

Welcome to Community Based Care News Hour July 22nd, 2021

Please remember to put your phone on mute
*6 to mute phone



Agenda

- Compliance Trend Report
Top Ten Citations
- Compliance Tips:
Dave Mackowski
- Hot Topics:
Exceptions
- Managers Corner



Compliance Trend Report

Top Ten Citations: 04/16/2021 - 06/15/2021

- | | |
|-----------------------------------|--------------------------------------|
| 1: C 260 Service Plan (15) | 6: C 160 Reasonable Precautions (10) |
| 2: C 303 Treatment Orders (15) | 7: C 240 Food Sanitation (10) |
| 3: C 360 Inadequate Staff (15) | 8: C 252 Resident evaluation (10) |
| 4: C 270 Change of Condition (11) | 9: C 310 Medications admin (10) |
| 5: C 370 Caregiver training (11) | 10: C 372 Training: 30 days (10) |

Responding to ➤ Immediate Jeopardy During Survey

**CBC News Hour
July 22, 2021**

What is Immediate Jeopardy?

- **Immediate Jeopardy:** a situation in which the facility's non-compliance with one or more licensing requirements has caused or is likely to cause serious injury, harm, impairment or death to one or more residents.
- Serious injury, harm, impairment or death may have occurred in the past, may be presently occurring or may be likely to occur in the near future if the facility does not take immediate action.

▀ Immediate Jeopardy

- Immediate jeopardy requires immediate correction to protect residents' health and safety.
- The survey team identifies circumstances that constitute immediate jeopardy based on observations, interviews with residents and facility staff, and record review.

▀ Risks in the Environment

- Kitchen: health concerns due to lack of cleanliness, improper food handling, dishwasher not operating properly, refrigerator not cooling.
- Wall heaters operating at high temperatures.
- Fall hazards – damaged walkways, uneven floors.
- Building damage – exposed electrical wires, water leaks.

▸ Risks Related to Staff and Care

- Insufficient staffing.
- Lack of training leading to improper care – infection control, incontinent care, physical assistance.
- Resident(s) with unmanaged, dangerous behavior.
- Undelegated staff performing delegated tasks.
- Observed neglectful or abusive behavior by staff toward a resident.

▀ Notifications

- When the survey team identifies and issue and determines it posed an immediate and serious risk to one or more residents, the Team Coordinator will immediately inform the facility administrator and explain the risk(s).
- The survey team also notifies the:
 - CBC Survey Manager, and the Policy Analyst and Corrective Action Coordinator assigned to the facility.

Notification Letter

- The CBC Surveyor manager will issue the facility an IJ letter.
- This informs the facility in writing of the specific deficiency and the need to develop an immediate POC.



Department of Human Services

Office of Safety and Quality Unit
Community Based Care Survey Unit

PO Box 14530

Salem, Oregon 97309

Phone: 503-373-0200 Fax: 503-373-0222



[Date]

VIA SECURE EMAIL

[Facility name]

Facility Number: []

This is to notify you that during the relicensure survey, currently in process, the Community Based Care Survey Unit (CBC) has found a situation in your facility that constitutes immediate jeopardy to residents' health and safety in the following area(s):

[OAR e.g. 411-054- or 411-057-]

According to facility documentation and interviews with facility staff, the specific situation involved:

The facility failed to [specific situation that poses a risk to resident(s)]

Please submit a plan of correction that addresses the following:

- What actions will be taken to correct the rule violation for the resident.
- How will the system be corrected so this violation will not happen again;
- How often will the area needing correction be evaluated; and
- Who will be responsible to see that the corrections are completed?

Before the surveyors leave today [date] the facility will need to have submitted and implemented an approved written plan of correction to immediately protect residents from harm.

If you have further questions, please discuss them with the survey team. Please call if you need this document in an alternate format.

Respectfully,

Jeanne Bristol
CBC Survey Manager

This is to notify you that during the relicensure survey, currently in process, the Community Based Care Survey Unit (CBC) has found a situation in your facility that constitutes immediate jeopardy to residents' health and safety in the following area(s):

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Before the surveyors leave today [date] the facility will need to have submitted and implemented an approved written plan of correction to immediately protect residents from harm.

Notification

Violation

Specific situation

POC components

Timeline

Immediate Plan of Correction

- The facility will be asked to develop an immediate plan to address the identified risk. Upon receipt, the survey team will review the plan and accept it or ask for revisions.
- The survey team can assist you in ensuring the required components are addressed in the plan. You can also consult with your Policy Analyst.

▀ The Plan of Correction

- The plan must:
 - Be submitted in writing.
 - Maintain resident confidentiality. Please create a resident list or refer to resident by room number.
 - Describe how the identified resident(s) at risk will be protected.
 - If other residents could potentially be at risk, the plan will include a description of how the facility will assess for additional residents who could be at risk and a clear timeline for completing this assessment.

Plan Components

- If facility is planning on giving notice to the resident, that should not be part of the plan. The plan can state something to the effect that “as long as the resident resides in the facility...”
- The reason is that survey does not want to imply it is approving a move-out notice.

Plan Components

- If the plan includes staff monitoring a resident 1 to 1, or performing frequent checks, or increasing the number of staff on shifts, the plan must include the time frame for the checks and names of staff that will be responsible for the monitoring on each shift or the additional staff as well as the other staff on each shift. This requires the facility to actually determine and assign specific people to carry out the plan.

Plan Components

- If the plan includes changing service plans and/or providing new directions to staff, the plan must include the information or service plan changes to be provided, as well as how and when staff on all shifts will be informed.

Plan Components

- If the plan includes equipment repair or installation, the plan must include the vendor that is expected to be doing the work, as well as when the vendor will arrive and when it is anticipated the work will be completed. The plan must also include how residents will be kept safe until the repairs and/or installations will be concluded.

Plan Components

- If the plan includes tasks that must be completed over time after the survey team has left the facility, such as monitoring residents, equipment repair, additional staff, changes to service plans or policy/procedures or evaluations/assessments, the plan must include reporting on how the plan is proceeding to surveyors and/or program analysts.

Plan Components - Reporting

- This could include providing names of the staff who worked each shift, documentation of monitoring, evaluations, assessments, delegations, treatments, reports from vendors, etc. The plan must include to whom reports will be sent, how (usually by email) and when.

Plan Components - Reporting

- The plan must also include the name and phone number of the Program Analyst who must be contacted by the facility to continue reporting and the date by which the first contact must be made. This is to ensure the facility is aware monitoring by SOQ will continue after the survey has ended and who will be their contact at SOQ.

▀ Approving the Immediate POC

- Surveyors may approve the plan themselves or involve a supervisor in the process.
- Surveyors will forward the approved plan to the Supervisor, and the Program Analyst and Corrective Action Coordinator assigned to your building.

▀ Impact on the Survey

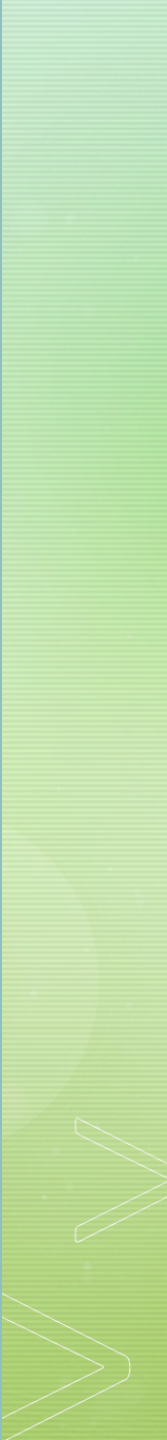
- Because there was a deficiency that was not being addressed by the facility, the survey team will include the deficiency in final report.
- By definition, because the deficiency put a resident or residents at risk for serious harm, the deficiency will be cited at a harm level (level 3).



Thank you!

Submit questions to:

Salem-CCMU.CBC@dhsosha.state.or.us



SURVEY'S

BONUS TIP OF THE MONTH

Monitoring and Documentation

When monitoring a change of condition, such as a new medication or following a fall, the facility needs to demonstrate, through documentation, that it actively monitored the resident.

It isn't adequate to document something like:

“Resident on alert for multiple falls. Resident did not complain of bruising, swelling, pain. Will continue to monitor.”

This appears as if the resident needs to self-report on his/her status. However, it is the facility's responsibility to monitor the resident. This is accomplished by asking the resident if s/he is experiencing any negative symptoms.

Exceptions

Please check current date.

Facility should have a copy.

Exceptions to review:

- Shared Administrator

- Spouse in Memory care

Exceptions that are permanent:

- Building code

- Shared kitchen, laundry

Consumer Summary Statement

- Update, completed, submitted by 2/1/2022.
- For a model consumer summary that may be used as an example, please see the Department form (form APD 9098CS).

Managers Corner

- Sudha Landman
- Jeanne Bristol: JEANNE.M.BRISTOL@dhsosha.state.or.us

Thanks so much!

Next News hour:

October 28, 2021

9:00 am

Questions????

CBCTeam@state.or.u

CBC web site Address:

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<http://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CBC/Pages/index.aspx>

