

(02/10/05)

ISDH/Nursing Home Associations Roundtable Meeting
4th Quarter, 2004
Questions

1. ISDH Quality Assurance Process

You have described in general the internal QA process related to surveys. However, we have some additional questions:

1. Are citations monitored between regions, survey teams and individual surveyors?
2. Is the monitoring process designed to flag variances among teams and individual surveyors? (E.g. One region cites things other regions do not.)
3. Is the monitoring process designed to identify subjectiveness among teams and individual surveyors?
4. What is the level of review conducted by the supervisors of individual surveyors citations?
5. Do the supervisors have the ability to override the field surveyors' decisions?

Answer: Long Term Care Division has an internal quality review and quality assurance process to monitor the quality of the survey process.

2. Communication with Facilities

The recent requests for information from facilities related to Flu Vaccine needs pointed out that the ISDH does not have an effective way to communicate quickly with facilities.

Does the department see this as an issue?

What steps do you anticipate ISDH might take to overcome this problem?

Answer: Yes – ISDH is looking at various options to assist with this issue.

3. Med Pass in Dining Room

A Complaint Surveyor in Area 6 was at a facility and made the comment that she was concerned that nursing staff was passing medications in the dining room during the meal. While this was not part of the complaint being surveyed, she still voiced concern that the licensed staff was doing so.

This has been an area of discussion since the release of the investigative protocol for dining and food service (7/1/99). Please note that on page 49 of the Survey Procedures for Long Term Care Facilities it is stated, "6. Observe for institutional medication pass practices that interfere with the quality of the resident's dining experience. This does not prohibit the administration of medications during the meal service for medications that are necessary to be given at a meal, nor does this prohibit a medication to be given during a meal upon request of a resident who is accustomed to taking the medication via the meal, as long as it has been determined that this practice does not interfere with the effectiveness of the medication."

Per review of a later document entitled Long Term Care Survey Protocol Questions and Answers available on the CMS (then HCFA) website a few years ago, this issue is addressed under area Task 5E Medication Pass and states that, "the procedures instruct the surveyor to observe for institutional medication pass practices that interfere with the quality of the residents' dining experience. This does NOT prohibit the administration of medications during meal service."

The response continues to state that a concern would be, "lining up residents in an institutional line

to get their medicines while their already served meals become cool (or improperly warm).” This was not the case in the scenario observed by the surveyor.

In the past, it has been understood that as long as there is sufficient staff to meet the needs of the residents requiring assistance with meal consumption, and as long as the residents are not troubled by the passing of medications at mealtime, this is not a concern. Many of the elderly have been accustomed to taking their medications with meals in the past, and it was understood that this would not be a concern unless there is a concern with sufficient staffing to assist with meal service.

Based upon the Surveyor’s voiced concern to the DON, one would question if there has been a change in the opinion of ISDH in regard to this practice? I have not read any further guidance or clarification since this document posted on the website that would prohibit medication pass to be conducted in concert with meal service, as long as sufficient staff is available to assist with meal service. Please advise.

Answer: The federal investigative protocol for dining and food service directs surveyors to observe for institutional medication pass practices that interfere with the quality of the residents’ dining experience. This does not prohibit the administration of medications during the meal service for medications that are necessary to be given at a meal, not does this prohibit a medication to be given during a meal upon the request of a resident who is accustomed to taking the medication with the meal, as long as it has been determined that this practice does not interfere with the effectiveness of the medication.

4. Social Service Consultation reports

Certain surveyors (mainly southern Indiana) continue to ask the facility administrators to provide them with a copy of the social service consultation reports. According to the ISDH staff some time ago, surveyors should not be asking for these reports; however, they can ask to verify the consultation hours if the SS consultation is required per regulations. Could you clarify? The consultation reports are confidential documents.

Answer: Surveyors will ask for evidence that the social service designee is receiving an average of 4 hours of consultation per month.

5. Screening for signs/symptom of depression

Survey teams in northern Indiana continue to cite facilities for not providing a means to verify that a screening for signs and symptoms of depression is being done routinely. Could ISDH reference a regulatory requirement for this standard OR clarify the issue?

Answer: The MDS requires periodic screening for depression; this is addressed in Section E1. Regulatory references are F272, F319, and F320.

6. Standardized behavior management program

Where is the requirement for facilities to have a standardized behavior management program?

Answer: This question needs clarification.
Basically, behavior management programs are individualized to the resident.

7. Consultation recommendation for newly hired Activity Directors

Newly hired Activity Directors who have no previous healthcare/long term care or related experience have 6 months to complete the state approved 90-hour activity course. In the meantime, what does

the ISDH recommend in terms of providing activity consultation until the staff member has successfully completed the course?

Answer: 410 IAC 16.2-3.1-33 (f) requires after July 1, 1984, any person who has not completed an activities director course approved by the division and is assigned responsibility for the activities program shall receive consultation until the person has completed the course.

8. Dating of MDS supportive documentation

Describe how MDS supportive documentation should be dated.

Answer: MDS supportive documentation guidelines are outlined in the July 20, 2004 Provider Bulletin. Questions regarding supportive documentation guidelines should be directed to the EDS/ Long Term Care Unit at (317) 488-5089.

9. Ongoing activity programs in Dementia/Alzheimer units

For facilities with specialized Dementia/Alzheimer units, what is the regulatory requirement for ongoing activity programs?

Answer: The activities must meet the needs of the residents.

10. Residents from the criminal justice system

For facilities that have admitted residents from the criminal justice system, what would the ISDH expect to see in terms of documentation & follow up with probation officers, court proceedings and/or criminal history information?

Answer: The IDH has no expectations in regard to documentation and/or follow-up with probation officers, court proceedings and/or criminal history information involving a resident admitted from the criminal justice system. The ISDH's expectation is that a pre-admission screening would identify any personal histories of those residents that would render them at risk for abusing other residents, or in some cases, visitors, and that the facility has developed interventions to prevent occurrences, monitored the resident for changes that trigger particular behavior, and reassessed the interventions on a regular basis to ensure the on-going effectiveness of the intervention strategies.

As far as maintaining contact with a probation/parole officer, court, or ensuring that a convicted sex offender is on the "list", that would be the responsibility of the resident's responsible party, power of attorney, or guardian. If the resident has no such representative, and is unable to be his own responsible party, then social services may need to be involved in obtaining such representation for the resident.

11. Definition of "regular contact" under the new dementia rule

Please clarify "regular contact" with residents under the new dementia training rule. In a CCRC where you have a lot of high school age food service employees who work as servers, this six-hour training rule would be a challenge due to frequent turn over.

Answer: Regular contact is a staff member who is likely to come in contact with residents in the normal course of their job duties.

Source: August 10, 2004 letter regarding Dementia Care training

Dementia Care training information is available at:

<http://www.in.gov/isdh/regsvcs/ltc/alzinfo/index.htm>

12. Emergency water requirement

Please clarify the emergency water requirement. Has an amount required for each resident been specified? Our understanding is that there is no specific amount required by rule.

Answer: No specific amount of water is required by rule or regulation, but the facility must have a written protocol which defines the method of estimating the volume of water required. The January 2000 LTC Newsletter specified a method that could be used to estimate the volume of water. 410 IAC 16.2-3.1-19 (f)(1) & F466 require: The facility must establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply.