Survey Trends, Frequently Asked Questions, and SCC Updates

Top 10 NF Tags for 2023

- **F 689- Free of Accidents/Hazards/Supervision Devices**
  - Elopements, Falls, Coffee Burns.
- **F 686- Treatment and Services to Prevent/Heal Pressure Ulcers**
  - Lack of Assessment, Lack of Follow-Up for Declining Wounds, Lack Treatments in Place.
- **F 692- Nutrition/Hydration Status Maintenance**
  - Weight Loss, Lack of Adequate Nutritional Interventions, Lack of Monitoring, Dehydration Without Interventions.
- **F600- Free From Abuse and Neglect**
  - Staff to Resident Abuse (Negative Attitudes Toward Residents), Sexual Abuse, Resident to Resident Abuse,
- **F 684- Quality of Care**
  - Change in Resident Status Without Interventions or Appropriate Response, Lack of Follow Up with Signs/Symptoms of Acute Illness in Residents.
- **F 609- Reporting of Alleged Violations**
  - Staff Failure to Report Witnessed Abuse of Residents (Including Nursing Students), Staff Failed to Identify Abuse Occurred.
- **F 610- Investigate/Prevent/Correct Alleged Violations**
  - Facility Failed to Thoroughly Investigate Allegations of Abuse, Facility Failed to Submit Investigations Within 5 Working Days of Incidents.
- **F 678- CPR**
  - Staff Failed to Start CPR Per Resident Wishes or Started CPR For A Resident With a DNR Status, Staff Unaware of Resident Code Status.

Top 10 NF Tags for 2023 Continued

- **F697 - Pain Management**
  - Facility Failed to Follow Up With Residents Who Reported Pain, Facility Failed to Recognize Residents Increasing Pain, Facility Failed to Recognize the Impact Pain Had on The Resident's Quality of Life.
- **F 726 - Competent Nursing Staff**
  - Staff Failed To Recognize Change in Resident Status, Lack of Follow Up with Signs/Symptoms of Acute Illness in Residents, Nurse Aides Fail to Demonstrate Competency and Skill Sets for Various Tasks, Staff Failed to Provide Care by the Failure to Assess, Evaluate, Plan and Implement Resident Care Plans and/or Respond to Resident Needs.
- **F 740 - Behavioral Health Services**
  - The Facility Failed to Prevent/Treat Mental and Substance Abuse Disorders.
- **F 742 - Treatment/Services Mental/Psychosocial Concerns**
  - Staff Did Not Identify Signs and Symptoms of Residents with PTSD/Trauma/Psychological Distress (Anxiety, Fear, Adjustment Difficulties, Etc.)
- **F 880 - Infection Control**
  - Failure to Perform Hand Hygiene or Change Gloves During Cares,

Nursing Facility Data

- ✓191 Surveys Completed in 2023
- ✓6 Zero Deficiency Surveys
- ✓39 Surveys – G or Higher
- ✓1805 Deficiencies Cited
- ✓59 G or Higher Deficiencies Cited

NF Tags Cited at G+

1/2/2024
10:16:33AM

HEALTH RESURVEY DEFICIENCY DATA
October 1 - December 31, 2023 **TOP 10 G+**

0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	3	33.3%
0689	Free of Accident Hazards/Supervision/Devices	3	33.3%
0684	Quality of Care	1	11.1%
0692	Nutrition/Hydration Status Maintenance	1	11.1%
0726	Competent Nursing Staff	1	11.1%

State Licensed Only Top 10 Tags for 2023

- **3310- Infection Control Policies**
  - Failure to Follow TB Guidelines.
- **3085- Negotiated Service Agreement**
  - Failure to Ensure the NSA Identified Needs and Preferences of Residents, Failure to Describe Services Resident's Received, Failure to Identify Outside Sources of Care (Hospice Provider, Therapy Provider, Etc.), Failure to Ensure the NSA was Developed Based on Information Gathered From the FCS.
- **3211- Over the counter drugs**
  - Facility Nurse/Pharmacist Failed to Place the Full Name of the Resident on Over-the-Counter Medications.
- **3280- Emergency and Disaster Preparedness**
  - Failed to Ensure Annual Evacuation Drills Were Completed, Failed to Complete Quarterly Reviews of Facility Emergency/Disaster Plans With Staff and Resident.
- **5105- Negotiated Service Agreement (Same as 3085 for ALFs)**
  - Failed to Ensure Designated Staff Developed a NSA based on the FCS.
- **3261- Resident Record Documentation of Incidents**
  - Resident Records Lacked Documentation of Incidents and Acute Illness (Wound Care, Falls, Medication Follow Up, Etc.), Which Included Date/Time of Occurrence and Results of Any Actions Taken by the Facility.

State Licensed Only Top 10 Tags for 2023 Continued

- **3092- NSA Revision**
  - Failed to Update NSA With Resident Changes in Condition and/or Every 365 Days.
- **3299- Facility Food Storage**
  - Failure to Document Freezer/Fridge Temperatures, Unsanitary Storage of Foods (Not sealed/Dated).
- **5215- Emergency and Disaster Preparedness Education (3270 ALF)**
  - Facility Failed to Complete Training on the Facility Emergency Plan with Residents and Staff Every Quarter and Include All 8 Topics (Minimum).
- **3026- Staff Treatment of Residents ANE**
  - Failed to Prevent Neglect by the Failure to Use Two Staff for Transfers with a Mechanical Lift, Failed to Protect Residents from Various Allegations of ANE.
- **3101- NSA Signature**
  - Failed to have all required signatures on a NSA.
- **3248- Staff Qualifications Employee Records**
  - Facility Failed to Check the Nurse Aide Registry, State Board of Nursing, and/or Criminal Record Checks Timely or at All.

SLO Data

- ✓338 Surveys Completed in 2023
- ✓106 Zero Deficiency Surveys
- ✓37 Surveys with a G or Higher
- ✓1105 Deficiencies Cited
- ✓39 G or Higher Deficiencies Cited

SLO Tags Cited at a G+

1/2/2024
10:41:15AM

HEALTH RESURVEY DEFICIENCY DATA
October 1 - December 31, 2023 **TOP 10 G+**

TAG			
3026	Staff Treatment of Residents ANE	7	63.6%
3155	Health Care Services	1	9.1%
3171	Health Care Services Standards of Practice	1	9.1%
3200	Facility Administration of Medications	1	9.1%

Staffing Updates

- **Caryl Gill** - Complaint Hotline Coordinator retired at the end of 2023.
- **Frannie Valentine** - Joined KDADS February of 2024 as the new Complaint Hotline Coordinator.
- **Evelyn Lacey** - Retired March 11, 2024, as Regional Manager for the South District.
- **Teresa Edwards** - Started as Regional Manager for the South District.

Staffing Updates Continued

Current Surveyor Positions:

- 29 NF surveyors (22 Onsite Certified Surveyors, 2 Regional Managers, 2 Part Time Staff, 3 Trainees).
- 26 Open NF surveyor positions.
- 6 SLO surveyors (5 Onsite, 1 Quality Improvement Coordinator).
- 2 Open SLO surveyor positions.

Survey Interval Average

- Currently the NH interval average is 18.39 months between surveys.

- Currently the SLO interval average is approximately 18 months between surveys.

Frequently Asked Questions

March 14, 2024

FAQ

I just received an IJ at a NH, what do I do now?

March 14, 2024

IJ Removal/IJ Removal Plans

- The survey team will issue an IJ template in order to clearly and concisely communicate a finding of IJ. ***Use the template to ensure you know what caused the immediacy.***

- The team will request a written IJ removal plan to address the noncompliance that resulted in or made serious injury, serious harm, serious impairment, or death likely. ***Refer to the IJ template as needed and call your RM with removal plan questions.***

IJ Removal Continued

- A removal plan will document immediate actions the facility will take to prevent serious harm from occurring or recurring.

- A removal plan only removes the immediacy, **it does not remove the deficient practice.**

- The removal plan should be sent to the regional manager for your district **as soon as the facility has identified steps it will take** to ensure residents are safe from the deficient practice.

IJ Removal Continued

"Unlike a plan of correction, it is not necessary that the removal plan completely correct all noncompliance associated with the IJ, but rather **it must ensure serious harm will not occur or recur**. The removal plan must **include a date** by which the entity asserts the likelihood for serious harm to any recipient no longer exists."

- SOM, Appendix Q

IJ Removal Continued

The entity's removal plan must:

- Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance.
- Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and **when the action will be complete.**

IJ Removal Continued

Surveyors will confirm that IJ has been removed by **onsite verification** after:

- The facility removal plan is approved by the regional manager and has been implemented in the facility.

Removal of IJ means that:

- Immediate action has been taken by the facility to prevent a serious adverse outcome from occurring or recurring.

<u>This is not the Plan of Correction</u>, which documents steps the entity will take to come into substantial compliance.

SOM Appendix Q

https://www.cms.gov/Regulations-and-guidance/Guidance/Manuals/downloads/som107ap_q_immedjeopardy.pdf

SLO IJ Removal Process

- After the surveyor informs the facility, they have identified an IJ situation they will let the facility know.
- The facility will send an abatement plan to mary.tegtmeier@ks.gov and dawne.altis@ks.gov as soon as possible.
- The surveyor will often stay on-site until the abatement plan is approved.
- Once the abatement plan in approved the surveyor on-site will have the facility sign and date the plan and let you know that the plan has been approved.
- You will then get a 2567 via e-mail from Mary Tegtmeier, Dawne Altis (*on occasion*) or Lori Mouak (*on occasion*).

FAQ

How long do I have to decide if I want to request an informal dispute resolution (IDR)?

FAQ - IDR

For both the NH and SLO facilities requests for informal dispute resolution (IDR) must be submitted in writing to the Commission **within 10 calendar days** of receipt of the Statement of Deficiencies.

The written request must include:

- An explanation of the issue(s) that is/are being disputed.
- Documentation or information that supports the reason for the IDR request.
- Method of IDR requested (teleconference, in writing, or face-to-face).
- Submission of 5 copies of the request and accompanying documentation to the Commission.

FAQ

I would like to be a part of an IDR panel; how do I do that?

FAQ – IDR Panel

We would love to have you as a member of an IDR panel!

Please reach out to the contacts below to express your wishes to be a member of an IDR panel.

Patricia.purdon@ks.gov

and

Rebecca.miller@ks.gov

IDR Panel Continued

K.S.A. 39-947a (c)

(c) Upon receipt of the written request provided for in subsection (a), the secretary for aging and disability services shall appoint a panel of **three persons** to compose the independent review panel. One member shall be an employee from the Kansas department for aging and disability services adult care home survey unit, provided that the individual did not participate in the survey in dispute. Two members shall be appointed from outside of the survey unit and may be employees of the Kansas department for aging **and disability services, or a health care professional or consumer not employed by the Kansas department for aging and disability services.**

FAQ – PNC

What is past non-compliance, how do I qualify for PNC, and how will I know if my deficiency was past non-compliance?

FAQ – What is PNC?

Past Noncompliance means a deficiency citation at a specific survey data tag (F-tag or K-tag), that meets all of the following three criteria:

1. The facility was not in compliance with the specific regulatory requirement(s) (as referenced by the specific F-tag or K-tag) at the time the situation occurred;

2. The noncompliance occurred after the exit date of the last standard (recertification) survey and before the survey (standard, complaint, or revisit) currently being conducted, and

3. There is sufficient evidence that the facility corrected the noncompliance and is in substantial compliance at the time of the current survey for the specific regulatory requirement(s), as referenced by the specific F-tag or K-tag.

How do I qualify for PNC? How will I know?

- If you think you met the requirements for PNC for a deficiency you will want to discuss this with your survey team and/or reach out to your regional manager.

- You will need evidence you fully corrected the regulatory requirement before the survey team entered your facility.

- You may hear your deficiency will be cited at PNC from your survey team, RM, and/or 2567(which will indicate the deficiency was cited at PNC).

FAQ – Reporting FRIs

What is the best way to report an adverse incident at my facility to state agency?

FAQ - FRIs

The most efficient way to submit your facility reported incidents is to e-mail them to:

kdads.complainthotline@ks.gov

FRIs Continued

- An e-mail notification with sufficient information fulfills your reporting requirement and is dated and timed for your record keeping and tracking.

- A call to the hotline asking for a call back does not fulfill your requirement for reporting incidents to the state agency.

- You must provide enough information about the incident you are reporting for the hotline staff to input the information and triage accordingly.

FRIs Continued

Information reported to the CP Hotline should include (at a minimum):

- ✓ Facility Name/Address/Phone/Contact
- ✓ Who is involved in the incident. (Include full name of victim(s) and AP(s) as applicable).
- ✓ A summary of events with specifics related to the incident, dates and times of when it occurred, and when you were made aware of it.

FRIs Continued

You can find an "Initial Report" form on the CMS website at:

https://www.cms.gov/files/document/som-exhibit-358-sample-form-facility-reported-incidents.pdf

***You do not have to use this form when reporting, but it does have helpful information regarding reporting requirements to use as a guide for developing your report to the SA.*

FRIs Continued

- The complaint hotline is working on a "fillable version of the "Initial Report" form to send out as it is going through the review process now.

FAQ

Where can I find more SCC updates and FAQs?


The Sunflower Connection

Newsletter Date: October 2023
Volume 1, Issue 2

A NOTE FROM DAWNE

It's hard to believe we are in the last quarter of 2023. The holidays are so close that I can almost smell the pumpkin pie! As 2023 winds down I encourage you all to take some time to reflect on how far you have come this year with your career, your family and your self. Take time to breath, reflect and relax a little. None of us came through the PHE unscathed however we all came thru stronger and more knowledgeable. Thank you

Sunflower Connection

- The Sunflower Connection is a great opportunity to stay caught up with updates!

- https://kdads.ks.gov/provider-home/adult-care-homes-(sccc)/the-sunflower-connection

- If you have anything you would like to see discussed, please contact Lori Mouak @ lori.mouak@ks.gov

SCC Contacts

Scott Bruner - Deputy Secretary @ scott.bruner@ks.gov
Lacey Hunter - Commissioner @ lacey.hunter@ks.gov
Dawne Altis - Assistant Commissioner @ dawne.altis@ks.gov
Patty Purdon - Enforcement Manager @ patricia.purdon@ks.gov
John Easley - Physical Environment @ john.Easley@ks.gov
Lori Mouak - RAI Coordinator @ lori.Mouak@ks.gov
Complaint Hotline @ kdads.complainthotline@ks.gov
Frannie Valentine @ frances.valentine@ks.gov
Jessica Patterson – Training and Recruitment Jessica.Patterson@ks.gov

Questions…