Roundtable Questions 2007

Universal Precautions and Patients' Rights form may be accessed at:
http://www.in.gov/isdh/regsvcs/ltc/facfiles/universalprecautions.pdf

1. Power Strips

A facility recently reported conflicting directions from the Life Safety Code Inspector versus the State Fire Marshall. One stated that it was appropriate to utilize a power strip (in that a facility may have an electric bed as well as various other types of resident appliances requiring multiple outlets), given the power strip is UL rated and tagged appropriately. However, when the State Fire Marshall viewed the same power strips, the facility was instructed that no medical equipment (feeding pumps, oxygen concentrators, electric beds, etc.) could be plugged into such a strip (even though tagged with UL approval). Please clarify the appropriate use of power cords in a resident room.

Response: Power strips may be used at the foot of the bed for TV's etc.; they may not be used at the head of the bed. No medical equipment can be plugged into them, including electric beds. High voltage items or nothing with a 3 prong plug may not be plugged into power strips. This does not apply to the little transformers that are used for things like cell phone chargers.

2. Employee Photos

Many facilities take employee photos at the time of hire. In the event of a resident allegation of abuse, this often assists to expedite the investigation, in that the resident can view photos and may be able to identify the employee involved in the alleged abuse allegation, or it can eliminate an employee as a potential suspect. Although a facility investigation would not solely rest upon the use of such photos, is there any concern or prohibition of this practice from the view of the Indiana State Department of Health?

Response: No, this practice is based on facility policy.

3. LTC Newsletter/Request for Consultant Reports During Entrance Conference

The April 27, 2007 newsletter provided survey checklist forms that will be provided to facility staff at entrance conference. The page identified as information/documentation to be provided to surveyors within 24 hours of the conclusion of the entrance conference, lists **"consultant logs."**

a.) Facilities are mandated to have a consultant dietitian (if dietitian is not on staff), consultant pharmacist, and social service consultant (if using a social service designee). It is anticipated that these are the consultant logs being referenced. Facilities may choose to have a medical records consultant, nurse consultant, etc.; however, it is anticipated that these are not logs that would be provided, in that they are not required consultant visits. Would you agree?

Response: Yes

b.) Also, please confirm that the intention is that the survey team review consultant "logs" to verify compliance with consultant visits; however the internal reports provided by the consultant to the facility are not necessary to be provided to the survey team.

Response: Pharmacist and dietician reports may be required to determine regulatory compliance. If required, Social Service and Activity consultant verification may be requested.

4. Oxygen tanks

I was contacted by one of our members who has been informed by their contracted respiratory therapy company that filling portable oxygen tanks from a large tank can not be done by a CNA, as they are not allowed to do so "per rule." I am unaware of any such prohibition, if the CNA has been trained to fill the portable oxygen tank. Are there concerns from other areas (i.e., life safety)?

Response: The C.N.A. is allowed to fill portable oxygen tanks if trained and competent. Please note C.N.A.s may not adjust the oxygen flow rate.

5. Provider Survey Questionnaire

A facility has reported that they have had annual survey and two complaint surveys since the implementation of the Survey Questionnaire. When asked by corporate personnel if they had completed the questionnaire following survey, administrative facility staff reported that they had not been provided the questionnaire during any of the three surveys.

Response: The questionnaire may be downloaded at: http://www.in.gov/isdh/regsvcs/ltc/provsurv/53183.pdf

6. Dining service

During a recent survey an Administrator was told by a surveyor that all residents' meal trays should come to the main dining room at the same time - even if 2 carts are needed.

The facility practice is to make sure that the residents at the same table are served at the same time. Trays are brought out - one cart at a time - so that there are no trays sitting out for several minutes before they are given to the residents. State Rule requires the facility provide “food at proper the temperature” and “Store, prepare, distribute and serve food under sanitary conditions.” There appears to be no basis in the regulation for this strong "suggestion" from them, other than surveyor opinion or preference.

Response: There is no regulation or rule requiring all residents seated at multiple tables to be served at one time.

7. F498 Proficiency of Nurse Aides.

The regulation states:
The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

Probes:
Do nurse aides show competency in skills necessary to: maintain or improve the resident's independent functioning, e.g., performing range of motion exercises, assisting the resident to transfer from the bed to a wheelchair, reinforcing appropriate developmental behavior for persons with MR, or psychotherapeutic behavior for persons with MI; observe and describe resident behavior and status and report to charge nurse; follow instructions; carry out appropriate infection control precautions and safety procedures.

Recently, two providers were faulted for not having a “check-off” on their nurse aide orientation specifically for toileting residents at risk for falls during the toileting process. Is it the ISDH expectation that this, in particular, be separately noted on orientation documents?

Response: No

8. RECORD RETENTION: Would you please provide the criteria regarding retention of records by a comprehensive health care facility?

Personnel records: 3 years after termination or separation of employment. Hepatitis B medical records: 30 years after termination of employment.

Patient medical records: 410 IAC 16.2-3.1-50 (b) requires after discharge, a minimum of 1 year in facility and 5 years total. In the case of a minor, until 21 years of age.
405 IAC 1-5-1(b) requires all providers participating in the Indiana Medicaid program maintain records for a period of seven (7) years from the date Medicaid services are provided.

Financial: Consult with an accountant.

In-service: Minimum annual to annual survey for long term care regulatory requirements.

QA records: No requirement; must have proof of meeting requirements at survey. Would advise keeping from survey to survey, at a minimum.

Consultant records: No requirement to keep but must show proof of meeting consultation requirements (when consultation is required). Would advise keeping from survey to survey, at a minimum.

BIPA staffing records: 18 months. Original postings do not have to be kept if electronic storage can reproduce the records.

9. INFORMED CONSENT: If a facility utilizes a consent for influenza vaccination upon which the resident/ responsible party gives consent for the vaccination to be administered on an annual basis, and there is a physician's order on the recap for the annual vaccination, is a further (i.e., annual) consent needed?

> Note: In regard to an annual requirement of facility action, the interpretive guidance of F334 states as an objective under the investigative protocol: *"To determine if education regarding the benefits and potential side effects of immunization(s) was provided to the resident or legal representative each time a vaccine was offered."*
>
> Also, Indiana Code at IC 16-28-14-2, obtaining informed consent states:
> **"***(b) A health facility shall attempt to obtain the consent required under subsection (a):*
> *(1) upon the patient's admission, if the patient's admission occurs after June 30, 1999; or*
> *(2) before an immunization is administered, if the patient's admission occurred before July 1, 1999."*
> **Note: does not state "upon admission and annually thereafter.**

Response: Annual education of the client is required. Informed consent may be a one time occurrence.

10. **RN coverage**: According to F354, 483.30 (b) The facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. Some surveyors are still telling facilities that the director of nursing may NOT fill this component. Although this has been clarified in previous Roundtable documents, would you please reconfirm that any registered nurse, e.g., MDS nurse, infection control nurse, Director of Nursing, is permitted to meet this criteria for RN coverage?. *Note: This is not to be confused with the prohibition of the DON serving as a charge nurse only when the average daily occupancy of the facility is 60 or fewer residents.*

Response: This is correct; the presence of the Director of Nursing or any other registered nurse fulfills this requirement.

11. Survey Checklist forms/items: The April edition of the ISDH LTC Regulatory Newsletter contained a checklist of items that will be requested by the surveyor at the time of the annual survey. One form states "the following information/documents must be provided to surveyors, if requested." One of those items is "consultant logs". Would you please clarify that only if a consultant is required by law is it appropriate to request that log? The *requirement* to utilize consultants is quite limited and any additional use of consultants is not subject to providing verification of that during the survey process.

Response: The department has revised the checklist. Pharmacist and dietician reports may be required to determine regulatory compliance. If required, Social Service and Activity consultant verification may be requested.

12. Telephone Orders: Can a facility nurse accept a telephone order from "staff" at a physician's office if that person is other than a nurse practitioner or physician assistant?

Response: Nurses may accept telephone orders from a practitioner with prescriptive authority. Division staff is not aware of any standard of practice, rule or regulation allowing a licensed nurse or medical assistant to communicate orders from the practitioner to a nurse. Electronic transmission of practitioner orders would be acceptable with safeguard provisions for privacy and unauthorized use.

410 IAC 16.2-3.1-22 (f) and 42 CFR 483.40 e & f (F390) allows a physician to delegate tasks to a physician assistant, nurse practitioner, or clinical nurse specialist under specified provisions.

13. QMA Scope of Practice: Is a QMA permitted to transcribe written physician orders onto the Medication Administration Record/Treatment Administration Record?

Response: Transcribing physician orders is not within the scope of practice of a QMA.

14. Magnetic door locks: Would you clarify the expectation for compliance with magnetic door locks?

Response: Magnetic door locks must have the following provisions:
They must be interconnected with the facility's fire alarm system. The doors must unlock with initiation of the fire alarm system and only reset when the alarm is reset. They must be provided with a means to release. This can be a key pad or keyed release to which all staff has a key. If the magnetic door lock is activated with a 15 second delay, a sign must be posted at the door stating such. No more than one of these locking arrangements can be used in any single path of egress (exit way).

Magnetic door locks should only be used in special care units. Other residents need to be able to come and go through these doors. If they are used in a mixed occupancy, then, all staff and responsible residents must know the code. Special care units housing dementia, etc. residents can have the locks without residents knowing the code. Wander Guard type systems can be used without residents knowing the code. Delayed egress locks can be used in any area provided they meet the requirements of the first paragraph.

15. Isolation/Signage

If a resident is in "contact" (or other type) isolation, is there a prohibition of having a precautionary isolation sign on the door if the sign does not divulge the resident's name, bed/room number or other such identifier? Would it be considered problematic if the resident was in a private room? Staff would receive report on resident status, however, lacking signage, one might be concerned for visitors, volunteers, laundry personnel, etc., who should check with the nurse prior to entry for any specific isolation instructions.

Response: Posting isolation signage is acceptable if the resident or family does not voice a concern regarding the signage. However, posting an isolation sign is not considered best practice.

16. Need Clarification RE: Tuberculin Skin Testing Requirements

In 2005 the American Lung Association of Indiana (ALA-I) established a new requirement for refresher training every three years for basic class (in TB skin testing) attendees. Therefore beginning January 2008, those persons who are certified in TB skin testing **by the ALA-I** will need to renew that certification *if* they want to remain certified by ALA-I. However *there are no legal requirements to utilize the ALA* for your training program.

There are no statutes in the Indiana Code that address specific tuberculin skin test training or certification. However the Indiana State Rules for long term care facilities, 410 IAC 16.2-3.1-14(t) states"….a tuberculin skin test… administered by persons having documentation of training from a department-approved program…" Note that it does not say "certified" nor does it require training from a *specific* program; rather it must be "department approved".

Should a facility desire to provide independent training in TB skin testing, a program must be approved by ISDH. Facilities may contact Nancy Adams, ISDH, with any questions.

To view the Indiana State Department of Health's information on Tuberculosis go to http://www.in.gov/isdh/programs/tb/index.htm. For specific *TB skin test training requirements* go to http://www.in.gov/isdh/programs/tb/pdf/TuberculinSkinTestTrainingRequirements.pdf

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