



Reviewing regulatory requirements for top ten federal Nursing Home Tags issued in Minnesota. Eva Loch, MDH Nursing Evaluator

## F282- Comprehensive Care Plans

### Regulatory language (SOM):

#### ***§483.21(b)(3) Comprehensive Care Plans***

The services provided or arranged by the facility, ***as outlined by the comprehensive care plan***, must—

(ii) Be provided by qualified persons in accordance with each resident's written plan of care.

***(iii) Be culturally-competent and trauma-informed.***

***[§483.21(b)(iii) will be implemented beginning November 28, 2019 (Phase 3)]***

# F441- Infection Control

## §483.80 Infection Control

The facility must establish and maintain an infection *prevention and* control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of *communicable* diseases and infections.

§483.80(a) Infection *prevention and* control program.

The facility must establish an infection *prevention and* control program (*IPCP*) *that must include, at a minimum, the following elements:*

*(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;*

*[As linked to Facility Assessment, §483.70(e), will be implemented beginning November 28, 2017 (Phase 2)]*

## F441- Infection Control- Cont.

- (2) Written standards, policies, and procedures for the program, which must include, but are not limited to:*
- (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;*
  - (ii) When and to whom possible incidents of communicable disease or infections should be reported;*
  - (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;*
  - (iv) When and how isolation should be used for a resident; including but not limited to:*
    - (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and*
    - (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.*
  - (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and*
  - (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.*



## F441- Infection Control- Cont.

***(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.***

***[\$483.80(a)(3) will be implemented beginning November 28, 2017 (Phase 2)]***

***(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.***

## F441- Infection Control- Cont.

### ***§483.80 (b) Infection preventionist***

***[\$483.80(b) and all subparts will be implemented beginning November 28, 2019 (Phase 3)]***

***The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who is responsible for the facility's IPCP. The IP must:***

- (1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;***
- (2) Is qualified by education, training, experience or certification;***
- (3) Works at least part-time at the facility; and***
- (4) Has completed specialized training in infection prevention and control.***



## F441- Cont.

***§483.80 (c) IP participation on quality assessment and assurance committee.***

***The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.***

***[§483.95(c) will be implemented beginning November 28, 2019 (Phase 3)]***

***(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.***

***(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.***



## F309- Quality of Life, Quality of Care

### § 483.24 *Quality of life*

*Quality of life is a fundamental principle that applies to all care and services provided to facility residents.*

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, *consistent with the resident's* comprehensive assessment and plan of care.



## F309- Quality of Life, Quality of Care- Cont

### § 483.25 Quality of care

*Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:*



## F309 – Quality of Life, Quality of Care- Cont.

### **§483.25(k) Pain Management.**

***The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.***

## F309 – Quality of Life, Quality of Care- Cont.

### **§483.25(l) Dialysis.**

*The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.*

*483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.*

*[\$483.40(b)(3) will be implemented beginning November 28, 2017 (Phase 2)]*



## F329 – Unnecessary Drugs

### §483.45(d) Unnecessary Drugs—General.

Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-

- (1) In excessive dose (including therapy); or**
- (2) For excessive duration; or duplicate *drug***
- (3) Without adequate monitoring; or**
- (4) Without adequate indications for its use; or**
- (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or**
- (6) Any combinations of the reasons stated *in paragraphs (d)(1) through (5) of this section.***



## F329- Unnecessary Drugs- Cont

### **§483.45(e) Psychotropic Drugs.**

**[\$483.45(e)(3)-(5) will be implemented beginning November 28, 2017 (Phase 2)]**

Based on a comprehensive assessment of a resident, the facility must ensure that---

**§483.45(e)(1)** Residents who have not used *psychotropic* drugs are not given these drugs unless *the medication* is necessary to treat a specific condition as diagnosed and documented in the clinical record;

**§483.45(e)(2)** Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;

## F329- Unnecessary Drugs -Cont.

**§483.45(e)(3)** *Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and*

**§483.45(e)(4)** *PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.*

**§483.45(e)(5)** *PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.*

## F428 – Drug Regimen Review

### §483.45(c) Drug Regimen Review.

(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

*(2) This review must include a review of the resident's medical chart [§483.45(c)(2) will be implemented beginning November 28, 2017 (Phase 2)]*

*(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:*

*(i) Anti-psychotic;*

*(ii) Anti-depressant;*

*(iii) Anti-anxiety; and*

*(iv) Hypnotic.*

## F428 – Drug Regimen Review- Cont.

**(4) The pharmacist must report any irregularities to the attending physician *and the facility's medical director* and director of nursing, and these reports must be acted upon.**

***(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.***

***(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.***

***(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.***



## F428 – Drug Regimen Review- Cont.

*(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.*



## F465 – Other Environmental Conditions

**F465 (Rev. 168, Issued: 03-08-17, Effective: 03-08-17, Implementation: 03-08-17)**

### **§483.90(i) Other Environmental Conditions**

**The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.**

**§483.90(i)(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account nonsmoking residents.**

## F279- Care plans

### §483.20(d) Use

A facility must maintain *all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan.*

### §483.21(a) Baseline Care Plans

*[§483.21(a) will be implemented beginning November 28, 2017 (Phase 2)]*

*(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-- (i) Be developed within 48 hours of a resident's admission.*

*(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to— (A) Initial goals based on admission orders.*

*(B) Physician orders.*

*(C) Dietary orders.*

*(D) Therapy services.*

*(E) Social services.*

*(F) PASARR recommendation, if applicable.*



## F279 - Care plans- Cont.

*(2) The facility may develop a comprehensive care plan in place of the baseline care plan*

*if the comprehensive care plan—*

*(i) Is developed within 48 hours of the resident's admission.*

*(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).*

*(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:*

*(i) The initial goals of the resident.*

*(ii) A summary of the resident's medications and dietary instructions.*

*(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.*

*(iv) Any updated information based on the details of the comprehensive care plan, as necessary.*

## F279 – Care Plans- Cont.

### ***§483.21(b) Comprehensive Care Plans***

(1) The facility must develop ***and implement*** a comprehensive ***person-centered*** care plan for each resident, ***consistent with the resident rights set forth at §483.10(c)(2) and***

***§483.10(c)(3)***, that includes measurable objectives and time***frames*** to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following—

(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under ***§483.24, §483.25 or §483.40***; and

(ii) Any services that would otherwise be required under ***§483.24, §483.25 or §483.40*** but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).

## F279 – Care Plans- Cont.

*(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.*

*(iv) In consultation with the resident and the resident's representative (s)—*

*(A) The resident's goals for admission and desired outcomes.*

*(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.*

*(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.*

## F314 – Skin Integrity

### §483.25 *(b) Skin Integrity*

§483.25 (b)(1) Pressure *ulcers*. Based on the comprehensive assessment of a resident, the facility must ensure that—

- (i) *A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and* does not develop pressure *ulcers* unless the individual's clinical condition demonstrates that they were unavoidable; and
- (ii) A resident *with* pressure *ulcers* receives necessary treatment and services, *consistent with professional standards of practice*, to promote healing, prevent infection and prevent new *ulcers* from developing.

## F323- Accidents

### §483.25(d) Accidents.

The facility must ensure that –

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

*483.25(n) – Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.*

- (1) Assess the resident for risk of entrapment from bed rails prior to installation.*
- (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.*
- (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.*



## F431- Drug storage

### **§483.45 (b) Service Consultation.**

**The facility must employ or obtain the services of a licensed pharmacist who-**

**(2) Establishes a system of records of receipt and disposition of all controlled in sufficient detail to enable an accurate reconciliation; and**

**(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.**

## F431 – Cont.

### **§483.45(g) Labeling of Drugs and Biologicals**

**Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.**

### **§483.45(h) Storage of Drugs and Biologicals**

**(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.**

**(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.**



## F312 – Activities of Daily Living

**§483.24(a)(2)** A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

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**Questions,**

**Comments.**

**Thank you!**