FALL EDUCATION FEST

LeadingAge Ohio

Legal & Regulatory Update
LeadingAge Ohio
October 2020

Janet K. Feldkamp RN, BSN, LNHA, CHC, JD
Partner, Health Care Department
Benesch, Columbus, Ohio

LeadingAge Ohio

Janet Feldkamp

Janet focuses her practice in the area of health care law, including long-term care survey and certification, state and federal regulation, physician and nurse practice, and fraud and abuse involving hospitals, suppliers, insurers and physicians. She retains active licenses as a registered nurse and a nursing home administrator and has extensive health care experience.

Janet is a member of the editorial advisory board of *Caring for the Ages*, a monthly newspaper for long term care practitioners. She has been a frequent speaker, particularly in the area of long term care. She is also co-author of *The Long Term Care Handbook: Regulatory, Operational and Financial Guideposts* published by the American Health Lawyers Association.

Janet is also a board member of the American Association of Post Acute Care Network, the parent organization of AANAC and the American Association of Director of Nursing Services (AADNS)
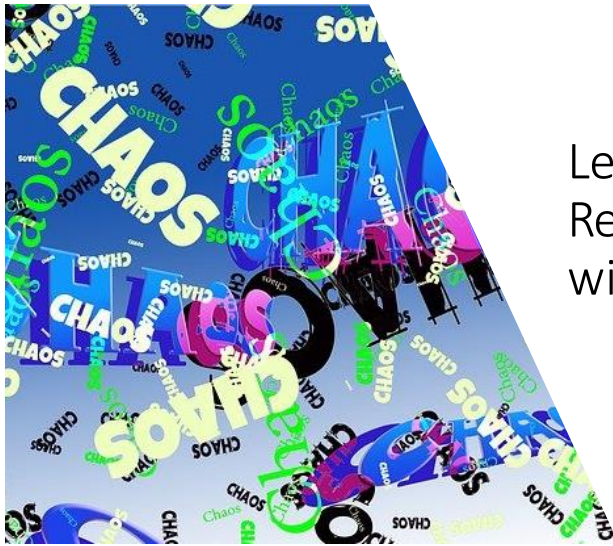
LeadingAge®
Ohio

3

Overview

- COVID, COVID & More COVID
- Abuse & Neglect
- Resuming Survey Activities
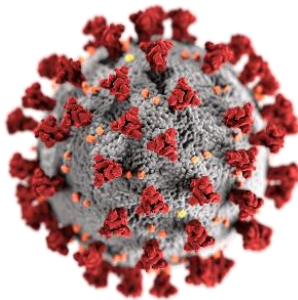- Financial
- Immunity
- Other Regulatory Issues

Calling nurse leaders!

LeadingAge®
Ohio

4

Legal & Regulatory with COVID

*Leading**Age***
Ohio

5

COVID Pandemic

- The COVID Pandemic has dominated everyone's personal and professional life
- Lack of PPE and some states order facilities to take COVID + individuals in the early months
- COVID general guidance
  - CMS Issuances for all certified facilities
  - CDC guidelines are not mandatory unless mandated/ordered by CMS and/or States
  - States have varying mandates
- Statistics about nursing home deaths
- Immunity provisions in some states

*Leading**Age***
Ohio

6

Medicare Compare: New Opportunities

• Medicare.gov/care-compare/
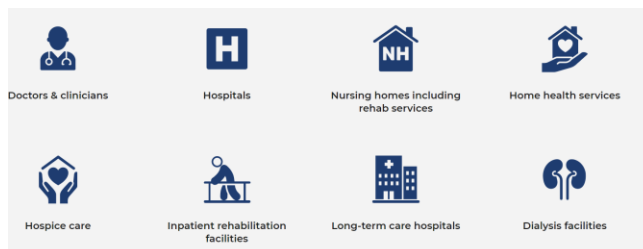
COVID-19 Across the Country

- September 2020: >200,000 deaths in the United States
- Less white, more dense employee communities linked to higher number of nursing home COVID-19 deaths.
  - Harvard study, posted September 11, 2020
  - Higher in areas with mass transportation
  - Staff communities are likely to be an important source of infection
- What will the Influenza season bring
  - Expect that enforcement on the influenza and the pneumonia vaccines in the nursing homes will be very strong

LeadingAge®
Ohio

9

Regulatory Environment

▶ A fast paced ever changing environment
▶ CDC & CMS Changes
▶ State Agency changes
▶ County health department processes
▶ The list goes on!!!!!

LeadingAge®
Ohio

10

Revision History for LTC Survey Process Documents and Files

- 3/14/2019 & 9/11/2019: Appendix Q: Updating, development of Immediate Jeopardy Template; Technical corrections
- 3/20/2020: Added Appendix Z Emergency to the survey resource file
- 3/24/2020: Added COVID-19 Focused Survey Folder:
  - Summary table of COVID-19 Focused Survey Protocol
  - Entrance Conference worksheet
  - COVID-19 Focused Survey for Nursing Homes
- 5/8/2020: Updated: COVID-19 Focused Survey & Survey protocol
- 8/31/2020: Updated CMS QSO 20-38-NH
  - Testing, Infection Preventionist, Entrance worksheet, mapping document, etc.

LeadingAge®
Ohio

11

QSO & Other Guidance from CMS

- QSO-20-20-ALL March 23, 2020: Prioritization of Survey Activities
- QSO-20-25-NH April 13, 2020: COVID-19 Long-term Care Facility Transfer Scenarios
- QSO-20-26-NH April 19, 2020: Upcoming Requirements for Notification of Confirmed COVID-19 persons
- QSO-20-28-NH April 24, 2020: Nursing Home Five Star Quality Rating System Updates
- QSO-20-28-NH Revised July 9, 2020: Revisions
- QSO-20-29-NH: Interim final rule for Notification of Confirmed and Suspected COVID-19 cases among residents and staff

LeadingAge®
Ohio

12

QSO & Other Guidance from CMS

- QSO-20-30-NH May 18, 2020 Nursing Home Reopening Recommendations for State and Local Officials
- QSO-20-31-ALL June 1, 2020 COVID-19 Survey Activities, CARES Act Funding, Enhanced enforcement for Infection Control Deficiencies, and Quality Improvement Activities in Nursing Homes
- QSO-20-35-ALL August 17, 2020 Enforcement Cases Held during prioritization period and revised survey prioritization
- QSO-20-38-NH August 26, 2020 Interim final rule: Additional policies COVID-19, Testing Requirements and revised Focused COVID-19 Survey Tool
- QSO-20-39-NH September 17, 2020 Nursing Home Visitation: COVID-19

LeadingAge®
Ohio

13

QSO-20-31-All: June 1, 2020: COVID-19 and other items

- This QSO addresses the importance of protection of the vulnerable residents
- Discusses COVID-19 reporting (NHSN Reporting)
- Focused Infection Control Nursing Home Surveys
  - Survey facilities within 3-5 days of identification of outbreak
  - Starting in FY 2021, perform annual Focused Infection Control surveys of 20% of the nursing homes (State discretion) or additional data that identifies facility or community risks
- Expanded survey activities: Return to more routine with Phase 3 of the reopening guidelines: (we are just about getting there in September!)
  - Non-IJ triaged complaints
  - SFF recertification surveys

LeadingAge®
Ohio

14

QSO-20-31-All: June 1, 2020: COVID-19 and other items

- Enhanced Enforcement for Infection Control Deficiencies
  - "Due heightened threat to resident health and safety for even low-level, isolated infection control citations, CMS is expanding enforcement to improve accountability and sustained compliance of these crucial practices."
- D level or above will lead to enforcement remedies
- Increasing penalties based upon history and scope and severity of citations
  - More discretionary denial of payment for new admissions
  - Imposition of Civil Money Penalties (CMPs) of increasing nature
    - $15,000 - $20,000 per instance
  - Imposition of directed plans of correction for infection preventionist
    - Recent IJ widespread: 2 months of directed plan of correction with involvement of consultant infection preventionist on-site, root cause and many other requirements

LeadingAge®
Ohio

15

QSO-20-38-NH

- August 26, 2020
- Testing
  - Changes to 42 CFR 483.80(h) Infection Control: Added COVID-19 testing for residents and staff.

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

LeadingAge®
Ohio

16

QSO-20-38-NH

- Revised COVID-19 Focused Survey Tool: Now includes testing requirements in the focused survey tool.
- Additional Resource Links:
  - Clinical Questions about COVID-19: Questions and Answers-Testing in Nursing Homes https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing-in-NursingHomes
  - Nursing Home Reopening Recommendations for State and Local Officials https://www.cms.gov/files/document/qso-20-30-nh.pdf-0
  - Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

LeadingAge
Ohio

17

Visitation: QSO-20-39-NH September 17, 2020

- Cites CMS Nursing Home Reopening Recommendations from May
- Outdoor visitation options
- Indoor visitation options
  - If no new COVID+ cases in last 14 days **and** facility not conducting outbreak testing
    - Use county positivity rating to determine frequency of testing
    - <u>Encourage</u> visitor COVID testing
  - Not required to have indoor visiting
- TAKEAWAY: Must be doing more than limited compassionate care visits
- Communal activities and dining: May occur. Social distancing.
- For example, if a facility has had no COVID-19 cases in the last 14 days and its county positivity rate is low or medium, **a nursing home must facilitate in-person visitation consistent with the regulations**, which can be done by applying the guidance stated above. **Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR 483.10(f)(4), and the facility would be subject to citation and enforcement actions.**

LeadingAge
Ohio

18

9

Indoor Visitation

- For example: Governor and Ohio Department of Health have indicated that indoor visitation will begin October 12, 2020
- Many providers are concerned about non-compliance by families with masking, safe distancing
- What type of monitoring may be necessary for certain families?
- 2 family members for 30 minutes.
- How many a day will occur? How much additional staff may be needed for scheduling, monitoring and cleaning?
- What happens when the flu season begins?

LeadingAge®
Ohio

19

Telemedicine: Positive Outcome from Pandemic

- Telehealth services were limited in reimbursement prior to the pandemic
- Previously, most encounters took placed in rural health as a way for specialty physicians to treat rural patients
- Benefits are numerous for telehealth particularly during the pandemic
- Being used for acute care as well as for chronic health condition monitoring and treatment
- Limitations:
  - Some patient concerns about privacy
  - Regulatory issues can vary state by state
  - Need cultural acceptance by some for telehealth
- March 6, 2020 CMS changes to telehealth with an 1135 Waiver
- Everyone expects telehealth to be here to stay!

LeadingAge®
Ohio

20

INFECTION CONTROL

PPE	Standard/ Universal Precaution	Transmission-Based Precautions		
		Contact	Droplet	Airborne
	Handwashing & Skin integrity			
Gloves	PRN	At all times	PRN	PRN
Gown	PRN	At all times	PRN	PRN
Mask	PRN	PRN	At all times, 3ft	At all times, N95
Goggles	PRN	PRN	PRN	PRN
Cohort	Yes	Yes	Yes	No
Misc.	Sanitize, Sterilize, & Antimicrobials			Negative pressure room Cover patient on transfer

LeadingAge®
Ohio

21

Infection Control Focused Surveys

- Infection control is the topic of the year.
- Infection control surveys
  - Hand hygiene
  - PPE
  - Transmission based precautions
  - Infection Surveillance
  - Policies and procedures
- So many things can go wrong when positive cases occur at a facility
  - Examples:

LeadingAge®
Ohio

22

Coronavirus Commission for Safety & Quality In Nursing Homes

- Report Released September 2020: 25 Commission members
- 4 objectives
- 1. Identify best practices to enable rapid ad effective identification and transmission of COVID-19
- 2. Recommend best practices of rigorous infection control practices and facility resiliency to serve as a framework for enhanced oversight and quality monitoring activities
- 3. Identify best practices for improvement care delivery and responsiveness I preparation for, during and following an emergency
- 4. Leverage new data sources to improve upon existing infection control policies and enable coordinated actions across federal surveyors and contractors to mitigate the effects of COVID-19 and future emergencies

*Leading**Age***
Ohio

23

Coronavirus Commission for Safety & Quality In Nursing Homes

- 27 Principal recommendations
- 1A: Testing and Screening
- 2A, 2B & 2C: Equipment and PPC
- 3A & 3B: Cohorting
- 4A, 4B, 4C & 4D: Visitation
- 5A: Communication
- 6A, 6B, 6C, 6D & 6E: Workforce Ecosystem: Stopgaps for Resident Safety
- 7A, 7B, 7C & 7D; Workforce System: Strategic Reinforcement
- 8A: Technical Assistance and Quality Improvement
- 9A, 9B & 9C: Facilities
- 10A, 10B & 10C: Nursing Home Data

*Leading**Age***
Ohio

24

Task Force Recommendation Take-Aways

- Many good recommendations
- Discussed the systemic problems in long-term care
  - Challenges: financing, facility design, workforce, governance/management, technology, data and research
- Facility Design: Many older facilities and particularly HVA limitation with airflow
- Workforce: Concerned about availability of workforce an pay
- Funding: Fragmented funding streams and setting specifications: SNF, rehabilitation and general long-term care

LeadingAge Ohio

25

OIG Compliance Guidance

- OIG has some questions that they have posed related to compliance programs: Specifically compliance related policies
- What is the process for policy development and updates?
- Who is responsible for policy implementation in the organization?
- What evidence is there that the policies are understood by the employees?
- Do employees have easy access to policies?
- What is the process for implementing new policies?
- How often are policies reviewed? Is that review documented?
- Have periodic reviews led to updates?

LeadingAge Ohio

26

Suggestions for Compliance Policies

- Standardize the form and format of the compliance policies
- Include sections that refer to related policies and citations of authority
- Consider validation by a user group to assure ease of understanding
- Compliance training should address the key compliance policies
- Can use a Compliance Knowledge Survey to evidence employee understanding
- Maintain tracking of all policy development, review dates, revisions and rescissions
- Ensure compliance risk assessments address the adequacy of policies to address weaknesses

LeadingAge
Ohio

27

Current Financial Environment:

28

COVID Impact on Finances

- Many facilities have lower census
- Increased costs from COVID requirements, PPE and staffing
- Staffing has been very problematic
- Increased costs
- Many agency individuals after COVID enters a facility
- Staff sometimes choose to leave the facility abruptly with COVID entering the building
- COVID dedicated staffing
- Often requires incentives

*Leading**Age***
Ohio

29

Bankruptcies

- More facilities in financial distress
    - Increasing lease payments in long term leases
    - Increasing defaults on financial covenants
- Bankruptcies for individual facilities, large and small chains
- Receivers are being appointed by the court
- Facilities and chains are not able to adapt to the changing landscape
    - Regulatory
    - Reimbursement
    - Staffing challenges

30

Recent Issues

LeadingAge®
Ohio

31

Why documentation is so important: During Times of Change: COVID

- Coordination of Care
- Risk management
- Regulatory
- Quality Improvement

LeadingAge®
Ohio

32

What are we documenting

- Associate Screening
- Resident Screening
- Resident Care/Crisis Strategies
- Testing
- Communication with families/responsible parties
- Communication with external agencies/Reporting
- Personal Protective Equipment requests/procurement
- Staffing contingencies
- Plans for resident location
- Education
- Financial tracking

LeadingAge
Ohio
33

When to document

- Before
  - Plans for consistent screening/treatment
  - Decisions for testing, contingencies, staffing
- During
  - Provision of care
  - Impromptu changes in strategy
  - Requests for PPE
- After
  - Pulling together the timeline
    - Periodic review

LeadingAge
Ohio
34

The timeline

- Different approaches
  - Paper, Electronic, Combination
- Catalog Everything
  - Regulations
  - Communications - internal/external
  - Meetings - Incident command, QAPI, external agencies
  - Emails/Journal notes of conversations
  - Tools (with dates)
  - Data - testing, outcomes

*Leading**Age**®*
Ohio

35

Create a visual

- Start with the regulations/guidance
- Document response
  - What decisions did you make? Why?
  - What processes did you create/change?
  - What tools did you create/change?
  - What communication took place?
- Organize the information in a time-based model

*Leading**Age**®*
Ohio

36

After Action Review

QAPI

The information collected, gathered may not be covered under API, but the review and analysis of the information is important

Ensure engagement of all disciplines

Find opportunities to improve, Find opportunities to celebrate

What did we respond to? And What did we react to?

Create a plan

What actions should continue as new normal practice

What actions will be re-started, and when

What can we improve now to be prepared for the next potential emergency

LeadingAge®
Ohio

37

Pandemic

LeadingAge®
Ohio

38

Pandemic

This Photo by UnknownAuthor is licensed under CC BY-SA

- **Pandemic** is a disease epidemic that has spread across a large region, for instance multiple continents, or worldwide.
- Throughout history, there have been a number of pandemics of diseases such as smallpox and tuberculosis.
- The current pandemics are HIV/AIDS and coronavirus disease 2019 (COVID-19). Other recent pandemics include the 1918 influenza pandemic (Spanish flu) and the 2009 flu pandemic (H1N1).
- Will this be our last pandemic?
- What about the other emerging organisms?

*Leading**Age***
Ohio
39

---

*Leading**Age***
Ohio
40

Multifaceted Risk Management

Financial

    Stimulus monies

    Other monies provided to facilities in loan or grant format

Regulatory

    CMS/State Agencies

        Federal

        State

    Local health departments

Occupational Health and Safety Administration: Having more "visits" with fines

LeadingAge Ohio

41

Litigation, Arbitration & Legal Threats

Waivers of liability related to COVID pandemic

State based	Each state varies with inclusion and exclusion for waiver basis	Timeline for waiver varies

Waivers are positive but there are limitations

LeadingAge Ohio

42

Litigation, Arbitration & Legal Threats

- Litigation
  - Class actions?
  - Residents & families
  - Employees
  - Vendors

LeadingAge®
Ohio

43

Post-COVID Litigation

Ohio just passed a waiver of liability for actions from March 2020 through September 30, 2021

Various states have differing types of waivers for liability from alleged harm/injuries/death related to COVID pandemic

Possible class actions:

A class action suit includes multiple plaintiffs that are similarly situations

For example: All residents allegedly injured by activities/situations occurring with a facility

Many types of class actions may be thought about by creative plaintiff attorneys

LeadingAge®
Ohio

44

Pennsylvania Nursing Home Sued over Housekeeper's COVID Death

- Filed in July
- Unprepared for COVID outbreak and many, many staff and residents were infected and a number died
- Estate claims negligence, fraudulent misrepresentation, intentional misrepresentation, wrongful death and survival action again facility owner
- 368 residents tested +, 108 staff tested + and 80 deaths
- Housekeeper 69 years old, history of cancer and had high blood pressure.
- Allegations of withholding facts such as residents and employees were testing positive, inadequate PPE and infection control practices

LeadingAge®
Ohio

45

Veteran's Home Leaders Charged

- Massachusetts Veteran's Home superintendent and Former Medical Director each charged with wantonly or recklessly permitting bodily injury or abuse of residents.
- 1st criminal case in the country, charged late September 2020
- COVID outbreak killed 76 veterans
- Staffing shortages led to consolidating 2 dementia units.
- Symptomatic and confirmed positive residents close to other non-positive residents
- Who knows what will result from this case
- Who knows if criminal charges will be brought towards other facility leaders in other states

LeadingAge®
Ohio

46

Large Maryland Fines

- 3 Maryland nursing homes with $294,000 in fines
  - At least 7 residents not properly separated to protect negative residents from other positive residents
  - 50 residents tested positive in the one building
- At least 70 residents in the 3 facilities allegedly died from COVID
- Total of $689,400 in CMPs between the 3 facilities
- Also, didn't notify families in a timely manner when residents tested positive

LeadingAge
Ohio

47

Regulatory Concerns

- Certain modifications of requirements are temporary
  - Documentation of temporary modifications
  - Education and re-instatement of previous policies or modified policies
- Survey processes during COVID
  - Only infection control issues & potential immediate jeopardy situations
  - Soon they will be back to review everything that happened while they were away!!!!!

LeadingAge
Ohio

48

Regulatory Concerns
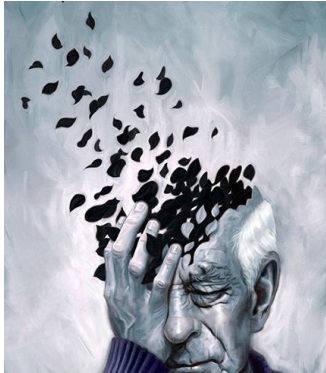
- Survey processes after COVID
  - Will be catching up on standard surveys
  - Looking to special focus surveys
  - Complaints that were placed on hold during pandemic
  - Look-back may be harsh
    - Retrospective review:
      - What is left? Documentation
      - Interviews: Individual residents, families and staff memories of the timing
      - Staffing: Was it adequate? Who will decide?

LeadingAge®
Ohio
49

ELDER ABUSE

See it. Stop it. Prevent it.
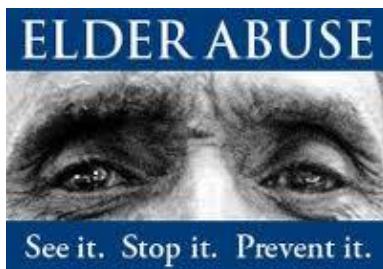
Abuse & Neglect

LeadingAge®
Ohio
50

Misappropriation: F540 definitions

- Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.

LeadingAge
Ohio

51

F600 Freedom from Abuse, Neglect & Exploitation

- The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

- INTENT: Each resident has the right to be free from abuse, neglect and corporal punishment of any type by anyone.

LeadingAge
Ohio

52

Duty to Report

- No licensed health professional who knows or suspects that a resident has been abused or neglected or that a resident's property has been misappropriated by an individual used by an RCF shall fail to report that suspicion or knowledge to ODH (paraphrased)
- ORC 3721.22

LeadingAge Ohio

53

F606, F609 and F610

- 42 CFR 483.12(a)(3)-(4), F606 -Not Employ/Engage Staff with Adverse Actions
- 42 CFR 483.12(c)(1), (4), F609 – Reporting of Alleged Violations
- 42 CFR 483.12(c)(2) -(4), F610 – Alleged Violations-Investigate/Prevent/Correct
- Not employ staff that don't meet criminal background check requirements
- Prompt and thorough investigation
- Timely reporting

LeadingAge Ohio

54

F607 Policy development

- 42 CFR 483.12(b)(1)-(4), F607 – Develop/Implement Abuse/Neglect, etc. Policies
- Must develop and operationalize policies and procedures for screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and misappropriation of property.

LeadingAge®
Ohio

55

Injuries of unknown source

- Now at F540 definitions
- Both must apply:
  - Source not observed or explained by resident; **and**
  - Suspicious because of the extent of or the number of injuries observed at one particular point in time or the incidence of injuries over time.

LeadingAge®
Ohio

56

Notification of ODH

- Review F608: Reporting Reasonable Suspicion of a Crime
- *Ensure the reporting of suspected crimes, within mandated timeframes (i.e., immediately but not later than two hours if the suspected crime resulted in serious bodily injury, within 24 hours for all other cases)* ***Abuse allegations within 2 hours***
- Abuse, neglect, misappropriation
- Final report within 5 days
- Use of on-line reporting
- Requirement to thoroughly investigate

LeadingAge®
Ohio
57

Notification of law enforcement

- Elder Justice Act requirement
  - Within 2 hours with serious injury or death
  - Within 24 hour others
- Allegation triggers requirement
- "Reasonable suspicion"

LeadingAge®
Ohio
58

Immediate Jeopardy Trends Related to Abuse & Neglect

- Abuse and neglect
- Falls, accident hazards, accident supervision
- Elopements
- Side rail entrapment and restraint issues
- Choking/aspiration
- Failure to perform CPR

LeadingAge® Ohio

59

Frequent IJ Topics

- Abuse
- Accident Hazards: Falls, Oxygen (fire), failure to prevent a fall due to lack of staff and failure to timely evaluate
- Emergency treatment after fall
- Notification of Changes
- Choking

- Drug Regimen Review:
  - Coumadin
- Emergency Preparedness
- Elopement
- CPR
- Safe Temperatures
- Miscellaneous

LeadingAge® Ohio

60

Immediate Jeopardy Template

- Template developed that addresses each of the 3 IJ components
  - Provides definitions of 3 elements
  - Provides space for preliminary fact analysis which demonstrates the key components exist

Date/Time IJ Template provided to entity: _____

IJ Component	Yes/No	Preliminary fact analysis which demonstrates whe key component exists.
Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?	Yes/No	
If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level.		

61
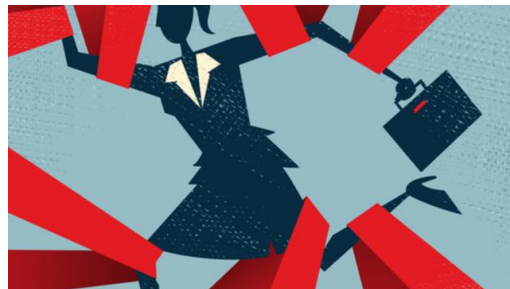
Other Regulatory Issues

LeadingAge®
Ohio

62

Recent Calls

- Safety when taking residents out of the buildings
  - Impaired family members
  - Family behaviors including alcohol, smoking and/or drugs
- Smoking concerns
- Difficult families
- Swallowing, choking and non-compliance with diets
- Media posts
- Choking & non-compliance with dietary restrictions

LeadingAge® Ohio

63

Chaos

- Can lead to inaction & depression
- Respond with defined action steps to overcome chaos
  - Re-frame & re-focus your thoughts
  - Speak to the positive
  - Daily write down 3 things you are grateful for
  - Exercise
  - Give yourself a mental boost
  - Socialize: Strong relationships can reduce stress

LeadingAge® Ohio

64

Post-Traumatic Stress

This Photo by UnknownAuthor is licensed under CC BY-SA

- More important than ever to look to mental health of residents and staff
  - Family stress with staff due to home schooling, loss of family income, too much "together time"
- Living through the pandemic and the unknown severity of the upcoming flu season places everyone at risk of PTSD
- Many residents and staff have lost loved ones to COVID
  - Grief from loss of facility residents
  - Stress of limited visitation with family members
  - Effects of time isolated in a resident's room

LeadingAge Ohio

65

Work Plan Updates

- **Audit of Nursing Home Infection Prevention and Control Program Deficiencies** Expected in 2020. W-00-20-31545
- As of February 2020, State Survey Agencies have cited more than 6,600 of these nursing homes (nearly 43 percent) for infection prevention and control program deficiencies, including lack of a correction plan in place for these deficiencies. To reduce the likelihood of contracting and spreading COVID-19 at these nursing homes, effective internal controls must be in place.
- Our objective is to determine whether selected nursing homes have programs for infection prevention and control and emergency preparedness in accordance with Federal

LeadingAge Ohio

66

OIG Work Plan

- Audit of Nursing Homes' Reporting of COVID Information Under CMS New Requirements expected in 2021
- OIG will be looking at a variety of situations.
  - Situations related to the 1135 waiver: 3 day hospital stay waiver and skilling concerns
  - Poor quality of care/worthless services
  - Inappropriate or fraudulent use of funds being provided by the government
  - Many of the typical situations of the past

LeadingAge
Ohio
67

CDC Antibiotic Resistance

Urgent Threats

These germs are public health threats that require urgent and aggressive action:

CARBAPENEM-RESISTANT
ACINETOBACTER

CANDIDA AURIS

CLOSTRIDIOIDES DIFFICILE

CARBAPENEM-RESISTANT
ENTEROBACTERIACEAE

DRUG-RESISTANT
NEISSERIA GONORRHOEAE

- New Study: Antibiotic Resistance Threats in the United State 2019

LeadingAge
Ohio
68

Resources: Disaster Ready, Behavioral Care Tool Kit

- Arizona Department of Health Services
- Elopement best practices
- Evacuation/Shelter-in-Place decision making tool
- Emergency Preparedness Kit Inventory List
  - List with many items: Flashlights, hand sanitizing wipes, Hand crank weather radio, bandages, stethoscope, BP cuff, CPR masks, Basic tool kit, ID bracelets, blanket, water, snacks, smoking supplies, games, music, headphones, etc.

LeadingAge
Ohio

69

CMS: Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes

- September 2020, version 10
- 175 pages with discussion
- Discusses telehealth
- Infection control strike teams
- State specific resources
- A good resource to see what is being expected of the states

LeadingAge
Ohio

70

Medicare Learning Network (MLN)

- Use the MLN for free resources
- Have leadership use the training tools for surveyors
- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html

The Medicare Learning Network®

mln
KNOWLEDGE • RESOURCES • TRAINING

Free educational materials for health care professionals on CMS programs, policies, and initiatives.
Get quick access to the information you need.

LeadingAge®
Ohio

71

Resources with AADNS

AADNS
• AN AAPACN ASSOCIATION •

- As a American Association of Directors of Nurses (AADNS) member there are many tools and information included. Below are just 3 that I think are very useful
  - Death and Dying Education Bundle for Nurses: End of Life Nursing Care: Physiological Changes
  - Nurse Assessment: Acute Changes in Condition
  - Appropriate Use of Personal Protective Equipment
- Other tool kits, etc. relevant and available with sister organization AANAC under parent organization of AAPACN.

LeadingAge®
Ohio

72

Leadership During Turbulence

- Art of motivating a group of people to act toward achieving a common goal

LeadingAge®
Ohio

73

Caring for Our Seniors

LeadingAge®
Ohio

74

Questions

Janet K. Feldkamp
jfeldkamp@beneschlaw.com
(614) 223-9328

Benesch
Healthcare +

LeadingAge
Ohio
75