state, and local regulations, ethical standards, and internal policies. It encompasses everything from billing practices and resident rights to staff training to quality care monitoring and monitoring for data privacy.

As defined by regulation, the facility’s compliance program should include:

- A designated Compliance Officer or team
- Written policies & procedures
- Ongoing staff education
- Internal audits & monitoring
- Mechanisms for anonymous reporting
- Corrective action plans

Components of key areas to monitor include:

- Billing & reimbursement
    - Ensure accurate coding & documentation for Medicare/Medicaid claims
    - Monitor for duplicate billing, upcoding, or services not rendered
    - Validate MDS accuracy & alignment with care plans
- Resident Rights & protections
    - Track grievances & ensure timely resolution
    - Monitor for signs/symptoms of abuse, neglect, exploitation & mistreatment
    - Ensure informed consent & autonomy in care decisions
- Staff training & competency
    - Verify completion of mandatory trainings…all 13 of them
    - Monitor competency assessments for clinical & behavioral health staff
- Quality of care & clinical outcomes
    - Audit care plans for person-centeredness & regulatory alignment
    - Monitor psychotropic medication use, restraint practices & fall prevention activities
    - Track QAPI metrics and adverse event trends
- Behavioral health & trauma-informed care
    - Ensure staff are trained in trauma-informed approaches
    - Monitor behavioral health documentation & psychotropic stewardship
    - Track survey readiness for schizophrenia & PASARR compliance
- Data privacy & HIPAA
    - Audit access logs & data sharing practices

    - Monitor for breaches or unauthorized disclosures
    - Train staff on secure documentation & voice-to-text protocols as appropriate
- Workplace culture & ethics
    - Track anonymous reports & whistleblower protections
    - Monitor retaliation risks & staff morale
    - Promote ethical decision-making & leadership accountability
- Regulatory changes & survey readiness
    - Stay current with CMS updates, state-specific mandates & enforcement trends
    - Monitor implementation of new regulations (e.g., CareCompare freezes, changes in 5-star determinations, staffing mandates, revisions to Appendix PP)
    - Use structured audit tools & mock surveys to assess readiness

Corporate compliance is not a one-time task, it's a dynamic, organization-wide commitment. By monitoring the right areas and empowering staff with tools and training, nursing homes can foster a culture of accountability, improve resident outcomes, and stay ahead of regulatory risks.

A plan format may be implemented for quarterly audits, annual risk assessments or survey readiness binders and may include:

Section 1: Facility Information/demographics

Section 2: Compliance Program Structure

a. Corporate Compliance policies & procedures
b. Designated Compliance Officer & committee defined responsibilities
c. Annual mandatory Corporate Compliance training completion for all staff
d. Anonymous reporting mechanisms
e. Non-retaliation policy for reporting concerns

Section 3: High Risk Operational Areas

a. Accurate MDS coding
b. All MDS entries supported by clinical documentation
c. All ICD-10 codes validated
d. Section GG reflect reality & not inflated
e. Billing & claims meet requirements
f. Reconciliation of supplemental payments
g. Audits to ensure Part D plans not billed for drugs that are facility's responsibility
h. Review of cost reports
i. Related-party costs do not exceed price of comparable services in open market
j. Therapy services medically necessary & properly documented (Triple Check)

Section 4: Quality of Care

a. Preventable rehospitalization audits
b. Use of psychotropic medications compliant with regulatory guidelines

c. Resident Rights/Grievances
d. Infection Prevention & Control processes reviewed
e. Accuracy of reported falls including training on reporting requirements
f. HIPAA & Confidentiality
g. Staffing hours reconciled routinely
h. Prevention of ANE including auditing background check compliance
i. Emergency power systems

Section 5: Documentation & Reporting

a. Incident reports audited for timeliness & completion & accuracy & corrective action plans tracked until goals met
b. Compliance Committee includes reporting domains of: clinical documentation (falls, infections, pressure injuries); MDS assessments; PBJ staffing reports; Quality Measures & QRP; Survey incident reporting; financial & billing reports; emergency preparedness & life safety; corporate compliance logs (grievance, abuse allegations)

Section 6: Compliance Procedures

a. All audit findings reported to Compliance Committee
b. Audit records retention policy
c. Audit clinical policies & procedures are reviewed & approved by Medical Director of facility

This short “reprieve” from standard surveys is the very opportunity every facility has to survey themselves, identify potential areas of improvement, and implement action plans. It’s the right thing to do all the time, but especially at this time.