

PACAH Presentation
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Preventing Those Immediate Jeopardy Citations



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Annette has 40 years of experience in the healthcare industry. As a consultant, she dedicates her career to compliance, quality improvement, education, and improvement in the long-term care nursing profession.

With her long-term care background in education, risk mitigation, and compliance, Annette is instrumental in working with facilities to improve their compliance processes and providing education to the interdisciplinary team on quality-driven patient care and compliance regulations.

As an LW Consulting, Inc. (LWCI) Senior Consultant, Annette has assisted skilled nursing facilities to navigate the successful removal of immediate jeopardy citations and develop an acceptable plan of correction. She has conducted independent monitoring for skilled nursing facilities to ensure the plan of correction is effective and the deficiencies remained corrected. Annette has performed mock surveys in the assisted living and nursing home setting, as well as QAPI and Infection Control assessments, providing recommendations to improve the QAPI and Infection control process.

Annette graduated from the Brandywine Hospital School of Nursing with an RN diploma and received a BS in Healthcare Administration from Shippensburg University. Annette received her MSN with a focus on education shortly after. She is a Certified Legal Nurse Consultant, a certified Infection Preventionist, a Quality Assurance Performance Improvement certified professional (QCP), and a certified Resident Assessment Coordinator (RAC-CT).



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Objectives

- Discuss the current survey environment
- Identify the top deficiencies cited in PA
- Understand the Immediate Jeopardy scope and severity
- Learn techniques to prevent/or mitigate an immediate jeopardy situation



Current Environment

- Current state of survey environment that we are all living in
 - Increased pressure from Biden Administration
 - Increased enforcement and recommendations to CMS from the OIG
 - Reimbursement changes or lack of changes
 - Staffing mandates
 - Increase enforcement with infection control post COVID
 - New major MDS changes
 - Nursing home compare, 5-star, consumer watch, media.....

It seems like everyday something new is coming down the pike for the nursing home industry.



Current Survey Environment

- Has the survey environment changed?
- What does it feel like?
- Are we seeing an increase in higher severity tags?
- More Immediate Jeopardy (IJ's) tags, K's and L's, for situations or circumstances that used to be D's or G's?
- Many nursing homes have been faced with “not so good” surveys.
- This survey climate change as led many of us to question what is happening.
- What you are feeling is not just a PA thing, other states are also feeling the increase pressure.



Top Deficiencies here in PA

- F 689 Accidents and Hazards
- F 600 Abuse and Neglect
- F 880 Infection Control **including F884 Reporting
- F 812 Food Procurement
- F684 Quality of Care
- F584 Safe, Clean Home-like Environment
- F 656 Developing and Implementing Comprehensive Care plans
- F678 CPR/First Aid
- F686 Pressure Ulcers
- F761 Labeling and Storage of Medication
- F742 Behavioral Health/Substance Use
- F699 Trauma Informed Care



Nursing Home Regulation Expectations

- *Providers remain in substantial compliance with Medicare/Medicaid program requirements as well as state
 - *Focus on continued rather than cyclical compliance
 - *Remedy deficient practices to ensure correction is lasting
 - *Acceptable plans of correction and monitoring
- *All deficiencies will be addressed promptly
 - *Take steps to bring about compliance quickly
 - *Remedies such as CMP's, dPOC's, Directed in-services, denial of payments, state monitoring
- *Residents will receive the care and services they need to meet their highest practicable level of functioning
 - *The plan of care must enable residents to reach their goals.



Scope and Severity

- Each identified deficiency is evaluated according to two dimensions:
- The SCOPE of the deficiency (such as whether the deficiency was isolated to one person or was widespread throughout the nursing home)
- The SEVERITY of the deficiency (such as whether an individual suffered injury, harm, impairment, or death)
- “Substandard quality of care” (higher points are assigned)

Defined as one or more deficiencies which constitutes either immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm but less than immediate jeopardy , with no actual harm.



Matrix for Scope of Severity

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J - 50 points (75 points)	K - 100 points (125 points)	L - 150 points (175 points)
Actual harm that is not immediate jeopardy	G - 10 points	H - 20 points (25 points)	I - 30 points (35 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D - 2 points	E - 4 points	F - 6 points (10 points)
No actual harm with potential for minimal harm	A - 0 point	B - 0 points	C - 0 points

Definition of Immediate Jeopardy

- **Immediate Jeopardy** is a situation in which the provider's non-compliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.
- **Three key components of immediate jeopardy**
 1. Non-compliance
 2. caused or created a likelihood that serious injury, harm, impairment or death to one or more recipients would occur or recur.
 3. Immediate action is necessary to prevent the occurrence or recurrence of serious injury harm, impairment or death.



F 689 Accidents, Hazards and Supervision

- *The facility must ensure that:
 - The resident environment remain free from accident hazards as is possible and
 - Each resident receives adequate supervision and assistance devices to prevent accidents

The intent is to ensure the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. This includes:

Identifying hazard (s) and risk (s);

Evaluating and analyzing hazard and risk

Implementing interventions to reduce hazards and risks

Monitoring for effectiveness and modifying interventions when necessary

Top Examples: Falls, Elopements, Hot beverages, hot water, mechanical lifts, choking, smoking



Strategies to prevent IJ in F 689

- Robust safety measures
- Conduct safety meetings monthly
- Vigilant supervision
- Safety rounding
- Review and update policies and procedures to address all potential safety issues that could cause harm (falls, elopements, smoking, substance use)
- Complete root cause analysis for each incident or occurrence.
- Complete thorough investigations for each incident
- Identifying hazard (s) and risk (s);
- Evaluating and analyzing hazard and risk
- Implementing interventions to reduce hazards and risks
- Monitoring for effectiveness and modifying interventions when necessary
- Use the Accidents critical element pathway provided by CMS



F 600 Abuse, Neglect and Exploitation

- The resident has the right to be free from all abuse including physical abuse, verbal abuse, sexual abuse, neglect, misappropriation of resident property and exploitation.
- Abuse is defined as the “willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
- It also includes the deprivation by an individual, including a caretaker or goods or services that are necessary to attain or maintain physical, mental, and psychosocial well being.
- **Top Examples of Abuse: Resident to Resident Altercations, aggressive residents putting others at risk, non-consensual sexual activity, sexual and physical abuse, taking pictures, and neglect due to insufficient staff.**



Strategies to Prevent IJ for F600

- Staff awareness and education
- Review and update policies
- Strict, no tolerance to adherence to all abuse policies
- Thorough investigation for all abuse allegations and potential abuse situations
- Frequent IDT discussion regarding consensual sexual activity
- Provide sufficient staff to prevent possible neglect
- Immediate action for resident-to-resident altercations
- Report as required, and when in doubt investigate and report
- Utilize the Abuse critical elements pathways



F 880 Infection Control

The facility must establish and maintain an Infection Control and Prevention program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infection. This covers all resident, staff, volunteers and visitors.

Infection control plan consists of identifying diseases and infections, reporting, isolation, standard and transmission-based precautions, PPE and hand hygiene, EBP, surveillance, education, antibiotic stewardship, linen services and water management.

Examples: Covid spread, outbreaks, reporting and additionally EBP since 4/1/2024



Strategies to Prevent IJ's for F880

- Consistent vigilance and focus on infection control practices throughout entire facility.
- Conduct annual infection control assessments
- Frequent observation audits for hand hygiene, proper use of PPE, and EBP
- Continue to provide education based on observation audits
- Implement Enhanced Barrier Precautions
- Make sure you are doing what your infection control plan states
- Report as required and when in doubt call local DOH
- Use the Infection Control critical element pathway



F 812 Food Procurement and Store/Prepare/Serve

- Nursing facilities are required to procure food from approved sources and to follow professional standards for food service safety with regard to storage, preparation and distribution and serving of food.
(Refrigerator temp 41 degrees) (Frozen solid temps)
 - Monitoring, labeling, dating, keeping raw food separated, utilizing containers, ensuring refrigeration equipment in functioning daily.
- **Examples: Refrigerator and dishwashing temps daily, kitchen and pantry refrigerators food not labeled, moldy, expired, refrigerators not working properly or not clean.**



Strategies Preventing IJ for F812

- Focus on everyday refrigerator temps
- Have a weekly process to clean out refrigerators in all areas/pantries.
- Create a process for labeling of food including resident food. (date opened-date expired)
- Is there a process for maintenance to check functioning of refrigerators
- Maintain dishwasher temps daily checklist
- Use the Kitchen/Food Service critical elements pathway



F 684 Quality of Care

- Quality care is a fundamental principle that applies to all treatment and care provided to facility residents. The facility must ensure that resident receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices while meeting the resident's physical, mental, and psychosocial needs.
- Examples: Not completing proper assessment on resident for hypoglycemia, not obtaining glucoscans, not following physician orders, not managing resident pain, Hospice coordination of care.



Strategies to Prevent IJ for F684

- Staff competencies and training
- Frequent nursing leadership rounding
- Review and update resident care policies
- Continuous evaluation of care being performed
- Strict adherence to policies and standards of practice
- Consistent auditing and action plan to fix any identified problem areas
- Discussion for triggered care areas
- Use the Quality of Care critical elements pathway



F 584 Safe, Clean, Home-like Environment

- Residents have the right to a safe, clean, comfortable and homelike environment. The facility is also charged with exercising “reasonable care” for protecting residents’ property from loss or theft.
- Includes:
 - Housekeeping and Maintenance Services, clean bed/bath linens and in good condition, adequate lighting, comfortable and safe temperature levels, comfortable sound levels and bedroom furniture and window treatments.

Examples: Cold temps-heat not working, high temps-air not working, cleanliness of building particularly bathrooms and resident rooms.



Strategies to Prevent IJ of F584

- Create a checklist for ambassador rounding of the facility
- Immediate action for items found on rounds
- How do the resident rooms look? Are they cluttered, or are they neat and organized. Is proper storage provided for resident belongings?
- Keep up with maintenance orders
- Equipment and maintain checks
- Housekeeping checklist are helpful
- It takes a team!



F 656 Comprehensive Care plans

- The facility must develop and implement a comprehensive person-centered care plan for each resident consisting of care and services required to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being.
- **Examples: No care plans for aggressive behaviors and mental disorders, care plan do not match the resident orders.**



Strategies for preventing IJ for F656

- Create a plan/schedule for care plan revision and updating
- Accountability for reviewing and updating care plans
- All orders/services should be care planned
- All preferences must be care planned
- Continued focus on the plan of care for the resident



F 678 Basic Life Support and CPR

- To ensure that each facility is able to and does provide emergency basic life support immediately when needed, including CPR to any resident requiring such care prior to the arrival of emergency medical personnel in accordance with related physician's orders such as DNR's and resident's advanced directives.
- Examples: No providing the Heimlich maneuver when a resident was choking, not initiating CPR according to physician order and resident advanced directive



Strategies to Prevent IJ for F678

- Ensure all policies are up to date
- Train staff on policies and how to identify/found code status and resident advance directives.
- Keep all POLST forms and advance directives up to date
- Perform audits to make sure every resident has a status.
- Ensure that staff are up to date on CPR certification



F686 Pressure Ulcers

- Based on the comprehensive assessment of the resident the facility must ensure that a resident receives care consistent with professional standard of practice to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable and
- A resident with pressure ulcers receives necessary treatment and services consistent with professional standard of practice to promote healing , prevent infection, and prevent new ulcers from developing.
- Promote prevention, healing and development of pressure ulcers.
- **Examples: Not recognizing wound has worsened, no treatment provided for wound, not doing weekly assessments, no documentation to support prevention of a worsening wound.**



Strategies to Prevent IJ for F686

- Review and update skin and wound care policy
- Ensure that skin assessment and wound assessment are being completed according to policy
- Identify a wound care nurse or team, and physician to follow the wound treatment and care
- Train staff to identify and report skin issues
- Documentation of skin and wound care assessment and treatment is critical to the process
- Prevention measures are key



F 761 Labeling of Drug 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.
- The intent of this requirement is that the facility in coordination with the licensed pharmacist provides for accurate labeling to facilitate consideration of precautions and safe administration of medications and safe and secure storage of all medications.
- Examples: Non-compliance of nursing staff with regulatory guidelines with disposal of medication and dating of opened medications-Insulin, proper storage of insulin.



Strategies to Prevent IJ for Medication Storage

- Frequent random audits of the medication storage rooms and medication carts.
- Create policy/procedure/process for medication storage rooms and medication carts to be routinely checked
- Create a checklist for the process so that it is consistent.
- Educate staff that medications are not allowed to be left unattended at the bedside
- Educate staff regarding the disposal of unused medications including controlled drugs.



F 742 Behavioral and Mental Health Services

F699 Trauma Informed Care

- F742: The facility must ensure that a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma receives appropriate treatment and service to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being.
- F699: The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standard of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.
- **Examples: Failure to obtain a psych consult, failure to address referrals to drug and alcohol treatment services, failure to care plan issues identified, failure to identify trauma residents thru a trauma screen.**



Strategies to prevent IJ for F742 and F699

- Thorough assessment and evaluation of residents
- Documenting any behaviors exhibited or changes in behaviors
- Update care plans according to behavioral health needs
- Timely and accurate documentation is very important to the care
- Review, update or even create behavioral health policies to include substance use and Narcan administration
- Partner with Behavior health specialists and psychiatric specialists to help assist with medication management and behavior management
- Perform trauma screenings and create trauma informed care plans
- Educate/Train staff in behavior management and identifying substance overdose and treatment



Critical Element Pathways (CEP)

- A tool used by CMS to guide observation and investigation during the survey process – a tool that facilities can use in their quality improvement program as they monitor and improve practices in their nursing home.
- These are great tools to use to assist you in always being prepared for survey
- They can be found under the survey resources-LTC survey pathways.
- Strongly encourage the use of these tools to prevent citations.
- <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>



Enforcement Remedies

- Termination of the provider agreement
- Temporary management
- Denial of payment for all Medicare and or Medicaid residents
- Denial of payment for all new Medicare and or Medicaid admissions
- Civil Money penalties
- State monitoring
- Transfer of resident
- Closure
- Directed plan of correction
- Directed in-service training



Things to do when tagged with an IJ

- Work to have it removed as quickly as possible
- Abating the jeopardy
- Surveyors will not leave the facility until that plan of correction is accepted
- Need an allegation of compliance that the Immediate Jeopardy has been removed
- Detailed plan of correction of how and when the citation was removed
- Very intense experience for the facility and the team
- Continue to work on the identified deficiencies once the survey team has left the facility because they will be back for a revisit to ensure substantial compliance



Acceptable Plan of Correction

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained
- Include dates when the corrective action will be completed (date of compliance)



Utilize your QAPI process to mitigate those IJ

- Audit findings from past surveys or from PIP's that your team has identified are brought to QAPI
- What do we do with this information?
- Drill down deep into the issue and review it with an open mind (treat it as a deficiency)
- Who will need to be a part of the next steps



Plan/Do/Study/Act

- **Plan:**

- Look at the details, look at the trends, is it a trend, is it a deeper problem.
- Is it a system or process breakdown or is education needed for an individual

Do:

- Organize the data, review what the data is telling you, discuss it, develop a solution and action plan

Study:

- Compare outcomes against the plan, identify any deviations, Audit

Act:

- Ask the staff, reassess the goal, modification or changes if needed



Summary

- Preparation if Paramount
- Foster a Culture of Continuous Compliance
- Empower your team
- Implement mock survey drills
- Provide Prompt and Relevant information
- Foster transparency and honesty
- Establish clear roles and responsibilities
- Be proactive
- It takes a team!



References

- <https://nursinghomehelp.org/wp-content/uploads/2022/03/SECT-1-Survey-Preparedness.pdf>
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