



• AN AAPACN ASSOCIATION •

Phase 3 Readiness

2019	Focus	Rationale	Education/ Competency	System Readiness	Policies and Procedures (P/P)	Audits
<p>June</p> <p>F607: CMS 483.12(b)(4)</p> <p>Resources: CE Pathways for: Abuse (CMS-20059) Neglect (CMS-20130)</p> <p>Investigative Protocols for F602 and 603</p>	<p>Freedom from abuse, neglect, and exploitation of residents and misappropriation of resident property. The policies and procedures are established in coordination with the QAPI program.</p>	<p>Provide protections for the health, welfare and rights of each resident. Incorporate coordination with the QAPI program.</p>	<p>Provide education to all caregivers that provide care and services to residents: facility employees, including the medical director; consultants; contractors with resident contact; any students in nurse aide programs or affiliated academic institutions, such as therapy, social, or activity programs; and volunteers.</p> <p>Review regulation for terms, situations needing to be monitored, examples, plans of action for various aggressive situations, appropriate care plan interventions. include education on Phase 3 policy changes that emphasize coordination with the QAPI program.</p> <p>Competency test on terms, scenarios as to what to do, if...</p> <p>Who: _____ When: _____</p>	<p>System in place for prevention, identification, investigation, training, and response time showing that the facility has done everything in its control to prevent incidents and/or appropriately manage allegations of abuse.</p> <p>Evidence that QAPI is involved and informed of these efforts.</p> <p>Who: _____ When: _____</p>	<p>Create, update, and/or review P/P regarding freedom from abuse, neglect, and exploitation. These policies must include, at minimum:</p> <ul style="list-style-type: none"> • Screening • Training • Prevention • Identification • Investigation • Protection and • Reporting response <p>Include definition of terms, such as:</p> <ul style="list-style-type: none"> - Abuse (physical, mental and verbal) - Neglect - Sexual abuse - Willful - Exploitation - Misappropriation of property - Involuntary seclusion <p>Who: _____ When: _____</p>	<p>Audit abuse policies and procedures for completeness (inclusion of the seven required elements), accuracy, completion, and periodic review/update of abuse, neglect, and exploitation training.</p> <p>Review Abuse Critical Element Pathway (CMS-20059) and the Investigative Protocol for F608 – Reporting Reasonable Suspicion of a Crime. Ensure coordination with QAPI program has occurred and is ongoing.</p> <p>Who: _____ When: _____</p>

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<p>June</p> <p>F659: CMS 483.21 (b)(3)(iii)</p> <p>Resources: CE Pathways for: General Critical Element Pathway (CMS-20072)</p> <p>Behavioral and Emotional Status (CMS-20067)</p> <p>SAMHSA's Concept of Trauma and Guidance for a Trauma Informed-Approach</p>	<p>Comprehensive care plans that address the residents in need of culturally competent and trauma-informed care and services.</p>	<p>Services are provided by individuals who have the skills, experience and knowledge to do a particular activity, including proper licensure or certification, if required. Accurate person-centered care for trauma survivors includes interventions to eliminate or mitigate triggers that may cause re-traumatization.</p>	<p>Facility has a qualified individual and, if needed, arranges for those services. Determine what residents would require this individualized care and determine facility's abilities to meet the requirements.</p> <p>Provide education to all employees regarding the terms and situations that would require services to be delivered that are culturally competent and/or appropriate for the type of trauma.</p> <p>Who: _____ When: _____</p>	<p>System of staff assignments ensures availability of caregivers with the skills, experience and knowledge to provide care and services that meet the resident's needs, as outlined by the comprehensive care plan.</p> <p>If needed, establish a contract with a qualified individual to provide the appropriate care and services for residents and/or training for staff.</p> <p>Who: _____ When: _____</p>	<p>Create, update, edit/ review existing P/P regarding comprehensive person-centered care plans that are culturally competent and trauma-informed.</p> <p>Review P/P to ensure they require staff training on observing visual cues of psychosocial distress and harm.</p> <p>Who: _____ When: _____</p>	<p>Audit accuracy and completeness of training, education, and competency of staff.</p> <p>Audit care plans to ensure person-centered, culturally-competent, and trauma-informed interventions are in place.</p> <p>Who: _____ When: _____</p>
<p>June</p> <p>F699: CMS 483.25 (m)</p> <p>Resources:</p> <p>Survey Resource: Guidance on Severity and Scope Lev and Psychosocial Outcome Severity Grid</p> <p>Telligen QIO Resource: To Support Trauma Informed Care for Persons in Post-Acute and Long Term Care Settings</p>	<p>Trauma-informed care</p>	<p>Trauma survivors must receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization.</p>	<p>Provide education and training/competency to all direct care staff and nurses regarding both culturally competent and trauma-informed care.</p> <p>Provide training to all staff to emphasize that many people have suffered trauma in their lifetime, including abuse, neglect, loss, disaster, war, and other emotionally harmful experiences.</p> <p>Train about the most common types of trauma; what to do, who to call, what to say.</p> <p>Who: _____ When: _____</p>	<p>System in place to ensure culturally competent trauma-informed care is received by survivors of trauma and processes are in place to eliminate or mitigate triggers of re-traumatization.</p> <p>Ensure timely identification of residents with a history of trauma or PTSD.</p>	<p>Create, update, edit/ review existing P/P regarding quality of care including trauma-informed care and cultural competence.</p>	<p>Audit accuracy and completeness of policies and procedures and adherence to quality of care, including cultural competence, trauma-informed care, and elimination or mitigation of triggers that may cause re-traumatization</p> <p>Review comprehensive assessments of residents at risk. Evaluate the clinical condition and risk factors for the concern – are appropriate interventions in place to help the resident?</p> <p>Who: _____ When: _____</p>

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<p>June</p> <p>F741: 483.40 (a)(1)</p> <p>Resources: Investigative Protocol for Determination of sufficient staffing; determination of staff competencies in Appendix PP 483.40(a), (a)(1) and (a)(2)</p> <p>Sufficient and Competent Staffing Facility Task</p> <p>CE pathway: Behavioral and Emotional Status (CMS-20067)</p>	<p>Facility must have sufficient staff with appropriate competencies and skills to care for residents with behavioral health needs.</p> <p>This includes both 1) caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment, and 2) Implementing non-pharmacologic interventions</p>	<p>Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, requires skills and competencies from staff who are trained and sufficient in number, based on acuity and diagnoses of the resident population.</p>	<p>Provide education about terminology related to behavioral health services, such as mental disorders and non-pharmacological interventions.</p> <p>Training on communication, interactions that promote feelings of respect and dignity.</p> <p>Educate all staff on promoting meaningful activities (customary routines, interests, preferences).</p> <p>Develop competency test to determine staff can demonstrate the skills to care for residents with behavioral health needs.</p> <p>Who: _____ When: _____</p>	<p>System in place: Facility assessment delineates the behavioral health needs of residents with mental and psychosocial disorders, trauma and/or post-traumatic stress disorders, and residents with substance use disorders.</p> <p>Verify that facility has sufficient staff (nurse aides and licensed nurses) trained to care for these residents.</p> <p>Sufficient professional behavioral health resources (e.g., psychiatrists, neurologists) to meet the needs of the residents.</p> <p>Develop list of non-pharmacological interventions to put in place before medications are attempted.</p>	<p>Create, update, edit/ review existing P/P regarding behavioral health services and post-traumatic stress disorder, including mental and psychological non-pharmacological interventions.</p> <p>Who: _____ When: _____</p>	<p>Audit accuracy and completeness of care plans regarding behavioral health services identified on the MDS.</p> <p>Audit accuracy of MDS sections C (Cognition); D (Mood); E (Behavior); and F (Activities).</p> <p>Audit for implementation of non-pharmacological interventions.</p> <p>Audit staffing patterns to determine availability of staff trained to care for residents with behavioral health needs or a history of trauma.</p> <p>Audit resident environments to determine if residents appear isolated, depressed, or agitated.</p> <p>Who: _____ When: _____</p>

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<p>July-August</p> <p>F837: 483.70(d)(3)</p> <p>Resources: QAPI at a Glance</p>	<p>Governing body is responsible and accountable for the QAPI program.</p>	<p>Facility should have an active (engaged and involved) governing body that is responsible for establishing and implementing policies regarding the management of the facility.</p>	<p>Provide education and training/competency on Quality Assurance and Performance Improvement, how it impacts everyone, and the governing body's responsibility and accountability.</p> <p>Provide training, if needed, to governing body about their accountability with the QAPI program.</p> <p>Administrator to be involved and participate in all training programs about QAPI.</p> <p>Who: _____ When: _____</p>	<p>Discussion with governing body regarding its responsibilities for the QAPI program.</p> <p>Who: _____ When: _____</p>	<p>Create, update, edit/ review existing P/P regarding governing body and its responsibility for the QAPI program.</p> <p>Who: _____ When: _____</p>	<p>Audit governing board minutes to ensure the QAPI program has been a part of their activities.</p> <p>Who: _____ When: _____</p>
<p>July-August</p> <p>F868: 483.75(g)(1)(iv)</p> <p>Resources: Facility Task Pathway for Quality Assurance and Performance Improvement and Quality Assessment and Assurance</p>	<p>Additional member must be added to the Quality Assurance and Assurance (QAA) committee (infection control and prevention officer).</p>	<p>The addition of the infection preventionist relates to the increased scrutiny of the seriousness of infections and the severity of the adverse outcomes of infections.</p>	<p>Include in the orientation program for the infection preventionist the responsibilities of being a member of the QAA committee.</p> <p>Who: _____ When: _____</p>	<p>System in place to ensure the QAA committee has infection preventionist added to the membership.</p> <p>The IP reports to the QAA committee on the IPCP on a regular basis.</p>	<p>Create, update, edit/ review existing P/P regarding the composition of the QAA committee, to include the membership of the infection preventionist and the responsibilities of the IP.</p> <p>Review program annually.</p> <p>Who: _____ When: _____</p>	<p>Audit attendance records for the QAA meetings to ensure the presence of the infection preventionist or designee.</p> <p>Who: _____ When: _____</p>

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<p>July-August</p> <p>F882 483.80(b)</p> <p>Resources: Infection Control Facility Task</p>	<p>Facility must designate one or more individuals as the infection preventionist(s) (IP) (s) who are responsible for the facility's Infection Prevention and Control Program (IPCP).</p>	<p>The IP is responsible for the facility's IPCP system to prevent, identify, report, investigate and control infections and communicable disease for all residents, staff, volunteers and other contracted services.</p>	<p>The IP must have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field and be qualified by education, training, experience, or certification.</p> <p>Who: _____ When: _____</p>	<p>IPCP system in place that is based upon the facility assessment and accepted national standards.</p> <p>IP is in place and has reviewed, revised, or developed an appropriate IPCP.</p> <p>Infection preventionist is active on the QAA committee and meets the training requirements.</p> <p>Who: _____ When: _____</p>	<p>Create, update, edit/review existing P/P regarding the facility's IPCP.</p> <p>Create, review a job description for the IP (the IP must work at least part-time).</p> <p>Review policies and procedures annually.</p>	<p>Audit to ensure the designated IP person(s) have received appropriate education and training outlined in the regulations.</p> <p>Who: _____ When: _____</p>

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<p>September-October</p> <p>F895 483.85</p> <p>Resources: Compliance Guidance</p>	<p>Compliance and Ethics Program has been reasonably designed, implemented, and enforced so that it is effective in preventing and detecting criminal, civil, and administrative violations and in promoting quality of care.</p>	<p>Compliance and ethics program with required components is in place and reviewed and revised (as needed) annually to ensure that it has been reasonably designed, implemented, and enforced so that it is effective in preventing/detecting criminal, civil, and administrative violations and in promoting quality of care.</p>	<p>Provide education and training/competency to all staff, volunteers, and contractors, on facility ethics, code of conduct, and how to remain in compliance, including taking steps to effectively communicate and provide education on standards, and communicating policies and procedures to entire staff, contractual workers, and volunteers.</p> <p>Who: _____ When: _____</p>	<p>System in place to maintain an effective compliance and ethics program.</p> <p>Have a reporting method for suspected violations that includes a way to report to the compliance officer, as well as an anonymous reporting method.</p> <p>If there are five or more facilities in an organization, the compliance program must include 1) a designated compliance officer, for whom the compliance and ethics program is a major responsibility, who must report directly to the governing body and not be subordinate to the general counsel, chief financial officer or chief operating officer, 2) a mandatory annual training program on compliance and ethics, and 3) designated compliance liaisons at each facility.</p> <p>Who: _____ When: _____</p>	<p>Create, update, edit/review existing P/P regarding facility compliance and ethics program.</p> <p>Determine existence of required components of the compliance and ethics program in the P/P.</p> <p>Who: _____ When: _____</p>	<p>Review documentation and attendance at the mandatory annual training program on compliance and ethics.</p> <p>Audit accuracy and completeness of program related to compliance and ethics at least annually and revise programs as needed to reflect changes in all applicable laws or regulations.</p> <p>Who: _____ When: _____</p>

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September-October F919 483.90(g) Resources: Environmental QA audit tools Resident safety audit tool	Resident call light system	<p>Facility equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area.</p> <p>The system is at each resident's bedside, toilets and bathing facilities.</p>	<p>Provide education and training/competency on operation of the call system; the importance of prompt response time, and placement within reach of resident.</p> <p>Who: _____ When: _____</p>	<p>System is operational and in place to ensure call system is at resident's bedside and toilet/bathing facilities.</p> <p>Who: _____ When: _____</p>	<p>Create, update, edit/review existing P/P regarding physical environment and call system to ensure that the facility is adequately equipped to allow residents to call for staff assistance.</p> <p>Who: _____ When: _____</p>	<p>Audit of the call light system on a basis to ensure it is working properly.</p> <p>Audit timing of call light response time including audit of residents and resident representatives.</p> <p>Audit call light placement.</p> <p>Who: _____ When: _____</p>
September-October F949: 483.95(i)	Training Requirements must be completed and documented for all staff that support and provide care for residents that have behavioral health needs .	<p>All staff must have knowledge and skill sets to effectively interact with residents (communication, resident rights, meaningful activities). Training needed is tied to the facility assessment and must address the required topics, including communication, resident rights, abuse, neglect, exploitation, QAPI, infection control, compliance and ethics, behavioral health, and the required in-service training for nurse aides.</p>	<p>Provide education and training/competency consistent with the residents' behavioral health status to all new and current staff, contractors, and volunteers on communication, resident rights, abuse, neglect, exploitation, QAPI, infection control, compliance and ethics, behavioral health, and required in-service education for nurse aides.</p> <p>Who: _____ When: _____</p>	<p>System in place to ensure all new, existing, contract, and volunteers are adequately and appropriately trained. The facility assessment determines amount and types of training, but must include communication; residents' rights and facility responsibilities; abuse, neglect, and exploitation; quality assurance and performance improvement; infection control; compliance and ethics; required in-service training for nurse aides; required training for feeding assistants; and behavioral health.</p> <p>Who: _____ When: _____</p>	<p>Create, update, and edit/review existing P/P regarding comprehensive training requirements for new and existing staff including contractors and volunteers.</p> <p>Who: _____ When: _____</p>	<p>Audit accuracy and completeness of staff, contracts, and volunteers receiving training on required training topics, including communication; residents' rights and facility responsibilities; abuse, neglect, and exploitation; quality assurance and performance improvement; infection control; compliance and ethics; required in-service training for nurse aides; required training for feeding assistants; and behavioral health.</p> <p>Who: _____ When: _____</p>