



Quality Care Community Conference December 16, 2009

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INTRODUCTION

- NEC DSC oversees the Medicare & Medicare survey & certification programs in sixteen states and one territory that comprise the Northeast Consortium: Maine, Vermont, Rhode Island, Connecticut, New Hampshire, Massachusetts, New York, New Jersey, Puerto Rico, US Virgin Islands, Pennsylvania, West Virginia, Virginia, Maryland, Delaware and lastly the District of Columbia

Centers for Medicare & Medicaid Services

Here we are

Center for Medicaid and State Operations

Family and Childrens Health Programs Groups

Disabled & Elderly Health Programs Group

Survey & Certification Group

Finance, Systems & Budget Group

Northeastern Consortium

Southern Consortium

Midwestern Consortium

Western Consortium

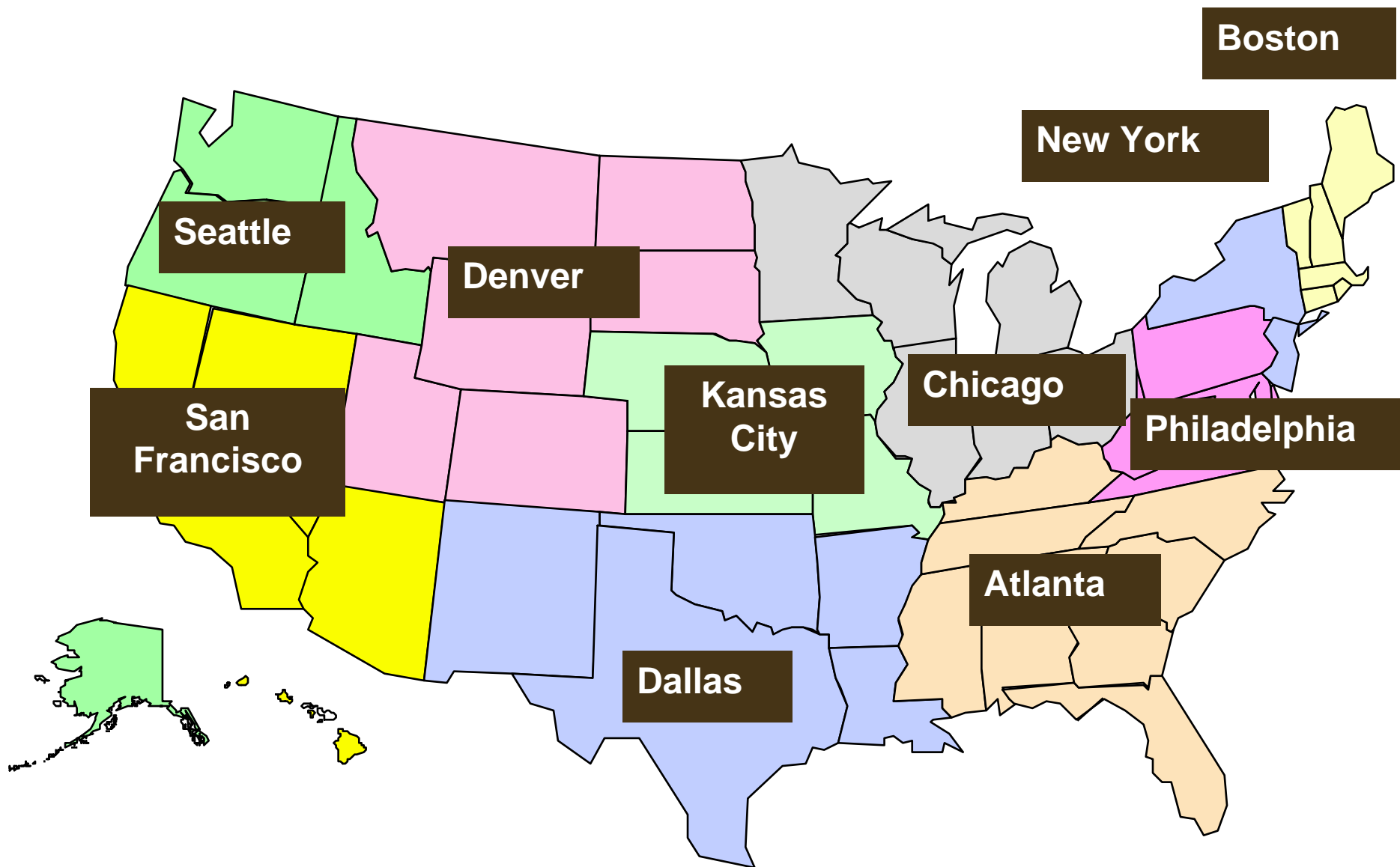
ROs 1 ,2, and 3

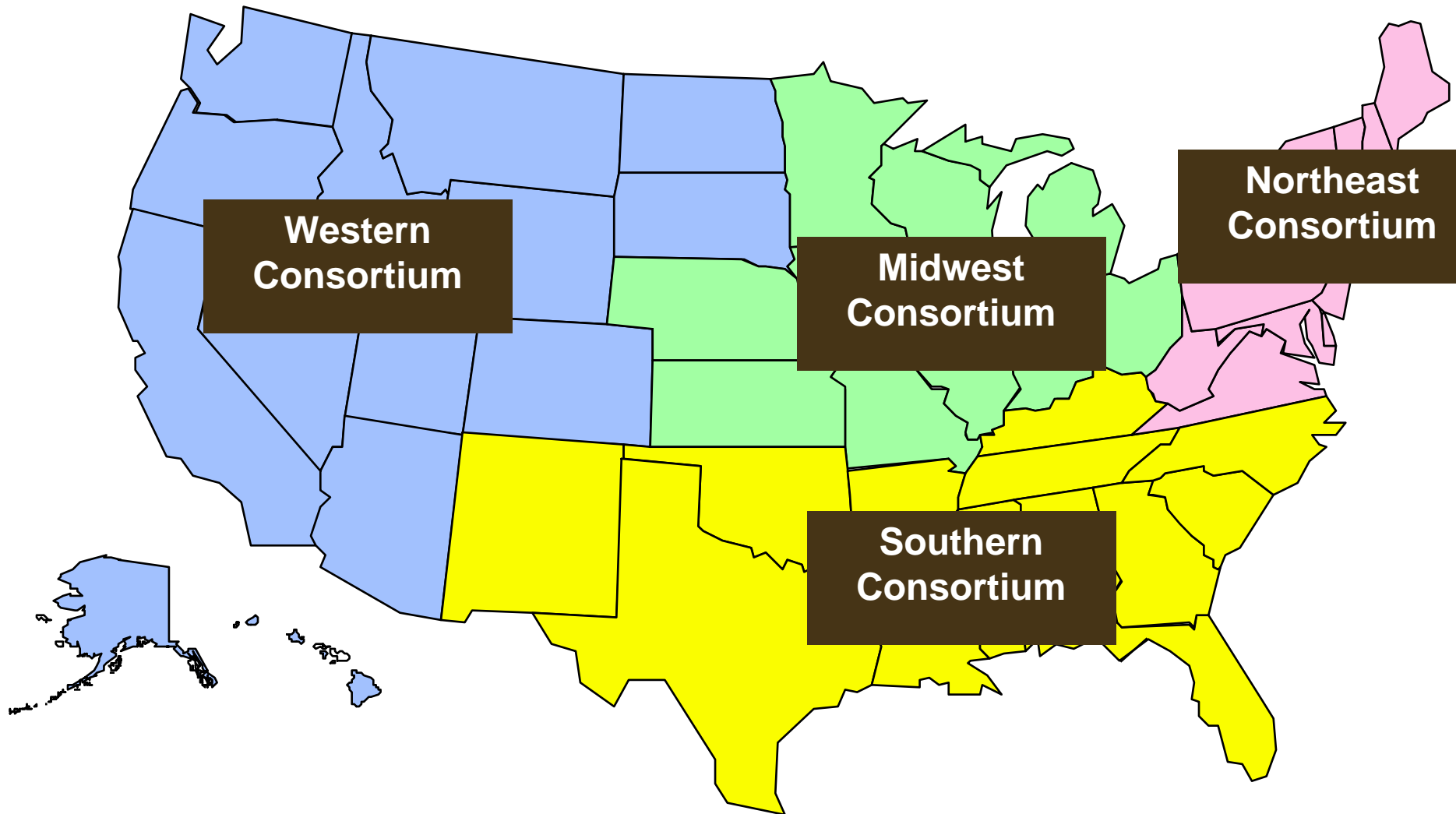
ROs 4 and 6

ROs 5 and 7

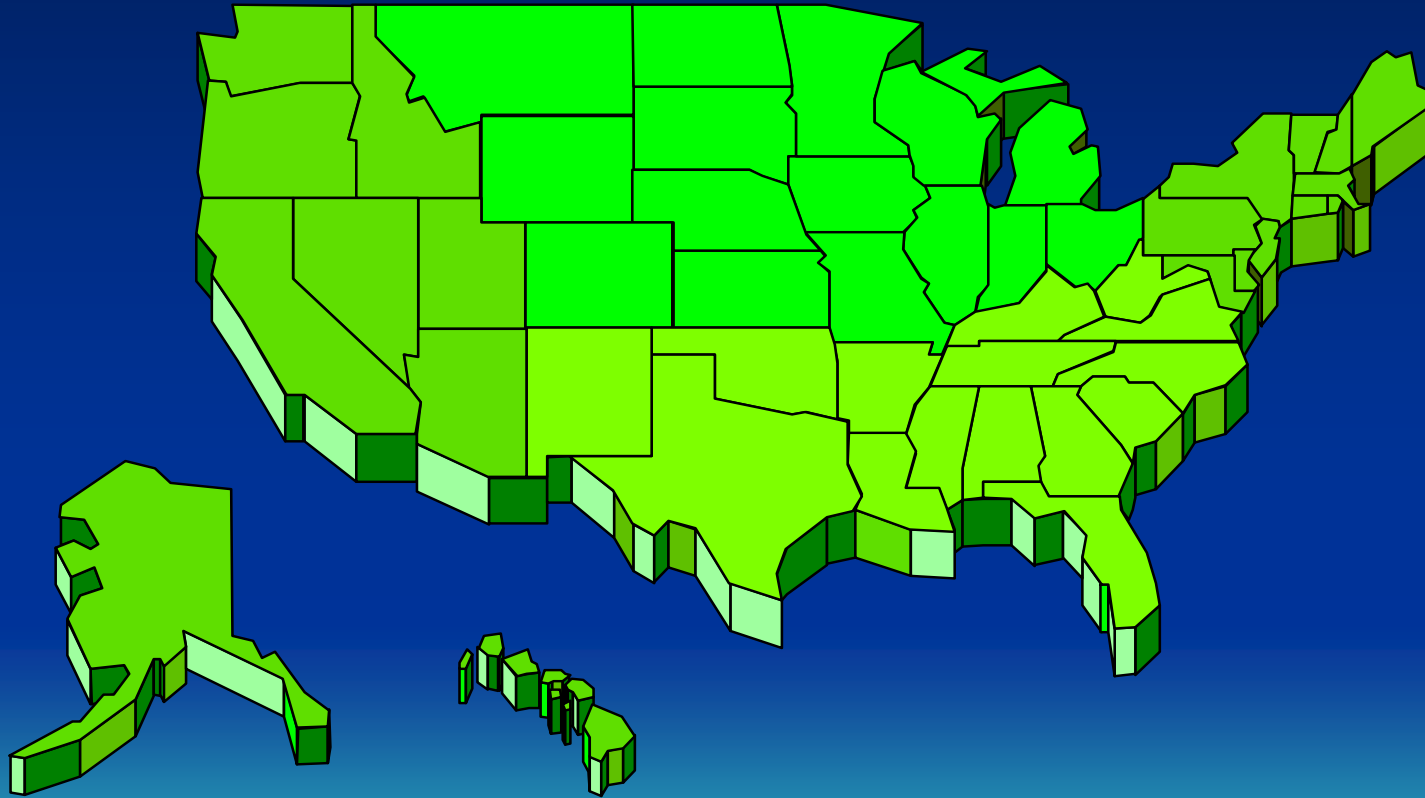
ROs 8, 9 and 10

State agencies





State Agencies



What is Survey and Certification?

- **Survey for the purpose of certifying to the Secretary compliance and non-compliance of providers and suppliers of services and re-surveying such entities at such time as the Secretary may direct.**
- **In other words.....**

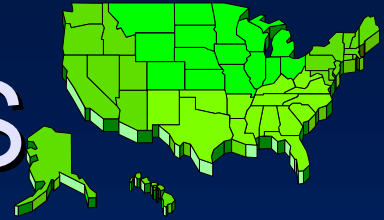


WHAT DO WE DO?

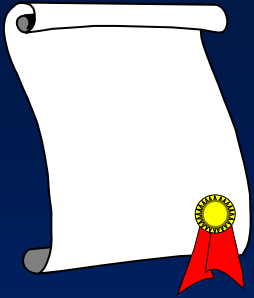


- **We inspect health care providers for compliance with the Medicare health and safety standards**
- **If compliance, provider gets paid**

STATE AGENCIES



- **Contract With CMS as per 1864 Agreement**
- **Survey Providers For Compliance With Medicare Requirements – Conditions of Participation (COPs)**
- **Report Certification Issues To Regional Offices**



1864 AGREEMENT

- **Lists Providers and Suppliers the State will be surveying**
- **Details functions performed by the State**
- **Provides for Payment to States**

WHO ARE PROVIDERS?

- **Hospitals**
- **Nursing Homes**
- **Rehabilitation Facilities**
- **Home Health Agencies**
- **Hospices**
- **Community Mental Health Centers**



Division of Nursing Homes - Highlights

- **Ensures compliance with Medicare nursing home standards**
- **Collects resident assessment data to create quality indicators – Minimum Data Set**
- **Provides Data for Nursing Home Compare Website**
- **Publishes Nursing Home Data Compendium**
- **National Complaint Tracking System**

Division of Nursing Homes - Highlights

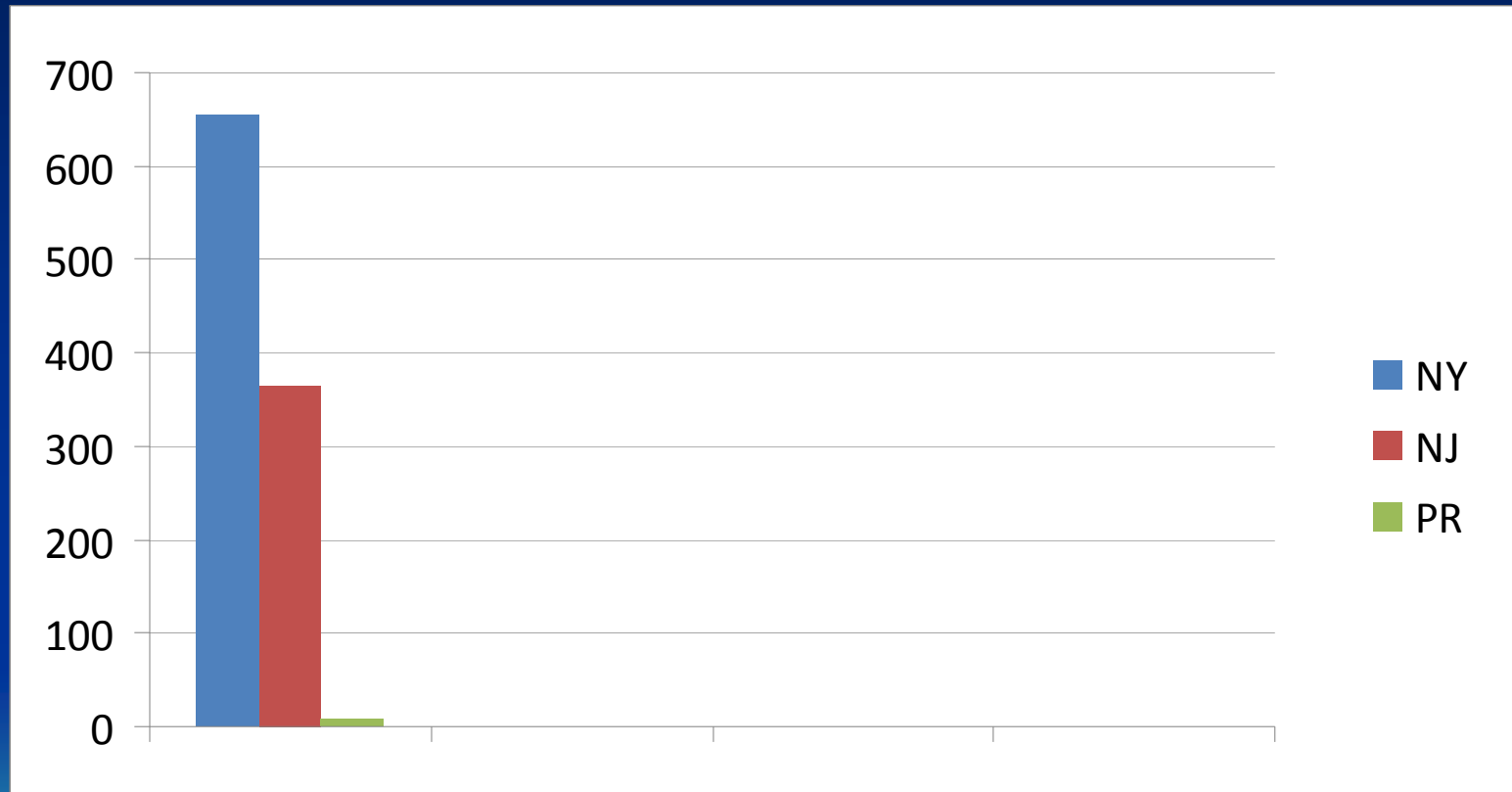
- **Feeding Assistant Regulation**
- **Life Safety Code requirements**
- **Nursing Home Action Plan**
- **Oversees Federal Contract Surveys for Nursing Homes**



THE MAJOR ROLE OF THE SURVEY BRANCH



5% FEDERAL MONITORING SURVEYS



FEDERAL SURVEYORS

- Conduct on-site, federal monitoring surveys of long term care facilities as a major method of evaluating State Performance and to ensure appropriate certification of Medicare and Medicaid providers since ensuring quality of nursing home care is one very major oversight responsibility of CMS.



FEDERAL MONITORING SURVEY

- **2 TYPES OF SURVEYS**
 - **Comparative Surveys of Long Term Care**
 - **Federal Oversight Support Survey (FOSS)**

FEDERAL MONITORING SURVEY

- Federal Oversight Support Survey (FOSS)
- To provide feedback that will help surveyors improve their survey skills.
- Process enables the RO surveyor to provide appropriate on-site training as well as, lay the framework or SA surveyor training
- The FOSS is conducted onsite during the survey process
- It is designed to focus on observable surveyor behaviors & on the adequacy of the survey findings and documentation.
- It is not an evaluation of the technical expertise of the SA surveyors but rather of the skill with which the survey team achieves key outcomes at each stage of the survey process.
- The FOSS is oriented towards team rather than individual surveyor performance.

COMPARATIVE SURVEYS

- Conducted to ensure the quality and consistency of the State Agency survey process.
- Sections 1819(g)(3), 1919(g)(3) of the Social Security Act (SSA) require DHHS to conduct federal onsite surveys at least 5% of the facilities surveyed by the state in the same year.
- Comparatives require the RO team to perform a duplicate survey of a facility within 60 days of the state agency exit from a facility.



SURVEY TEAM COMPOSITION

- Registered Nurses
- Pharmacist
- Nutritionist
- Life Safety



SURVEY TYPES

- Intermediate Care Facilities for the Mentally Retarded (ICF/MR)
- Accredited/Non Accredited Hospitals
- End Stage Renal Facilities (ESRD)
- Home Health Agencies (HHA)
- Complaint Surveys
- Nursing Home
- Hospices
- Rural Health Clinics
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Rural Health Clinics and (RHC)
- Ambulatory Surgical Clinics (ASC)
- CMHC (Community Mental Health Clinic)
- PRTF (Psychiatric Residential Treatment Facility)



LIFE SAFETY CODE SURVEY

- LSC –conducted to ensure providers adhere to minimum LSC requirements
- LSC surveys cover-construction, protection, and operational features designed to provide safety to life from fire, smoke and panic.
- Developed by NFPA and adopted by DHHS.
- LSC is applicable to hospitals, nursing homes, skilled nursing facilities; intermediate care facilities for the mentally retarded; ambulatory surgical centers, hospices, rural health clinics; critical access hospitals to name a few.

Quality of Life & Environment Interpretive Guidance



Patient Center Care

- F 172 Access and Visitation Rights
- F241 Dignity
- F242 Self –Determination and Participation
- F 246 Accommodation of Needs
- F 252 Environment



F 172 Access and Visitation Rights

- Immediate family and relatives are not subject to visiting hour limitations, unless requested by the resident.
- 24 hour access to non-relative visitors must be provided with the consent of the resident.
- Policy should be accurate to reflect visiting hours.
- May need to find another location for visiting if roommate has an issue.



F 172 Access & Visitation Rights

- Reasonable Restrictions
 - imposed by the facility that protect the security of all of the facility's residents.
- Locking doors at night
- Supervised/limited access for visitors that are abusive, committing criminal acts or disruptive or inebriated.



F 241 Dignity

- Grooming residents as they wish to be groomed
- Encouraging and assisting residents to dress in clothes other than hospital-type gowns.
- Use of bibs - not to be used unless it is the residents choice
- Refraining from practices demeaning the resident
- Standing over residents/interactions with other staff when giving care needs to be addressed
- Use of signage that may include clinical or personal information
- Maintain resident privacy of body while taken to areas outside of their room

F 241 Dignity

The resident has a right to be spoken to respectfully which includes addressing the resident with a name of the resident's choice & avoiding use of labels.

The facility should maintain an environment in which there are no signs posted in resident's rooms or in staff work areas, other residents/visitors

NYS has issued 71 citations statewide during FY 2009 under F 241



F 241 Dignity - Considerations

- Was resident council approached to discuss limiting resident space for special events & /or for certain times during the day?
- Were individual residents interviewed who would be affected by the implementation of these restrictions?
- The facility is responsible to provide *reasonable accommodations* to meet resident's individual needs & preferences.



F 242 Self-Determination & Participation

- Residents have the right to have a choice over their “schedules”, consistent with their interests, assessments, & plans of care.
- These choices include daily waking , eating , bathing & time for going to bed
- NYS issued 17 citations



F 246 Accommodation of Needs

- Refers to the facility 's efforts to individualize the resident's physical environment – bedroom and bathroom, other common use areas:
- Communicating with residents at eye level, face resident while talking if residents read lips
- Opening and closing drawers, faucets
- Mirrors , toiletry needs should be easily within reach
- Having assistive devices to use as independently as possible
- Accommodate residents' desire to re-arrange furniture



F 252 Environment

- Facility is expected to do as much as possible to become more homelike:
- Minimize overhead paging
- Eliminate use of tray at meals
- Evaluate use of chair and bed alarms
- Individual furniture
- Minimize odors
- Evaluate equipment before use to ensure proper working order
- DOH has cited & cross-referenced with this F-tag when the facility has failed to:
- **NYS issued 19 citations under**
- **F 252 FY 2009**



How have Nursing Homes
adopted to the new guidelines?



GROUP DISCUSSION



Sharing of “Best Practices”





Survey and Cert Related Websites

- <http://www.cms.gov/medicaid/survey-cert>
- <http://www.medicare.gov/NHCompare>
- <http://www.medicare.gov/HHCompare>



THANK YOU!

