Welcome to Community Based Care News Hour April 28th, 2022

Please remember to put your phone on mute

Agenda

- Compliance Trend Report

Top ten citations

- Hot Topics:

Translation services

New OARs: Jeanne Bristol, CBC Surveyor Manager

Compliance Tips: Dave Mackowski, CBC Surveyor

Ten Citations: March 2022

0420	Fire and Life Safety: Drills and Instruction	16
0310	Systems: Medication Administration	12
0270	Change of Condition and Monitoring	12
0372	Training within 30 days: Direct Care Staff	12
0422	Fire and Life Safety: General	12
0260	Service Plan: General	12
0252	Resident Move-in and Eval: Res Evaluation	11
0240	Resident Services Meals, Food Sanitation Rule	11
0513	Doors, Walls, Elevators, Odors	10
0510	General Building Exterior	9
0999	Technical Assistance	21

Hot Topics

- Translation services
- New OARs
- Compliance Tips

Translation Services

Requirement to provide interpretation services to residents who request assistance.

- Service and care planning conferences;
- Behavioral or safety interventions needed to keep the resident safe;
- Important notices to resident, including involuntary move-outs notices
- SOQ update move out notice
- Check box added to move out form, and documents translated.

Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

HB 2600

CBC Survey Update 2022

New Rules and Changes To Our Survey Processes

HB 2600

- Oregon House Bill 2600 resulted in changes to the following OARs governing CBC facilities:
  - 411-054-0070 **Staffing and Staff Training.** (Please note that this change also affects OARs governing Staff Training in endorsed Memory Care Communities)
  - 411-054-0025 **Facility Administration – Policies and Procedures** and 411-054-0050 **Infection prevention and Control.**
  - 411-054-0013 **Application for Initial Licensure and License Renewal.**

HB 2600: Key Requirements

1. **ALL** facility employees will be required to complete Department approved pre-service and annual training in recognizing disease outbreaks and infection control.
2. Facilities must establish and maintain infection prevention and control protocols and designate an "Infection Control Specialist."
3. Survey will conduct annual inspections of kitchens and other areas where food is prepared for residents.

Pre-Service Training

- OAR 411-054-0070 – Staffing Requirements and Training (3) **Pre-Service Orientation For All Employees.**
  - (d) **Pre-Service Infectious Disease Prevention Training.** Prior to beginning their job responsibilities, unless the employee received the training described below within the 24-month period prior to the time of hiring, all employees must complete training addressing The prevention, recognition, control and reporting of the spread of infectious disease.

Pre-Service Topics

Specifically, the training must address the following:

- (A) Transmission of communicable disease and infections, including:
  i. Policy with criteria directing staff to stay home when ill with a communicable disease, so as not to transmit disease.
  ii. Respiratory hygiene and coughing etiquette.

Topics

- (B) Standard precautions.
- (C) Hand hygiene.
- (D) Use of personal protective equipment.
- (E) Cleaning of physical environment, including, but not limited to:
    i. Disinfecting high-touch surfaces and equipment.
    ii. Handling, storing, processing and transporting linens to prevent the spread of infection.

Topics

- (F) Isolating and cohorting of residents during a disease outbreak.
- (G) Employees must also receive training on the rights and responsibilities of employees to report disease outbreaks under ORS 433.004 and safeguards for employees who report disease outbreaks.
- (H) Facilities will be required to have all staff trained, as described in this rule, by July 1, 2022.

Approval of Training Curriculum

- (A) The pre-service training may be provided in person, in writing, by webinar or by other electronic means.
- (B) Online training will be made available by the Department by January 1, 2022. (Developed by Oregon Care Partners)
- (C) Facilities or other entities that want to provide training curriculum to facilities must first present that curriculum to the Department for review and approval.

What This Means

- **ALL** employees need to complete training in Infectious Disease prevention **BEFORE** beginning their job duties.
- Training completed within the last 24 months at another facility/company can be accepted by the current facility.
- Current employees need to complete this training by July 1, 2022.

What This Means

- The training curriculum needs to be approved by the Department.
- Oregon Care Partners has created an approved online course named: "Pre-Service Infection Prevention and Control for Community Based Care." It is a 2-hour course.
- If a Facility/company wants to create its own curriculum, it must submit the curriculum to the Department for approval.

New Survey Processes

- Prior to July 1, 2022, survey will include a discussion of the new training requirements when reviewing the training task and findings on survey.
- Survey will begin citing the new pre-service training requirement starting July 2, 2022.
- Survey currently samples at least one non-direct care staff when reviewing Pre-Service Orientation. This will not change for this new training requirement.

New Survey Processes

- Since the administrator is also required to complete the Pre-Service Infection Control Training, beginning July 2, 2022, survey will request proof of training completion as part of the request for proof of administrator CEU's, and proof the Administrator has obtained a Residential Care Facility Administrator License.
- The CBC "Entrance Conference Checklist" form will be updated to reflect the changes.

Compliance: C370 (Z155)

- Employees hired prior to July 1, 2022 will have documentation of having completed a department-approved infectious disease prevention training.
- Employees hired after July 1, 2022 will have documentation of having completed a department-approved Pre-Service infectious disease prevention training prior to assuming job duties.

Annual Infection Control Training

411-54-0070 (5) **Annual Inservice For All Staff**

- (a) Administrators and employees will be required to complete annual training on infectious disease outbreak and infection control. Such training will be included within the current number of required annual training hours and will not necessitate additional hours of training.
- (b) Annual in-service training must be documented in the employee record.
- (c) These annual training requirements will be required as of July 1, 2023.

What This Means

- Beginning July 1, 2023, **ALL** employees need to complete annual training in Infectious Disease Outbreak and Control.
- For direct care staff, this training will be counted toward the required annual training hours for which the facility is licensed:
  - 12 hours for an ALF/RCF; and
  - 16 hours for an endorsed MCC.

What This Means

- For Administrators, this training will be counted toward the required annual CEU credits, which is 20 hours.
- So, Administrators and Direct care Staff do not have to take **ADDITIONAL** hours of training.

New Survey Processes – July 1, 2023

- Survey will begin to sample at least one non-direct care staff when reviewing Annual Training records, to ensure completion of annual infectious disease training.
- Since the Administrator is also required to complete annual Infection Control training, survey will request proof of training completion as part of the request for proof of administrator CEU's and proof the administrator has obtained a Residential Care Facility Administrator License.
- The CBC "Entrance Conference Checklist" form will be updated to reflect the changes.

Compliance: C374 (Z155)

- Beginning July 1, 2023, Administrators and **ALL** employees will have documentation of having completed a course on Infectious Disease Outbreak and Infection Control annually from their anniversary date of hire.
- Direct Care Staff will have documentation of having completed the required number of annual in-service training hours for the license under which they are employed.

Staff Training

Questions?

Infection Prevention & Control Protocols

- OAR 411-054-0025 (7) **Policies and Procedures** now requires facilities to have:
- (h) Protocols for preventing and controlling infection as described in OAR **411-054-0050,** which states:
- (1) Facilities must establish and maintain infection prevention and control protocols to provide a safe, sanitary and comfortable environment. This includes protocols to prevent the development and transmission of communicable diseases.

Infection Control Specialist

- (2) Each facility must designate an individual to be the facility's "Infection Control Specialist" responsible for carrying out the infection prevention and control protocols and serving as the primary point of contact for the Department regarding disease outbreaks.

The Infection Control Specialist Must:

- (a) Be qualified by education, training and experience or certification; and
- (b) Complete specialized training in infection prevention and control protocols *within three months* of being designated under this paragraph, unless the designee has received the specialized training within the 24-month period prior to the time of the designation. The Department will describe trainings that will be acceptable to meet the specialized training requirement in rule, by January 1, 2022.

Timeline

- (3) Each facility must establish infection prevention and control protocols and have an Infection Control Specialist, trained as required in this rule, by July 1, 2022.

What This Means

- "Protocols" should include **PROCEDURES** for how the goals of providing "a safe, sanitary and comfortable environment" and "to prevent the development and transmission of communicable diseases" will be achieved.
- The Infection Control Specialist (ICS) may be a regional position. However, remember that the intent of the rule is that the designated ICS is familiar with each facility and can quickly respond in the event of a disease outbreak.

What This Means

- Oregon Care Partners is creating an approved online course. We do not have the name/title of the course. It will be a 2-hour course.

New Survey Process

- Beginning July 2, 2022, the "Entrance Conference Checklist" will be updated to include:
  - A request for a copy of the facility's "Infection Prevention & Control" protocols, and
  - A request for the name of the facility's "Infection Control Specialist" and proof the designee has completed the required specialized training.

Compliance: C295

- Deficiencies will be cited under C295: **Infection Prevention and Control** (411-054-0050).
- The facility is able to provide a copy of its infection prevention and control protocol, and it satisfies the requirements of the Rule.
- The facility has a designated "Infection Control Specialist", and the designee has completed the required training described by the Department.

Infection Control Protocols

Infection Control Specialist

Questions?

Annual Kitchen Inspections

OAR 0411-054-0013 **Application for Initial Licensure and License Renewal** has been updated:

- (4) The Department shall annually inspect each facility's kitchen and other places where food is prepared.
- (a) During a year in which the facility is surveyed, the kitchen inspection shall be completed as part of the standard survey.
- (b) During a year in which a facility is not surveyed, the kitchen inspection shall require a separate visit and inspection by the Department. ($200 dollar fee).

What This Means

- Beginning July 1, 2022, Survey will conduct an annual kitchen inspection of all CBC facilities.
- The kitchen inspection will only be done by a member of the survey team who has training and expertise in food sanitation; and
- The inspection will either be conducted during a regular biennial relicensure survey, initial or CHOW survey, OR during a separately-scheduled visit during the facility's mid-cycle year.

New Survey Process

- The focus of kitchen inspections has, and will continue to be, ensuring the facility employs effective practices to:
  - Prevent food contamination and spread of foodborne illness; and
  - Minimize the risk an adverse health event will occur because of poor infection control practices or unsafe food preparation and handling.

New Survey Process

- During the kitchen inspection, survey will continue to evaluate whether the kitchen is clean and being maintained in good repair.
- This includes, but is not limited to, inspecting all surfaces for situations where contaminates could fall, transfer or be blown into food during storage, preparation and serving.

New Survey Process

- However, survey will now conduct more thorough observations of food preparation and handling processes; and
- Survey will now conduct a more thorough interview of the "Person In Charge" as defined in the Oregon Food Sanitation Rules OAR 333-150 thru 333-162 as **"the individual present at a food establishment who is responsible for the operation at the time of inspection."**

Person In Charge - Knowledge

- The Person In Charge (PIC) will be expected to demonstrate knowledge of the topics listed in OAR 333-150-2-102.11 (C)(1-17) including BUT NOT LIMITED TO:
  - knowledge of safe food storage,
  - handling and preparation practices including those for potentially hazardous foods,
  - proper cleaning and sanitizing procedures to minimize cross-contamination,
  - training and supervision of kitchen staff, and
  - awareness of signs and symptoms of potential food-borne illness and reactions to major food allergens.

Compliance: C240

- Deficiencies identified during the kitchen inspection will be cited under OAR 411-054-0030 **Resident Services – Meals** (C240).
- However, in certain circumstances where deficiencies are limited to only infection control practices, the surveyor may cite the deficiency under C160: OAR 411-054-0025 Facility Administration (4) **Reasonable precautions must be exercised against any condition that may threaten the health, safety or welfare of residents.**

Allegation of Compliance Dates

- A facility will have 60 days from the exit date of the survey to allege compliance (AOC date).
- If deficiencies are identified during a regular biennial, initial or CHOW survey, a revisit inspection will be scheduled according to the AOC date and conducted as part of the team revisit.

AOC Dates & Revisits

- If deficiencies are identified during an annual inspection not part of the biennial survey cycle, a revisit inspection will be scheduled according to the AOC date and conducted independently by the surveyor assigned to the task.
- 411-054-0013 Application for Initial Licensure and License Renewal. (4) Kitchen Inspection. (b) notes the fee for the separate kitchen inspection shall be $200. Survey will not be collecting this fee at the time of the kitchen inspection.

Kitchen Inspections

Questions?

Thanks for your participation!

- Additional questions can be directed to:

Jeanne Bristol, RD – CBC Survey Manager
Jeanne.m.Bristol@dhsoha.state.or.us

Anne Bardana, MPA – CBC Survey Manager
anne.m.bardana@dhsoha.state.or.us

SURVEY'S

BONUS TIP OF THE MONTH

Fire Drill Evacuations

411-054-0090 Fire and Life Safety requires facilities to provide evacuation assistance to residents from the building to a designated "point of safety."

"Points of safety" may include outside the building, through a horizontal exit or other areas as determined by your local Fire Marshal.

Each facility should work closely with its local Fire Marshal to develop an agreed-upon plan for conducting fire drills that clarifies the expectations for movement of residents during the drill.

Remember: the rule requires documentation of the number of occupants evacuated, the escape route used, evacuation time required and problems encountered relating to residents who resisted or failed to participate in fire drills.

You can’t document that information if you are not moving residents.

SURVEY'S Bonus

BONUS TIP OF THE MONTH

Were Service Plans Followed?

411-020-0002 considers neglect as abuse, and defines neglect as:

Failure to provide the basic care or services necessary to maintain the health and safety of an adult.

The failure creates a risk of serious harm or results in physical harm, significant emotional harm or unreasonable discomfort, or serious loss of personal dignity.

Failing to follow a resident's service plan,

when that failure negatively impacts that resident's health or safety, creates a risk of serious harm or results in physical or emotional harm, unreasonable discomfort or loss of dignity,

could constitute neglect and would be considered abuse.

Following any event (incident) that resulted in harm or injury, or could have resulted in serious harm or injury, your facility must follow-up to determine whether the service plan was being followed at the time of the event.

If the facility determines the service plan was not being followed, it must self-report to the local APS office as an incident of suspected abuse.

Further, under C270: Monitoring of a change of condition, we would expect the facility to monitor whether the service plan was being followed and was effective or whether additional interventions needed to be developed and implemented to address that condition. Common examples: falls, skin breakdown, weight loss, resident altercations.

Please make sure your facility has a process for reviewing service plans.

Thanks so much!

Next News hour:

July 28th 2022

9:00 am

Questions????

CBCTeam@dhsoha.state.or.us

CBC web site Address::
http://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CBC/Pages/index.aspx