

Long Term Care Update – Top 10

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Outline

- I. Top 10 Ftags
- II. Tools and resources to support compliance with Appendix PP
- III. Wrap Up



Survey

LTC Facilities

Facility Type	
Nursing Homes	292
Nursing Home Other	7
Intermediate Care Facility/IID	101
Assisted Living Facilities	188
Residential Care Facilities	27
Adult Day Care	36
Total	651



Survey Prioritization

- **Recertification Surveys**
- **Complaints:**
 - **Immediate Jeopardy** (within 3 business days)
 - **Non IJ-High** (annual average of 15 business days, not to exceed 18 business days)
 - **Non IJ-Medium** (within 45 calendar days)
 - **Non IJ-Low** (next survey)
- **Follow Up**
- **Initial Surveys**

SURVEY



Top 10 Cited Deficiencies – F Tags 2023 and 2022 FFY

Times Cited FFY 2023	Times Cited FFY 2022	Tag	Description
414	502	F884	Reporting NHSN (Cited by CMS only)
71	67	F684	Quality of Care
71	46	F755	Pharm Srvcs/Procedures/Pharmacist/Records
63	73	F812	Food Procurement, Store/Prep/Serv-Sanitary
63	82	F880	Infection Prevention and Control
59	37	F657	Care Plan Timing and Revision
56	67	F677	ADL Care Provided for Dependent Residents
51	54	F689	Free of Accident Hazards/Supervision/Devices
48	45	F656	Develop/Implement Comprehensive Care Plan
35	25	F584	Safe/Clean/Comfortable/Homelike Environm



F884 – Reporting – National Health Safety Network

414 Citations

42 CFR 483.80(g)(1)(viii)-(ix)

- **COVID–19 reporting.** Until December 31, 2024, with the exception of the requirements in [paragraph \(g\)\(1\)\(viii\)](#) of this section, the facility must do all of the following:
 - (1) Electronically report information about COVID–19 in a standardized format specified by the Secretary. To the extent as required by the Secretary, this report must include the following:
 - (i) Suspected and confirmed COVID–19 infections among residents and staff, including residents previously treated for COVID–19.
 - (ii) Total deaths and COVID–19 deaths among residents and staff.
 - (iii) Personal protective equipment and hand hygiene supplies in the facility.
 - (iv) Ventilator capacity and supplies in the facility.
 - (v) Resident beds and census.
 - (vi) Access to COVID–19 testing while the resident is in the facility.
 - (vii) Staffing shortages.
 - (viii) The COVID–19 vaccine status of residents and staff, including total numbers of residents and staff vaccinated, numbers of each dose of COVID–19 vaccine received, and COVID–19 vaccination adverse events.
 - (ix) Therapeutics administered to residents for treatment of COVID–19.

Insight:
CMS monitors and cites F884



F684 – Quality of Care

71 Citations

§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:

Citations Included:

- Failure to administer meds according to MD orders:
 - ✓ missed numerous doses of a cardiac med, resident died (IJ)
 - ✓ administer insulin as order and contact MD when FSBS outside parameters
- Failure to assess, intervene or notify MD for a significant change in condition (IJ)
- Failure to obtain orders and provide wound care for a surgical wound, and for a burn
- Failure to complete neurological checks after an unwitnessed fall (IJ)



Investigating: F684 – Quality of Care

71 Citations

- Appendix PP
- Appendix Q
- Pathways

INVESTIGATIVE PROTOCOL for F684 – Quality of Care Use the General Critical Element (CE) Pathway, or if applicable, the Hospice and End of Life Care and Services CE Pathway, along with the above interpretive guidelines, or applicable professional standards of practice for investigating concerns

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Hospice and End of Life Care and Services Critical Element Pathway

Use this pathway for a resident identified as receiving end of life care (e.g., palliative care, comfort care, or terminal care) or receiving hospice care from a Medicare-certified hospice.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

General Critical Element Pathway

Use this pathway to investigate quality of care concerns that are not otherwise covered in the remaining tags of §483.25, Quality of Care, and for which specific pathways have not been established. For investigating concerns regarding care at the end of life, use the Hospice/End of Life CE Pathway.

Review the Following in Advance to Guide Observations and Interviews:

- The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for areas pertinent to the concern.
- Physician's orders.
- Pertinent diagnoses.
- Care plan.

KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F684, the surveyor's investigation will generally show that the facility failed to do any one of the following:

- Provide needed care or services resulting in an actual or potential decline in one or more residents' physical, mental, and/or psychosocial well-being;
- Provide needed care or services (i.e., manage symptoms) resulting in one or more residents' failure to improve and/or attain their highest practicable physical, mental, and/or psychosocial well-being;
- Recognize and/or assess risk factors placing the resident at risk for specific conditions and/or problems;
See Appendix PP for full list...

DEFICIENCY CATEGORIZATION

- Level 4 - Immediate jeopardy to resident health and safety, include, but are not limited to:
- Level 3 - Actual harm (physical or psychological) that is not immediate jeopardy, includes, but is not limited to:
- Level 2 - No actual harm with a potential for more than minimal harm (physical or psychological) that is not immediate jeopardy, include but are not limited to:
- Level 1 - Severity 1 does not apply for this regulatory requirement.

F755 – Pharmacy Services

71 Citations

- §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g)
- The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.
- §483.45(a) Procedures. A facility must provide pharmaceutical services (including accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.
- §483.45(b) Service Consultation. The facility must employ or obtain the services of a pharmacist who—
 - §483.45(b)(1) Provides consultation on all aspects of the provision of pharmaceutical services in the facility;
 - §483.45(b)(2) Establishes a system of records of receipt and disposition of controlled drugs in sufficient detail to enable an accurate reconciliation; and
 - §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

Citations Included:

- Failure to administer meds per the facility's scheduled administration times
- Failure to ensure ordered meds were available to administer (I/J)
- Failure to establish a system of records of receipt and disposition of controlled drugs to enable an accurate reconciliation



Investigating: F755 – Pharmacy Services

71 Citations

- Appendix PP
- Appendix Q
- Pathways

PROCEDURES - Use the Medication Administration Observation and the Medication Storage and Labelling Critical Element Pathway, as appropriate, along with the above interpretive guidelines when determining if the facility meets the requirements for, or investigating concerns related to, the provision of Pharmacy Services.

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Medication Administration Observation

Medication Administration Observation: Make random medication observations of several staff over different shifts and units, multiple routes of administration -- oral, enteral, intravenous (IV), intramuscular (IM), subcutaneous (SQ), topical, ophthalmic, and a minimum (not maximum) of

25 medication administration observations per unit. Medication administration observations should be performed by a nurse or other qualified staff member. If a medication error is observed, the surveyor should document the error and the corrective action taken.

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Medication Storage and Labeling

Medication Storage and Labeling: The team should review half of the med storage rooms, covering different units and review half of the med carts on units where the storage room was not observed. Surveyors, other than the one assigned coordination of the Medication Storage task, who are reviewing medication storage areas, need only answer the CE question if there are “No” responses to observations. *NOTE: For initial certification survey, review ALL of the medication storage rooms and medication carts using this pathway.*



KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F755, the surveyor’s investigation will generally show that the facility failed to:

- Provide medications and/or biologicals, as ordered by the prescriber, to meet the needs of each resident; or
- Ensure that only appropriate personnel administer medications, consistent with applicable state law and regulations; or
- Provide pharmaceutical services to meet each resident’s needs which includes: acquiring, receiving, dispensing, accurately administering, or disposing of medications...

See Appendix PP for full list...

DEFICIENCY CATEGORIZATION

- Level 4 - Immediate jeopardy to resident health and safety, include, but are not limited to:
- Level 3 - Actual harm (physical or psychological) that is not immediate jeopardy, includes, but is not limited to:
- Level 2 - No actual harm with a potential for more than minimal harm (physical or psychological) that is not immediate jeopardy, include but are not limited to:
- Level 1 - Severity 1 does not apply for this regulatory requirement.

F812 – Food Procurement/Store/Prepare/Serve

63 Citations

- §483.60(i) Food safety requirements. The facility must
- §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.
 - (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.
 - (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable food safety and food-handling practices.
 - (iii) This provision does not preclude residents from procuring food items not procured by the facility.
- §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.

Citations Included:

- Food Storage (failure to date and label food in the refrigerator)
- Cross Contamination (failure to properly handle food to prevent cross contamination)
- Cleanliness (failure to maintain cleanliness floors, refrigerators, prep tables, etc..)
- Hand hygiene (failure to wash hands as required)



Investigating: F812 – Food Procurement/Storage

63 Citations

- Appendix PP
- Appendix Q
- Pathways

PROCEDURES §483.60(i)(1)-(2) Through observation, interviews, and record review, determine:

- If the facility obtained food safe for consumption from approved sources; If the facility stores, prepares, distributes, and serves food in a sanitary manner to prevent foodborne illness;
- If the facility has systems (e.g., policies, procedures, training, and monitoring) in place to prevent the spread of foodborne illness...

See Appendix PP for full text...

KEY ELEMENTS OF NONCOMPLIANCE:

To cite F812, the surveyor’s investigation will generally show the facility failed to do any one or more of the following:

- Procure, store, handle, prepare, distribute, and serve food in accordance with the standards summarized in this guidance; or
 - Maintain PHF/TCS foods at safe temperatures, at or below 41 degrees F (for cold foods) or at or above 135 degrees F (for hot foods) except during preparation, cooking, or cooling, and ensure that PHF/TCS food plated for transport was not out of temperature control for more than four hours from the time it is plated...
- See Appendix PP for full list...*

DEFICIENCY CATEGORIZATION

- Level 4 - Immediate jeopardy to resident health and safety, include, but are not limited to:
- Level 3 - Actual harm (physical or psychological) that is not immediate jeopardy, includes, but is not limited to:
- Level 2 - No actual harm with a potential for more than minimal harm (physical or psychological) that is not immediate jeopardy, include but are not limited to:
- Level 1 - Severity 1 does not apply for this regulatory requirement.

<small>DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES</small>	
Kitchen/Food Service Observation	
<i>Kitchen/Food Service Observation: Complete the initial brief kitchen tour upon arrival at the facility, with observations focused on practices that might indicate potential for foodborne illness. Make additional observations throughout the survey process in order to gather all information needed. Refer to the current Initial Brief I</i>	
<small>DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES</small>	
Dining Observation	
<input type="checkbox"/> Potentially <input type="checkbox"/> Food items <input type="checkbox"/> Potentially juices are n	Dining Observation - Each survey team member will be assigned a dining area. If there are fewer surveyors than dining areas, observe the dining areas with the most dependent residents. The team is responsible for observing the first meal upon entrance into the facility. Additional observations may be required if the team identifies concerns. The surveyor assigned primary responsibility will answer all CEs. Any other surveyor assigned a dining location will complete the observations and answer CEs of concern. While it is not mandatory, the team member responsible for the Kitchen task should also consider completing the Dining task. Potential nutrition or hydration concerns should be investigated under the resident.



F880 – Infection Prevention and Control

63 Citations

§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals present in the facility based upon the facility assessment conducted according to §483.70(e) and the facility's IPCP.

§483.80(a)(2) Written standards, policies, and procedures for the program.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update the program, as necessary.

Citations Included:

- Failure to prevent infection control breaches
 - ✓ Wound care
 - ✓ Incontinent or catheter care
 - ✓ Medication pass
 - ✓ Transmission-Based Precautions (TBP)
 - ✓ Soiled linens
 - ✓ Dining assistance
- Failure to sanitize equipment
 - ✓ BP cuffs
 - ✓ Glucometers
 - ✓ TBP equipment
- Failure to have waterborne illness policy and procedure
- Failure to have a tracking and trending program



Investigating: F880 – Infection Prevention and Control

63 Citations

- Appendix PP
- Appendix Q
- Pathways

INVESTIGATIVE PROCEDURES Use the Infection Prevention, Control & Immunizations Facility Task, along with the above interpretive guidance, when determining if the facility meets the requirements for, or when investigating concerns related to, infection prevention and control.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Infection Prevention, Control & Immunizations

Infection Control: This facility task must be used to investigate compliance at F880, F881, F882, F883, *and* F887. For the purpose of this task, “staff” includes all facility employees (regardless of clinical responsibilities or resident contact), licensed practitioners, adult students, trainees, and volunteers; and individuals who provide care, treatment or other services for the facility and/or its residents, under contract or by other arrangement. The infection prevention and control program (IPCP) must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observations which include central lines, peripheral IVs, and oral/IM/respiratory medications.

KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F880, the surveyor’s investigation will generally show that the facility failed to do any one or more of the following:

- Establish and maintain an IPCP designed to provide a safe, sanitary, and comfortable environment and to help prevent development and transmission of disease and infection; or
- The IPCP must be reviewed at least annually and updated as necessary...

See Appendix PP for full list...

DEFICIENCY CATEGORIZATION

- Level 4 - Immediate jeopardy to resident health and safety, include, but are not limited to:
- Level 3 - Actual harm (physical or psychological) that is not immediate jeopardy, includes, but is not limited to:
- Level 2 - No actual harm with a potential for more than minimal harm (physical or psychological) that is not immediate jeopardy, include but are not limited to:
- Level 1 - no actual harm with potential for minimal harm includes, but is not limited to:



F657 – Care Plan Timing and Revision

59 Citations

- §483.21(b) Comprehensive Care Plans
- §483.21(b)(2) A comprehensive care plan must be—
 - (i) Developed within 7 days after completion of the comprehensive assessment.
 - (ii) Prepared by an interdisciplinary team, that includes
 - (A) The attending physician.
 - (B) A registered nurse with responsibility for the resident.
 - (C) A nurse aide with responsibility for the resident.
 - (D) A member of food and nutrition services staff.
 - (E) To the extent practicable, the participation of the resident and the resident's representative (if a resident representative is determined not practicable for the development of the resident's care plan).
 - (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.
 - (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.

Citations Included:

- Failure to revise the care plan
 - ✓ Falls
 - ✓ Changes in wound care
 - ✓ Changes in medications
- Failure to review the care plan after each assessment, including both the comprehensive and quarterly review assessments



Investigating: F657 – Care Plan Timing and 59 Citations

- Appendix PP
- Appendix Q
- Pathways

INVESTIGATIVE SUMMARY AND PROBES

§483.21(b)(2) Use the Critical Element (CE) Pathway associated with the issue under investigation, or if there is no specific CE Pathway, use the General Critical Element Pathway, along with the above interpretive guidelines when determining if the facility meets the requirements...

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General Critical Element Pathway

Use this pathway to investigate quality of care concerns that are not otherwise covered in the remaining tags of §483.25, Quality of Care, and for which specific pathways have not been established. For investigating concerns regarding care at the end of life, use the Hospice/End of Life CE Pathway.

Review the Following in Advance to Guide Observations and Interviews:

- The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for areas pertinent to the concern.
- Physician's orders.
- Pertinent diagnoses.
- Care plan.

No Key Elements of Noncompliance

DEFICIENCY CATEGORIZATION

- Level 4 - Immediate jeopardy to resident health and safety, include, but are not limited to:
- Level 3 - Actual harm (physical or psychological) that is not immediate jeopardy, includes, but is not limited to:
- Level 2 - No actual harm with a potential for more than minimal harm (physical or psychological) that is not immediate jeopardy, include but are not limited to:
- Level 1 - no actual harm with potential for minimal harm includes, but is not limited to:

F677 – ADL Care Provided for Dependent Residents

56 Citations

- §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;

Citations Included:

- Failure to provide showers/baths
- Failure to provide timely incontinent care
- Failure to provide nail care, especially toenails
- Also cited for oral care, clean clothes, and facial hair (men and women)



Investigating: F677 – ADL Care Provided for 56 Citations

- Appendix PP
- Appendix Q
- Pathways

PROCEDURES §483.24(b)(1, 3-5) Use the Activities of Daily Living Critical Element (CE) Pathway, along with the above interpretive guidelines when determining if facility practices are in place to identify, evaluate, and intervene to, maintain, improve, or prevent an avoidable decline in ADLs.

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Activities of Daily Living (ADL) Critical Element Pathway

Use this pathway for a resident who requires assistance with or is unable to perform ADLs (Hygiene – bathing, dressing, grooming, and oral care; Elimination – toileting; Dining – eating, including meals and snacks; and Communication including – speech, language, and other functional communication systems) to determine if facility practices are in place to identify, evaluate, and intervene, to maintain, improve, or prevent an avoidable decline in ADLs. Refer to the Positioning/Mobility/ROM pathway, for concerns related to mobility (transfer, ambulation, walking), positioning, contractures, or ROM.

No Key Elements of Noncompliance

No Deficiency Categorization



F689 – Free of Accident Hazards

51 Citations

- §483.25(d) Accidents. The facility must ensure that –
- §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and
- §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

Citations Included:

- Falls
 - ✓ Failure to develop, implement, monitor and revise interventions to prevent falls (IJs)
 - ✓ Failure to provide supervision (IJ)
 - ✓ Failure to provide safe transfers
- Failure to supervise smoking
- Failure to ensure safe water and hot liquid temps (IJ)



Investigating: F689 – Free of Accident Hazards

51 Citations

- Appendix PP
- Appendix Q
- Pathways

INVESTIGATIVE SUMMARY Use the Accidents Critical Element (CE) Pathway along with the above interpretive guidelines when determining if the facility meets the requirements to ensure that the resident's environment remains as free from accident hazards as possible and that each resident receives adequate supervision and assistance devices to prevent accidents.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Accidents Critical Element Pathway

Use this pathway for a resident who requires supervision and/or assistive devices to prevent accidents and to ensure the environment is free from accident hazards as is possible.

Review the Following in Advance to Guide Observations and Interviews:

- Review the most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAs for Sections C - Cognitive Patterns, E - Behavior-Impact on others, Wandering, G - Functional Status, H - Bladder and Bowel, J - Health Conditions-Falls, Fractures, and Tobacco Use, N - Medications, O - Special Treatments, Procedures, and Programs-therapy services, restorative nursing program, and O2 use, and P - Restraints and Alarms.

KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F689, the surveyor's investigation will generally show that the facility failed to do one or more of the following:

- Identify and eliminate all known and foreseeable accident hazards in the resident's environment, to the extent possible; or
- To the extent possible, reduce the risk of all known or foreseeable accident hazards that cannot be eliminated...

See Appendix PP for full list...

DEFICIENCY CATEGORIZATION

- Level 4 - Immediate jeopardy to resident health and safety, include, but are not limited to:
- Level 3 - Actual harm (physical or psychological) that is not immediate jeopardy, includes, but is not limited to:
- Level 2 - No actual harm with a potential for more than minimal harm (physical or psychological) that is not immediate jeopardy, include but are not limited to:
- Level 1 - Severity 1 does not apply for this regulatory requirement.



F656 – Develop/Implement Comprehensive Care Plans

48 Citations

- §483.21(b) Comprehensive Care Plans
- §483.21(b)(1) The facility must develop and implement a comprehensive care plan for each resident, consistent with the resident rights and psychosocial needs that are identified in the comprehensive care plan must describe the following —
 - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and
 - (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 to be provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).
 - (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate on the resident's medical record.
 - (iv) In consultation with the resident and the resident's representative(s)— (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must indicate whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.

Citations Included:

- Failure to develop a comprehensive care plan for any triggered care areas
- Failure to develop a comprehensive care plan for:
 - ✓ Medications
 - ✓ Wounds
 - ✓ Side rails
 - ✓ Nutrition
 - ✓ Behaviors
 - ✓ Pain
 - ✓ PASSAR recommendations



Investigating: F656 – Develop/Implement C

48 Citations

- Appendix PP
- Appendix Q
- Pathways

INVESTIGATIVE PROCEDURES Use the Critical Element (CE) Pathway associated with the issue under investigation, or if there is no specific CE Pathway, use the General Critical Element Pathway, along with the above interpretive guidelines when determining if the facility meets the requirements for, or investigating concerns related to the facility's requirement to develop and implement a Comprehensive Care Plan. If systemic concerns are identified with Comprehensive Care Plans, use the probes below to assist in your investigation

PROBES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

General Critical Element Pathway

Use this pathway to investigate quality of care concerns that are not otherwise covered in the remaining tags of §483.25, Quality of Care, and for which specific pathways have not been established. For investigating concerns regarding care at the end of life, use the Hospice/End of Life CE Pathway.

Review the Following in Advance to Guide Observations and Interviews:

- The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for areas pertinent to the

KEY ELEMENTS OF NON-COMPLIANCE

To cite deficient practice at F656, the surveyor's investigation will generally show that the facility failed to do one or more of the following:

- Develop and implement a care plan that: (1) Is comprehensive and individualized; (2) Is consistent with the resident's goals and right to be informed and participate in his/her treatment; (3) Meets each of the medical, nursing, mental and psychosocial needs identified on the resident's comprehensive assessment; (4) Includes measurable objectives, interventions and timeframes for how staff will meet the resident's needs....

See Appendix PP for full list...

DEFICIENCY CATEGORIZATION

- Level 4 - Immediate jeopardy to resident health and safety, include, but are not limited to:
- Level 3 - Actual harm (physical or psychological) that is not immediate jeopardy, includes, but is not limited to:
- Level 2 - No actual harm with a potential for more than minimal harm (physical or psychological) that is not immediate jeopardy, include but are not limited to:
- Level 1 - No actual harm with potential for no more than a minor negative impact on the resident, includes, but is not limited to:

F584 – Safe/Clean/Comfortable/Homelike Environment Citations Included:

35 Citations

- §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide—
- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk to the resident or the protection of the resident's property from loss or theft.
- §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;
- §483.10(i)(3) Clean bed and bath linens that are in good condition;
- §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);
- §483.10(i)(5) Adequate and comfortable lighting levels in all areas;
- §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and
- §483.10(i)(7) For the maintenance of comfortable sound levels.

Citations Included:

- Failure to provide housekeeping services to maintain cleanliness
- Failure to provide maintenance services to maintain needed repairs throughout the facility
- Failure to prevent urine odors
- Failure to maintain comfortable room temperatures



Investigating: F584 – Safe/Clean/Comfortable

35 Citations

- Appendix PP
- Appendix Q
- Pathways

No Key Elements of Noncompliance

No Deficiency Categorization

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Environmental Observations

Environmental Observation: Complete this review if environmental concerns were identified through observation, or resident or representative interviews. Investigate the CE(s) applicable to the Initial Pool information that triggered the task as indicated in the table below. If concerns are identified, review the facility's policies, procedures, and systems.

Triggered From the Initial Pool Process:

CE(s) to be Completed:

<input type="checkbox"/> Accommodation of Needs (Physical) - RI, RRI, RO	1
<input type="checkbox"/> Call <i>Device</i> Functioning – RI, RRI, RO	2
<input type="checkbox"/> Sounds Levels – RI, RRI, RO	3
<input type="checkbox"/> Temperature Levels – RI, RRI, RO	4
<input type="checkbox"/> Lighting Levels – RI, RRI, RO	5
<input type="checkbox"/> Clean Building – RI, RRI, RO	6



Survey Resource Reminders

- Appendix PP
- Appendix Q
- Psychosocial Severity Guide
- Investigative Protocol/Probes
- Pathways
- Key Elements of Noncompliance
- Deficiency Categorization

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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General Critical Element Pathway

Use this pathway to investigate quality of care concerns that are not otherwise covered in the remaining tags of §483.25, Quality of Care, and for which specific pathways have not been established. For investigating concerns regarding care at the end of life use the Hospice/End of Life CE Pathway.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Activities of Daily Living (ADL) Critical Element Pathway

Review

- The Use this pathway for a resident who requires assistance with or is unable to perform ADLs (Hygiene – bathing, dressing, grooming, and oral care; elimination – toileting; Dining – eating, including meals and snacks; and Communication including – speech, language, and other functional communication systems) to determine if facility practices are in place to identify, evaluate, and intervene, to maintain, improve, or prevent an avoidable decline in ADLs. Refer to the Positioning/Mobility/ROM pathway, for concerns related to mobility (transfer, ambulation, walking), positioning, contractures, or ROM.
- Ph
- Per
- Ca

Observe

Review the Following in Advance to Guide Observations and Interviews:

- Review the most current comprehensive assessment and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAs for Sections C - Cognitive Patterns, E – Behavior - E0500 (Impact on Resident) and E0800 (Rejection of Care), F – Preferences for Customary Routine and Activities, G – Functional Status, J – Health Conditions - Pain, O – Special Treatment/Proc/Prog – SLP (O0400A), OT (O0400B), PT (O0400C) and Restorative Nursing Program (O0500).
- Physician's orders (e.g., therapy, restorative, and ADL needs).
- Pertinent diagnoses.
- Care plan (e.g., ADL assistance, specific care interventions staff will provide, premedication prior to ADLs, environmental approaches and devices used to maximize independence, therapy interventions, or restorative approach).









Resources







Long Term Care Preventative Medical Consultants District Map

Long Term Care
 Main Phone Number: 405.426.8200
 Email: LTC@health.ok.gov

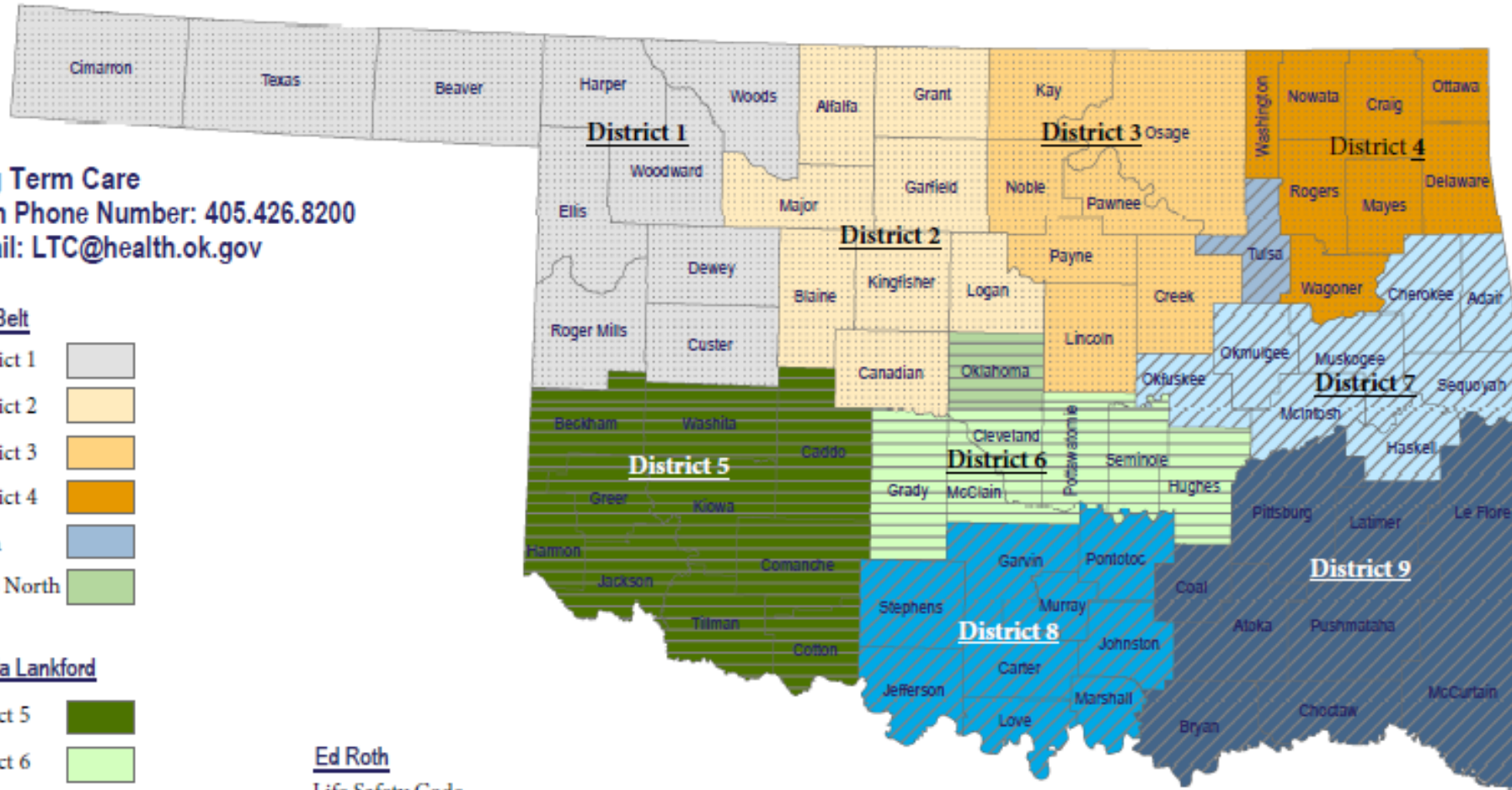
Rae Belt

- District 1 
- District 2 
- District 3 
- District 4 
- Tulsa 
- OKC North 

Brenda Lankford

- District 5 
- District 6 
- District 7 
- District 8 
- District 9 
- OKC South 

Ed Roth
 Life Safety Code
 for All Districts



Data Source: Long Term Care, Protective Health Services, Oklahoma State Department of Health

Updated: 06.02.2023



Key Contacts

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Resources

Sign-up for GovDelivery.com to get up-to-date information, and invitations to the Provider Calls



OKLAHOMA
State Department of Health

SNF/NF and ICF/IID LTC Provider Call; COVID-19 Blanket Waivers Ending; Nurse Aide Renewal; CMP In-Person Visitation Air Quality Project

April 12, 2022

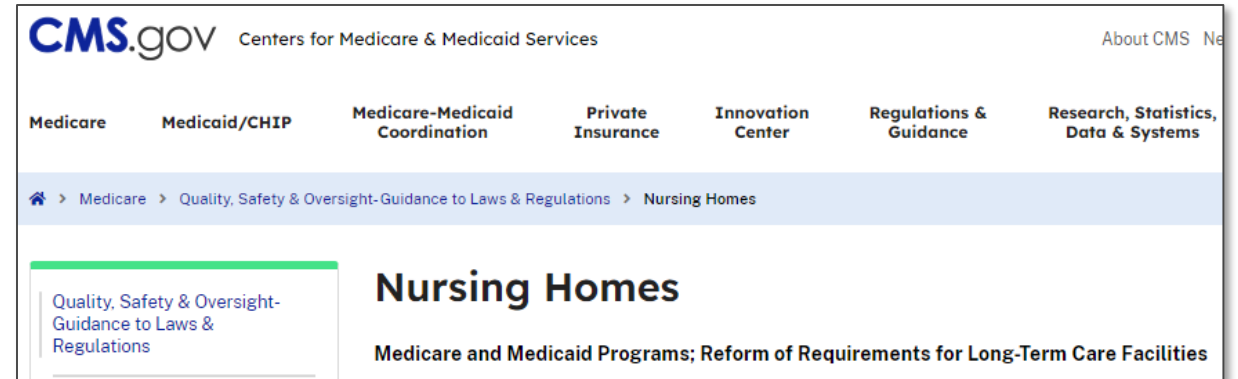
Save the Date! NF/SNF and ICF/IID LTC Provider Call

Date: Wednesday, April 20, 2022

Time: 1-2 p.m.

The access information will be sent out the week of the call.

Email LTC@health.ok.gov



CMS.gov Centers for Medicare & Medicaid Services

Medicare Medicaid/CHIP Medicare-Medicaid Coordination Private Insurance Innovation Center Regulations & Guidance Research, Statistics, Data & Systems

Home > Medicare > Quality, Safety & Oversight-Guidance to Laws & Regulations > Nursing Homes

Nursing Homes

Quality, Safety & Oversight-Guidance to Laws & Regulations

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>



CMS.gov Centers for Medicare & Medicaid Services

Medicare Medicaid/CHIP Medicare-Medicaid Coordination Private Insurance Innovation Center Regulations & Guidance Research, Statistics, Data & Systems Outreach Education

Home > Medicare > Quality, Safety & Oversight-General Information > Policy & Memos to States and Regions

Policy & Memos to States and CMS Locations

Quality, Safety & Oversight-General Information

Nursing Homes

CMS Quality Safety & Oversight memoranda, guidance, clarifications and instructions to State Survey Agencies and CMS Locations.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>

Thank you!

