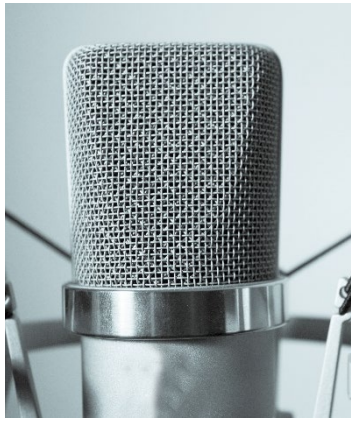
# Reception Room



- **Good morning!** The meeting will start shortly.
- **Participants are muted** on entry.
- **Check the chat box:** Information about the training, including information about how to access captions and view the slides, is available there.
- **To view captions for this event**: You can view captions in Teams by clicking the More (…) button in the Teams window, then “Language and Speech,” and choose "Turn on live captions."
- **If you have any technical issues,** please visit the Microsoft support page for Teams or email Health.HRDCommunications@state.mn.us.


# Nursing Home Regulatory Updates
# April 2024

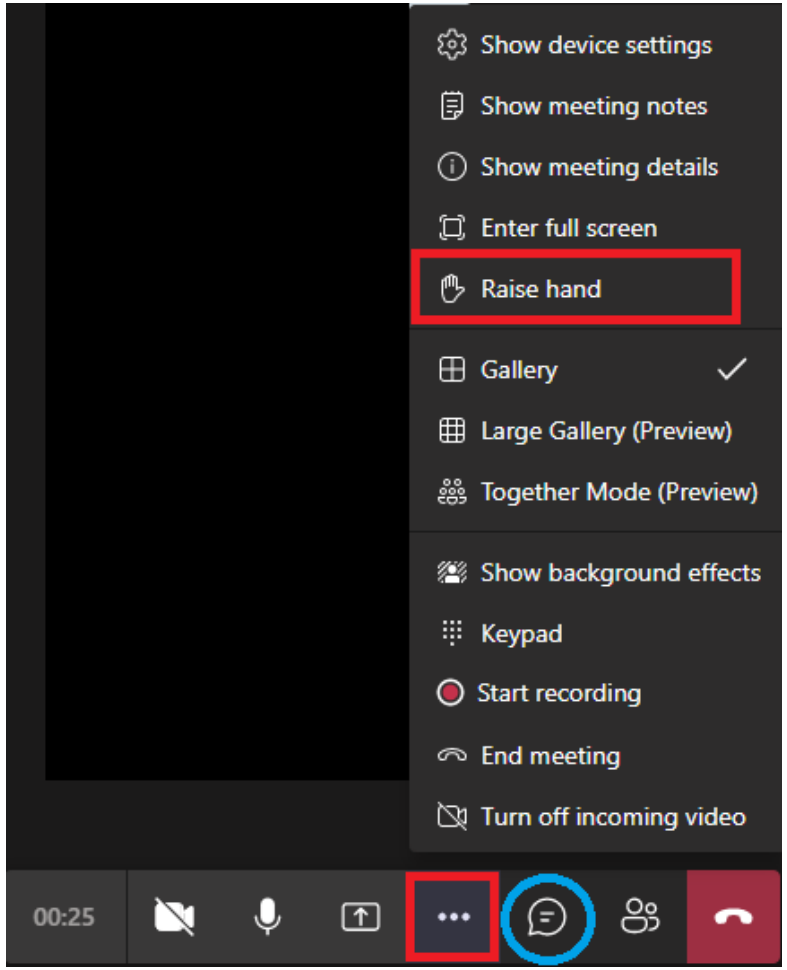
Sarah Grebenc | Executive Regional Operations Manager
Karen Aldinger | Regional Operations Manager

# Tennessen Warning

- **The Minnesota Department of Health is hosting this joint regulatory training for providers of long-term care and Health Regulation Division staff.**
- **Your comments, questions, and image, which may be private data, may be visible during this event.** You are not required to provide this data, and there are no consequences for declining to do so.
- **The virtual presentation may be accessible to anyone** who has a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH. MDH will be posting a recording of this meeting to our YouTube channel.
- **To opt out of the presentation, please exit now.**

# How to Ask a Question

- **Participants are muted.** We will answer as many questions as we can at the end of the presentation.
- **Two ways to ask a question** or provide a comment:
  1. Raise your hand (**outlined in red**).
  2. Click the Chat bubble (**circled in blue**) to open the chat.
- For phone attendees, press ***5** to raise your hand, and ***6** to unmute/mute yourself.
- **We will select speakers** in order and add questions from the chat at the end of the presentation.



# Agenda

- Welcome & Updates
- Citations
- Enhanced Barrier Precautions
- Falls Involving Mechanical Lifts
- NHIR –Discussion about Facility Reportable Incidents

# Welcome

**Maria King**
Health Regulation Division Director

**Sarah Grebenc**
Executive Regional Operations Manager

# Nursing Home Strike

Nursing Home Strike -March 5th

- CMS SOM Chapter 2, 2800 - Strikes at Participating Facilities (page 424)
- SOM Chapter 2 (PDF) (https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107c02.pdf)
- Send strike plans to MDH

# iQIES (1/2)

iQIES

**Internet Quality Improvement & Evaluation System**

Beginning in May 2021, State Survey Agencies (SAs) and CMS locations began a phased transition to the Internet Quality Improvement and Evaluation System (iQIES), which is an internet-based system that includes survey and certification functions.

# iQIES (2/2)

- Current provider types documented in iQIES include Home Health, Hospice, and Ambulatory Surgical Centers.
- Effective April 2023, MDS submission data transitioned from QIES to iQIES
- Nursing homes are the next provider type to be moved from the ASPEN system into iQIES and this is slated for November of 2024.

# iQIES Resources

- iQIES Help (https://iqies.cms.gov/iqies/help)
- iQIES Welcome and Quick FAQs Job Aid (PDF) (https://iqies.cms.gov/iqies/static/assets/Welcome-Letter.8c42a29693e3b9849910.pdf)
- iQIES User Roles Matrix (PDF) (https://iqies.cms.gov/iqies/static/assets/User-Roles-Matrix.9223937ab09dba138673.pdf)
- iQIES Training - You Tube (https://go.cms.gov/iQIES_Training)


# Citations

Sarah Grebenc | Federal Executive Operations Manager

# Top Tags Cited in 2nd Quarter FY24

- ✓ F689: Accidents/Supervision
- ✓ F880: Infection Control
- ✓ F883: Influenza and Pneumococcal Immunizations
- ✓ F684: Quality of Care
- ✓ F609: Reporting Alleged Violations
- ✓ F554: Resident Self Administer Medications
- ✓ F686 Treatment/Services to Prevent Pressure Ulcers
- ✓ F550 Resident Rights
- ✓ F758 Free from Unnecessary Psychotropic Medications/PRN use
- ✓ F677: ADL Care Provided for Dependent Residents

# Complaints 2nd Quarter FY24

- 1760 total **Complaints** and **Facility Report Incidents** (FRI's) received for all provider types.
- 271 triaged as an **Immediate Jeopardy** (IJ) complaints for all provider types.
- 13 IJ's were called in nursing homes
  2 called on recertification surveys and 11 called on complaint investigations

# IJs cited in 2nd Quarter FY24

- F578: Request/Refuse Discontinue Treatment; Formulate Advanced Directive
- F684 Quality of Care
- F689: Accidents/Supervision*
- F760: Free from Significant Medication Errors
- F803; Menus Meet Resident Needs and Followed
- F805 Food in Form to Meet Individual Needs

*IJ's under Accidents/Supervision include unsafe smoking, elopement and fall from mechanical lift.

# Enhance Barrier Precautions

Kristi Juaire, MSM, RN, CIC | MDH ICAR Nurse Specialist

# Enhanced Barrier Precautions

QSO-24-08-NH (PDF) (https://www.cms.gov/files/document/qso-24-08-nh.pdf)

- New guidance for LTC facilities on the use of enhanced barrier precautions (EBP) to align with nationally acceptable standards
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status.
- The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control.

# Survey Information

## Survey Procedures

- Surveyors will evaluate the use of EBP when reviewing sampled residents for whom EBP are indicated and focus their evaluation of EBP use as it relates to CDC-targeted MDROs.
- CMS will update associated survey documents which will be found under the “Survey Resources” link in the Downloads Section of the CMS | Nursing Homes (https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes) webpage.
- Information regarding CDC-targeted MDROs and current recommendations on EBP are available on the CDC’s webpage, Implementation of PPE Use in Nursing Home to Prevent Spread of MDROs (https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html).

# Agenda

- Define terminology
- Enhanced Barrier Precautions
  - Overview
  - Infection Control Measures
  - Frequently Asked Questions
- Resources (Project Firstline and CDC)

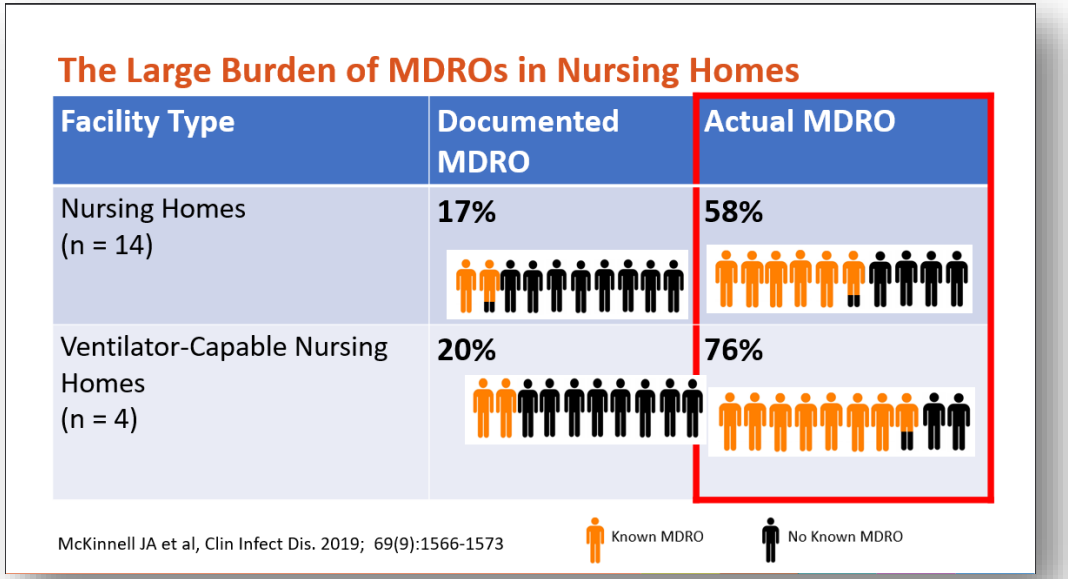
# Definitions

- **Multidrug-resistant Organism (MDRO)** is a bacteria or fungi resistant to multiple antimicrobials.
- **Colonization** is when a germ is found on or in the body but is not causing an active infection.
- **Infection** is when a germ is found in or on the body and is causing illness.
- **Enhanced Barrier Precautions (EBP)** is an approach of targeted gown and glove use during high contact resident care activities, designed to reduce the transmission of MDROs.

# Overview (1/2)

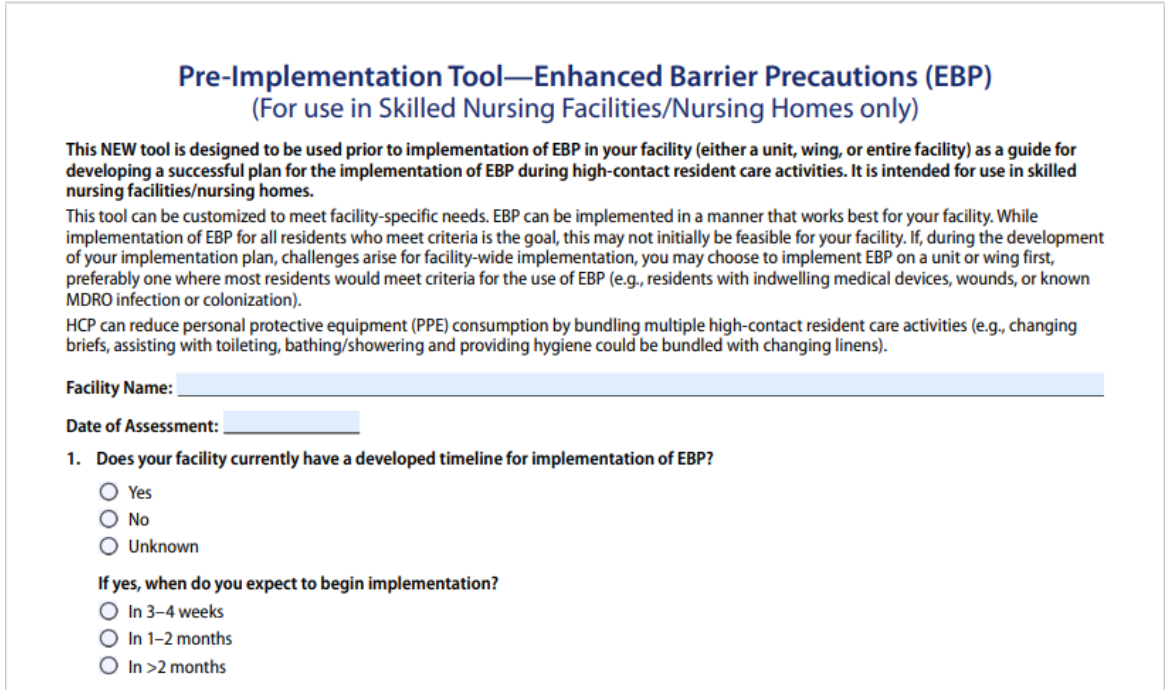
## High burden of MDRO colonization in nursing home residents

- Many facilities do not know which residents are colonized
- Residents with complex medical needs are at higher risk for acquiring MDROs
- Allows for a more effective response to serious antibiotic resistant threats



# Overview (2/2)

- A risk-based approach to PPE use designed to reduce the spread of MDROs
- The use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing
- Used in coordination with good infection prevention and control measures
  - Hand hygiene
  - Use of PPE
  - Environmental cleaning and disinfection



**Pre-Implementation Tool—Enhanced Barrier Precautions (EBP)**
(For use in Skilled Nursing Facilities/Nursing Homes only)

**This NEW tool is designed to be used prior to implementation of EBP in your facility (either a unit, wing, or entire facility) as a guide for developing a successful plan for the implementation of EBP during high-contact resident care activities. It is intended for use in skilled nursing facilities/nursing homes.**

This tool can be customized to meet facility-specific needs. EBP can be implemented in a manner that works best for your facility. While implementation of EBP for all residents who meet criteria is the goal, this may not initially be feasible for your facility. If, during the development of your implementation plan, challenges arise for facility-wide implementation, you may choose to implement EBP on a unit or wing first, preferably one where most residents would meet criteria for the use of EBP (e.g., residents with indwelling medical devices, wounds, or known MDRO infection or colonization).

HCP can reduce personal protective equipment (PPE) consumption by bundling multiple high-contact resident care activities (e.g., changing briefs, assisting with toileting, bathing/showering and providing hygiene could be bundled with changing linens).

**Facility Name:** _____

**Date of Assessment:** _____

1. **Does your facility currently have a developed timeline for implementation of EBP?**
   - ○ Yes
   - ○ No
   - ○ Unknown

   **If yes, when do you expect to begin implementation?**
   - ○ In 3–4 weeks
   - ○ In 1–2 months
   - ○ In >2 months

[Pre-Implementation Tool—Enhanced Barrier Precautions (EBP) (cdc.gov)](https://www.cdc.gov/hai/pdfs/containment/Pre-Implementation-Tool-for-Enhanced-Barrier-Precautions-508.pdf) (https://www.cdc.gov/hai/pdfs/containment/Pre-Implementation-Tool-for-Enhanced-Barrier-Precautions-508.pdf)

# Enhanced Barrier Precautions (EBP)

- Use of gown and gloves during high-contact resident care activities
- No private room required
- Residents can participate in group activities
- Intended to be used for resident's entire length of stay


https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf

# Which Residents Meet the Criteria for EBP?

- EBP are indicated for nursing home residents with any of the following
  - **Infection or colonization with an MDRO** *when Contact Precautions do not otherwise apply*
  - **Wounds and/or indwelling medical devices**
- EBP is not limited to outbreaks or specific MDROs

# Would the presence of an ostomy qualify for EBP?

NO.

A healed ostomy, alone, is not an indication for EBP.

# What are the differences between Standard Precautions, EBP and Contact Precautions?

**Table: Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes:**
Accessible version: https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

| Precautions | Applies to | PPE used for these situations | Required PPE | Room restriction |
|---|---|---|---|---|
| ***Standard Precautions*** | All residents | Any potential exposure to:<br>• Blood<br>• Body fluids<br>• Mucous membranes<br>• Non-intact skin<br>• Potentially contaminated environmental surfaces or equipment | Depending on anticipated exposure: gloves, gown, facemask or eye protection<br>(Change PPE before caring for another resident) | None |
| ***Enhanced Barrier Precautions*** | All residents with *any of the following*:<br>• Infection or colonization with an MDRO *when Contact Precautions do not otherwise apply*<br>• Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) *regardless of MDRO colonization status* | During high-contact resident care activities:<br>• Dressing<br>• Bathing/showering<br>• Transferring<br>• Providing hygiene<br>• Changing linens<br>• Changing briefs or assisting with toileting<br>• Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator<br>• Wound care: any skin opening requiring a dressing | Gloves and gown prior to the high-contact care activity<br><br>(Change PPE before caring for another resident)<br>(Face protection may also be needed if performing activity with risk of splash or spray) | None |
| ***Contact Precautions*** | All residents infected or colonized with a MDRO *in any of the following situations*:<br>• Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained<br>• For a limited time period, as determined in consultation with public health authorities, on units or in facilities during the investigation of a suspected or confirmed MDRO outbreak<br>• When otherwise directed by public health authorities<br>All residents who have another infection (e.g., *C. difficile*, norovirus, scabies) or condition for which Contact Precautions is recommended in Appendix A (Type and Duration of Precautions Recommended for Selected Infections and Conditions) of the CDC Guideline for Isolation Precautions. | Any room entry | Gloves and gown<br>(Don before room entry, doff before room exit; change before caring for another resident)<br>(Face protection may also be needed if performing activity with risk of splash or spray) | Yes, except for medically necessary care |

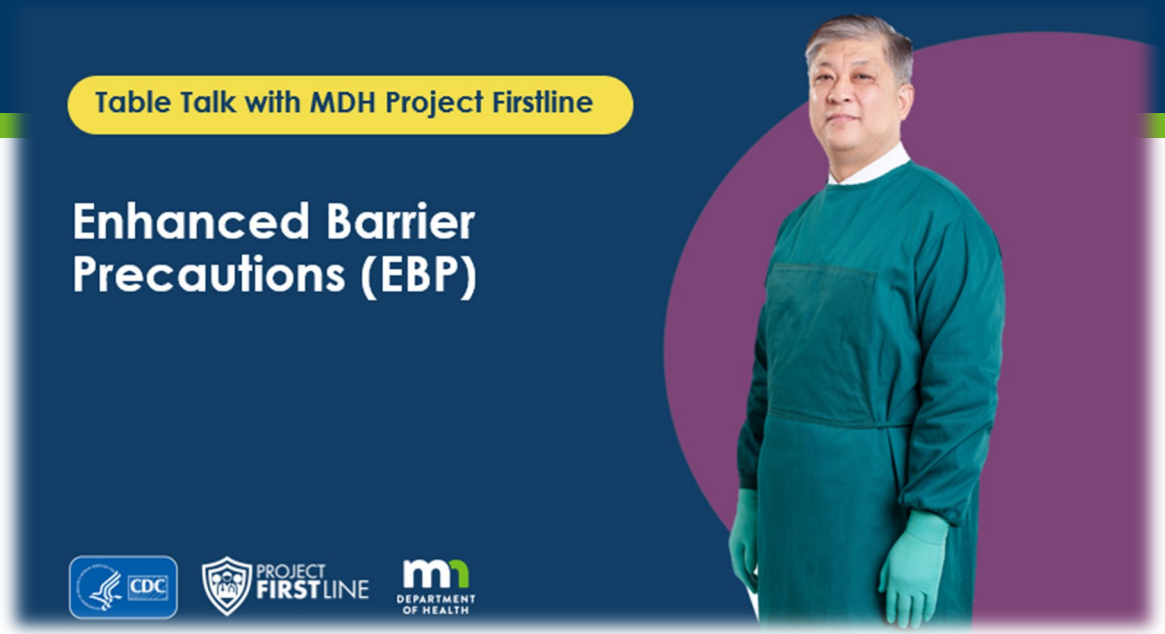
Table: Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes: (cdc.gov)

# How long should a resident remain on EBP?

- Enhanced Barrier Precautions are intended to be used for the duration of a resident's stay in a facility.
- A transition back to Standard Precautions, alone, might be appropriate for residents placed on Enhanced Barrier Precautions solely because of the presence of a wound or indwelling medical device when the wound heals, or the device is removed.

# EBP Resources

# Project Firstline




- Use PFL link to **Training and Resources page**: Project Firstline Training and Resources - MN Dept. of Health (state.mn.us) , scroll to Recorded Webinars heading, then Health care infection prevention and control section and click on Long-term care, click on EBP recording, complete registration and view.
- Use PFL link to get directly to **EBP recording registration page**: PFL Enhanced Barrier Precautions (vovici.com) , complete registration and view.

# Resources for Enhanced Barrier Precautions

- Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) | HAI | CDC (https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html)
- Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC (https://www.cdc.gov/hai/containment/faqs.html)
- Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities HICPAC (cdc.gov) (https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html?msclkid=39038417aed311ec8c868e1e03c50297)
- Keeping Residents Safe – Use of Enhanced Barrier Precautions (cdc.gov) (https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends-508.pdf)
- Help Keep Our Residents Safe - Enhanced Barrier Precautions in Nursing Homes (cdc.gov) (https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff-508.pdf)

# Thank You!

**MDH Infection Control Assessment & Response (ICAR)**

*Health.icar@state.mn.us*

# Falls Involving Mechanical Lifts

Becky Haberle | Nurse Specialist

# Objectives (1/2)

- ✓ Review F689 (Accidents)
- ✓ Types of falls involving mechanical lifts
- ✓ How to investigate falls from lifts
- ✓ Proactive actions to mitigate falls from lifts

# F689

§483.25(d) Accidents
The facility must ensure that –

- §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and
- §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

# Intent

Identify Hazards and Risks

Evaluate and Analyze Hazards and Risks


Implement Interventions to Reduce Hazards and Risks


Monitor for Effectiveness and Modify Interventions When Necessary

# Accident

**“Accident”** refers to any unexpected or unintentional incident, which results or may result in injury or illness to a resident. This does not include other types of harm, such as adverse outcomes that are a direct consequence of treatment or care that is provided in accordance with current professional standards of practice (e.g., drug side effects or reaction).

# Avoidable Accident

The accident occurred because the facility failed to:

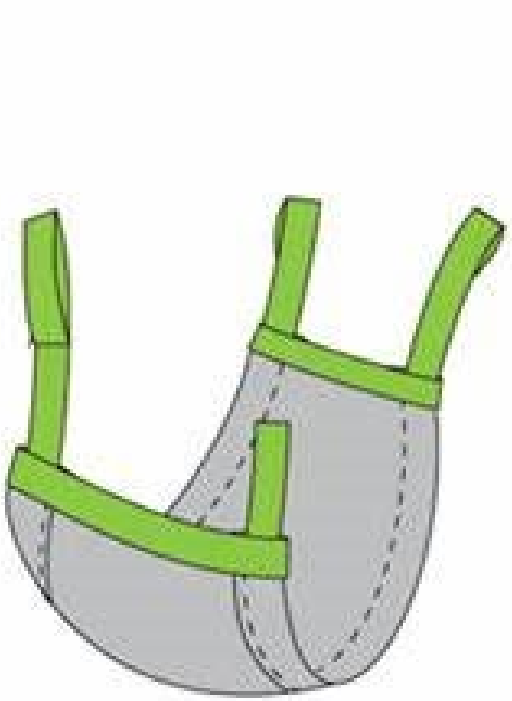
- Identify
- Evaluate and analyze
- Implement interventions
- Monitor for effectiveness

# Unavoidable Accident

The accident happened even when the facility **DID**:

- Identify the concerns
- Evaluated the concern
- Implemented interventions
- Implemented monitoring system

# Mechanical Lifts



# Lift Devices

Full Body Mechanical Lift

Standing Mechanical Lift

Stand Aide

Ceiling lifts

# Why do we have Mechanical Lift Falls?

- Malfunction due to improper inspections, maintenance, or repair.
- Staff do no comply with operator's manual/lack of staff training.
- Wrong size sling.
- Faulty sling loops.
- Staff fail to ensure safety before movement/lack of training.
- Improper movement of the lift.
- Cluttered rooms, not enough room for the lift.

# Investigation Response

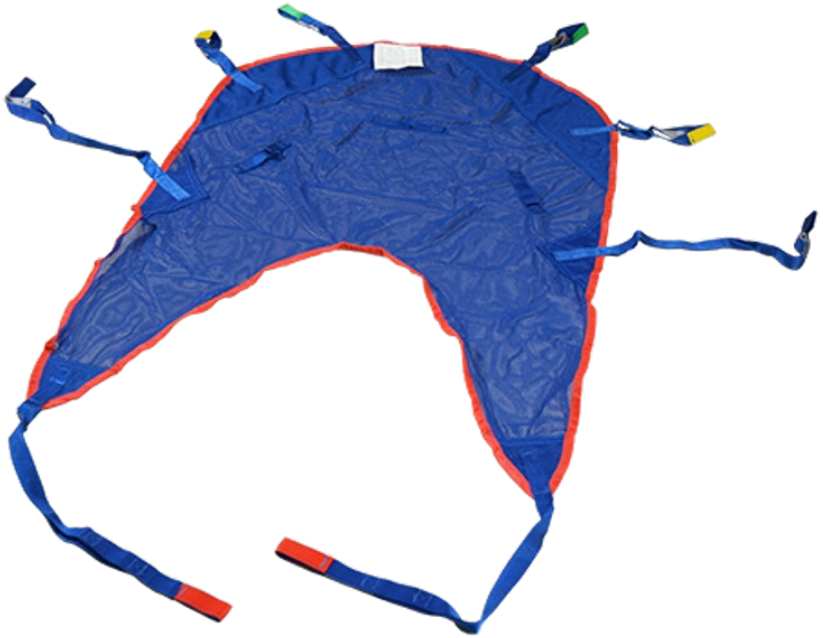
# Brief Review of the Record

- MDS information
- Diagnosis
- Care Plan

# Observations

- Lift device utilized?
- Wheelchair mobility?
- Required assistance?
- What is on the resident's feet (i.e., shoes, slippers, regular socks, gripper socks)?
- Can the resident stand? Leg contractures?
- Does the resident hold onto the lift?
- Number of staff members available for supervision?
- Any identified behaviors?
- Staff interactions/response to the resident?
- Type of bed/height of the bed?
- Support devices in the bathroom?
- Any potential hazards in the environment?

# Observations of a Sling



# Sling Size Matters!

1. Height +

2. Weight +

3. Hip measurements =

Correct sling size per manufacture guidance

# Interview the Resident or Family

- Have they had falls?
- What happened?
- Were they hurt?
- What has changed since the fall?
- Are they in physical/occupational therapy?

# Interview Direct Care Staff

## Based on your observation, Interview the staff

- How often are they caring for the resident?
- Any behaviors while in the lift?
- How do you know which sling/lift to use?
- What is your responsibility/role after falls?
- What kind of training have you had on the lifts?

# Record Review – Focused Deep Dive

- MDS
- CAA
- Fall Assessments
- Tinetti Assessment
- Transfer Assessment
- MD orders
- MD progress notes
- Hospital records
- Behavior notes
- Progress Notes
- Incident Reports

# For Each Fall Review:

- Time.
- Location.
- Description of the fall/resident activity at the time of fall.
- Witness/unwitnessed fall?
- Injuries (is medical attention needed).
- Interventions following the fall (timeline for when the fall interventions were implemented).
- Notification of family and MD.
- Comprehensive review of the fall.
- Pattern identified.
- Facility practice for fall review/Management review- fall or safety committee
- Are the fall interventions effective for this resident?

# Comprehensive Transfer Assessments

- Why does the resident need a mechanical lift for transfer?
  - Can the resident bear any weight on legs while standing?
- How does the facility determine which type of mechanical lift to use?
  - Sling size?
- When should the mechanical lift be utilized?
- Are there alternatives that could be considered?  Such as therapy?
- How has the lift use been communicated to the direct care staff?

# Interview Facility Supervisors

- Wing Nurse
- Unit Manager
- Director of nursing
- Administration

# Staff Education

- How often are the staff educated on falls?
- Any education given on how to care for the resident you are investigating?
- What is taught?
- How is it recorded?
- Return demonstration?
- Review education records

# Fall Policy

- Process for fall prevention.
- Process for after action plans following a fall.
- Clearly describe facility staff responsibilities.
- How quickly interventions are to be implemented.
- Does the facility policy match the manufacture directions?

# Facility Responsibilities when there is a Fall from a Lift

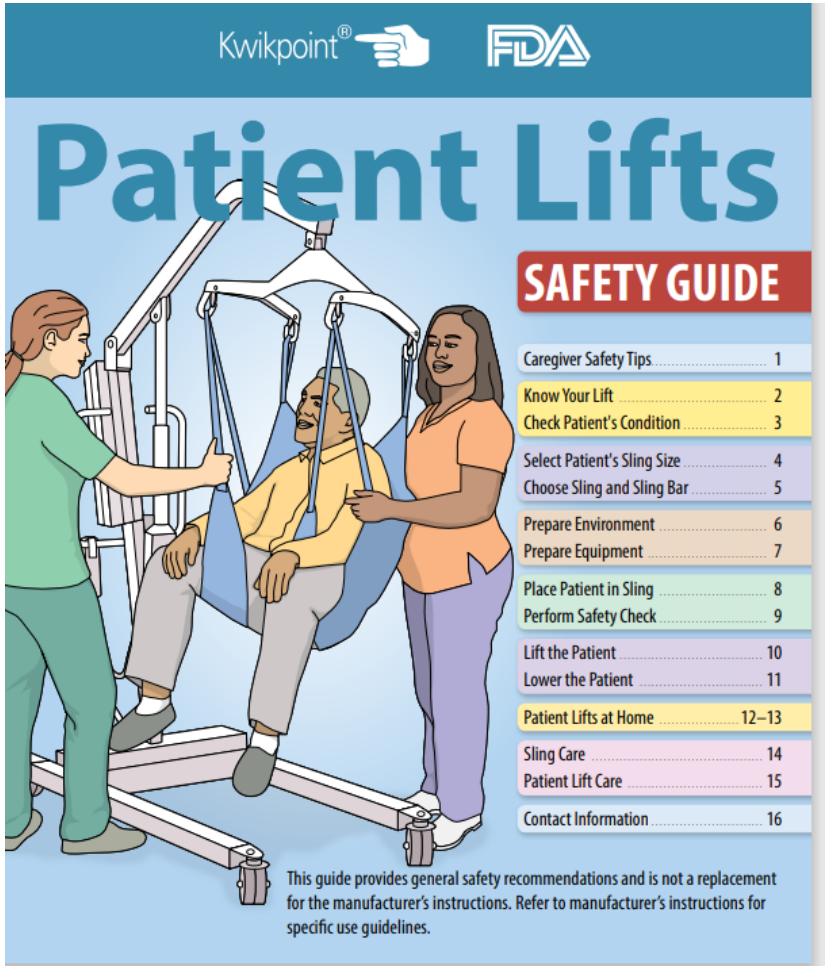
- Provide medical treatment as necessary.
- Remove unsafe equipment from service.
- Report the event to MDH and voluntarily report to FDA (name/manufacture of specific lift).
- Preserve the faulty equipment.
- Review the resident transfer assessments.
- Contact the manufacturer.
- Determine the **Root Cause** of the fall.
- Review maintenance logs for the device.
- **Evaluators will review the facility investigation but will also complete a parallel investigation. Determine if the conclusion is the same.**

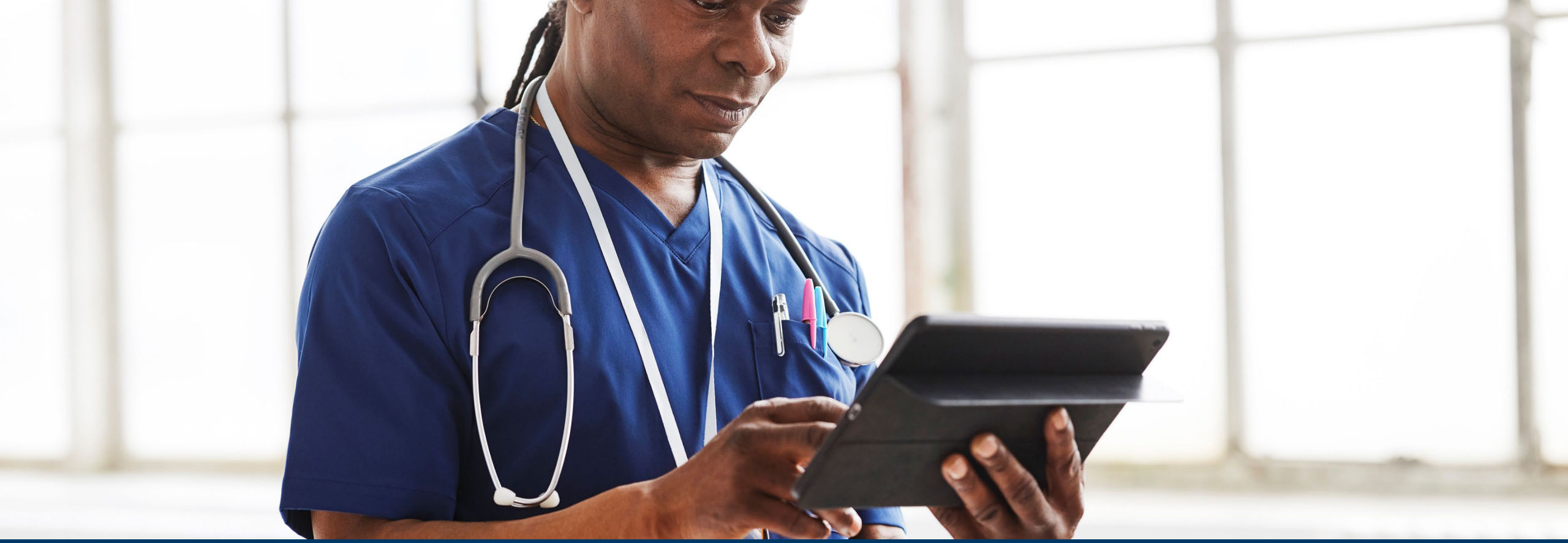
# Did You Know???

- Not all mechanical lifts require two staff members to run them.
- Some ceiling lifts are nonfunctional because the company went out of business and no replacement parts are available.
- Some manufacturers will only guarantee their products for 10 years.
- Some facilities do not allow employees under 18 years old to run the mechanical lifts (per U.S. Department of Labor).
- Some manufacturers suggest replacing the batteries every 5 years or less.
- Some Manufacturers require **their** staff to service the lifts annual or biannually.
- All manufacturers have a phone number. CALL THEM!
- Manufacturer: **name of lift + model number.**

# Resources

[FDA Patient Lifts Safety Guide (PDF) (https://www.fda.gov/files/medical%20devices/published/Patient-Lifts-Safety-Guide.pdf)](https://www.fda.gov/files/medical%20devices/published/Patient-Lifts-Safety-Guide.pdf)





# NHIR-Discussion about Facility Reportable Incidents

Karen Aldinger| Federal Regional Operations Manager
Lyla Burkman | Triage Supervisor

# Objectives (2/2)

- Discuss scenarios for nursing home incident reporting.
- Discuss need to ensure there is enough information in initial reports to make a triage decision.
- Discuss what needs to be reported and does not need to be reported- scenario based.

# Please refer to the following:

- MN. Stat. 626.557 Reporting of Maltreatment of Vulnerable Adults (https://www.revisor.mn.gov/statutes/cite/626.557)
- State Operations Manual, Chapter 5 - Complaint Procedures (PDF) (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c05pdf.pdf)
- State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities (PDF) https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf) (See F609 for reporting requirements)
- State Operations Manual, Appendix Q - Core Guidelines for Determining Immediate Jeopardy (PDF)https://www.cms.gov/Regulations-and-guidance/Guidance/Manuals/downloads/som107ap_q_immedjeopardy.pdf)

# Facility Reported Incidences - FRI’s

- Minnesota nursing facilities report significantly higher than the national average.
- Minnesota also has a higher rate of FRI's triaged as potential immediate jeopardy (IJ).
- Incidences triaged as potential IJ must be investigated within 3 days or 7 days with adequate resident protections placed.

# Chapter 5 of the State Operations Manual

Nursing homes must ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility, the SA and other officials.

# Alleged Violation

"Alleged violation" is a situation or occurrence that is observed or reported by staff, resident, relative, visitor, another health care provider, or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.

# F609 - Reporting Alleged Violations

- “If facility staff could reasonably conclude that the potential exists for noncompliance with Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property, then it would be considered reportable.”
- “The facility must submit reports that are accurate, to the best of its knowledge at the time of submission of the report. It is important that facilities not make reports that are misleading, such as reports that deliberately omit facts, or reports that are designed to make the incident appear less serious than it was, or reports that misrepresent the facility’s response.”

# Neglect

- Neglect is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.
- Neglect occurs when the facility is aware of, or should have been, goods and services that a resident requires but the facility fails to provide them to the resident, that has resulted in or may result in physical harm, pain, mental anguish, or emotional distress. Neglect may be the result of a pattern of failures or the result of one or more failures involving one resident and one staff person.

# Reportable Events Related to Neglect

- Failure to meet payroll resulting in lack of staff and care was not provided to meet resident needs.
- Lack of essential supplies such as incontinent products, oxygen, or food.
- Staff repeatedly ignoring residents needs for ADL's, activities or residents being left in fecal matter or urine.
- Failure to implement and monitor care planned interventions resulting in pressure ulcer development or worsening. However, if you find this has happened and put measures in place to prevent from happening again, it may be a deficient practice- but it is not reportable.

# Accidents

Accidents/falls do occur in nursing homes, even when the plan of care was followed. However, a nursing home could be found to be neglectful related to resident falls if they failed to appropriately assess fall risk and implement a resident-specific care plan which would include the ongoing evaluation and revision of the care plan, as necessary.

# Nursing Home Incident Report (NHIR)

## Initial Report

- Sufficient information to describe the alleged violation
- Indicate how residents are being protected

## Follow-up Investigation Report

- Within 5 working days of initial report
- Describes investigation
- Corrective actions taken if the allegation was verified

# Statistics - Complaints

Minnesota ranks very high compared to other states for number of complaints submitted against nursing homes.

*Please research in your facility why this may be.*

# F609 - Staff to Resident Abuse

All allegations of all types of staff-to-resident abuse must be reported.

- Physical, sexual, mental, verbal, deprivation of goods and services by staff, involuntary seclusion.
- Staff taking or distributing demeaning or humiliating photographs or recording of residents through social media or multimedia messaging.
- All reports from residents of abuse perpetrated by staff regardless of cognitive status.

# Polling #1: Staff to Resident

NA 1 came in to report she received a Snap Chat from NA2. NA1 describes the Snap as resident Virginia crying hysterically and hitting out at the air, yelling and swearing at NA2. The caption was, “look familiar?” Double checked on Snapchat and the snap was only sent to NA2, no one else, and can no longer be accessed. NA2 placed on leave during investigation.

1. Reportable
2. Not reportable

# Polling #2: Staff Interaction

The LPN was slamming the drawers on the med cart, she stormed past 2 residents and then turned around and pounded her fist on the desk and shouted in their direction- “I’m so sick of this. No one could possibly do everything.” One of the residents said she hides in her room when this nurse works, “She is a bomb ready to explode and I don’t want to be there when it happens.” “I don’t even come out for my happiest time- movie and popcorn night- when she works.” The other resident said she feels like a burden here and just wants to die, this type of attitude from staff makes her feel so worthless. She said this nurse has told her in the past that she doesn’t have time to help her and that her needs are petty, and she isn’t worth it.

1. Reportable
2. Not Reportable

# Polling #3: Accusation of Abuse by Confused Resident

Resident stated last night someone came in her room, floated above her, was wearing overalls, swinging from the rafters and was raped. Resident is confused and no male staff worked last night.

1. Reportable
2. Not reportable

# Polling #4: Staff Automatic Response to Being Hit

NA2 reported that when getting resident ready for bed, the resident slapped NA1 and NA1 slapped her back then threw her legs into bed and yelled at the resident to, “knock it off.” When interviewed NA1 stated it was a knee jerk reaction and she didn’t mean to slap the resident. NA had abuse training just last week.

1. Reportable
2. Not reportable

# Polling #5: Staff Rough

Resident stated the aide who put her to bed last night was rough and grabbed her call light and thew it on her.

1. Reportable
2. Not reportable

# Polling #6: Fall with Injury

Two days ago, at 4 a.m. resident yelling out, found on floor next to bed. Had removed incontinent product. Had complained of left knee pain, which was usual for resident. ROM WNL. Transferred to bed with mechanical lift. Since then, the resident has complained of pain off and on. This morning at 8 am he cried out and winced while being turned. On call provider notified and order to send to ER. Was hospitalized with left femur fracture. Fall assessment, care planning had been completed prior to fall, care plan was being followed. Resident has never rolled out of bed before. Had been seen an hour before finding on floor and had been in center of bed and refused repositioning.

1. Reportable
2. Not reportable

# Polling #7: Fall with Injury

Sam had gone to use the bathroom and when he was coming out of the BR with his walker, he stated he lost his balance and fell backwards, hitting his head on the floor. Staff assessed resident and due to his head injury and bleeding he was sent to the local ER for further evaluation. Per ER dictation and imaging done in ER, resident did have an acute subdural hematoma. No acute fractures noted. Due to resident's subdural hematoma and laceration on head, FRI is being filed. Care plan was followed at the time of the incident and no alleged perpetrators at the time of incident. Further investigation to follow. Resident assessed to be independent with ambulation with his walker.

1. Reportable
2. Not reportable

# Polling #8: Burn (1/2)

At 12 am staff noted that resident's legs were dangling over the side of the bed & were touching the top of the heating register, bed was pushed up against the wall. Noted multiple blisters on foot. Bed moved away from the heater. MD notified, sent to emergency room.

1. Reportable
2. Not reportable

# Polling #9: Burn (2/2)

Resident spilled hot coffee on themselves, and legs turned red. Resident seen by MD and treatment ordered. Resident likes his coffee hot and has never spilled anything before. Resident said was an accident, but agreeable to having lid put on coffee cup in the future. Resident is alert and oriented.

1. Reportable
2. Not reportable

# Polling #10: Smoking

Resident goes out to smoke despite facility having no smoking policy. Resident wears oxygen and forgets to take it off when goes out and smokes with it on. Resident signed a waiver assuming all risk of her behaviors. While smoking, resident had flames go up her nose and was screaming in pain. Was sent to ED by ambulance.

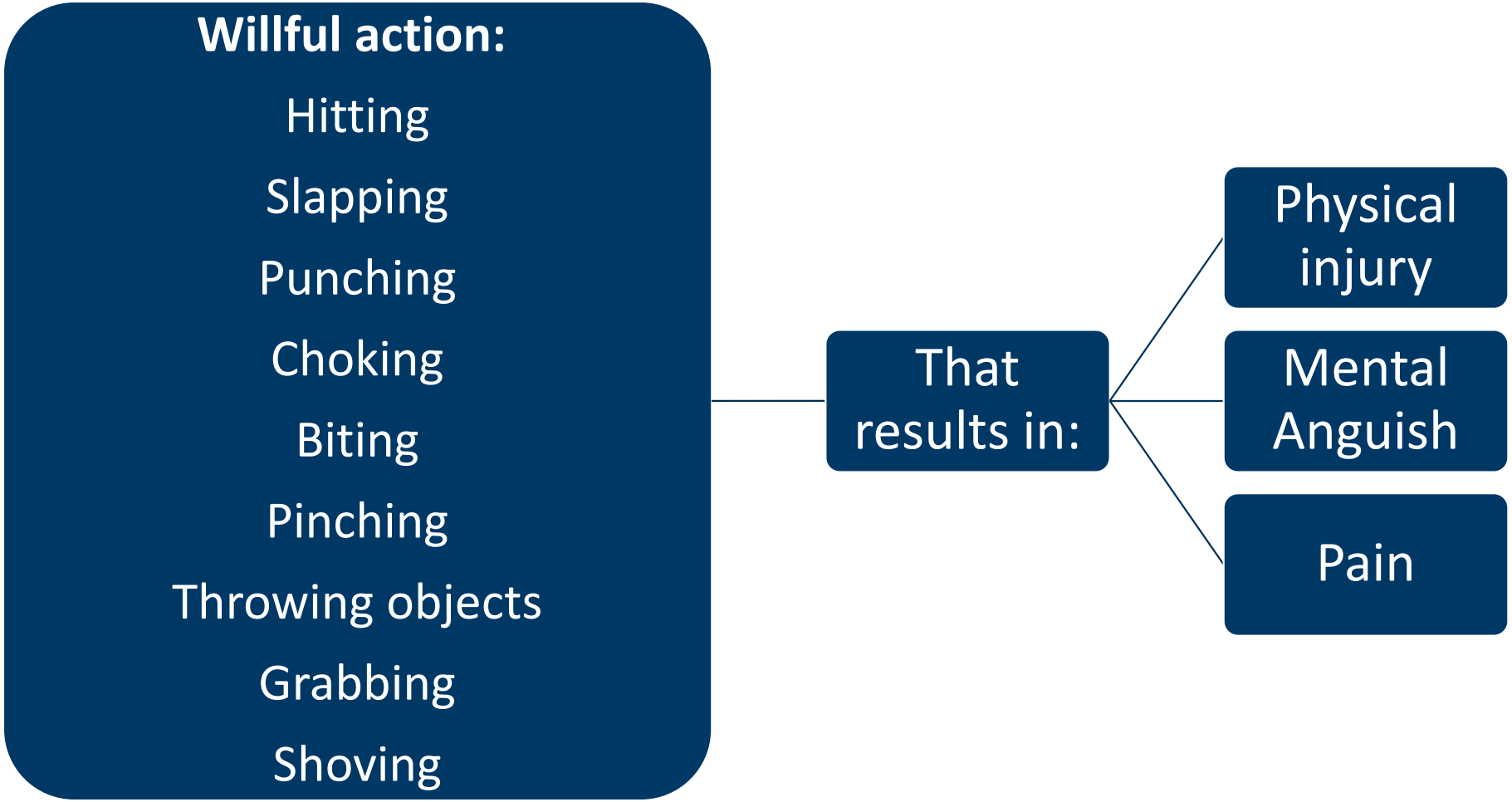
1. Reportable
2. Not reportable

# Polling #11: Elopement

Resident was found outside the front doors of the facility. Upon initial report, it appears that the facility wander guard system did not sound properly. Resident was not in distress during incident. Upon being alerted, staff brought resident back to his room. Resident did not experience any injury from the incident.

1. Reportable
2. Not reportable

# F609 - Resident to Resident Physical Altercation



# Physical Injury

A physical injury resulting from the willful action including, but not limited to, the following:

- Death
- Injury requiring medical attention beyond first aid (such as a cut requiring suturing or an injury requiring transfer to a hospital for examination and/or treatment)
- Fracture(s), subdural hematoma, concussion
- Bruises
- Facial injury(ies), such as broken or missing teeth, facial fractures, black eye(s), bruising, bleeding or swelling of the mouth or cheeks

# Mental Anguish

Psychosocial outcomes resulting from the willful action including, but not limited to, the following:

- Fear of a person or place or of being left alone or of being in the dark, disturbed sleep, nightmares.
- Changes in behavior, including aggressive or disruptive behavior toward a specific person.
- Running away, withdrawal, isolating self, feelings of guilt and shame, depression, crying, talk of suicide or attempts.

# Pain

Pain resulting from the willful action including, but not limited to, the following:

- Complaints of pain related to the altercation.
- Onset of pain evidenced by nonverbal indicators, such as groaning, crying, screaming, grimacing, clenching of the jaw, resistance to being touched or rubbing/guarding body part.

# Polling #12: Resident to Resident

Resident to Resident altercation: Tom was watching television, Al came in and turned the volume down, Tom yelled at Al and Al told Tom the volume was way too loud. Tom took a swing at Al and Al grabbed Toms wrist and Tom yelled out, “ouch.” The two residents were separated. Toms' wrist was red and bruised, complained of continued pain.

1. Reportable
2. Not reportable

# Polling #13: Resident to Resident

Mary came out of her room with coffee all over her clothes. Mary stated Tina went into her room, when Mary told Tina to get out, Tina threw coffee all over her. The coffee was room temperature, and no injury was sustained. Mary said she did not feel safe.

1. Reportable
2. Not reportable

# Resident to Resident Sexual Abuse

**REQUIRED TO REPORT**

- Touching a resident's sexual organs and the resident being touched indicates the touching is unwanted through verbal or non-verbal cues
- Sexual activity or fondling where one of the resident's capacity to consent to sexual activity is unknown
- Instances where the alleged victim is transferred to a hospital for examination and/or treatment of injuries resulting from possible sexual abuse
- Other unwanted actions for the purpose of sexual arousal or sexual gratification

**NOT REQUIRED TO REPORT**

- Consensual sexual contact between residents who have the capacity to consent
- Affectionate contact such as hand holding or hugging or kissing a resident who indicates that he/she consents to the action through verbal or non-verbal cues

*Refer to F600 for further information on capacity to consent; F609 for what to report/not report.*

# Polling #14: Resident to Resident

Resident 1 and resident 2 have been noted to hold hands and they often sit together in the TV room. Lately they have been noted to be in R1's room together a lot. Today, staff went into R1's room and found R1 and R2 in bed together without their clothes on.

1. Reportable
2. Not reportable

# Polling #15: Resident to Resident

Tammy and Bob were in the day room, and it was noted Bob was rubbing up under Tammy's blanket up by her perineal area. Tammy did not have any reaction. Bob was removed and told he cannot touch other residents inappropriately. Tammy was unable to recall the incident. Bob was moved to another floor and placed on 15-minute checks. An appointment with geri-psych was set up for tomorrow for each resident.

1. Reportable
2. Not reportable

# Mental/Verbal Conflict

**REQUIRED TO REPORT**

- Bullying
- Threats of violence
- Communication motivated by actual/perceived characteristic such a race, color, religion, sex, disability or sexual orientation that results in mental anguish or social withdrawal.
- Inappropriate sexual comments that are used to threaten, offend, humiliate, or demean.

**NOT REQUIRED TO REPORT**

- Non targeted outbursts, arguments or disagreements which do not include any communication identified in the required to report area.

# Polling #16: Resident to Resident

George and Sam do not like each other. George is constantly calling Sam names and Sam curses at George when this happens. Today George called Sam a racial slur which really upset Sam and Sam is so angry he started throwing things in his room. Staff intervened and separated the two. Sam was offered to move to another floor, but refused saying George should have to move. Both residents scheduled for in house psych.

1. Reportable
2. Not reportable

# Definition: Injuries of Unknown Source

"Injuries of unknown source" – An injury should be classified as an "injury of unknown source" when all the following criteria are met:

- The source of the injury was not observed by any person; and
- The source of the injury could not be explained by the resident; and
- The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is in an area not generally vulnerable to trauma) or the number of injuries observed at one point in time or the incidence of injuries over time.

# Examples of Injuries of Unknown Source that are Reportable

Examples of Injuries of Unknown Source Which Must Be Reported (Unobserved/Unexplained):

- Skin tears in sites other than the arms or legs.
- Symmetrical skin tears on both arms.
- Patterned bruises that suggest hand marks or finger marks, or bruising pattern caused by an object.
- Bilateral bruising of the inner thighs, and “wrap around” bruises that encircle the legs, arms or torso.
- Facial injuries, including facial fractures, black eye(s), bruising, or bleeding or swelling of the mouth or cheeks with or without broken or missing teeth.

# Polling #17: Injury of Unknown Source

Resident has 3 large bruises on his shin. Resident is not able to state what happened.

1. Reportable
2. Not reportable

# Training from CMS

Quality, Safety & Education Portal (https://qsep.cms.gov/)

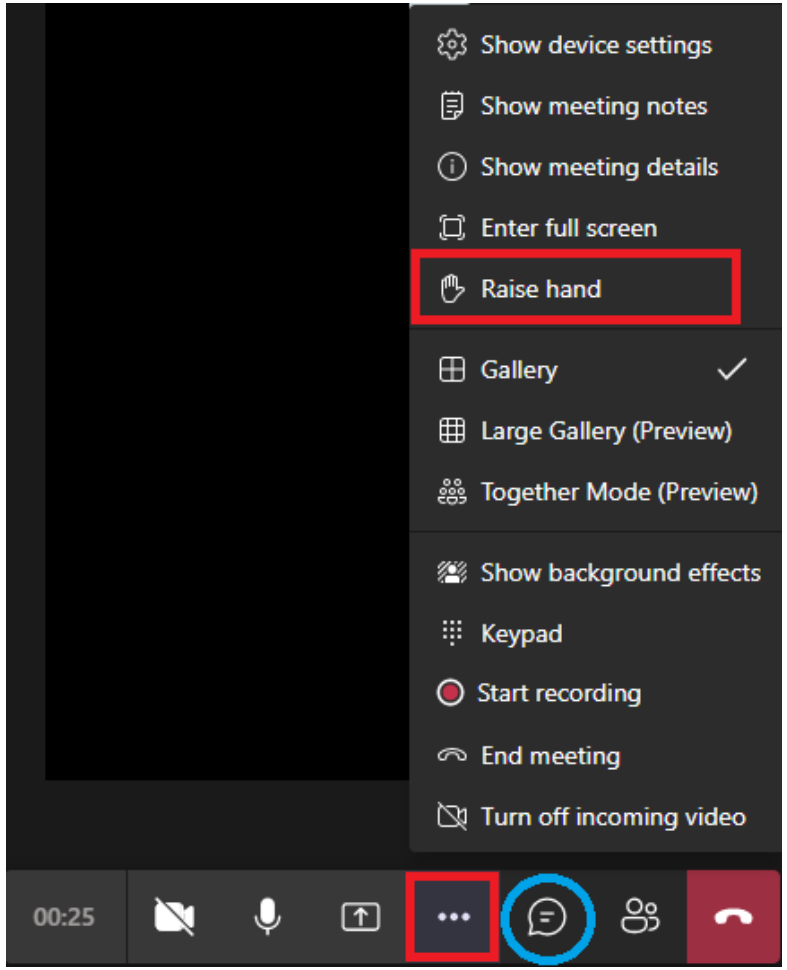
Long Term Care Regulatory and Interpretive Guidance and Psychosocial Severity Guide Updates - January 2022

- Resident Rights
- Abuse, neglect, and exploitation
- Admission, Transfer and Discharge
- Quality of Life and Quality of Care
- Trauma Informed Care
- Physician Services
- Nurse Staffing and Payroll Based Journal
- Behavioral health
- Pharmacy services
- Food and nutrition

# Questions?

# How to Ask a Question for Q & A

- **Participants are muted.** We will answer as many questions as we can at the end of the presentation.
- **Two ways to ask a question** or provide a comment:
  1. Raise your hand (**outlined in red**).
  2. Click the Chat bubble (**circled in blue**) to open the chat.
- For phone attendees, press ***5** to raise your hand, and ***6** to unmute/mute yourself.
- **We will select speakers** in order and add questions from the chat at the end of the presentation.



# Thank You!!!

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