Welcome and Introduction

- There are changes to the State Operations Manual (SOM)
- Psychosocial Outcome Severity Guide
- Deficiency Categorizations of Various Tags
- F329 – Unnecessary Medications

These materials are for reference only. For complete information, refer to Appendix P and Appendix PP of the State Operations Manual.

Psychosocial Outcome Severity

- Psychosocial Outcome Severity Guide has been part of the survey process for several years.
- Revisions to the guide are not extensive.
- We will briefly summarize the Guide and the revisions.
- The complete guide with revisions is included with your handouts.

These materials are for reference only. For complete information, refer to Appendix P and Appendix PP of the State Operations Manual.
Before and After

- What was resident’s psychosocial status before non-compliance?
- What is resident’s psychosocial status after non-compliance?

Reasonable Person

- Death
- Physical or Cognitive impairment
- Insufficient Documentation
- Resident’s reaction is incongruent to the situation
- May apply reasonable person concept

Potential Tags

- F221/222 – Physical and Chemical Restraints
- F223/224/225/226 – Abuse, Mistreatment, Neglect, Misappropriation tags
- F241 - Dignity
- F246 – Accommodation of Needs
- F248 - Activities
- F279 – Comprehensive Care Plans
Potential Tags (cont.)

- F280 – Right to Participate in Care Planning
- F309 – Quality of Care (pain, dementia care)
- F319 – Treatment/Services for Mental/Psychosocial Functioning
- F320 – No Behavior Difficulties Unless Unavoidable
- F329 – Free From Unnecessary Drugs

Immediate Jeopardy Examples

- Suicidal ideation (with a plan) or suicidal attempt
- Self injurious behavior likely to cause injury
- Sustained expressions of anger that are likely to cause serious harm, injury, or death to self or others.

Actual Harm (Not I.J.)

- Persistent depressed mood
- Significant decline in social patterns that does not rise to level of I.J.
- Ongoing, persistent feeling of dehumanization or humiliation that are not life-threatening.
Potential for More than Minimal Harm

- Intermittent sadness
- Feeling of shame or embarrassment
- Complaints of boredom

Appendix PP of the SOM

- Contains Skilled Nursing Facility and Nursing Facility Regulations
- Contains Interpretive Guidelines IG’s
- Added language to IG’s of several different regulations related to the psychosocial severity guide and deficiency categorization

New Language Added to I.G.

- Surveyors should be mindful of the elevated risk of psychosocial harm associated with the regulation at tags FXXX that may lead to noncompliance, and consider this during their investigation.
- Once the team has completed their investigation, analyzed the data, reviewed the regulatory requirements, and identified any deficient practice(s) that demonstrate noncompliance with the regulations at FXXX exists, the team must determine the scope and severity of each deficiency, based on the resultant harm or potential for harm to the resident.
- The survey team must consider the potential for both physical and psychosocial harm when determining the scope and severity of deficiencies related to chemical and physical restraints.
- See also the Psychosocial Outcome Severity Guide and Investigative Protocol in Appendix P, Part IV, Section E for additional information on evaluating the severity of psychosocial outcomes.
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Language Added To

- F221/222 – Physical and Chemical Restraints
- F241 – Dignity
- F242 – Self Determination and Participation
- F246 – Accommodation of Needs
- F248 - Activities
- F250 – Social Services

Added To (cont.)

- F310 – Activities of Daily Living
- F320 – No Behavior Difficulties Unless Unavoidable
- F329 – Free From Unnecessary Drugs

F329 – Unnecessary Drugs

- Definitions
  - Anticholinergic side effect
  - Sx: Flushing and Increased Blood Pressure
  - List of medication categories: Antihistamines, antidepressants, antipsychotics, antiemetics, muscle relaxants; and
  - Certain medications used to treat cardiovascular conditions, Parkinson’s disease, urinary incontinence, gastrointestinal issues and vertigo.
Definitions

- Distressed Behavior
  - Language added:
  - Distressed behavior may be treated with medications but should also be addressed through nonpharmacological approaches. Certain medications may also cause or contribute to distressed behavior.

Overview

- Arranging staffing to optimize familiarity and consistency for a resident with symptoms of dementia.
- Some additional website resources

Medication Management

- Medication Management includes:
  - Indications for use
  - Monitoring for efficacy and adverse consequences
  - Dose
  - Tapering dose/gradual reduction for antipsychotic meds
  - Prevention, identification, and response to adverse consequences.
Adverse Consequences

- **OIG Report**
  - One in Five residents experience adverse consequences
  - 37% of those are due to medications
  - 66% are preventable
    - Substandard treatment
    - Inadequate monitoring

- **Delirium**
  - Acute confusional state
    - May result from medications as well as other factors including electrolyte imbalances or infections.
  - While delirium is not always preventable, identifying and addressing risk factors may reduce the occurrence.

- **Restlessness and agitation**

- **Meds used to treat may increase confusion**
  - Lowest dose
  - Shortest period of time

- **Careful observation**

- **Timely management of delirium**
Remember Assessment!

- Remember mental status items on the MDS
- C1300
- C1600
- Delirium Care Area Assessment
- RAI Manual

Investigative Protocol

- Observations
- Interview
- Record Review

Sx, Signs and Conditions

- Additions to the table that provides a guide to surveyors.
- Apathy; social isolation or withdrawal; lethargy; inability to concentrate; psychomotor agitation (e.g. restlessness, inability to sit still, pacing, hand-wringing, or pulling or rubbing of the skin, clothing, or other objects); and psychomotor retardation (e.g. slowed speech, thinking, and body movements)
Determination of Compliance

- Noncompliance related to inadequate indications for use
- Delirium – distressed mood with antipsychotic treatment
- Noncompliance related to inadequate monitoring
  - Failure to monitor for changes in psychosocial functioning resulting from adverse consequences of medications, e.g., resident no longer participates in activities because medication causes confusion or lethargy

- Antipsychotic medications without gradual dose reduction.
  - Failure to discontinue an antipsychotic prescribed for acute delirium, once delirium symptoms have subsided.

Tags to Investigate

- F222 – Restraints
- Determine whether sedative, antipsychotic, or anti-anxiety medications are used for discipline, convenience, to subdue, or sedate rather than to treat medical symptoms.
- May result in symptoms of withdrawal, depression, or reduced social contact.
Tags to Investigate

- F248 – Activities
- Facility provides activities that address a resident’s needs and may permit discontinuation or reduction of psychopharmacological medications.
- Review also whether adverse consequences of medications interfere with a resident’s ability to participate.

Deficiency Categorization

- Determining the Scope and Severity
  - Actual or potential negative physical harm, actual or potential negative psychosocial harm or both resulting from unnecessary medications.
  - Negative psychosocial outcomes related to unnecessary medications may include: suicidal ideation, recurrent debilitating anxiety, extreme aggression or agitation, significant decline in former social patterns, social withdrawal, psychomotor agitation or retardation, inability to think or concentrate, and apathy.
  - See also the Psychosocial Outcome Severity Guide in Appendix P, Section E for additional information on evaluating the severity of psychosocial outcomes.

Severity Determination

- Presence of potential or actual harm/negative outcome(s)
- Degree of potential or actual harm/negative outcome(s)
- The immediacy of correction required.
Level 4 - Immediate Jeopardy

- Immediate Jeopardy to a resident’s health or safety,
- Evaluating the deficient practice in relation to immediacy, culpability, and severity.
- The death or transfer of a resident who was harmed or injured as a result of facility noncompliance does not remove a finding of immediate jeopardy.
- The facility is required to implement specific actions to remove the jeopardy and correct the noncompliance.

Examples of IJ

- Failure to respond appropriately to an INR level that is below the target range.
- Failure to recognize that increased confusion and that newly developed inability to do activities of daily living resulting in hospitalization are the result of excessive doses of antipsychotic given without adequate clinical indication.

Examples of IJ (cont)

- Failure to recognize that continuation of an antipsychotic, originally prescribed for acute delirium has caused significant changes in the resident’s behavior from the resident’s baseline – the resident no longer participates in activities, has difficulty concentrating and carrying on conversations and spends most of the day in the room, sleeping in a recliner or in bed. Continuation of the antipsychotic without indication resulted in significant psychosocial harm.
Examples of IJ (cont.)

- Failure to re-evaluate continuation of an antipsychotic originally prescribed for acute delirium which resulted in significant side effects from the medication – the resident stayed in bed most of the day, developed a stage III pressure ulcer, and new onset of orthostatic hypotension putting the resident at risk for falls.

Level 3 – Actual Harm that is not IJ

- Actual harm - noncompliance that results in a negative outcome
- Compromised the resident’s ability to maintain and/or reach his/her highest practicable physical, mental and psychosocial well-being.

Examples of Actual Harm that is not IJ

- Failure to take appropriate action for an INR that is below the therapeutic level to prevent clot formation resulting in hospitalization for a DVT.
- Failure to evaluate the medication regimen as a possible cause of resident’s decline in functioning evidenced by withdrawal, crying, loss of interest in activities, and social isolation.
Examples of Actual Harm that is not IJ

- Failure to evaluate a resident for a gradual dose reduction for medication originally prescribed to treat delirium. Delirium symptoms had subsided but resident was drowsy and inactive during the day as a result of the medication causing a decline in psychosocial functioning.

Level 2 – Potential for Actual Harm

- Level 2 is noncompliance that results in no more than minimal physical, mental and/or psychosocial discomfort to the resident and/or has the potential (not yet realized) to compromise the resident’s ability to maintain and/or reach his/her highest practicable physical, mental and/or psychosocial well-being.

Examples of Potential for Harm

- Failure to monitor for response to therapy or for the emergence or presence of adverse consequences before the resident has experienced an adverse consequence or decline in function (examples now include a decline in social functioning or oversedation in someone receiving psychopharmacological medications.)
Examples of Potential for Harm

- The facility failed to initiate a gradual dose reduction for or discontinue an antipsychotic medication originally ordered for delirium symptoms. The delirium symptoms have subsided but the resident continues to receive the antipsychotic medication at the original dose.

Tables 1 and 2

- Removed from the Interpretive Guidelines
- Replaced with website resources containing information about medications.

Happy Summer!