

Nursing & Assisted Living Facility Professional

“NEWS AND VIEWS YOU CAN REALLY USE”

JANUARY 2015
ISSUE 1, VOLUME 5

SENT EACH MONTH TO YOU AS A MEMBER OF THE HEALTHCARE HEROES

THE HAT ADVANTAGE by Rebecca Adelman

REPORTING ALLEGATIONS OF ABUSE OR NEGLECT - OIG OVERVIEW AND RECOMMENDATIONS



In August 2014, the Department of Health and Human Services Office of the Inspector General published the study, “Nursing Facilities’ Compliance with Federal Regulations for Reporting Allegations of Abuse or Neglect.” The study evaluates

the obligations of nursing facilities to develop and implement written policies related to reporting allegations of abuse, neglect, mistreatment, injuries of unknown source, and misappropriation of resident property. In addition, facilities must also notify nursing facilities’ owners, operators, employees, managers, agents, or contractors annually of their obligation to report reasonable suspicions of crimes.

The study included a review of sampled nursing facilities’ policies related to recording allegations of abuse or neglect; policies related to reasonable suspicions of crimes; and survey of administrators from those sampled facilities. Also included was an examination of a random sample of allegations of abuse or neglect and review of related documentation. Based on these findings, the OIG made recommendations and the Centers for Medicare & Medicaid Services (CMS) concurred. The study suggests increased levels of oversight and scrutiny by the OIG and CMS as part of future work plans related to nursing facilities in the area of abuse reporting, investigation, and prevention.

Per the United States Census Bureau, the number of Americans age 65 and older is projected to be 88.5 million in 2050; more than double the population of 40.2 million in 2010. In light of the increases in, resident population, it is important to ensure residents are protected from abuse and neglect.

F223 – F226 of the Federal Regulations govern long-term care facilities and provide that all residents must not be subjected to abuse and have “the right to be free from mistreatment, neglect, and misappropriation of property.” The study identifies key areas related to reporting.

Policies Related to Prohibiting Abuse or Neglect

Nursing policies prohibiting abuse or neglect must address the following seven components: screening, training, prevention, identification, investigation, protection, and reporting/response. (F226).

Reporting Allegations of Abuse and Neglect

Nursing facilities must report all allegations of abuse or neglect immediately to the administrator or designee, estate survey or state certification agency or to other officials in accordance with state law. An allegation of abuse or neglect is required to be reported immediately and results of the investigation are to be reported within five (5) working days of the incident.

Reporting Reasonable Suspicions of Crimes

Pursuant to the Elder Justice Act of 2009, covered individuals and applicable nursing facilities must report any reasonable suspicions of crimes committed against a resident to the appropriate entities. The Act also requires facilities to notify covered individuals of their obligation to report any reasonable suspicions of crime to the appropriate entity, annually. Notice for employees identifying their rights to file a complaint is also required. Notably, nursing facilities’ policies should address the mechanism for documenting that all covered individuals have been notified annually of their reporting obligations per CMS. Examples include copies of a notice or letter sent to the covered individual or completing a training/orientation attendance sheet.

According to the OIG findings, abuse was the most common type of allegation reported to the OIG accounting for half of the allegations in 2012. Forty percent of the allegations were identified as employee to resident.

Regarding policies, the OIG found that 70% of large nursing facilities maintained policies that addressed reporting allegations of abuse and neglect and reporting the investigation results. Seventy-nine percent of small nursing facilities maintained these policies.

The OIG further found that 57% of large nursing facilities had documentation to support Federal Regulations related to a reasonable suspicions of crimes (sentence unclear). Sixty-three percent of small nursing facilities had this documentation.

Based on the study and findings, the OIG recommended that CMS:

1. Ensure nursing facilities maintain policies related to reporting allegations of abuse or neglect: The OIG recommends that CMS update guidance that clearly describes the reporting regulations that should be established in facilities written policies for reporting allegations of abuse or neglect and the subsequent investigation results.

Continued on page 3



Pathway to Rehabilitation Excellence

By *Melissa Ward*
Director of
Clinical Services

BEYOND WORDS: CAREGIVER COMMUNICATION STRATEGIES

According to the Alzheimer’s Association, 1 in 9 Americans age 65 and older has Alzheimer’s disease. With such high prevalence, this disease has touched most of us either personally and/or professionally.

Alzheimer’s disease (AD) is an irreversible, progressive brain disease that slowly destroys all cognitive abilities, eventually leading a person to be unable to carry out the most basic of tasks. Alzheimer’s disease and other dementias can affect a person’s ability to understand information and make their needs known. This can result in confusion, irritation/agitation, stubbornness, and argumentative and verbally abusive behavior. By understanding this, we can utilize some simple strategies to help manage and prevent difficult behaviors in residents with Alzheimer’s/dementia.

Approach with care

People, including those with dementia, are usually uncomfortable when others get too close. Respect their need for personal space.

If you are going to touch someone, first tell them what you are going to do.

Residents with dementia are especially sensitive to nonverbal cues. Smile reassuringly and use gentle touch to calm the resident.

Be aware of paraverbal communication

Paraverbal communication is the tone, volume, rate, and rhythm of your speech.

Similar statements can have completely different meanings based on paraverbals used.

Be sure paraverbal communication is consistent with the message you want to send.

Call the resident by name and introduce yourself

Calling the resident by their name helps get their attention.

Remind the resident who you are – if you ask them to identify you, you may increase frustration and agitation.

Keep it short and simple

Give directives one step at a time.

State what you want the resident to do and show them at the same time.

It can take up to 30 seconds for a resident with dementia to process information and respond.

Don’t argue

Try to understand how the resident is feeling rather than argue the facts of a situation.

Fear and confusion can often affect behavior.

Be flexible

Offer choices when possible.

Try to remember personal preferences.

OUR PEOPLE. OUR VALUES.

EXCELLENCE IN REHABILITATION

fp Functional Pathways™
Excellence in Rehabilitation

www.functionalpathways.com | 888.531.2204

When you encounter resistance, try a different approach. For more information, please contact Melissa Ward, Director of Clinical Services, Functional Pathways at mward@fp rehab.com or call 865-531-2204. You may also discover more at www.functionalpathways.com

The HAT Advantage continued from page 1

2. Ensure nursing facilities comply with their responsibilities under the Elder Justice Act (Section 1150B of the Social Security Act (SSA): The OIG recommends that CMS develop shared reporting templates including customizable templates of annual notification letters to covered individuals and poster material describing employees’ rights to file a complaint. Further, the OIG suggested reissued guidance that recommends nursing facilities maintain adequate documentation to support that they notify covered entities.

3. Ensure nursing facilities report allegations of abuse or neglect and investigation results in a timely manner to appropriate individuals as required: The OIG recommends that CMS reissue guidance that clearly describes the time frames and appropriate individuals which allegations of abuse or neglect in the subsequent investigation results could be reported.

CMS concurred with all three of the OIG’s recommendations. CMS expressed its efforts to address these issues and make continued progress and take appropriate action for those nursing facilities that did not comply with Federal Regulations.

It is expected that state and federal surveyors will focus greater attention on the nursing facilities’ reporting requirements as mandated by the Federal Regulations. In our region, there has been an increase in citations for violation of F223, F224, F225 and F226. We have also experienced greater scope and severity and monetary penalties.

Continued on page 3

Editor's Note: We begin 2015 with a brand new column which centers on your building's customer service process. Nothing makes your healthcare facility stand out better than in your dealings and relationships with your residents and families! We trust that this series will be both beneficial and insightful to the future success of your building. And now, here's nursing and assisted living facility customer service program developer/trainer and expert Rob Anderson:



The Customer Service Mindset

By Rob Anderson

6 Questions to Consider When Choosing a Customer Service Program

In this three part series we'll be examining how good (and bad) customer service impacts your staff, your residents, and their families. In addition we'll discuss what kind of training is best suited for your facility, suggest questions to ask about potential training solutions and more.

Part 1: Your residents are also your customers

It's a problem found in every long term care facility: how do you get your front line staff – who have little or no training in customer service - to stop treating your residents less like patients and more like customers?

Referring to your residents as customers is necessary in order to change how your front line staff might think about them (a person to be served rather than someone who they are tasked to care for).

Do your staff members know why they should be in the customer service business? At your facility your residents expect meals, activities and a comfortable bed, but they also want what we all need every day: connection, respect, love and belonging.

Changing your staffers' frame of mind from delivering services to connecting with residents, prospective residents and their families in the most genuine terms is a big challenge. And one CMS is requiring be met. The QIS and standard survey are becoming more focused on interpersonal skills which are best described as "customer service".

Unfortunately the skills training necessary to overcome conflict, manage stress and improve communications have to share a packed schedule with other training such as fall prevention and pressure ulcer treatment.

There are solutions that address these training challenges but which one is right for your facility's specific needs?

Here are some questions to consider when choosing a customer service training program:

1. What specific skills should be taught? There are many soft skills that can improve communication, avoid conflicts or guide an interaction but which ones do you focus on?
2. How much time should be dedicated to customer service training? Many training programs involve all day or multiple day trainings often away from your facility. These expensive and time consuming sessions usually result in low information recall and, therefore, poor on-the-job application. What more time efficient alternatives exist?
3. How much can you afford to invest in training? Most facilities have few discretionary funds budgeted for customer service training. Do you have a per-head training line item for customer service?
4. How much top-down support exists for improving your facility's customer-centric focus? Will management join in the training? Are they interested in a culture change or just a few tips to improve service?
5. How will training be conducted? Will it be instructor-led by an outside consultant or staff member? Participant-led using training materials? A combination?
6. What materials should be used? Is the training content "evidence-based"? Do you wish to use DVDs? Written materials? Online training and testing? Interactive learning with role plays and exercises? Combinations of all the above?

As you can see there is much to consider when choosing a program to improve customer service at your facility.

Next month we'll discuss how applying customer service principles positively affects the relationships between co-workers and the related impact on turnover.

Rob Anderson works with skilled nursing and assisted living facilities throughout the U.S. to develop and implement customer service training programs. If you have any questions or comments please e-mail info@extendedcareproducts.com or call 1-800-807-4553.

The HAT Advantage continued from page 2

We recommend all policies and procedures be evaluated and updated consistent with the applicable federal regulations and that nursing facilities provide training and in-service for identification and reporting of abuse and neglect. A review of the December 16, 2004 CMS clarification of these regulations is helpful. They can be found at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter05-09.pdf>.

Focus on nursing facilities abuse prevention programs will help

reduce the risk of regulatory violations and increase protection from abuse and neglect to residents.

Rebecca Adelman, Esq. – Ms. Adelman is a Shareholder of Hagwood Adelman Tipton, PC and practices in the Memphis, Tennessee office. She is a member of the Board of Directors and serves as the firm's President. For over 20 years, Rebecca has concentrated her practice in healthcare law, long-term care assisted living and medical malpractice defense litigation. Her expertise and her scope of practice involve all insurance defense litigation areas including premises and product liability as well as employment law. Please feel free to contact her at radelman@hatlawfirm.com.

BREAKING NEWS:

America's #1 Family-Facility
DVD Personalized **FREE**
for Your Building's Use!

Enjoy the benefits of families
better understanding about
your care & services with the
“*Setting Realistic Expectations*”
Program now specially produced
for your nursing or assisted
living facility.

Discover more at
www.ExtendedCareProducts.com
or Call 1-800-807-4553

NAL PROFESSIONAL
P.O. Box 4852
Johnson City, TN 37604

PRSR STD
US POSTAGE
PAID
MWI

DART Chart's HMO MAP & TRACKSM



Easy Implementation

Digitized mapped contracts
Interface existing data
Ready for use

Actively Manage Costs

Cost of care is tracked
Overages are displayed
Co-pays during stay
HIPPS Code reports

Maximize Revenue

Less time managing contracts
Cost containment
Mitigate claim denials
Higher revenue



Proactive MCO Management

Effective MCO Contract Management doesn't have to be complex

888-210-3200

www.DARTChart.com