

November, 2022 Reflections

The Centers for Medicare & Medicaid Services has announced it is increasing its scrutiny of chronically low-performing nursing homes by revising its Special Focus Facility Program. They announced the following changes:

- Making requirements tougher with tougher criteria for successful completion of the SFF Program. A new threshold prevents a facility from exiting based on the total number of deficiencies cited. CMS said there would be “no more graduating from the program’s enhanced scrutiny without demonstrating systemic improvements in quality.”
- More quickly terminating federal funding for facilities that don’t improve. CMS said it will consider all facilities cited with Immediate Jeopardy deficiencies on any two surveys while in the SFF Program for discretionary termination from the Medicare and/or Medicaid programs.
- Increasing enforcement through more severe, escalating remedies that have continued noncompliance and “little or no” demonstrated effort to improve performance.
- Incentivizing sustainable improvements by extending the monitoring period and maintaining readiness to impose progressively severe enforcement actions against nursing homes whose performance declines after graduation from the SFF Program.

Here is the link to the QSO letter: <https://www.cms.gov/files/document/qso-23-01-nh.pdf>

Eli Lilly has made the decision to discontinue old school Glucagon Emergency Kit at the end of 2022. Lilly will be discontinuing the old, red Glucagon Emergency Kit (GEK) in all markets. Note that the generic GEK will still be available from Amphastar Pharmaceutical and they have no plans to remove it from the market. If you currently have the GEK in your E-kit or in your medication storage room, you should get one of the ready-to-use nasal spray (Baqsimi) or auto-injectable glucagons (Gvoke HypoPen or Zegalogue or the Gvoke Kit prefilled glucagon syringe)

Trauma Informed Care is BIG in the new ROP Revisions and implementation of the revisions occurred on October 24, 2022. Trauma Informed Care is an approach to care that requires specific staff competency and a system of care delivery that provides the necessary support to care for residents who may have a history of trauma and suffer from long-term effects of that history. Also included is the trauma of admission to a long term care setting (called “transfer trauma”). There are no fewer than NINE (9) F-tags that cover various aspects of Trauma Informed Care all including the psychosocial outcome severity guide. That fact emphasizes that trauma-informed care is critical to the facility’s survey success and quality care. The nine tags include:

- **F699 Trauma Informed Care:** trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents’ experiences and preferences to mitigate triggers that may cause re-traumatization of resident.
- **F656 Develop/Implement Comprehensive Care Plans**
- **F659 Services provided or arranged by facility must be provided by qualified persons in accordance with each resident’s written plan of care**
- **F740 Behavioral Health Services** encompassing a resident’s whole emotional and mental wellbeing
- **F741 Sufficient/Competent Staff for Behavioral Health Needs** as identified in Facility Assessment
- **F743 No Pattern of Behavioral Difficulties Unless Unavoidable** including avoidance of decreased social interaction and/or increased withdrawal, anger, depressed behaviors
- **F745 Provision of Medically Related Social Services** including history of trauma
- **F949 Behavioral Health Training** as determined by Facility Assessment

Providers should be paying attention to upcoming changes in HIPAA laws that will require attention and some changes in policies and procedures. The first change in health records privacy regulations involving cutting the amount of time a provider has to present requested records from 30 days to 15 days. The second change is the requirement that residents (patients) are allowed to visually inspect (and record) their records. Residents/legal representatives are allowed to take photos of the record and the facility is required to accommodate the request. Along with access to records, each facility must perform authorized distribution. Along with distribution of records, residents and representatives may have many questions about the content of the records and facility staff will need

to be prepared to clarify records when requested. Principles of Documentation take on increased importance and emphasis.

On September 19, 2022, the Office of Inspector General (OIG) updated their January 2022 goals for nursing homes. Per the September OIG update, “Decades of OIG work on nursing homes has uncovered widespread challenges in providing safe, high-quality care. Our audits, evaluations, and investigations have raised concerns regarding staffing levels, background checks for employees, reporting of adverse events experienced by residents, and other issues. Proper nursing home care requires a partnership involving Federal, State, and local entities, the provider community, residents, and their families. To protect residents, OIG continually assesses nursing home performance and oversight, monitors the impact of program changes, and uses our enforcement tools to address misconduct.”

The OIG goals are:

- Protect residents from fraud, abuse, and neglect & promote quality of care
- Promote emergency preparedness & response efforts
- Strengthen frontline oversight
- Support Federal monitoring of nursing homes to mitigate risks to residents

The key takeaways from the 2016 report include: “CMS should take further action to address states with poor performance in conducting nursing home surveys”

Over half of States repeatedly failed to meet one or more performance measures—most commonly, timeliness requirements—for conducting nursing home surveys. CMS relied on corrective action plans, training and informal communication to improve State performance, but these efforts did not always resolve problems; and CMS concurred with many of the OIG recommendations but raised concerns that it has few practical options to address intractable problems in some States.

On November 4, 2022, the White House COVID team held a meeting with professional organizations. The White House COVID team asked the organizations to work with the White House to promote COVID-19 vaccines and boosters, use of treatments, and efforts to improve air quality. The team believes that if all facilities get on board with the initiative, up to 50,000 lives could be saved with 20% of those being residents in nursing homes. This is not the first time government agencies have mentioned air quality, so it is important to pay attention to the initiative. It starts with ensuring that the facility HVAC system is working as it was originally intended to work. They encourage providers to start with low-cost steps that the facility can take through maintenance of the current systems.

AHCA Reminder: SNF QRP Submission Deadline is November 15

The submission deadline for the Skilled Nursing Facility (SNF) Quality Reporting Programs is Tuesday, November 15. This applies to Minimum Data Set (MDS) assessment data and data submitted to the Centers for Medicare & Medicaid Services (CMS) via the CDC NHSN for April 1 – June 30 (Q2) of calendar year 2022. **All data must be submitted no later than 11:59 p.m. on November 15, 2022.**

The list of measures required for this deadline is on the [CMS QRP website](#).

AHCA recommends that providers run applicable Certification and Survey Provider Enhanced Reports (CASPER)/ Internet Quality Improvement and Evaluation System (iQIES)/NHSN analysis reports prior to each quarterly reporting deadline, to ensure that all required data has been submitted.

All QCOR data below is for FY2022

Average Number of Deficiencies in Standard Surveys

Average Number of Deficiencies Report

Region	Average # Deficiencies per Survey by Scope & Severity												# of Surveys
	B	C	D	E	F	G	H	I	J	K	L	Total	
(I) Boston	0.3	0.1	5.0	1.6	0.5	0.2	0.1	0.0	0.02	0.01	0.0	7.8	466
(II) New York	0.2	0.1	3.2	0.9	0.3	0.02	0.0	0.0	0.02	0.1	0.03	4.8	391
(III) Philadelphia	0.1	0.2	4.9	2.0	0.3	0.1	0.0	0.0	0.02	0.01	0.0	7.6	893
(IV) Atlanta	0.1	0.05	3.1	1.0	0.4	0.1	0.01	0.0	0.1	0.1	0.02	4.9	1,404
(V) Chicago	0.1	0.2	4.6	1.3	0.9	0.2	0.01	0.0	0.03	0.01	0.02	7.3	2,175
(VI) Dallas	0.1	0.1	2.2	2.2	0.4	0.04	0.01	0.0	0.03	0.02	0.0	5.1	1,481
Arkansas	0.2	0.2	2.1	3.6	1.1	0.02	0.01	0.0	0.03	0.01	0.0	7.2	168
Louisiana	0.05	0.02	2.2	2.0	0.2	0.03	0.0	0.0	0.02	0.02	0.01	4.5	260
New Mexico	0.03	0.2	4.6	6.4	2.1	0.1	0.1	0.0	0.1	0.1	0.0	13.7	60
Oklahoma	0.02	0.0	1.7	4.0	0.2	0.04	0.1	0.0	0.1	0.04	0.01	6.1	130
Texas	0.05	0.1	2.2	1.5	0.3	0.04	0.0	0.0	0.03	0.02	0.0	4.2	863
(VII) Kansas City	0.1	0.2	4.2	2.2	0.7	0.2	0.01	0.0	0.04	0.03	0.01	7.6	755
(VIII) Denver	0.02	0.04	3.2	1.8	0.6	0.4	0.1	0.01	0.03	0.04	0.04	6.3	362
(IX) San Francisco	0.3	0.04	6.6	3.2	0.7	0.1	0.01	0.0	0.0	0.02	0.02	11.0	664
(X) Seattle	0.1	0.1	7.0	3.3	0.8	0.3	0.02	0.01	0.1	0.1	0.03	11.8	199
National Total	0.1	0.1	4.1	1.8	0.6	0.2	0.01	0.0	0.04	0.03	0.01	6.9	8,790

National FY2022

Citation Frequency Report

National	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Tag #				
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Active Providers=15274		Total Number of Surveys=90651
F0884	Reporting - National Health Safety Network	12,005	28.9%	13.2%
F0880	Infection Prevention & Control	6,772	30.2%	7.5%
F0689	Free of Accident Hazards/Supervision/Devices	5,361	24.8%	5.9%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	4,206	24.4%	4.6%
F0684	Quality of Care	4,168	20.1%	4.6%
F0677	ADL Care Provided for Dependent Residents	3,230	15.2%	3.6%
F0656	Develop/Implement Comprehensive Care Plan	3,131	17.2%	3.5%
F0761	Label/Store Drugs and Biologicals	2,755	15.9%	3.0%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	2,712	13.6%	3.0%
F0609	Reporting of Alleged Violations	2,350	11.9%	2.6%

Oklahoma FY2022-Standard

Citation Frequency Report

State	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Tag #				
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Oklahoma Active Providers=300	Total Number of Surveys=130	
F0812	Food Procurement, Store/Prepare/Serve Sanitary	48	16.0%	36.9%
F0880	Infection Prevention & Control	38	12.7%	29.2%
F0684	Quality of Care	31	10.3%	23.8%
F0677	ADL Care Provided for Dependent Residents	28	9.3%	21.5%
F0656	Develop/Implement Comprehensive Care Plan	27	9.0%	20.8%
F0756	Drug Regimen Review, Report Irregular, Act On	25	8.3%	19.2%
F0689	Free of Accident Hazards/Supervision/Devices	23	7.7%	17.7%
F0758	Free from Unnec Psychotropic Meds/PRN Use	22	7.3%	16.9%
F0755	Pharmacy Svcs/Procedures/Pharmacist/Records	20	6.7%	15.4%
F0657	Care Plan Timing and Revision	19	6.3%	14.6%

Oklahoma FY2022-Complaints

Citation Frequency Report

State	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Tag #				
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Oklahoma Active Providers=300	Total Number of Surveys=386	
F0677	ADL Care Provided for Dependent Residents	47	12.7%	12.2%
F0880	Infection Prevention & Control	30	9.7%	7.8%
F0684	Quality of Care	27	7.7%	7.0%
F0689	Free of Accident Hazards/Supervision/Devices	26	8.3%	6.7%
F0725	Sufficient Nursing Staff	26	8.3%	6.7%
F0755	Pharmacy Svcs/Procedures/Pharmacist/Records	24	6.7%	6.2%
F0600	Free from Abuse and Neglect	22	7.0%	5.7%
F0607	Develop/Implement Abuse/Neglect Policies	19	6.0%	4.9%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	19	6.3%	4.9%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	18	6.0%	4.7%

Overdue Recertification Surveys Report (16 months)
Overdue Recertification Surveys Report

Region	Number of Late Surveys	% of Active Providers
(I) Boston	267	31.8%
(II) New York	451	46.5%
(III) Philadelphia	369	26.8%
(IV) Atlanta	990	36.8%
(V) Chicago	719	21.8%
(VI) Dallas	281	13.7%
Arkansas	9	4.1%
Louisiana	5	1.9%
New Mexico	4	5.9%
Oklahoma	143	48.2%
Texas	120	10.0%
(VII) Kansas City	514	35.4%
(VIII) Denver	138	23.0%
(IX) San Francisco	675	47.2%
(X) Seattle	207	48.1%
National Total	4,611	30.5%

Number of G+ Deficiencies

Deficiency Count Report

Region	Deficiencies by Scope & Severity											
	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	0	0	0	0	0	260	28	2	46	15	6	357
(II) New York	0	0	0	0	0	43	2	0	24	39	23	131
(III) Philadelphia	0	0	0	0	0	213	2	0	43	21	1	280
(IV) Atlanta	0	0	0	0	0	295	46	0	500	168	75	1,084
(V) Chicago	0	0	0	0	0	1,713	42	15	469	118	133	2,490
(VI) Dallas	0	0	0	0	0	265	39	0	284	177	22	787
Arkansas	0	0	0	0	0	7	1	0	19	5	0	32
Louisiana	0	0	0	0	0	23	3	0	15	25	3	69
New Mexico	0	0	0	0	0	27	7	0	11	11	0	56
Oklahoma	0	0	0	0	0	14	20	0	19	15	4	72
Texas	0	0	0	0	0	194	8	0	220	121	15	558
(VII) Kansas City	0	0	0	0	0	321	11	0	145	61	20	558
(VIII) Denver	0	0	0	0	0	286	42	4	22	24	21	399
(IX) San Francisco	0	0	0	0	0	285	22	0	39	51	40	437
(X) Seattle	0	0	0	0	0	209	13	3	26	24	13	288
National Total	0	0	0	0	0	3,890	247	24	1,598	698	354	6,811

G+ Citation Frequency for Region VI

Citation Frequency Report

Region	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Tag #				
Totals represent the # of providers and surveys that meet the selection criteria specified above.		(VI) Dallas Active Providers=2082	Total Number of Surveys=560	
F0689	Free of Accident Hazards/Supervision/Devices	185	6.9%	33.0%
F0684	Quality of Care	102	3.9%	18.2%
F0600	Free from Abuse and Neglect	75	2.7%	13.4%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	68	2.6%	12.1%
F0880	Infection Prevention & Control	56	1.6%	10.0%
F0697	Pain Management	34	1.3%	6.1%
F0580	Notify of Changes (Injury/Denial/Room, etc.)	30	1.2%	5.4%
F0678	Cardio-Pulmonary Resuscitation (CPR)	21	0.9%	3.8%
F0692	Nutrition/Hydration Status Maintenance	17	0.6%	3.0%
F0610	Investigate/Prevent/Correct Alleged Violation	15	0.5%	2.7%