

## NOTES FROM THE DIRECTOR

Hello All,

I hope everyone is having a lovely summer and that you have been able to take a little time off to enjoy the world away from work. Things are still busy, busy, busy at the OIG, and I am sure it is the same for you.

Today, I want to take a moment and update you on a significant change within the OIG. The Cabinet is working to improve provider “on boarding” and recently underwent a reorganizational effort that resulted in the dissolution of the Office of Health Policy and OIG absorbing the certificate of need program. The OIG now has a fourth division, Division of Certificate of Need, under the leadership of our new Deputy Inspector General, Molly Nicol Lewis. Molly’s background is in healthcare law and she most recently served the Cabinet as Executive Director of the Office of Health Policy. We are delighted to have Molly and the CON staff of Laurie Walston, Michele Bushong, Elizabeth Tutt, and Sheena Eckley in the OIG and believe that this move will help us to better coordinate the CON and healthcare licensing programs for our providers.

As some of you may know, Jamie Gitzinger has joined our office, and is now working extensively to improve and expand our Civil Money Penalty Fund Grant Program. One of our goals is to provide some free training from subject matter experts for all certified LTC nursing facility providers on topics of interest to you. Our goal is to find people who can assist providers with concrete and specific tools to help your staff provide the highest quality care and also maintain compliance with regulatory requirements.

We have some ideas for topics, but would love to hear your thoughts and ideas about things for which you would like to have in-depth training. We know the enormity of the task of providing quality care to your residents who are facing so many challenges, and we would love to provide some helpful, high quality, and free training to you through the CMP fund grant program to make your jobs easier. I have enjoyed providing training sessions on regulatory requirements in the past, but I am not a subject matter expert in most fields, and would like for you to benefit from the expertise of someone who has worked in, researched, and studied a particular area of care. So, PLEASE, let us hear from you regarding your needs and desires for training.

Now, on to a couple of questions we have received from providers at past training sessions. It is likely that if one provider has a particular question, other providers may have the same question.

**QUESTION:** What is the requirement for written notice of a roommate change? Does the regulation specifically give a timeframe for notice to be given? On admission, does a resident have to be informed of the roommate’s name or is there any HIPAA violation related to this? If both residents agree to a room change, can written notice be given to both the same day?

**ANSWER:** Per regulation, notice for a room change and/or a roommate change must be given in writing and must be given BEFORE the change takes place. There is no specific amount of time documented in the regulations for giving this notice, but it should be given as soon as possible BEFORE the change takes place. If both residents agree to a room/roommate change, the notice should be given

as soon as possible, but could be given the same day. F559 indicates that written notice with the reason for the change should be given before the change is completed. It would be appropriate to provide a resident with a new roommate's name and could be done through the form of an introduction or any other appropriate method. Providing the roommate's name would not be a violation of HIPAA in the context of introducing one roommate to another. In fact, many facilities have names of residents who reside in a room on the outside of the door. It is certainly appropriate for facility staff to introduce residents to each other and try to provide a smooth transition for both roommates.

**QUESTION:** Can a resident refuse to have a Foley catheter removed, even if there is no medically appropriate need for the catheter?

**ANSWER:** Facilities are not required to, and should not, provide unnecessary or inappropriate medical care, even if a resident requests it.

**QUESTION:** If a resident curses or uses foul language out loud in the room and hallway, is this considered verbal abuse and do you report it each time to OIG?

**ANSWER:** It would not be considered verbal abuse unless the cursing and foul language was directed at another resident in a threatening or intimidating manner and would not be reportable as suspected abuse if the resident is just using foul language in general. However, this type of language on a consistent basis can be distressing to others in the vicinity, and attempts should be made by the facility to work with the resident through assessment and care planning to try and reduce this inappropriate behavior.

**QUESTION:** Is it okay for staff to buy things for a resident with the resident's money if the resident requests, for example, buying fast food items for the resident?

**ANSWER:** There are no regulatory requirements that prohibit this. And, it is certainly appropriate to try and help the resident obtain what he/she wants or needs. Having said that, there have been many instances of reported misappropriation when a resident gives a staff member money or a credit card to buy something for the resident, and the staff member uses the money or card to buy things for themselves also. So, it is important for the facility to ensure they have policies and procedures related to this and that staff understand them. Some facilities require that staff provide the receipts for items purchased to the resident and perhaps even keep copies of those receipts. Other facilities have procedures that only specific staff can use resident money or credit cards to purchase items and records of these purchases are kept. How each facility chooses to work this out is up to the facility, but putting some basic safeguards in place can help to prevent misappropriation of resident's money.

Well, I think I have gone on long enough, so I will end it here until next month. Many of our survey staff and I will be heading to Kentucky Dam Village State Park for the Emergency Preparedness Training on August 1, so hopefully I will see some of you there.

Take care, and, as always, thank you for all that you do on a daily basis.

Sandra Houchen, Director