**November Reflections**

**IT'S OVER!!! THE SHUTDOWN IS OVER AND ALL THE GOVERNMENT WORKERS ARE RETURNING TO WORK. WE CAN EXPECT NORMAL SURVEY (OR CATCHUP) SURVEY ACTIVITY TO RESUME SHORTLY!**

**FROM AHCA:**

AHCA has updated their #GetVaccinated webpage with updated vaccine recommendations for the long term care 2025-2026 respiratory season.

As part of that process we've updated 3 documents that were previously released. You will find these under the "Infection Prevention Hot Topics" drop down menu on the website and I've attached them here so they are updated in the NIPF library.

As a reminder- beyond the discussion via email there is a wealth of information and documents available in the online connect community you can access via Dashboard

Thank you all for the great work you do everyday helping your residents.

**FROM AHCA:**

We are excited to announce the launch of a new educational webinar series: AHCA Education: Optimizing Operations, now available on ahcancalED.
This three-part series is designed to help organizations strengthen their operational performance through better process design, workflow management, and continuous improvement strategies. Whether you're a facility administrator, department manager, or quality improvement professional, this resource offers practical tools to elevate your day-to-day operations.
Webinar Series Overview:
AHCA/NCAL members can access all three webinars on-demand:

1. **Designing Effective and Efficient Work Processes – *Available Now!***
2. Managing Processes for Optimal Results – *Coming Soon*
3. Evaluate, Improve, and Excel – *Coming Soon*

Each session includes real-world exercises using F812 Food Procurement as a case study, guiding participants through a systematic approach to operational excellence that supports survey readiness and regulatory success.
Why This Matters

- Learn how to build and refine work processes that drive performance.
- Gain insights into managing workflows for consistent results.
- Explore strategies for evaluating and improving operations over time.

Registration is free for AHCA/NCAL members. To register, log in to ahcancalED using your member credentials and click the green "Register" button at the top of the page. For help, email educate@ahca.org.

**FROM MCKNIGHTS:**

Groups update 2008 infection prevention guideline for nursing homes

Representatives from the Society for Healthcare Epidemiology of America (SHEA), the American Geriatrics Society (AGS), the Pediatric Infectious Diseases Society (PIDS), Association for Professionals in Infection Control and Epidemiology

(APIC), the Post-Acute and Long-Term Care Medical Association (PALTmed) and the Infectious Diseases Society of America (IDSA) have authored updated guidelines that provide recommendations for infection prevention and control (IPC) in nursing home care in the United States.

The guidance provides an update to the 2008 Society for Healthcare Epidemiology of America (SHEA)/Association for Professionals in Infection Control and Epidemiology (APIC) guideline, "Infection Prevention and Control in the Long-Term Care Facility," and follows the process outlined in the 2017 "Handbook for SHEA-Sponsored Guidelines and Expert Guidance Documents." The document highlights contemporary challenges facing the long-term care industry including increased medical acuity of residents, the spread of multi-drug resistant organisms as well as the threat of emerging pathogens.

"Nursing homes should support a culture that prioritizes safety and emphasizes that everyone has a role in promoting infection prevention," authors said. "Successful strategies include engaging frontline healthcare personnel in identifying solutions to ensure IPC practices during resident care, creating a culture of shared accountability for IPC outcomes, educating residents and their families, and supporting the use of innovative IPC improvement activities."

**FROM MCKNIGHTS: Voluntary OIG guidance dictating new nursing home compliance strategies**

While all nursing homes are required to have a compliance program under the Medicare Requirements of Participation, Vega pointed out that the OIG document actually calls for an "effective" compliance program.

Upon audit, providers should be prepared to show that they have implemented all seven compliance areas emphasised in the OIG guidance, including:

- **Written policies and procedures**
- **Appointment of compliance leaders and assigned oversight**
- **Training and education**
- **Effective lines of communications**
- **Enforcement of standards with incentives and consequences**
- **Risk assessments, auditing and monitoring**
- **Responding to detected offenses, with corrective action when necessary**

The OIG guidance broadly aims to weed out fraud, waste and abuse by focusing on quality care and quality of life, Medicare and Medicaid billing, and kickbacks. It also narrows in on key risk areas including related parties, physician relationships and self referrals, and patient privacy and civil rights violations.

While the OIG can audit compliance efforts, its work could launch Department of Justice or Centers for Medicare & Medicaid Services investigations leading to False Claims Act allegations, clawbacks or the use of civil monetary penalties to address deficiencies.

That means nursing homes should be drilling down to find and attack their potential pain points, whether in staffing, infection control, data reporting or beyond. Acts addresses 60 risks in its compliance program; others might average 30, Vega said.

Making compliance efforts effective could begin with a gap analysis, education that aims to fill those gaps — including live training — and self auditing before and after to confirm improvements, said Demasi, corporate director of internal audit for Acts.

"Where we fall apart sometimes is between the action and the response. Are we actually following through the thought process? What are we doing with the information we're collecting?" he asked. "That's where a lot of communities get in trouble: They don't have follow-up action steps."

**Vega said that an audit can go quickly if a nursing home is able to share its plans, prove that those are well understood by employees and that leadership backs robust compliance and risk reporting policies. But failure to take the emerging OIG guidance threat seriously could lead to a corporate integrity agreement.**

**"The worst thing that can happen to you as an organization is to be put into a corporate integrity agreement. This is something else in the OIG arsenal," he said. "Corporate integrity agreements are very expensive, and they last for five years."**

**Vega and Demasi's advice for avoiding that outcome is straightforward: Use external data and trends, internal data and the OIG guidance itself to plan for compliance challenges.**

**"When the government says something is voluntary," Demasi said, "assume you're being 'volun-told' to do it."**

**FROM AHCA:**

New FREE Trainings Added to AHCA Membership include:

- Maintenance Director Training Course
- Immediate Jeopardy Toolkit
- Social Services Webinar
- Optimizing Operations
- Nursing Home Administration Beyond the Essentials
- IPCO (Infection Preventionist Specialized Training
- Infection Prevention & Control for Assisted Living
- Advancing Assisted Living Leadership
- And don't forget the value of the Gero-Nurse Prep Course

**FROM LTC NATIONAL INFECTION PREVENTION FORUM**

Recently Published Guidance published with open access: Multisociety guidance for infection prevention and control in nursing homes | Infection Control & Hospital Epidemiology | Cambridge Core

Abstract: This multisociety guidance was endorsed by SHEA, APIC, IDSA, PALTmed, and AGS. It provides recommendations for infection prevention and control (IPC) in the context of the complexity of nursing home care in the United States: increased medical acuity of residents, the spread of multidrug-resistant organisms, and the threat of emerging pathogens. Recommendations and implementation suggestions address IPC leadership, staffing, and resources, healthcare personnel and residents' adherence to precautions and effective hand hygiene, outbreak preparedness, training, occupational health, cleaning and disinfection in the care environment, and the involvement of IPC in the facility. The guidance also addresses the challenges of maintaining a home-like care space while sustaining necessary IPC measures. The guidance covers the role of regulatory bodies like the Centers for Medicare and Medicaid Services (CMS) and recommendations from the Centers for Disease Control and Prevention (CDC). It should serve as a resource for IPC program leaders in nursing homes who are aiming to enhance infection prevention efforts.

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**FROM MCKNIGHTS**

**Prepare for MDS validation audits as shutdown comes to close: compliance pros**

Skilled nursing providers bracing for yet another audit process should prepare for medical record requests sooner rather than later, especially if the federal government shutdown ends this week as widely anticipated**.**

The Centers for Medicare & Medicaid Services in June updated details on its new Skilled Nursing Facility Validation Program and said it would launch the program in August. All nursing homes using the Minimum Data Set system to assess even a single resident in 2024 and 2025 are eligible for random selection.

"They are scheduled to begin this fall, although it is November already," Jessica Stucin, director of education for MDS Consultants, said on a webinar Tuesday. "We're just awaiting news to see who's going to be first."…

Auditing firm Healthcare Management Solutions, or HMS, is running the audits exclusively, Stucin said, and they will request 10 medical records from providers selected. Those selected providers will be notified through the iQIES platform and given 45 days to respond using specific submission instructions.

Providers who submit all of the records requested will be considered in compliance, while those who do not will be notified of noncompliance and could face a 2% reduction in their annual payment update. Stucin said MDS Consultants has asked for clarification from CMS regarding the audit reduction, and whether that is in place of the typical 2% providers can lose for quality reporting lapses, or if it's in addition to that for a total 4% loss.

Some payment experts have called the new validation effort the "tip of the iceberg" as CMS tries to better understand if its incentive programs are working and whether providers are muddying the data used to assess nursing home quality.

Strategies for success

MDS master teacher Kristine Martinez said it's critical that nursing home teams understand how MDS is being monitored, as well as what documentation will be needed to ensure compliance during the validation audits.

For starters, she noted that entering dashes in the MDS when specific coding information is unknown or not easily determined is increasingly risky. QRP requirements recently increased, allowing CMS to dock providers who do not submit at least 90% of requested data.

"CMS is telling me, telling all of us, you can't scoot out of hitting a QM by putting a dash code in because this is a way to potentially penalize providers for dash coding and thereby eliminating a quality measure from hitting," she said. "Its use does not count toward meeting the annual payment update minimum data completion threshold, and that failure to meet your minimum threshold may result in a 2 percentage point reduction in your SNF's annual payment update. … This is data collection today that's going to impact a payment two years down the road for your Medicare reimbursement."

If information based on several MDS-cued interviews is missing, Martinez suggests digging further. The MDS nurse, for instance, might not realize that therapy is conducting multiple required interviews and that therapy notes may hold the key to finding and inputting key data points.

In addition to missing core reporting elements, providers may also find that the medical records they submit don't support findings reported through the MDS. Those need to be captured correctly the first time.

"You want to have good supporting documentation so that any auditor can come back and look at your record that they're going to request through iQIES and compare it to what you coded on that MDS to make sure that what they see is what you saw, what you saw is what they see," Martinez said. "Supporting documentation is critical."

Stucin also noted it is critical to only send what auditors ask for. They will not want to see patient Social Security numbers, face sheet or records for days outside a requested period.

Average Number of Deficiencies for Standard Surveys in Kansas FY2025 to date posted to KDADS:

175 Facilities
1688 Citations/Tags
9.6 avg/facility

Complaint Surveys FY2025 to date located as posted to KDADS:

97 Facilities
151 Citations/Tags
1.6 avg/facility

Top 10 Deficiencies Cited in Kansas standard surveys FY2025 to date

Most cited resurvey tags

| | | | |
|---|---|---|---|
| 64.0 % | or | 112 | F 880 |
| 52.6 % | or | 92 | F 689 |
| 49.7 % | or | 87 | F 812 |
| 33.7 % | or | 59 | F 761 |
| 33.1 % | or | 58 | F 756 |
| 33.1 % | or | 58 | F 757 |
| 28.0 % | or | 49 | F 657 |
| 27.4 % | or | 48 | F 686 |
| 26.9 % | or | 47 | F 758 |
| 24.6 % | or | 43 | F 849 |

Top 10 Deficiencies in Kansas complaint surveys identified as posted FY2025

Most cited resurvey tags

| | | | |
|---|---|---|---|
| 33.0 % | or | 32 | F 689 |
| 17.5 % | or | 17 | F 600 |
| 8.2 % | or | 8 | F 602 |
| 8.2 % | or | 8 | F 609 |
| 7.2 % | or | 7 | F 610 |
| 6.2 % | or | 6 | F 550 |
| 5.2 % | or | 5 | F 880 |
| 4.1 % | or | 4 | F 726 |
| 4.1 % | or | 4 | F 686 |
| 4.1 % | or | 4 | F 760 |
| 4.1 % | or | 4 | F 580 |

G+ Deficiency Citations for Standard Surveys in Kansas FY2025 to date:

| | G | | | | | | | | G Total | J | | | | | J Total | K | | K Total | L | L Total | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Row Labels | 600 | 689 | 677 | 686 | 760 | 692 | 688 | 697 | | 600 | 684 | 689 | 610 | 697 | | 689 | 584 | | 689 | | |
| NE | | 4 | | 1 | 2 | 1 | | | 8 | 1 | | 1 | 1 | | 3 | 1 | 1 | 2 | 1 | 1 | 14 |
| NW | | 3 | | 1 | | 1 | 1 | | 6 | 1 | | 1 | | | 2 | | | | | | 8 |
| SE | 1 | 3 | | | | 1 | | 1 | 6 | | 1 | | | | 1 | | | | | | 7 |
| SW | | 3 | 1 | 2 | 1 | 3 | | | 10 | | | 2 | | 1 | 3 | | | | | | 13 |
| **Grand Total** | **1** | **13** | **1** | **4** | **3** | **6** | **1** | **1** | **30** | **2** | **1** | **4** | **1** | **1** | **9** | **1** | **1** | **2** | **1** | **1** | **42** |

G+ Deficiency Citations for Complaint Surveys in Kansas FY2025 to date:

| | G | | | | | | | | | | | G Total | J | | | | | | | | | | | | | J Total | K | K Total | L | L Total | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Row Labels | 600 | 684 | 689 | 686 | 725 | 760 | 610 | 692 | 550 | 697 | 726 | | 600 | 689 | 602 | 760 | 610 | 626 | 678 | 742 | 805 | 604 | 740 | 675 | 806 | | 678 | | 689 | | |
| NE | | | 3 | 1 | | | 1 | 1 | | | | 6 | 6 | 5 | 1 | | | | | | | | 1 | | 1 | 14 | | | | | 20 |
| NW | 3 | 1 | 3 | 1 | 1 | 1 | | | 1 | 1 | 1 | 13 | 3 | 4 | | | | | 1 | | | | | | | 8 | 1 | 1 | | | 22 |
| SE | | 1 | | | | | | | | 1 | | 2 | 2 | 1 | | 1 | 1 | | | 1 | | 1 | | | | 7 | | | | | 9 |
| SW | | | 2 | 2 | | | | | | | | 4 | 1 | 3 | | 1 | | 1 | | | 1 | | | 1 | | 8 | | | 1 | 1 | 13 |
| **Grand Total** | **3** | **2** | **8** | **4** | **1** | **1** | **1** | **1** | **1** | **2** | **1** | **25** | **12** | **13** | **1** | **2** | **1** | **1** | **1** | **1** | **1** | **1** | **1** | **1** | **1** | **37** | **1** | **1** | **1** | **1** | **64** |

If I can help you in any way, please feel free to contact me.

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