

HB

418

HOUSE COMMITTEE REPORT

(11)

Date Referred: February 16, 1990

FURTHER REFERRALS:

Date of Committee Action: 3/8/90

The FINANCE Committee considered:

HB 418

HOUSE BILL NO. 418

QUALITY OF NURSING HOME CARE

"An Act related to quality of care in nursing facilities; establishing a nursing facility resident security fund; and providing for an effective date."

RECOMMENDATIONS:

- [] be replaced with _____ [] the same title
- [] have attached amendment(s) [] a new title
- [] do pass
- [] do not pass
- [] no recommendation
- [] individual recommendations
- [] additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(s):
(Dept)

APPROVES PREVIOUS: (Date/Dept)

- [] fiscal impact _____
- [] zero fiscal note _____
- [] zero with analysis _____

- [] fiscal note(s) _____
- [] zero fiscal note(s) HSS 1/16/90
- [] zero fn/analysis _____

SIGNING DO PASS:

Ronald J. Larson Larson
Lay Brown BROWN
Walls WALLS

SIGNING:
(Check approp. column)

	Do Not Pass	No Rec	Amend
<u>Karlson & Brown</u> Barnes	<input checked="" type="checkbox"/>		
<u>Dick Shultz</u> Shultz	<input checked="" type="checkbox"/>		
<u>Steve Riegee</u> Riegee	<input checked="" type="checkbox"/>		

Ronald J. Larson Larson
Chairman's Signature

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: An Act relating to Quality Nursing Care
 Sponsor: Rules Committee
 Requestor: Governor

Agency Affected: Health & Social Services
 BRU: _____
 Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
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REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
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Adopted

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary)

Will be ZERO For 1990

Prepared by: Kim Busch, Director *Kim Busch* Phone: 465-3355
 Division: Division of Medical Assistance Date: 1/15/90

Approved by Commissioner: Myra M. Munson *Myra M. Munson* Date: 1/15/90
 Agency: Department of Health & Social Services

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

1 AS 18.20.310(a)(5).

2 * Sec. 2. AS 18.20.050 is amended to read:

3 Sec. 18.20.050. DENIAL, SUSPENSION, OR REVOCATION OF LICENSE.

4 The department may deny, suspend, or revoke a license in a case in
5 which it finds that there has been a substantial failure to comply
6 with the requirements established under AS 08.64.336 or AS 18.20.060 -
7 18.20.080. The license of a nursing facility, as defined in
8 AS 18.20.390, also may be suspended or revoked by the department under
9 AS 18.20.310(a)(5).

10 * Sec. 3. AS 18.20 is amended by adding new sections to read:

11 ARTICLE 4. QUALITY OF CARE IN NURSING FACILITIES.

12 Sec. 18.20.300. STATE POLICY. It is the policy of the state to
13 ensure that the quality of care in nursing facilities in this state is
14 maintained at a high standard in accordance with applicable state and
15 federal law and regulations and to ensure the health, safety, and
16 quality of life of nursing facility residents in Alaska is maintained
17 or enhanced.

18 Sec. 18.20.305. NURSING FACILITY REGULATIONS. The department
19 shall adopt necessary regulations to implement AS 18.20.300 -
20 18.20.380 in accordance with the Administrative Procedure Act
21 (AS 44.62). The department shall, by regulation, specify criteria as
22 to when and how the sanctions specified in AS 18.20.310 will be ap-
23 plied. The criteria shall provide for the imposition of incrementally
24 more severe penalties for deficiencies that are uncorrected or perva-
25 sive, or that present a threat to the health, safety, or welfare of
26 nursing facility residents.

27 Sec. 18.20.310. SANCTIONS FOR NONCOMPLIANCE. (a) If the de-
28 partment finds that a nursing facility, or a partner, officer, direc-
29 tor, owner of five percent or more of the nursing facility's assets,

1 or managing employee of the nursing facility substantially failed or
2 refused to comply with AS 08.68.340 - 08.68.390, AS 08.70.010 -
3 08.70.190, AS 18.20.010 - 18.20.130, AS 47.07.010 - 47.07.900, or with
4 a regulation adopted under any of those statutes, or, for a nursing
5 facility that provides medicaid services under AS 47.07.010 - 47.07.-
6 900, failed or refused to comply with the medicaid requirements of 42
7 U.S.C. 1396r (Title XIX of the Social Security Act, as amended) or a
8 regulation adopted under that statute, the department may take the
9 following actions:

10 (1) ban the admission of new residents to the nursing facil-
11 ity;

12 (2) as provided in AS 18.20.320, deny payment under
13 AS 47.07.010 - 47.07.900 and AS 47.25.120 - 47.25.300 for any medicaid
14 or general relief-medical resident admitted to the nursing facility
15 after notice by the department of denial of payment; residents who are
16 eligible for medicaid or general relief-medical are not responsible
17 for payment when the department takes action under this paragraph;

18 (3) assess a civil fine in accordance with AS 18.20.340;

19 (4) suspend or terminate the nursing facility's participa-
20 tion in the medicaid program;

21 (5) suspend, revoke, or refuse to renew the nursing facili-
22 ty's license issued under AS 18.20;

23 (6) seek an appointment of temporary administration as
24 provided in AS 18.20.360 or of a receiver under AS 18.20.370;

25 (7) in case of an emergency, seek an order from the court
26 either to close the nursing facility or to transfer residents from
27 that facility, or both.

28 (b) An order of the department imposing a sanction described in
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(1) (a)(1), (4), or (5) of this section takes effect

1 immediately upon service of the order on the nursing facility;
2 however, if the facility can demonstrate to the department's
3 satisfaction that the deficiencies prompting the order do not
4 jeopardize the health or safety of facility residents or seriously
5 limit the nursing facility's capacity to provide adequate care, the
6 department's order takes effect 10 days after service;

7 (2) (a)(2) or (3) of this section takes effect 10 days
8 after service of the order on the nursing facility.

9 (c) A hearing may be requested under AS 18.20.330 regarding a
10 sanction imposed by the department under this section.

11 Sec. 18.20.320. DENIAL OF PAYMENT. The department shall deny
12 payment under AS 47.07.010 - 47.07.900 or AS 47.25.120 - 47.25.300 to
13 a nursing facility:

14 (1) that is not in compliance, and, for the preceding three
15 months, has not been in compliance, with the requirements of 42 U.S.C.
16 1396r (Title XIX of the Social Security Act, as amended), and regu-
17 lations adopted under that statute, until correction of the deficien-
18 cy; or

19 (2) if the department finds, on three consecutive reviews,
20 that the nursing facility provided substandard quality of care; the
21 department shall deny payment under this paragraph for new admissions
22 until the facility has demonstrated to the satisfaction of the depart-
23 ment that it is in compliance with the medicaid requirements of 42
24 U.S.C. 1396r, and that it will remain in compliance with the require-
25 ments.

26 Sec. 18.20.330. APPEAL; HEARING. (a) Notwithstanding
27 AS 44.62.330 - 44.62.630, the department, by regulation, shall estab-
28 lish a hearing procedure by which a nursing facility may present
29 evidence to refute a deficiency found by the department, and by which

1 it may appeal a sanction imposed by order of the department under
2 AS 18.20.310. A request for a hearing must be made in writing within
3 10 days after service of the department's order on the nursing
4 facility. Except for an order that takes effect immediately under
5 AS 18.20.310(b)(1), a request under this subsection has the effect of
6 staying the department's order until the hearing is concluded and the
7 department makes a final determination.

8 (b) An appeal, or request for stay, regarding a sanction imposed
9 by the court under AS 18.20.310(6) or (7), 18.20.360, or 18.20.370,
10 must be filed with the court in accordance with the Rules of Civil
11 Procedure.

12 Sec. 18.20.340. CIVIL FINES. In accordance with regulations
13 adopted by the department under AS 44.62.010 - 44.62.300, the depart-
14 ment may assess and collect, with interest, a civil fine of up to
15 \$10,000 a day for each day a nursing facility is or was out of compli-
16 ance with any of the federal or state statutes or regulations listed
17 in AS 18.20.310. The department shall annually increase the maximum
18 amount of the civil fine authorized in this section by a percentage
19 equal to the percentage of increase in all items of the consumer price
20 index for all urban consumers for Anchorage, Alaska. Each day upon
21 which the same or a substantially similar noncompliance occurs is a
22 separate violation subject to the assessment of a separate civil fine.
23 A civil fine assessed under this section is not reimbursable under
24 AS 47.07.010 - 47.07.900 or AS 47.25.120 - 47.25.300. The department
25 shall deduct the amount of a civil fine from reimbursement due or to
26 be due the nursing facility under AS 47.07.010 - 47.07.900 or
27 AS 47.25.120 - 47.25.300. The department may also use any remedy
28 available under law to pursue collection of an unpaid fine.

29 Sec. 18.20.350. NURSING FACILITY RESIDENT SECURITY FUND. (a)

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There is established in the department, as a fund separate from other public money of the state, the nursing facility resident security fund. This fund consists of all civil fines collected under AS 18.20.310(a)(3) and 18.20.340 related to noncompliance with 42 U.S.C. 1396r(b), (c), or (d), and all interest earned on money in the fund.

(b) The nursing facility resident security fund shall be administered by the department. Money in the fund may only be used for the protection of the health or property of residents of nursing facilities found to be out of compliance with 42 U.S.C. 1396r(b), (c), or (d), or a regulation adopted under those statutes, including payment for the costs of relocation of residents to other facilities, maintenance of operation of a facility pending correction of deficiencies or closure, and reimbursement to a resident for personal money lost.

Sec. 18.20.360. TEMPORARY MANAGEMENT. (a) If the department determines that the health or safety of the residents of a nursing facility is immediately jeopardized as the result of the nursing facility's failure or refusal to comply with a state statute or regulation, or failure or refusal to comply with the medicaid requirements in 42 U.S.C. 1396r (Title XIX of the Social Security Act) or a regulation adopted under that statute, the department shall immediately petition the superior court for an order for appointment of temporary administration to

- (1) oversee the operation of the facility; and
- (2) ensure the health and safety of the facility's residents while orderly closure of the facility occurs or the deficiencies necessitating temporary administration are corrected.

(b) The court shall grant the petition if it finds by a preponderance of the evidence that the conditions in (a) of this section

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exist.

Sec. 18.20.370. RECEIVERSHIP. (a) The department may petition the superior court for establishment of a receivership for a nursing facility if the department finds that one of the following conditions exists and the current operator has demonstrated an inability or unwillingness to take action necessary to immediately correct the conditions alleged:

(1) the facility is operating without a license;

(2) the health, safety, or welfare of facility's residents is immediately jeopardized;

(3) the facility demonstrates a pattern and practice of violating state or federal statutes or regulations in such a way that minimum resident care is jeopardized.

(b) The court shall grant the petition if it finds by a preponderance of the evidence that one or more of the conditions in (a) of this section exist and the current operator is unable or unwilling to take action necessary to correct the condition.

Sec. 18.20.390. DEFINITIONS. In AS 18.20.300 - 18.20.390, unless the context requires otherwise,

(1) "department" means the Department of Health and Social Services;

(2) "general relief-medical" means the medical assistance program authorized in AS 47.25.120 - 47.25.300;

(3) "nursing facility" means an institution, or a distinct part of an institution, as defined in 42 U.S.C. 1396r;

(4) "medicaid" means the medical assistance program authorized in AS 47.07.010 - 47.07.100.

* Sec. 4. This Act takes effect immediately under AS 01.10.070(c).

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

STEVE COWPER, GOVERNOR

P.O. BOX H
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030

February 20, 1990

The Honorable Ron Larson
Alaska State House of Representative
Alaska State Legislature
P.O. Box V
Juneau, Alaska 99811

Dear Representative Larson:

HB 418 has recently been referred from the House HESS committee to the House Finance committee. This legislation makes changes in Alaska law which are required for continued State compliance with federal law. To not adopt these changes will put Alaska's Medicaid program in jeopardy of loss of federal funds.

HB 418 provides the Department with additional sanctions that can be used to bring nursing homes into compliance with health and safety requirements. Currently, the only remedy available to the State is decertification, which means that the facility will be ineligible for medicaid funds. This is a very serious sanction as nursing homes in this state are heavily dependent on state medicaid funds.

HB 418 contains additional sanctions which the state can impose on nursing homes for non-compliance with health and safety regulations. These sanctions offer the Department a range of responses which allow the department the opportunity to impose a sanction commensurate with the violation; thus eliminating the need to move toward decertification for every health and safety violation.

Although this legislation is required for continued federal participation in the Medicaid program, the Department also believes that HB 418 offers a positive change regarding the way in which the Department monitors the quality of nursing home care in Alaska.

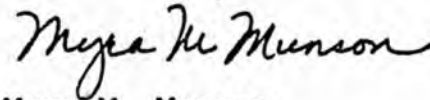
Representative Ron Larson

-2-

February 20, 1990

Therefore, I request that HB 418 be scheduled for a hearing in the House Finance committee as soon as possible. I know that the committee has many bills that have been referred to it and I appreciate your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Myra M. Munson".

Myra M. Munson
Commissioner

1. Statement of Deficiencies report from a LTC facility. This report is required to be posted "in a place readily accessible to resident". This report was lengthy because termination action was initiated against this facility.

HRS 418

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER NUMBER

02-A005

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY COMPLETED

September 12-15, 1989

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F61	<p><u>405.1121 Governing Body (Condition Met)</u></p> <p><u>(k) Resident Rights (Standard Met)</u></p> <p>In 11 of 13 records reviewed, documentation was not found to indicate that residents or resident representatives had been given the opportunity to participate in their individual care planning and medical treatment.</p>	F61	<p>Notification of and invitation to participate in residents HCC will be given each resident and each residents guardian and documented on residents chart. Participation or lack of participation will be documented.</p> <p>Social Services Coordinator</p>	10-12-89
F69 F70	<p>Each resident had not been encouraged and assisted to exercise his/her rights as a resident of the facility to submit complaints and recommendations concerning the policies and services of the facility. For example, surveyors requested documentation of resident's complaints or grievances for the past 6 months. Facility staff reported that there was no mechanism or need for a resident complaint procedure because all complaints were channelled through the Resident Council. Review of Resident Council minutes for 6 months revealed 1 resident complaint. However, surveyor interviews with residents revealed the following:</p>	F69 F70	<p>Each resident will be encouraged and assisted to voice their feelings/complaints/requests. These comments will be documented as will the follow-up action by facility to respond to their comments. Additionally, a complaint box will be provided for residents use in cases where resident may prefer confidentiality. The resident council meetings will also be utilized for this purpose with documentation provided.</p> <p>Activities Coordinator</p>	9-22-89

PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

10-17-89

Any deficiency statement ending with an asterisk () denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) The findings above are discloseable 90 days following the date of survey whether or not a plan of correction is provided. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER NUMBER 02-A005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED September 12-15, 1989
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NAME OF PROVIDER OR SUPPLIER _____ STREET ADDRESS, CITY, STATE, ZIP CODE _____

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X4) COMPLETION DATE
<u>F76</u>	<p>1. Interview with 1 resident on 9/13/89 revealed resident's complaint of too few community outings.</p> <p>2. Interview with another resident on 9/14/89 revealed resident's complaints of dry food and having to sit with residents who smoke as she is allergic to smoke.</p> <p>The facility had not insured an adequate system of accounting for personal possessions. For example:</p> <p>1. Updated records were not signed by the responsible employee, the resident or resident representative.</p> <p>2. Personal property inventories were found in two locations. Initial inventories were located in the individual medical record and updates were found in a separate folder.</p> <p>3. The facility did not provide a system to protect residents' property and valuables.</p>	<u>F76</u>	<p>A new system of resident personal property inventory has been implemented. This system will insure accuracy, date, signatures, etc. and will be located on the residents chart.</p> <p style="text-align: center;">Nursing & Activities</p>	10-03-89

PROVIDER REPRESENTATIVE'S SIGNATURE _____	TITLE _____	(X4) DATE _____
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER NUMBER

02-A005

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____
B. WING _____

(X3) DATE SURVEY COMPLETED

September 12-15, 1989

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F80	<p>Restraints had been used without physician orders which stated conditions or provision for use, type of restraint to be used, specified period of time for use, and instruction for release. For example:</p> <ol style="list-style-type: none"> Six of 6 records reviewed where restraints were being used indicated physician orders as "may restrain for self protection." Please refer to F237 for examples of inappropriate use of restraints. 	F30	<p>The use of restraints will be initiated on physician orders which will include stated conditions or provision for use, type of restraint to be used, specific period of time for use, and instruction for release. Physician and Nursing</p>	10-30-89
F93	<p>Please refer to F242 and F244 regarding residents' participation in activities.</p>	F93	<p>Refer to responses to F242 and F244</p>	
F94	<p>Please refer to F76 regarding residents' retention and use of personal possessions and clothing.</p> <p>(h) Staff Development (Standard Met)</p>	F94	<p>Refer to response to F76</p>	
F100	<p>Please refer to F749 and F761 regarding facility staff's level of knowledge about the problems and needs of the aged, ill, and disabled.</p>	F100	<p>Refer to response to F747 and F761. Additionally, the facility is currently developing a facility wide continuing education/in-service program (with documentation of inservices attended & presented). Administrator</p>	1030-89

PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) The findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER NUMBER

02-A005

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____
B. WING _____

(X3) DATE SURVEY COMPLETED

September 12-15, 1989

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F101	Please refer to F126, F181, and F237 regarding facility staff not practicing proper techniques in providing care to the aged, ill, and disabled.	F101	Refer to response to F126, F181 and F237	
F102	<p>The facility staff did not display proper training and awareness in the following areas:</p> <ol style="list-style-type: none"> 1. Prevention and control of infections. For example: <ol style="list-style-type: none"> a. Proper handwashing between residents during the medication pass did not occur including the administration to a resident on isolation precautions. b. Ten of 10 employee records reviewed failed to indicate knowledge/training in infection control. 2. Fire safety. For example: <ol style="list-style-type: none"> a. Four of 10 employee records reviewed lacked documentation that employee had received fire safety training. b. Fire drills had not been performed as required on each of 3 shifts quarterly. Only 4 fire drills of the minimum of 12 had been done. 	F102	<p>In-service/instruction will be provided to insure knowledge and conformance to Infection Control and sanitation requirements. DNS</p> <p>The annual staff-wide Fire inservice was scheduled for October. Documentation of attendance will be available for review. Documentation will also be noted in personnel records. Administration (Fire Inservice was held Oct 12, 1989)</p> <p>Documentation on fire drills will be available for review. A copy of the fire drills will be sent to Administrator, DNS, & Fire</p>	<p>10-30-89</p> <p>10-30-89</p> <p>9-19-889</p>

PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

► Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) The findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FEB 13 '90 15:45 TOC HUBS/F

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER NUMBER

02-A005

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY COMPLETED

September 12-15, 1989

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F126	<p>c. Fire drill records were fragmented. The maintenance department responsible for conducting the fire drill exercises had records of only two drills. Records of the other two drills were found in the policy and procedure manual by the surveyor. See also F358 and F359.</p> <p>3. Proper use of restraints for safety and protection. Please refer to F237.</p> <p><u>405.1124 Nursing Services (Condition Met)</u></p> <p>Each resident had not received his/her diet as prescribed. In addition, deviations had not been reported with appropriate action taken. For example, resident #14 was observed at evening meals on 9/13 and 9/14/89 with the following noted:</p> <p>1. Physician's orders were "2 gm. Na and lactose free diet chopped, double portions with Ensure BID."</p> <p>Resident was served single portion, pureed for both meals. Interview with meal preparer on both evenings revealed no difference in meals served between</p>	F126	<p>Continued:</p> <p>Marshall (in-house), and maintenance. The staff has been instructed as to the importance of fire drills and documentation of the drills. Administration</p> <p>Inservice and specific instruction has been provided to Dietary Service personnel regarding adherence to prescribed diet orders. All meals served are without added salt. Nursing & Food Service Sup.</p> <p>A mechanism has been initiated to identify, monitor and insure that weight information and tracking is exchanged/shared between nursing and dietary to provide immediate weight gain intervention for persons experiencing weight loss. Nursing & Food Service Supervisor</p>	<p>10-2-89</p> <p>10-2-89</p>

PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER NUMBER

02-A005

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____
B. WING _____

(X3) DATE SURVEY COMPLETED

September 12-15, 1989

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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	<p>residents receiving regular diets versus 2 gm. Na diets.</p> <p>2. Review of dietary assessment dated 5/8/89 revealed IBW of 150-160 lbs. Review of resident's record revealed the following weights:</p> <table border="1" data-bbox="327 666 764 1007"> <thead> <tr> <th>Date</th> <th>Weight (lbs)</th> </tr> </thead> <tbody> <tr><td>1/89</td><td>137</td></tr> <tr><td>2/89</td><td>132</td></tr> <tr><td>3/89</td><td>124</td></tr> <tr><td>4/89</td><td>129½</td></tr> <tr><td>5/89</td><td>121</td></tr> <tr><td>6/89</td><td>114</td></tr> <tr><td>7/89</td><td>118</td></tr> <tr><td>8/89</td><td>123½</td></tr> <tr><td>9/89</td><td>110</td></tr> </tbody> </table> <p>Hence, the resident has experienced a significant weight loss of 20% over the past nine months. Resident is currently at 71% of his average IBW. The facility had not responded to this resident's weight loss.</p> <p>3. Observation of resident during evening meal on 9/13/89 revealed resident in geri-chair at 4:45 pm. Meals were delivered to dining area at</p>	Date	Weight (lbs)	1/89	137	2/89	132	3/89	124	4/89	129½	5/89	121	6/89	114	7/89	118	8/89	123½	9/89	110		<p>Continued:</p> <p>Residents experiencing weight loss will be served first. Dietary</p>	10-2-89
Date	Weight (lbs)																							
1/89	137																							
2/89	132																							
3/89	124																							
4/89	129½																							
5/89	121																							
6/89	114																							
7/89	118																							
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER NUMBER

02-A005

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____
B. WING _____

(X3) DATE SURVEY COMPLETED

September 12-15, 1989

NAME OF PROVIDER OR SUPPLIER

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	5:10 pm. Resident was not assisted with meal until 1 hour, 10 minutes later.			
	4. Review of medication sheet revealed resident to receive Ensure at 9:00 am and 7:00 pm. Observation of resident on 9/13 and 9/14/89 revealed resident did not receive 7:00 pm Ensure.			
<u>F128</u>	Please refer to <u>F126</u> regarding care necessary to prevent skin breakdown. (c) 24-Hour Nursing Services (Standard Met)	<u>F128</u>	Refer to response to <u>F126</u>	
<u>F130</u>	Please cross reference to <u>F80</u> regarding justification of and provisions for use of restraints.	<u>F130</u>	Please refer to <u>F80</u> response	
<u>F134</u>	Infection control techniques were not always carried out in the provision of care for each resident. Please refer to <u>F102</u> regarding proper handwashing technique.	<u>F134</u>	Please refer to response to <u>F102</u>	
<u>F135</u>	Proper nursing procedures and techniques were not always used when medications were given to residents. For example: 1. Liquid Haldol mixed with wine was left with the resident to finish. The nurse	<u>F135</u>	The nurses will remain with the resident until the resident takes / finishes taking entire dose of medication. Nursing	9-30-89

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asked the nursing assistant to observe the resident while finishing the medication.

2. Medication for one resident was mixed into liquid prepared for bottle feeding and left with the nursing assistant to administer to the resident.

3. See also F134 and F102 regarding proper hand washing techniques.

F167

(d) Patient Care Management
(STANDARD NOT MET)

F167

Refer to responses to F134 & F102

F169
F170

Each resident's needs were not addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of care, and implemented shortly after admission. Needs were not identified for all services, goals developed, plans recorded, and progress notes did not indicate evaluations of interventions in relation to established goals. For example:

F169
F170

Care Plans have been reviewed, re-evaluated and re-written to identify current nursing needs of each resident. The plans will be consistent with the physician's plan of care.

Progress notes will relate to goals. All disciplines will chart on interdisciplinary notes to provide an easily identifiable flow of progress/care.

Nursing

10-30-89

1. Thirteen of 13 records reviewed did not contain assessments of nursing needs to validate appropriateness of goals found

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F173	<p>In the care plan. In addition, progress notes did not relate to goals.</p> <p>2. Please cross reference to <u>F233</u>, <u>F236</u>, and <u>F237</u>, regarding lack of social services assessments, goals, plans interventions and progress notes.</p> <p>3. Please cross reference to <u>F239</u>, <u>F240</u>, <u>F242</u>, and, <u>F244</u> regarding lack of activities assessments, individualized goals, appropriate plans and goals related progress notes.</p> <p><u>(e) Rehabilitative Nursing Care (Standard Met)</u></p> <p>Each resident had not received rehabilitative nursing care to maximize physical functioning and to prevent deformity, immobility, and contractures. Please cross reference to <u>F237</u>. For example:</p> <p>1. Resident #8 had an RPT plan to be exercised five times a week but the restorative aide record for July, 1989 indicated that exercise occurred only 8 of 22 possible times.</p>	F173	<p>Continued:</p> <p>Please refer to responses to: F233, F236, F237, F239, F240, F242 and F244</p> <p>Each resident will receive rehabilitative Nursing Care as identified in their individualized plan of care. Also, please refer to response to F237.</p> <p>An additional Restorative Aide has been added to the staff. Nursing Assistants will be instructed through in-service as to their participation in aiding this function. In-service will be provided by our Physical Therapist and Occupational Therapist. Nursing, OT & PT</p>	10-15-89

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCIAL ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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F178	<p>2. Observation of resident #4 who manifested contractures of all major joints had a record of having had exercise 8 times in May, 11 times in June, and 11 times in July. Standards of practice indicate that range of motion should be done 5-7 times a week to prevent contractures and deformity.</p>	F178	Please refer to responses to F169 and F170	
	<p>(f) <u>Supervision of Resident Nutrition (Standard Met)</u></p>			
F180	Please cross reference to F126 regarding conformance to physician dietary orders.	F180	Please refer to response to F126	10-2-89
F181	<p>Each resident needing assistance in eating or drinking had not been provided prompt assistance. Specific self-help devices were not provided where necessary to promote resident dignity and independence. For example:</p> <p>1. Observation of the evening meal on 9/13/89, indicated that 11 residents were present. Three were self-feeders</p>	F181	<p>Staffing has been rescheduled to accommodate meal feeding times to assist with feeding residents who are unable to feed themselves.</p> <p>Nursing Additional self-help devices will be provided. Dietary</p>	10-20-89

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F191	<p>and 8 required assistance. Two facility staff were available to assist residents. Approximately 40 minutes passed before the 2 staff moved from the first resident they were assisting to the next. Hence, 6 other residents needing assistance sat without food for forty minutes.</p> <p>2. During the same meal, it was noted that 2 of the residents who were self-feeders would have benefited from special devices due to severe tremors and motor function deficits. The two residents ate two bites of their dinners each.</p> <p><u>(h) Conformance With Physician Drug Orders (Standard Met)</u></p> <p>Drugs were not always administered in accordance with written orders of the attending physician. For example, liquid Haldol mixed with wine was observed given to one resident. Neither the physician orders or the pharmacy review had addressed the appropriateness of mixing psychotropic medication with alcohol.</p>	F191	<p>Drugs will be given with juice or water, not with alcohol. Drugs will be given consistent with physicians order.</p> <p>Nursing & Physician</p>	10-26-89

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	405.1125 Dietetic Services (Condition Met)			
	(b) Menus and Nutritional Adequacy (Standard Met)			
196	Please refer to F126 regarding menus planned to meet nutritional needs, in accordance with physician's orders.	F196	Please refer to response to F126	
	(c) Therapeutic Diets (Standard Met)			
F199	Please refer to F126 regarding therapeutic menus served as ordered with supervision from the dietician.	F199	Please refer to response to F126 . Also, this area will be specifically reviewed by Dietician with inservice to staff. Dietician & Administration	10-20-89
	(e) Preparation (Standard Met)			
F207	Where residents refused food served, appropriate substitutes of similar nutritive value were not offered. For example: 1. During the dinner meal served on 9/13/89, it was observed that the meal served differed from the planned menu for that evening. Two residents complained to staff that they didn't like or want what was served. Neither resident was offered a substitute. Each ate two bites of their meal only.	F207	Substitutes will be offered and residents informed of their availability. Administration, Nursing & Dietary	10-05-89

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F218	<p>2. During the dinner meal served on 9/14/89, it was observed that the meal served differed from the planned menu. Two residents complained to staff that they "didn't want" what was served. Neither resident was offered a substitute. Surveyor asked residents if they knew a substitute could be requested. Both reported they had not been informed. Residents requested substitutes. Soup was provided.</p> <p>3. Interview with dietary staff on 9/13/89 revealed substitutes for main entree were consistently limited to soup or sandwiches. These substitutes do not provide the resident with food items of similar nutritive value.</p> <p><u>405.1126 Specialized Rehabilitative Services (Condition Met)</u></p> <p><u>(b) Plan of Care (Standard Met)</u></p> <p>Please refer to F237 regarding therapy provided in accordance with accepted professional practices.</p>	F218	Please refer to response to F237	

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	<u>405.1127 Pharmaceutical Services</u> <u>(Condition Met)</u>			
	<u>(a) Supervision of Services (Standard Met)</u>			
<u>F224</u>	The pharmacist had not always reported irregularities to the physician and administrator. Please refer to <u>F191</u> .	<u>F224</u>	Pharmacist will routinely perform drug reviews and report irregularities to the physician, Head Nurse, DNS & Administrator. DNS & Administrator	10-30-89
<u>F233</u>	<u>405.1130 Social Services</u> <u>(CONDITION NOT MET)</u>	<u>F233</u>	Please note responses as follows:	
<u>F234</u>	<u>(a) Social Service Functions</u> <u>(STANDARD NOT MET)</u>	<u>F234</u>	Conformance will be assured by Social Services Coordinator	10-30-89
<u>F236</u> <u>F237</u>	The medically related social and emotional needs and problems of residents were not identified. Services to meet the social and emotional needs of residents were not provided by the facility nor were referrals to an appropriate agency consistently made. The scope and severity of subsequent outcomes was found to limit the facility's capacity to provide adequate care and services to the residents. For example: 1. Nine of 13 records reviewed revealed an absence of Social Service assessments identifying residents' needs.	<u>F236</u> <u>F237</u>	Social service assessments will be kept on the charts. Social and emotional needs and behavioral problems will be addressed and documented. Documentation of referrals will be maintained in chart. Referrals for medication review have been made or requested on all residents on psycho-tropic medications. Referrals to local mental health agencies for assistance in developing and delineating behavior mgmt. programs have been made. Behavior management programs will be reviewed by Social Services in conjunction with Nursing Service and Physicians to minimize the need for and use of physical and / or chemical restraints.	10-30-89

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	<p>2. Ten of 13 records reviewed revealed an absence of Social Services identification of residents' goals or approaches in interdisciplinary plans of care.</p> <p>3. Eleven of 13 records reviewed revealed the absence of current progress notes to reflect ongoing assessments of residents' needs, problems, evaluations of goals or interventions.</p> <p>4. Three of 13 residents were selected for an in-depth review of Social Services identification and response to residents' medically related social and emotional needs and problems. The following was noted:</p> <p>a. Resident #13:</p> <p>1. Review of resident's record revealed physician's order dated 9/87 for "behavior modification to correct disruptive behavior." Examples of unwanted behavior located in record included: "uncooperative and biting at staff"; "abusive verbally using foul language and obscene</p>		<p>Continued</p> <p>Nursing service and physicians have addressed the use of physical and chemical restraints.</p> <p>Social service goals and approaches as specified in the assessments and notes will be included in the plan of care.</p> <p>Social service notes have been moved from social service office to social service section in residents chart.</p> <p>Social service notes will reflect ongoing assessment of needs, problems, evaluations, and interventions including referrals for services and reviews of current programs.</p>	

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	<p>gestures;" "inappropriate sexual behavior towards another resident." These unwanted behaviors were not identified nor responded to by the facility. For example:</p> <p>a. Review of record revealed no Social Service assessment identifying these problems. Social history was dated 7/1/86 with no updates located. Social services progress notes were not current or informative. Note of 8/5/88 indicates a psychiatric evaluation was scheduled. No follow-up was located.</p> <p>b. Plan of care did not reflect any intervention being utilized in response to ongoing behavioral problems originally noted by physician in 1987.</p> <p>c. Plan of care did not address inappropriate sexual behavior by resident.</p>			
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	<p>2. Further review of resident's record revealed inappropriate use of restraints, resulting in decline of physical functioning and reinforcement of unwanted behaviors. For example:</p> <p>a. Note of 4/17/89: "Pt. was put to bed as a disciplinary measure following an episode of verbal abuse (and) threat of physical aggression.</p> <p>b. Note of 6/9/89: "Due to (staff's) inability to observe his location (and) actions at all times, (resident) to be allowed in (wheelchair) only with direct supervision; re: to dining room (and) back". Resident was otherwise kept in a geri-chair even though "loss of ambulation" was identified as a problem in the record.</p> <p>c. Nursing note of 7/26/89: "OT consultant stated that (Pt.) agreeable to ROM exercise while smoking at same time. RA's have (her) ok to use this</p>			

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	<p>technique to increase (Pt's) cooperation."</p> <p>d. Physician's order: "Haldol PRN."</p> <p>B. Resident #11:</p> <ol style="list-style-type: none"> Review of resident's record reveals numerous behavioral problems reflected in the Nursing progress notes. For example: "awake and noisy during evening," "restless;" "loud and uncooperative;" "verbal abuse and aggressive towards patients and staff;" "sleeps during day and awake at night;" "sexual advances towards aides both physically and verbally." Problem behaviors noted in Nursing progress notes were not addressed in the resident's plan of care, assessment or intervention by Social Services. Observation and record review indicated interventions to reduce unwanted behaviors were primarily use of physical and chemical 			

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(X1) PROVIDER NUMBER: **02-A005**

(X2) MULTIPLE CONSTRUCTION:
A. BUILDING _____
B. WING _____

(X3) DATE SURVEY COMPLETED: **September 12-15, 1989**

NAME OF PROVIDER OR SUPPLIER: _____
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	<p>restraints. The use of restraints resulted in increased loss of physical functioning resulting in numerous falls and injuries. For example:</p> <p>a. Review of incident reports for March, April, and May, 1989, revealed resident, while in restraints, fell five times during three months.</p> <p>b. Note of 2/14/89: "(resident) suffered a Fx (R) shoulder about 2 weeks ago" during walk to bathroom assisted by aide.</p> <p>c. Note of 6/8/89: "Patient fell about 2 weeks ago when getting up by himself and Fx (L) clavicle".</p> <p>d. Physician order: Haldol 2.5 mg PO Bid.</p> <p>In addition, the use of restraints was not an appropriate intervention to restrict unwanted behavior. For example, nursing note of 3/17/89 indicated "if can't observe at all</p>			

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	<p>times, might help to tie w/c to hall railing."</p> <p>C. Resident #12:</p> <p>1. Review of resident's record revealed resident admitted to facility April, 1989, with a primary diagnosis of a progressive, degenerative neurological disorder of unknown etiology. Review of record further revealed history of suicidal ideation with an active suicide attempt 2/89. Review of Nursing progress notes revealed progressive decline of resident's general health and level of physical functioning. Progress notes also revealed resident with suicidal ideation in May, June, and August, 1989. Interview with facility staff on 9/13 and 9/14/89, revealed the resident "wanting to die so won't be a financial burden on family." Staff further reported their belief that resident is "dying" and "getting ready to die." Observations of this</p>			

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	<p>resident during survey revealed significant decline in resident's physical energy and functioning. Interview with resident's wife on 9/14/89 revealed she may be having difficulty accepting resident's condition. In addition, she reported having transportation and financial difficulties. Social Services had not addressed these problems.</p> <p>Relative to the problems of death and dying, suicidality, degenerative illness, and family problems. Social Service assessment and interventions were limited to the following:</p> <ol style="list-style-type: none"> 1. Behavior: When he is depressed, he has talked of suicide and staff need to be alert to subtle shifts in his emotion. 2. Assist in filing Alaska Permanent Fund Dividend. Assist transfer to Pioneer Home. Encourage durable power of attorney. 			

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F747	<p><u>(b) Staffing (STANDARD NOT MET)</u></p> <p>The facility had not arranged for sufficient consultation and assistance by the social work consultant to meet resident needs. For example:</p> <ol style="list-style-type: none"> 1. Please refer to F236 and F237 regarding assessments not identifying resident's needs, interdisciplinary plans of care lacking resident's goals, progress notes not reflecting resident's needs, problems, goals, or interventions. 2. Please refer to F236 and F237 regarding examples from resident's #11, and #13. These resident examples indicate significant problems regarding lack of appropriate interventions to reduce unwanted behaviors. 	F747	<p>Additional training and consultant services have been scheduled, and received. Review of the services and documentation thereof including assessments, histories, roles and interventions of other Long Term Care Facilities Social Service Departments (via visits to other facilities) took place 9-19-89, 9-25-89 and 9-26-89. The MSW Consultant began chart review and will continue to provide training and chart review on a monthly basis to bring current charting into conformance, thereafter, consulting at such frequency to insure continued compliance.</p>	10-30-89 was put into place on 10/15-16/89
F239	405.1131 Activities (CONDITION NOT MET)	F239		
F240	<u>(b) Patient Activities Program (STANDARD NOT MET)</u>	F240		
F242 F244	An ongoing program of meaningful activities had not been provided based on identified needs and interests of each resident.	F242 F244	<p>New programs have been initiated which will meet the individual needs and interests of each individual resident.</p> <p style="text-align: right;">Activities Coordinator</p>	10-5-89

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	<p>Further, the facility's program of activities did not promote opportunities for engaging in normal pursuits of daily living, or the physical, social, and mental well being of each resident. For example:</p> <ol style="list-style-type: none"> 1. Ten of 13 records reviewed revealed the absence of Activities assessments which identified residents' problems or needs. 2. Thirteen of 13 records reviewed revealed the absence of current progress notes, to include ongoing evaluations and assessments of residents' needs or effectiveness of interventions. 3. The activities observed by surveyors were not appropriate to the resident participants in relation to the special needs resulting from cognitive, communicative, interactive and physical deficits with the addition of cultural diversities. For example: <ol style="list-style-type: none"> a. On 9/12/89 the "Native Culture" activity consisted of the showing of a film depicting a Greek tragedy. 		<p>Continued:</p> <p>A new, reorganized activities program has been initiated (after review of activities programs in other facilities via site visits to four other facilities by the Activities Coordinator and by review and input / consultation by the Activities Consultant and the Occupational Therapist as well as Speech Therapist and Speech Pathologist). This new activities program promotes opportunities for the residents to engage in normal daily living and is structured to reflect the individual physical, social and mental capability as well as plan and goal(s) for each individual resident.</p> <p>Activities assessments will be provided and documented identifying residents problems and needs and located on each resident chart. Activities Coordinator</p> <p>Current progress notes including ongoing evaluations, assessments, needs and interventions as well as the effectiveness of interventions will be documented on the interdisciplinary notes section of each residents chart. Activities Coordinator</p> <p>Multiple small group activities are now offered concurrently. Activities Coordinator</p>	<p>10-5-89</p> <p>10-30-89</p> <p>10-30-89</p> <p>10-05-89</p>

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	<p>b. Observation of an activity at 11:00 am on 9/13/89, which involved a "talking book" on the subject of classical musicians, indicated the following.</p> <p>1) No interaction occurred between staff and residents.</p> <p>2) Five of 6 residents were in restraints and asleep. The 5 residents were Alaska Native.</p> <p>3) The awake resident was not attending to the activity.</p> <p>c. Observation of a movie activity at 3:00 pm on 9/13/89 indicated inappropriate placement of residents with a visual or hearing impairment. For example, residents with identified hearing and visual problems were placed 20-30 feet from the 19" television.</p> <p>4. The facility activities program did not provide all residents with an opportunity for community interaction. For example, an interview with activities staff on 9/13/89 revealed the following:</p>		<p>Continued:</p> <p>Increased community activities is integrated into the new activities program: ie: Senior Citizen potluck dinners, field trips, etc.</p>	ongoing

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	<p>a. Approximately 1 time per month, 4-5 residents attend a potluck outside the facility.</p> <p>b. Approximately the same number of residents go shopping in the community once per month.</p> <p>c. "Car rides" once per week allows only a small fraction of the resident population to get out of the facility.</p> <p>5. The facility did not provide meaningful activities for residents throughout each day. For example, review of the activities calendars for July, August, and September, 1989, revealed the following:</p> <p>a. Twenty-seven of 90 days did not have scheduled activities beyond 2:00 pm.</p> <p>b. Forty-four of 90 days did not have scheduled activities beyond 3:00 pm.</p>			
F761	<p>(a) Staffing (STANDARD NOT MET)</p> <p>The facility did not arranged for sufficient consultation and assistance by</p>	F761	<p>The newly reorganized activities program now provides activities for each day and each evening of the week. This has been accomplished by the addition of more staff as well as gaining additional community volunteers.</p> <p style="text-align: right;">Activities Coordinator</p>	10-05-89
			<p>The frequency of visits / consultation and input by Activities Consultant has been increased to provide adequate direction to insure conformance with guidelines.</p>	10-30-89

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	<p>a qualified Activities consultant to meet resident needs. For example, please refer to <u>F240</u>, <u>F242</u>, and <u>F244</u> regarding examples of assessments, plans, and activities which do not meet the needs of each resident.</p> <p><u>405.1132 Medical Records (Condition Met)</u></p> <p><u>(c) Content (Standard Met)</u></p>			
<p><u>F254</u></p>	<p>The medical records did not contain adequate physician documentation. For example:</p> <ol style="list-style-type: none"> Four of 4 discharge records did not have discharge summaries. Two of 4 discharge records did not have a signed transfer record. One of 4 discharge records did not have a signed statement of rehabilitation potential. One of 4 discharge records did not have a statement of prognosis. 	<p><u>F254</u></p>	<p>Discharge summaries which historically, were promptly provided and made part of the residents chart will be made current. The physicians were temporarily hampered by time constraints due to large population increases experienced as a result of the oil spill. The physicians are fully aware of the importance of prompt documentation and are now expending the additional time necessary to bring charting, etc. current.</p> <p>Physicians & Nursing</p>	<p>11-30-89</p>
<p><u>F255</u></p>	<p>The medical record did not have a physical examination report in 1 of 4 discharge records.</p>	<p><u>F255</u></p>	<p>Refer to response to F254</p>	

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<p>F260 F261 F263</p>	<p>The medical records in 10 of 10 active cases reviewed did not contain complete information regarding:</p> <ol style="list-style-type: none"> 1. An overall plan of care setting for goals to be accomplished through each service's designed activities, therapies and treatments. Please cross reference to <u>F233</u>, <u>F234</u>, <u>F236</u>, <u>F239</u>, and <u>F240</u>. 2. Progress notes of resident response to interventions in relation to goals. Please cross reference to <u>F233</u>, <u>F234</u>, <u>F237</u>, <u>F239</u>, <u>F240</u>, and <u>F244</u>. <p><u>405.1134 Physical Environment</u> (Condition Met)</p> <p><u>(e) Patient Rooms and Toilet Facilities</u> (Standard Met)</p>	<p>F260 F261 F263</p>	<p>Charts will reflect/contain complete information including reactions/response from residents. Please refer to responses to: F233, F234, F236, F239, F240, F237, & F244.</p> <p>Nursing, Social Services, Activities, Physicians, Consultants, Dietary and Administrator</p>	<p>10-30-89</p>
<p>F287</p>	<p>Mattresses were not always made available to residents which provide a safe and comfortable bed. Some residents' mattresses were found to be 12"-14" too short for the bed thereby exposing bed springs.</p>	<p>F287</p>	<p>Replacement mattresses have been ordered to insure that all beds have mattresses. 66 sufficient length.</p> <p>Administration</p>	<p>10-10-89</p>

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	<u>405.1135 Infection Control (Condition Met)</u>			
	<u>(b) Aseptic and Isolation Techniques (Standard Met)</u>			
<u>F340</u>	Please cross reference to F102 regarding proper handwashing techniques.	<u>F340</u>	Please refer to response to F102	
	<u>(c) Housekeeping (Standard Met)</u>			
<u>F342</u>	The facility had not always maintained a safe and clean interior. For example:	<u>F342</u>		
	1. Ceiling tile in the freight receiving area was missing and/or water damaged.		Ceiling tile will be replaced in areas where missing and / or damaged. Maintenance	10-19-89
	2. Ceiling tile had been removed above the microwave in the medication storage room.		Painting and repairs to gauged walls is now on an on-going revolving preventative maintenance schedule which is supplemented by work requisitions to bring to the attention of maintenance any areas of repair. Maintenance	10-30-89
	3. Bathroom ceiling tile in rooms 38, 39, 42, and 43, were damaged by water, cracked and broken.		Request has been made to Seward Cablevision TV cable service to address the tv cables throughout the facility. Seward Cablevision & Maintenance	10-30-89
	4. Paint on bathroom walls in rooms 39, 42, and 44 was peeling off wall and stained in some cases.			
	5. Dirty utility room paint was chipped.			

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	<p>6. Paint was chipped around the 2nd floor nurses station.</p> <p>7. Floor coving on 1st and 2nd floors was cracked allowing for potential bacteria build-up.</p> <p>8. Paint on door jams was chipped.</p> <p>9. Gouged walls were found in room 31 and on the 1st floor hallway.</p> <p>10. The antenna cord in room 31 was observed hanging down and out onto the floor between the hall and the resident's bed.</p> <p>11. Room #5 had a seam in the flooring which was separating.</p> <p>12. The dirty linen cart on the 3rd floor old section was left open.</p> <p>13. Room #12 had broken flooring and the toilet paper holder was off the wall.</p>		<p>Continued:</p> <p>Flooring will be addressed on an ongoing maintenance requisition/preventative maintenance program to insure proper repairs.</p> <p style="text-align: right;">Maintenance</p> <p>This linen cart is located on the section where ambulatory male MI residents are located. These residents often place their dirty linen (socks, underwear, etc) in this linen cart for washing. (they do this on their own) We will remind the residents to please close the lid on the dirty linen cart; as well as to remind them that they do not need to put their linen in the cart, our staff will do it for them.</p> <p style="text-align: right;">Nursing</p>	<p>10-30-89</p> <p>10-30-89</p>

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F355	<p><u>405.1136 Disaster Preparedness</u> <u>(Condition Met)</u></p> <p><u>(a) Disaster Plan (Standard Met)</u></p> <p>Facility staff were not aware of their specific responsibilities with regard to evaluation and protection of residents. Please refer to <u>F358</u> and <u>F359</u> regarding lack of staff training.</p>	F355	<p>Staff training will be provided, and documentation of this training maintained for review. (Please note response to F102(2))</p> <p>Fire Marshall _____ Department, Administration & DNS</p>	11-30-89
F357	<p><u>(b) Staff Training and Drills</u> <u>(STANDARD NOT MET)</u></p>	F357	<p>Please refer to response to F358</p>	
F358	<p>All employees were not trained, as part of their employment orientation in all aspects of preparedness for any disaster. For example:</p> <ol style="list-style-type: none"> Documentation in 4 of 10 staff records reviewed had no disaster plan or fire safety policy and procedure training. Seven of 10 staff records reviewed had no record of fire inservice training. 	F358	<p>All new employees, as part of their documented orientation program will be trained in areas including but not limited to: Infection Control, Safety, Sanitation, Fire Drills, Disaster preparedness. Thereafter, refresher inservices will be provided on an annual basis. Administration</p>	11-30-89
F359	<p>Facility staff did not participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in</p>	F359	<p>Please refer to response to F358 and F102</p>	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>case of fire or disaster. Fire drills were not held as required. For example:</p> <ol style="list-style-type: none"> 1. 4th quarter, 1988: No fire drill held for night shift. 2. 1st quarter, 1989: No fire drill held for any shift. 3. 2nd quarter, 1989: No fire drill on day shift or night shift. 4. 3rd quarter, 1989: No fire drill on day shift or night shift. See also, <u>F102</u>. 			

PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) The findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

2. Excerpts from OBRA '87 regarding resident's rights to information.
 - a. Sec. 4211(c)(1)(B) - Notice of Rights.
 - b. Sec. 4202 (c) and Sec 4212 (b) - Posting of Survey Results.

OBRA 187 excerpt - Notice of Rights

retary or a State with respect to the facility and any plan of correction in effect with respect to the facility.

"(xi) OTHER RIGHTS.—Any other right established by the Secretary.

Clause (iii) shall not be construed as requiring the provision of a private room.

→ "(B) NOTICE OF RIGHTS.—A nursing facility must—

"(i) inform each resident, orally and in writing at the time of admission to the facility, of the resident's legal rights during the stay at the facility;

"(ii) make available to each resident, upon reasonable request, a written statement of such rights (which statement is updated upon changes in such rights);

"(iii) inform each resident who is entitled to medical assistance under this title—

"(I) at the time of admission to the facility or, if later, at the time the resident becomes eligible for such assistance, of the items and services (including those specified under section 1902(a)(28)(B)) that are included in nursing facility services under the State plan and for which the resident may not be charged (except as permitted in section 1916), and of those other items and services that the facility offers and for which the resident may be charged and the amount of the charges for such items and services, and

"(II) of changes in the items and services described in subclause (I) and of changes in the charges imposed for items and services described in that subclause; and

"(iv) inform each other resident, in writing before or at the time of admission and periodically during the resident's stay, of services available in the facility and of related charges for such services, including any charges for services not covered under title XVIII or by the facility's basic per diem charge.

The written description of legal rights under this subparagraph shall include a description of the protection of personal funds under paragraph (6) and a statement that a resident may file a complaint with a State survey and certification agency respecting resident abuse and neglect and misappropriation of resident property in the facility.

"(C) RIGHTS OF INCOMPETENT RESIDENTS.—In the case of a resident adjudged incompetent under the laws of a State, the rights of the resident under this title shall devolve upon, and, to the extent judged necessary by a court of competent jurisdiction, be exercised by, the person appointed under State law to act on the resident's behalf.

"(D) USE OF PSYCHOPHARMACOLOGIC DRUGS.—Psychopharmacologic drugs may be administered only on the orders of a physician and only as part of a plan (included in the written plan of care described in paragraph (2)) designed to eliminate or modify the symptoms for which the drugs are prescribed and only if, at least annually an independent,

OBRA '87 excerpt - Posting Survey Results

"(ii) copies of cost reports of such facilities filed under this title or title XIX,

"(iii) copies of statements of ownership under section 1124, and

"(iv) information disclosed under section 1126.

"(B) NOTICE TO OMBUDSMAN.— Each State shall notify the State long-term care ombudsman (established under section 307(a)(12) of the Older Americans Act of 1965) of the State's findings of noncompliance with any of the requirements of subsections (b), (c), and (d), with respect to a skilled nursing facility in the State.

"(C) NOTICE TO PHYSICIANS AND SKILLED NURSING FACILITY ADMINISTRATOR LICENSING BOARD.— If a State finds that a skilled nursing facility has provided substandard quality of care, the State shall notify—

"(i) the attending physician of each resident with respect to which such finding is made, and

"(ii) the State board responsible for the licensing of the skilled nursing facility administrator at the facility.

"(C) ACCESS TO FRAUD CONTROL UNITS.— Each State shall provide its State Medicaid fraud and abuse control unit (established under section 1903(q)) with access to all information of the State agency responsible for surveys and certifications under this subsection."

(c) POSTING SURVEY RESULTS.— Section 1864(a) of such Act (42 U.S.C. 1395aa(a)) is amended by inserting, after "readily available form and place" in the fifth sentence, the following: ", and require (1) the case of skilled nursing facilities) the posting in a place readily accessible to patients (and patients' representatives)",

SEC. 4203. ENFORCEMENT PROCESS.

(a) STATE REQUIREMENT.— Title XVIII of the Social Security Act is amended—

(1) in section 1864(d) (42 U.S.C. 1395ca(d)), as added by section 4201(a)(2) and as amended by section 4202(a)(1) of this Act, by inserting before the period at the end the following: "and the establishment of remedies under sections 1819(h)(2)(B) and 1819(h)(2)(C) (relating to establishment and application of remedies)"; and

(2) by adding at the end of section 1819 of such Act, as added by section 4201(a)(3) and as amended by section 4202(a)(2), the end the following new subsection:

"(h) ENFORCEMENT PROCESS.—

"(1) IN GENERAL.— If a State finds, on the basis of a standard, extended, or partial extended survey under subsection (g)(2) or otherwise, that a skilled nursing facility no longer meets a requirement of subsection (b), (c), or (d), and further finds that the facility's deficiencies—

"(A) immediately jeopardize the health or safety of its residents, the State shall recommend to the Secretary that the Secretary take such action as described in paragraph (2)(A)(i); or

3. Excerpts from the Interpretive Guidelines for the new regulations for Skilled and Intermediate Care Facilities. These guidelines provide clearer interpretation of the OBRA '87 requirements for resident's rights to information.
 - a. Tag #F154 to F163 - Notice of Rights and Services.
 - b. Tag #F177 to F180 - Examination of Survey Findings.

Except from Interpretive Guidelines for new regulations
tag # F154 to F163 - Notice of rights

INTERPRETIVE GUIDELINES - SKILLED NURSING FACILITIES AND INTERMEDIATE CARE FACILITIES

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TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
		<p><u>Survey Procedure and Probes: 483.10(a)(2)</u> Attend to resident or staff remarks and staff behavior that may represent deliberate actions to promote or to limit a resident's autonomy or choice, particularly in ways that affect independent functioning. + (Group) How does the facility help you exercise your rights?</p>
F153	<p>(3) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf.</p>	<p><u>Interpretive Guideline: 483.10(a)(3)</u> Defer entirely to State law regarding adjudicated cases. State law takes into account the fact that gradations of incapability exist to which graduated remedies can be adapted.</p> <p><u>Survey Procedure and Probes: 483.10(a)(3)</u> For residents in the sample adjudicated incompetent, is there clear documentation as to whom rights and responsibilities have been assigned? Are pertinent consents and documents signed by appointed guardians? How does the facility and guardians interact in behalf of the rights of a resident adjudged incompetent?</p>
F154	<p><u>(b) Level B requirement: Notice of rights and services.</u></p> <p>(1) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility.</p> <p>Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing;</p>	<p><u>Interpretive Guideline: 483.10(b)(1)</u> "In a language that the resident understands" means that communication of information concerning rights and responsibilities must be both clear and understandable to the resident and, if the resident's knowledge of English is inadequate for comprehension, in the foreign language familiar to the resident.</p> <p>For foreign languages commonly encountered in the facility locale, the facility must have written translations of its statements of rights and responsibilities, and should make the services of an interpreter available. In the case of less commonly encountered foreign languages, however, a representative of the resident may sign that he or she has interpreted the statement of rights to the resident prior to the resident's acknowledgement of receipt. For hearing impaired residents who communicate by signing, the facility is expected to provide an interpreter. Large print texts of the facility's statement of resident rights and responsibilities should also be available.</p> <p>"Both orally and in writing," means if a resident can read and understand written materials without assistance, an oral summary along with the written document is acceptable.</p> <p>"During the resident's stay" means that if the rules and regulations governing residents' conduct or rights change, the facility updates residents about these changes.</p>

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TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
		<p><u>Survey Procedures and Probes: 483.10(b)(1)</u></p> <ul style="list-style-type: none"> • (Group and Individual) How did you find out about the facility's rules? About your rights here? What did staff say to you about rules? Did you have an opportunity to ask questions? • (Group and Individual) Do you know what the rules are here? Do you know what you can and cannot do? What rules are not clear to you? How do you learn of changes in facility rules and your rights here? <p>If residents are unclear about facility rules, or are unclear about what rights they have in the facility, interview staff to determine their knowledge about residents' rights and responsibilities and their ability to communicate it in a language or methods understood by residents.</p>
F155	(2) The resident has the right to inspect and purchase photocopies of all records pertaining to the resident, upon written request and 48 hours notice to the facility;	<p><u>Interpretive Guidelines: 483.10(b)(2)</u></p> <p>"Purchase" means that residents may be charged for photocopy costs at prevailing community rates.</p> <p>"Records" includes all records pertaining to the resident.</p> <p>"The right to inspect" is conferred to individuals other than the resident based on State law. See 483.10(a)(3).</p> <p>"48 hours notice" means two business days, i.e., excluding weekends and holidays.</p> <p><u>Survey Procedure and Probe: 483.10(b)(2)</u></p> <ul style="list-style-type: none"> • (Group) Are residents able to look at their records if they want to? Are there any delays in the facility honoring these requests? • (Group) Are residents able to get photocopies of something in their records if they offer to pay for these copies? Are there any delays, of more than 48 hours, in the facility honoring these requests?
F156	(3) The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition;	<p><u>Interpretive Guideline: 483.10(b)(3)</u></p> <p>"Total health status" includes functional status, medical care, nursing care, nutritional status, rehabilitation and restorative potential, activities potential, cognitive status, oral health status, psychosocial status, and sensory and physical impairments. The resident should be involved in the assessment and care planning process, including the discussion of diagnoses, treatment options, risks, and prognoses. These discussions should be presented in language that the resident can be</p>

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INTERPRETIVE GUIDELINES • SKILLED NURSING FACILITIES AND INTERMEDIATE CARE FACILITIES

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TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
		<p>expected to understand, and the resident must be allowed to make choices based upon the information provided.</p> <p><u>Survey Procedure and Probes: 483.10(b)(3)</u></p> <ul style="list-style-type: none"> + [Individual]* When staff or physician, as appropriate, provide care, what are you told about your treatments? Are you told about how this treatment affects your condition? + [Individual] If your treatment is stopped, are you told how this may affect your condition? + [Individual] How do you find out what medications you receive, what they're for, and what their side effects are? + [Individual] Are you asked for your consent before treatment or drugs are started or stopped?
F157	(4) The resident has the right to refuse treatment, and	<p><u>Interpretive Guideline: 483.10(b)(4)</u></p> <p>A resident's refusal of treatment must be persistent and consistently documented in the resident's record. Refusals of treatment should also be countered by discussions with the resident of the health and safety consequences of the refusal and the availability of any therapeutic alternatives that might exist. If a resident consistently refuses all treatment, discharge on the grounds that the resident's welfare cannot be met in the facility may be the ultimate outcome. Transfer and discharge rights are dealt with under 483.12.</p> <p><u>Survey Procedure and Probes: 483.10(b)(4)</u></p> <ul style="list-style-type: none"> + [Individual] Have you ever refused a medication or a treatment? What happened? How did the staff react? + [Individual] Has the facility offered alternative treatments to the ones you've refused? <p>* NOTE: "[Individual]" in a probe indicates its inclusion as a probe for individual interview.</p>

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TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS

TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
F158	to refuse to participate in experimental research;	<p><u>Interpretive Guideline: 483.10(b)(4)</u> Experimental research means using residents to develop and test clinical treatments, such as a new drug or therapy, that involves treatment and control groups. For example, a clinical trial of a new drug would be experimental research.</p> <p>A resident being considered for participation in experimental research must be fully informed of the nature of the experiment (e.g., medication, treatment) and understand the possible consequences of participating. The individual's or legal representative's written consent must be received prior to participation. Experimental research must respect the privacy of the resident. Any direct observation or use of resident-specific data requires the resident's consent, or for residents adjudicated incompetent under State law, that of the resident's legal representative or family member. Aggregated resident statistics, that do not identify individual residents, may be used for studies without obtaining residents' permission.</p> <p><u>Survey Procedure and Probes: 483.10(b)(4)</u> During the Entrance Conference, ask if the facility participates in any experimental research involving residents as subjects since the last standard survey. If so, <u>does the facility have an Institutional Review Board or other committee that reviews and approves research protocols?</u> In this regard, 483.75(d) <u>Relationship to Other HHS Regulations</u> applies (i.e., the facility must adhere to 45 CFR Part 46, protection of human subjects of research). Also, look for documentation of informed consent.</p>
	(5) the facility must--	<p><u>Interpretive Guideline: 483.10(b)(5) and (6)</u> Periodically means as often as the facility changes its services or the charges for these services.</p>
F159	<p>(1) Inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or when the resident becomes eligible for Medicaid of--</p> <p>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;</p>	<p>If a Medicare SIF provider believes, on admission or during a resident's stay, that Medicare will not pay for skilled nursing or specialized rehabilitative services, then the facility must inform the resident or their legal representative in writing why these specific services may not be covered. The provider must keep a copy of this letter on file.</p> <p>If the resident requests that the bill be submitted to the intermediary or coverage carrier for a Medicare decision then evidence that this submission has occurred should also appear in the resident's record.</p> <p>Advance notice to the resident of changes in services or charges is not required. Whenever possible, however, advance notification should be given in order to be consistent with the intent of the law, which is to allow residents to be fully</p>

INTERPRETIVE GUIDELINES - SKILLED NURSING FACILITIES AND INTERMEDIATE CARE FACILITIES

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TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
	(8) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and	<p>Informed of what they owe the facility. Providers must make a good faith effort to inform the resident fully of services and charges and related changes.</p> <p><u>Survey Procedures and Probes: 483.10(b)(5) and (6)</u></p> <ul style="list-style-type: none"> + (Individual) Do you know what things or services you pay for out of your own pocket? Who handles the payment for these items? + (Individual) How do you find out how much these services or things cost? + (Group) Do you or your family receive an explanation of any charges or monthly bills? + (Group) Have there been any changes in the charges since you've been here? How do you find out about those changes? + (Group) How does the facility give you information about your Medicare or Medicaid benefits?
F160	(ii) Inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (8) of this section.	
F161	(6) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.	<p>If residents are not clear about the scope of services they are entitled to or the additional services provided by the facility and the cost of these services, <u>interview</u> administrative staff to determine how the facility informs residents about their Medicare and Medicaid benefits, the non-covered services the facility provides, and the facility's charges for these services.</p>
	(7) The facility must furnish a written description of legal rights which includes--	<p><u>Survey Procedure and Probes: 483.10(b)(7)</u></p> <ul style="list-style-type: none"> + (Group) Do you know how to contact the State Survey agency or ombudsman?
F162	(i) A description of the manner of protecting personal funds, under paragraph (c) of this section; and	<p>If residents do not know how to contact the State Survey Agency or ombudsman in the event of a complaint, <u>interview</u> administrative staff to determine how the facility informs residents of their legal rights.</p> <p>See 483.10(c) regarding protection of resident funds.</p>
F163	(ii) A statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility.	

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Excerpt from Int. Guidelines - Exam. of survey results.

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TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
		<p>+ [Individual] Has the facility ever asked you to allow them to release your clinical records to someone other than another health care institution like a hospital or to a health care insurer and you objected? What happened?</p> <p>If residents indicate there is a problem related to release of records, are there blanket consent forms in the record or individual consents?</p>
	<p><u>(f) Level B requirement: Grievances.</u></p> <p>A resident has the right to--</p>	<p><u>Survey Procedure and Probes: 483.10(f)(1)-(2)</u></p> <p>+ [Individual and Group] Have you ever complained formally about anything here?</p> <p>+ [Individual and Group] Who did you complain to? What did you complain about?</p> <p>+ [Individual and Group] If you submitted a written complaint, how did the facility respond?</p> <p>+ [Individual and Group] Was your complaint resolved? Were you satisfied with the facility's resolution of the problem? If the facility could not resolve the problem, did they explain why?</p>
F175	<p>(1) Voice grievances with respect to treatment or care that is, or fails to be furnished, without discrimination or reprisal for voicing the grievances; and</p>	<p>If residents' responses indicate problems in voicing grievances and getting grievances resolved, determine how the facility deals with and resolves resident complaints and grievances. Examine facility policies.</p>
F176	<p>(2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p>	
	<p><u>(g) Level B requirement: Examination of survey results.</u></p> <p>A resident has the right to--</p>	<p><u>Interpretive Guidelines: 483.10(g)(1)-(2)</u></p> <p>"Survey results" means the Statement of Deficiencies (HCFA 2567) and plan of correction, if required. A "place readily accessible to residents" means at eye-level in a central, <u>public</u> space in the facility, such as a lobby, in areas frequently visited by most residents.</p>
F177	<p>(1) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p>	<p><u>Survey Procedures and Probes: 483.10(g)(1)-(2)</u></p> <p>Are survey results posted in a place readily accessible to residents?</p> <p>+ [Group] Have you wanted to see the results of the most recent State or Federal survey? Did the facility provide you with this information?</p> <p>+ [Group] Do you know where the survey results are posted?</p>

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INTERPRETIVE GUIDELINES - SKILLED NURSING FACILITIES AND INTERMEDIATE CARE FACILITIES

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TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
F178	The results must be posted by the facility in a place readily accessible to residents; and	<p>+ [Group] How do residents communicate with advocacy agencies in the community? For example, can residents meet with the local nursing home ombudsman when they choose to do so?</p>
F179	(2) Receive information from agencies acting as client advocates, and	
F180	be afforded the opportunity to contact agencies.	
	(h) <u>Level B requirement: Work.</u> The resident has the right to--	
F181	(1) Refuse to perform services for the facility;	<p><u>Interpretive Guideline: 483.10(h)(1)-(2)</u> "Prevailing rate" is the wage paid to non-disabled workers in the community surrounding the facility for essentially the same type, quality, and quantity of work requiring comparable skills.</p> <p>All resident work, whether of a voluntary or paid nature, must be part of the plan of care. A resident's desire for work is subject to discussion of medical appropriateness. As part of the plan of care, a therapeutic work assignment must be formally agreed to by the resident. The resident also has the right to refuse such treatment at any time that he or she wishes. At the time of development or review of the plan, the voluntary or paid nature of the work can be negotiated.</p> <p><u>Survey Procedure and Probes: 483.10(h)(1)-(2)</u> Are residents engaged in what may be paid or volunteer work (e.g., doing housekeeping, doing laundry, preparing meals, cottage industry). Pay special attention to the possible work activities of residents with mental retardation or mental illness. If you observe such a situation, determine if the resident is in fact performing work and, if so, is this work, whether voluntary or paid, described in the plan of care?</p> <p>+ [Group] Do any residents have other types of chores or unpaid duties which they perform here?</p>
F182	<p>(2) Perform services for the facility, if he or she chooses, when--</p> <p>(i) The facility has documented the need or desire for work in the plan of care;</p> <p>(ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid;</p> <p>(iii) Compensation for paid services is at or above prevailing rates; and</p> <p>(iv) The resident agrees to the work arrangement described in the</p>	

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STEVE COWPER
GOVERNOR



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

CC
9MB 418

January 16, 1990

The Honorable Sam Cotten
Speaker of the House
Alaska State Legislature
P.O. Box V
Juneau, AK 99811

Dear Mr. Speaker:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill relating to the quality of care in nursing facilities. The bill primarily contains provisions that implement federal requirements that are mandatory in order for Alaska's medicaid program to comply with the federal program, and for nursing facilities in the state to continue to receive medicaid funding. The Alaska medicaid program receives approximately 50 percent federal reimbursement. The total medicaid costs for nursing facilities in the state in FY 90 amount to over \$42,000,000.

Additionally, the bill will help to maintain the high quality of services generally provided in the nursing facilities in this state.

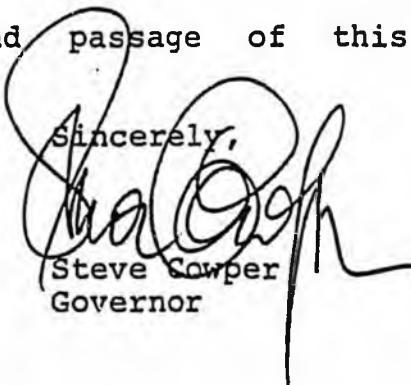
The bill allows the Department of Health and Social Services to impose sanctions against nursing facilities for substantially failing or refusing to comply with basic requirements of state licensing and certification laws for all nursing facilities, or with certification and other requirements for those facilities participating in the medicaid and general relief-medical programs. The sanctions include effects on state licensure and continued participation in the medicaid program. Also, the department could impose a ban on admissions of new patients in a nursing facility, or could assess a civil fine for each day of noncompliance with state or federal statutes or regulations. The bill would also authorize denial of payment for services rendered to medicaid and general relief-medical recipients, whose care is paid for in full or part by state money. The bill also authorizes the department to seek a court-appointed temporary administrator or a receiver to manage a nursing facility until residents

at risk can be removed from the facility or conditions improve at the facility. Finally, the bill authorizes the department to seek a court order to close a facility or transfer residents from the facility, or both, if a significant deficiency occurs affecting residents' health and safety.

The bill establishes a separate fund (the nursing facility resident security fund) into which certain civil fines, assessed by the department under this quality assurance program, will be deposited. Use of money in the fund is limited to the protection of the health or property of residents of nursing facilities found to be out of compliance with federal requirements. Article IX, sec. 7, of the Alaska Constitution prohibits the "dedication" of state revenue for a special purpose, but it provides an exception to this prohibition "when required by the federal government for state participation in federal programs." As a condition of participation in the federal medicaid program, 42 U.S.C. 1396r(h) requires that certain civil fines collected by the department be used only for certain protections of nursing facility residents. The nursing facility resident security fund established by the bill implements this federal requirement and, therefore, meets the criterion for an exception to the dedicated fund prohibition. Passage of this bill would allow the Department of Health and Social Services to comply with federal medicaid requirements, so that the state can continue to receive significant amounts of federal money. It also gives the Department of Health and Social Services an expanded list of sanctions to ensure that a high quality of nursing facility care continues to be offered in Alaska.

I urge your support and passage of this important legislation.

Sincerely,



Steve Cowper
Governor