Welcome to the Webinar

Long Term Care Conditions of Participation: What's NEW

EXECUTIVE PLACEMENT
Pairing the Right Leaders with the Right Hospitals.

CORPORATE COMPLIANCE AND ASSESSMENT
Are you focused on quality as a Compliance issue?

PRODUCTIVITY
You cannot manage what you cannot measure.

LEAN THINKING
Decrease Waste and Empower your Team

45 Years of Delivering Superior Results
Carolyn St. Charles, RN, BSN, MBA
Regional Chief Clinical Officer

Carolyn began her healthcare career as a staff nurse in Intensive Care. She has worked in a variety of staff, administrative and consulting roles and has been in her current position as Regional Chief Clinical Officer with HealthTechS3 for the last fifteen years.

In her role as Regional Chief Clinical Officer, Carolyn St. Charles is the lead consultant for development of Community Health Needs Assessments and conducts mock surveys for Critical Access Hospitals, Acute Care Hospitals, Long Term Care, Rural Health Clinics, Home Health and Hospice. Carolyn also provides assistance in developing strategies for continuous survey readiness and developing plans of correction.

Cheri Benander, RN, MSN, CHC, NHCE-C
Director of Compliance Consulting Services,

Cheri has over 30 years of experience in acute care, home health, hospice, assisted living, and long term care. She has served in a variety of leadership roles including Vice President of Resident Care Services, Nursing Home Administrator, Interim Chief Nursing Officer, Director of Home Health and Hospice, Information Security Officer and Compliance Officer. Benander received her basic nursing education from Fort Scott Community College and her Bachelor’s and Master’s Degree in Nursing from the University of Phoenix. Benander is a Certified Healthcare Compliance (CHC) professional through the Health Care Compliance Association (HCCA) and received a certification in Nursing and Healthcare Education from the University of Phoenix. She is licensed as a Registered Nurse in Wyoming, Kansas, and Missouri and is a licensed Nursing Home Administrator in Wyoming. Benander is also a member of the Health Care Compliance Association.
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If you are accessing the audio portion of the webinar by computer audio controls must be enabled if you would like to ask a question.

You may type any questions or comments you have during the webinar in the question box on your computer.

Please feel free to contact Cheri Benander after the webinar with questions or comments.

Cheri.Benander@healthtechs3.com
615-696-9042
Formerly known as Brim Healthcare, we have a 45-year track record of delivering superior clinical & operating results for our clients.

Our Executive Team has experience in managing hospitals from multi-billion $ healthcare systems to community hospitals.

We believe that the combination of People, Process & Technology transforms healthcare & provides the required results.

- **Management**
  - Complete Hospital Management
  - Financial
  - Operations
  - Corporate Compliance
  - Board Development

- **Consulting**
  - Strategy
  - Financial
  - Operational
  - Quality and Regulatory
  - Executive Placement

- **Education**
  - Lean Education and Certification
  - Care Coordination Education
  - Compliance Education
  - Support Networks

- **Technology**
  - Gaffey Health
    - AutoStatus
    - AlphaCollector
  - CrossTX Chronic Care Management
  - Optimum Productivity Platform
January 2015
Becker's 50 Rural CEOs to Know
- Nicole Clapp, Grant Regional Health Center
- John Gallagher, Sunnyside Community Hospital
- Chandler Ralph, Adirondack Health
- Phil Stuart, Tomah Memorial Hospital

April 2015
HealthStrong Top 100 Hospitals
(iVantage Health Analytics)
- Barrett Hospital & Healthcare
- Carlinville Area Hospital
- Grant Regional Health Center
- Hammond-Henry Hospital
- Hillsboro Area Hospital
- Tomah Memorial Hospital

May 2015
Becker's Top Hospitals for Physician Communication
(scored 92% or higher)
- Spooner Health System – score 94%
- Tri Valley Health System – score 93%
- Grant Regional Health Center - score 92%

June 2015
Becker's 100 Great Community Hospitals
- Adirondack Health
- Grant Regional Health Center
- Hammond-Henry Hospital

June 2015
Top 100 Critical Access Hospitals
(iVantage Health Analytics)
- Barrett Hospital & Healthcare
- Hillsboro Area Hospital
- Tomah Memorial Hospital

July 2015
Most Wired Hospitals – Small & Rural
(published H&HN magazine)
- Hammond-Henry Hospital
- Sunnyside Community Hospital

September 2015
Becker's 50 CAH CEOs to Know
- Nicole Clapp, Grant Regional Health Center
- Florence Spyrow, Hammond-Henry Hospital
- Ken Westman, Barrett Memorial Hospital
# Expert Led Consulting Solutions

## Strategy

<table>
<thead>
<tr>
<th>Strategic Planning</th>
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<tr>
<td>• Market Share/Environmental Analysis</td>
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<td>• Transaction Advisory</td>
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## Turnaround Strategy

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<tr>
<th>Turnaround Assessment</th>
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<tr>
<td>• Turnaround Assessment</td>
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<tr>
<td>• Financial and Operational Restructuring</td>
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<td>• Creditor Consultancy</td>
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## Financial

| Supply Chain Assessment and Recommendations |
| Accounts Receivable Analysis |
| Revenue cycle and Business Office Operational Assessment |

## Operations

<table>
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<tr>
<th>Operations</th>
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<tbody>
<tr>
<td>• Lean Workflow Analysis and Process Redesign</td>
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<td>• Lean Educational Services</td>
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<td>• Physician Practice and Clinic Assessment</td>
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<td>• Productivity Program Consulting (to include assessment and access to Optimum Productivity Enhancer)</td>
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## Clinical & Quality

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<th>Quality Performance Improvement</th>
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<tr>
<td>• Quality Program Review and Development</td>
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<td>• Clinical Process Redesign</td>
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<tr>
<th>Regulatory Compliance and Accreditation Preparation</th>
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<tr>
<td>• Survey Readiness Assistance (Mock Survey)</td>
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<td>• Plans of Correction</td>
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<td>• CHNA</td>
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<tr>
<th>Population Health Management</th>
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<tr>
<td>Care Coordination Consulting</td>
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<td>Care Coordination Education</td>
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<td>Chronic Care Management</td>
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## Executive Support

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<th>Board Advisory</th>
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<tr>
<td>• Education</td>
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<td>• Retreats</td>
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<th>Executive Recruiting</th>
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<tr>
<td>• Interim Executive Placement</td>
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<td>• Mid-level and Specialty Placement</td>
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<th>Hospital Governance Management</th>
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<tr>
<td>• Licensing Advisory Services</td>
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<tr>
<td>• Regulatory Strategy Development</td>
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<tr>
<td>• Annual Report Preparation</td>
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In consultation with your governing board, steering committee and community partners, HealthTechS3 consultants facilitate development and documentation of your Community Health Needs Assessment – and we assist with development of a multi-year implementation plan that is actionable and measurable.
### Continuous Survey Readiness

#### Consulting

**Regulatory Compliance and Accreditation Preparation**

Surveys based on your accreditation status:
- CMS Conditions of Participation
- State Regulations
- The Joint Commission
- DNV
- HFAP

**Educate Assess Prepare Achieve**

**Your Solution for Continuous Survey Readiness and Development of Effective Plans of Correction**

**Facility Types**
- Critical Access Hospitals
- PPS Hospitals
- SNF/Long Term Hospitals
- Home Health/Hospice
- Rural Health Centers

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Finding The Right Leader

Peter Goodspeed leads our Executive Placement Services group. With over 30 years experience Peter understands the unique challenges of today’s hospitals. Whether finding a candidate for a rural hospital or searching for a multi-hospital system, we focus on your desired qualifications and specific needs. Services include:

- Interim
- Permanent
- Executive Search Process

45 Years of Excellence

- HTS3 has been recruiting Senior Executives for over 45 Years
- Our extensive understanding of hospitals & healthcare helps us find the right candidates for you.

Placement Management

Consulting

Placement

Technology
### Education & Support Networks

#### Expert Led Education Tailored to Your Organization

<table>
<thead>
<tr>
<th>Lean</th>
<th>Compliance</th>
<th>Care Coordination</th>
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<tr>
<td>✓ Train the Trainer Education ✓ Management and Executive Courses ✓ Certification</td>
<td>✓ Assessment ✓ Program Planning ✓ Compliance Officer Orientation ✓ Board Education</td>
<td>✓ Train the Trainer Education Assessments ✓ Chronic Care Management Implementation ✓ Advance Care Planning Program</td>
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#### Ongoing Peer Support and Education Networks

**Virtual Networks for:**
- ✓ Lean
- ✓ Compliance
- ✓ Care Coordination

**Benefits**
- ✓ Provides targeted Education
- ✓ Receive and Share Best Practices
- ✓ Builds Peer Network

#### Free Webinar Series 2016

- CHNA Are You ready?
- CoPs for Critical Access Hospitals
- Building a Lean Culture in Healthcare
- Office of Inspector General 2016 Work Plan Overview
- About Swing Beds
- CoPs for PPS Hospitals
- CoPs Long Term Care
- Compliance Field Guide 2016
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<th>Who we are and what drives us?</th>
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<tr>
<td><strong>Performance</strong></td>
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<tr>
<td>HealthTechS3 is an award winning healthcare services company. We are a renowned management company with award winning hospitals, health systems and physician practices with CEOs of long tenure.</td>
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<tr>
<td><strong>Expertise</strong></td>
</tr>
<tr>
<td>HealthTechS3 only has consultants with deep experience; Consultants are former hospital leaders and executives, clinical resources are best in the industry.</td>
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<tr>
<td><strong>Integrity</strong></td>
</tr>
<tr>
<td>HealthTechS3 is a trusted partner our hospitals. We are fair, honest, professional, and provide ongoing support.</td>
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<tr>
<td><strong>Longevity</strong></td>
</tr>
<tr>
<td>HealthTechS3 has been around for 45 years and successfully navigated many hospitals through an ever changing healthcare market.</td>
</tr>
<tr>
<td><strong>Market</strong></td>
</tr>
<tr>
<td>HealthTechS3 knows how to work with community hospitals and health systems to best leverage their assets and resources to serve their market and maintain independence.</td>
</tr>
<tr>
<td><strong>Value</strong></td>
</tr>
<tr>
<td>HealthTechS3 is flexible and affordable relative to many large national consulting firms who focus on strategic work and ideas rather than implementation and impact.</td>
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Long Term Care Conditions of Participation - What's NEW

Building Leaders – Transforming Hospitals – Improving Care
Objectives

➢ Explain the revisions to Appendix PP that went into effect in 2015

➢ Examine the revisions to the LTC Conditions of Participation proposed by CMS

➢ Outline what facilities can do now to begin preparing for the upcoming changes.
Facility Policies - CPR

- Effective 2/6/2015
- Prohibits a facility-wide “no CPR” Policy
- Certified CPR staff must be available at all times

CPR Training
- Hands on skills practice
- In-person assessment
- Demonstration of skills

Can be cited at F155, F281 and F490
Definitions

- **Spouse**: an individual who is married to another individual as a result of marriage lawful where it was entered into, including a lawful same-sex marriage, regardless of whether the jurisdiction where the nursing facility (SNF/NF) is located, or in which the spouse lives, permits such marriages to occur or recognizes such marriages.

- **Marriage**: a marriage lawful where it was entered into, including a lawful same-sex marriage, regardless of whether the jurisdiction where the nursing facility is located, or in which the spouse lives, permits such marriages to occur or recognizes such marriages;

  State Operations Manual Rev. 149, 10-09-2015
Definitions-continued

- **Family** - includes, but is not limited to, an individual’s spouse

- **Relative** - when used as a noun, includes, but is not limited to, an individual’s spouse

A nursing facility is expected to recognize all lawful marriages and spouses for purposes of compliance with the Conditions of Participation, regardless of any laws to the contrary of the state or locality or other jurisdiction where the nursing facility is located or where the spouse lives. (Transmittal 149, 10/9/2015)
Proposed Changes

- First major revision since 1991
- Published in the Federal Register July 16, 2015
- Comment period ended 9/14/2015
  - Extended 30 days
- Implementation
  - Typically takes a year after the comment period ends but could take longer based on the number of revisions
- Themes of Changes
  - Person-centered care
  - Quality
  - Facility assessment and the competency-based approach
  - Alignment with HHS priorities
  - Comprehensive review and modernization
  - Implementation of Legislation
§483.5 Definitions

Add definitions for:

- Adverse Event
- Documentation
- Posting/displaying
- Resident representative
- Abuse
- Sexual abuse
- Neglect
- Exploitation
- Misappropriation of resident property
- Person-centered care
§ 483.10 Resident Rights

- Restructure
  - Improve the logical order and readability
  - Clarify
  - Update to include electronic communications
- Eliminate “interested family member” replace “legal representative” with “resident representative”
- Address roommate choice
- Physician credentialing
§ 483.11 Facility Responsibilities - NEW

➤ Protecting the rights of the residents
➤ Enhancing a residents quality of life
➤ Open visitation
➤ Move into this section
  – Resident’s Rights § 483.10
  – Quality of Live § 483.15
§483.12 Freedom from Abuse, Neglect and Exploitation

Previous title Resident Behavior and Facility Practices

Not employ individuals with a previous disciplinary action

Policies and Procedures that prohibit/prevent abuse, neglect and mistreatment of resident or misappropriation of their property
§ 483.15 Transitions of Care

- Previous title: Admission, transfer and discharge rights
- Document in clinical record and be exchanged with the receiving provider/facility
§ 483.20 Resident Assessments

- PASARR- Coordination of resident assessment
- Add exceptions to preadmission screening for those with mental illness and intellectual disabilities
- Notifications after a significant change in condition
- Change “mental retardation” to “intellectual disability”
§483.21 Comprehensive Person-Centered Care Planning- NEW

- Baseline care plan within 48 hrs.
- Include PASARR recommendations
- Interdisciplinary Team
  - Add nurse aide, member of food and nutrition services staff, and social worker
  - Written explanation if participation by resident or resident representative is not practical
Discharge Planning

- Implement discharge planning process
- Document resident goals for admission, potential for discharge and include discharge planning in the comprehensive care plan
- Discharge summary: reconciliation of discharge medications with pre-admission medications
- Add to the Plan of Care Summary:
  - Arrangements for follow-up care
  - Post-discharge medical and no-medical services
§ 483.25 Quality of Care/Quality of Life

- Overarching Principle
- Clarify ADL requirements
- Director of Activities Qualifications
- Update NG Tube requirements
- New requirement - appropriate pain management
- Move provisions to §483.45 Pharmacy Services
  - Unnecessary drugs, antipsychotic drugs, medication errors and influenza and pneumococcal immunizations.
§ 483.30 Physician Services

- In-person evaluation before an unscheduled transfer to a hospital
- Delegation of dietary orders to dietitians
- Delegation of therapy orders to therapists
§ 483.35 Nursing Services

➢ Add competency requirement to determine sufficient nursing staff based upon a facility assessment
§ 483.40 Behavioral Health Services NEW

Provide necessary behavioral health care

• Staffing
  • Facility Assessment
  • Competency Approach
  • Social Worker
    • Add gerontology
§485.45 Pharmacy Services

- Drug Regimen Review
  - Review every 6 months
  - New resident
  - Resident return
  - Each month that resident is taking a psychotropic drug, antibiotic or any drug requested by the QA Committee Request
  - Documentation

- Irregularities Definition
- Revise “antipsychotic” drugs to “psychotropic” drugs
- Define psychotropic drug
- Not start psychotropic drugs
- Require gradual doses reductions and behavioral interventions
- Limit PRN orders for psychotropic drugs to 48 hrs.
§483.50 Laboratory, Radiology, and Other Diagnostic Services-NEW

- Clarify who may order services
- Notification of abnormal lab results
§ 483.55 Dental Services

- Prohibiting the charging of Medicare residents for lost or damaged dentures
- Referrals for lost or damaged dentures “promptly” means within 3 business days
- Assist residents who are eligible to apply for reimbursement under Medicaid
§ 483.60 Food and Nutrition Services

- Staffing
- Dietitian Qualifications
- Director of Food Service Qualifications
- Menus reflect religious, cultural and ethnic needs and preferences
- Considerations for resident allergies, intolerances and preferences
- Physician delegation of prescribing diets
- Have available suitable and nourishing alternative meals and snacks for non-traditional meal times
- Feeding Assistant - document clinical need
§ 483.60 Food and Nutrition Services continued

➢ Food Safety
  – Procurement from local or facility gardens
  – Resident consumption of foods not procured by the facility
  – Policy re: foods brought by visitors
§ 483.65 Specialized Rehabilitative Services

- Provision of Services
  - Add respiratory services
  - Clarify rehab services for mental illness and intellectual disability
§ 483.67 Outpatient Rehabilitative Services

➢ Proposal to establish new standards for facilities that chose to provide outpatient services
§ 483.70 Administration

- Relocating portions to other sections
- Facility Assessment
  - Conduct and document a facility-wide assessment, review and update as necessary and at least annually
  - Review and update when there is any change that would require a substantial modification to any section
  - Include resident population characteristics, resources and a facility-based and community-based risk assessment
- Establish clinical record requirements that mirror the HIPAA Privacy Rule
- Binding arbitration agreements
§ 483.75 Quality Assurance and Performance Improvement (QAPI)-NEW

“...require all LTC facilities to develop, implement, and maintain an effective comprehensive, data-driven QAPI program that refocuses on systems of care, outcomes of care and quality of life”
§ 483.80 Infection Control

- Require facilities have a system to prevent, identify, report, investigate and control infections and communicable diseases

- Designate a Infection Prevention and Control Officer who services as a member of the Quality Assessment and Assurance Committee
§ 483.85 Compliance and Ethics Program-NEW

➢ Require facilities have a compliance and ethics program
§ 483.90 Physical Environment

- For facilities initially certified after the effective date of these regulations
  - No more than 2 residents per bedroom
  - BR with toilet, sink and shower in each room

- Establish policies regarding smoking to include tobacco cessation, smoking areas and safety
§ 483.95 Training Requirements - NEW

➤ Training Program Requirements
  – Communication
  – Resident Rights and Facility Responsibilities
  – Abuse, Neglect, and Exploitation
  – QAPI
  – Infection Control
  – Compliance and Ethics
  – In-service Training for Nurse Aides
    • Dementia management
    • Resident abuse prevention

➤ Behavior Health Training
Conclusion

What can you do to be prepared?

- Start reviewing the proposed rules
- Develop a plan to put into place those things that aren't likely to change when the rules are published;
  - Discharge Planning (IMPACT)
  - Clinical Records (HIPAA)
  - Compliance and Ethics Program (ACA)
  - Quality Assurance and Performance Improvement (QAPI) (ACA)
Questions?
Contact Information

If you would like to schedule a LTC Mock Survey or need assistance developing a Compliance Program, please contact:

Cheri Benander
Director of Compliance Consulting Services

Email: cheri.benander@healthtechS3.com
Phone: 615-636-9042