

The Top 5 Things You Need To Know About Nursing Home Inspections

A Care2LearnEnterprise White Paper

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Introduction

Nursing Homes that want to be certified – that is, eligible for reimbursement – by Medicare and Medicaid on behalf of its beneficiaries – that is, residents – have to meet requirements that have been set by Congress and are overseen by the Centers for Medicare and Medicaid Services (CMS).

To achieve and maintain certification, a long-term care nursing facility must meet – and consistently adhere to – more than 180 regulatory standards. Just as you are supervised in your work, nursing homes are supervised by the federal government. CMS and state governments cooperate to perform periodic, unscheduled inspections of each certified facility. In general these inspections are done annually, but they may be more frequent if the nursing home has been cited for numerous or repeated violations in the past.

An inspection team may also investigate if there have been complaints from residents, family members or other relevant third parties (for instance, a neighboring business or resident who reports witnessing abuse or illicit activity).

By law, whenever any harm comes to any nursing home resident for any reason, the “adverse incident” must be reported. The state will investigate the incident, and if the findings indicate the harm is attributable to negligence by the nursing home and could have been prevented, a personal visit for inspection and further investigation may follow. If the harm was significant and the circumstances surrounding it are found to be widespread, a full survey will occur.

Because adverse incidents happen nearly every day and because investigations can be triggered at any time in response to an anonymous phone complaint, nursing homes should always be survey ready.

If it seems that long-term care providers are subject to more government regulation than other healthcare providers, the short answer is, they are! Among the reasons:

1. The long-term care industry has a poor history of controlling itself.



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2. Consumers of long-term care are particularly vulnerable, often unable to look after their own self-interests, thus government agencies feel a need to provide more protection to long-term care consumers.
3. The consequences of poor care are usually serious, often catastrophic, so it must be prevented.*

*Source: *Regulation, Reimbursement, Quality and Ethics in a Competitive Long-term Care Environment*, http://www.care2learn.com/LMS20/Account/Order/Shopcart/ItemDetail.aspx?id=21e970d5-5ddb-40ca-82fc6b302c6ea5b9&lp=CAGYXIEo2rQ=&hours=5.00&backnavkey=CART_CATALOG

Ideally, the inspection team will uncover no deficiencies (unmet standards or standards violations) – something fewer than 10 percent of facilities have achieved in the last 5 years!

Given that there are more than 180 standards to maintain and inspections can occur unannounced at any time, what are the some of the main things you need to know about nursing home inspections? How can you achieve the gold standard: A zero deficiency survey?

This paper examines five pertinent facts that can help you avoid damage to your reputation, loss of revenue and even the loss of your certification.

1. What They Look For

The Centers for Medicare and Medicaid Services (CMS) sets and oversees standards for every part of nursing home care. This includes:

- The safety of the building. Is it safe for residents and staff? What if there is a fire or an emergency?
- Admissions, transfers and discharges. How do residents become residents at the facility – how are they admitted? If a hospital stay is needed, how is that taken care of? What about when the resident is ready to go home?
- Care of the resident. This area covers eating, sleeping, bathing, grooming, medicine, therapy, and every other part of care. It even includes quality of life and the rights of the resident.

Approximately every 10 – 15 months, the federal government (in cooperation with each state) arranges for a team of trained state inspectors (including at least one registered nurse) to perform a nursing home inspection (also known as a survey). In addition, the team uses fire safety specialists to determine whether a nursing home complies with Life Safety Code (LSC) standards devised by the National Fire Protection Agency (NFPA). The inspection has two main components: The Health Inspection and the Fire Safety Inspection.

Inspectors have a checklist that includes items about infection control, safety, nutrition and dining, hydration, respect for residents' privacy (pull the drapes; close the door), cleanliness, the attitude and actions of the staff and much more. They do watch to see whether you are pleasant and respectful of residents as well as compliant with regulations. Do you respond quickly to call lights? Are residents who are not ambulatory positioned comfortably? Are walkers and wheelchairs accessible and in working order? Do you wash your hands after ministering to one patient before you move on to another?

In the dining area, the team will note things such as:

- Comfortable sound levels – not too loud in the dining area.
- Enough light for residents to see the food and eat.
- Tables adjusted to fit wheelchairs, short residents, etc.



Approximately every 10 – 15 months, the federal government arranges for a team of trained state inspectors to perform a nursing home inspection.

- The resident has his glasses, dentures, and hearing aids in place.
- Assistive devices are in place and being used – sippy cups, built-up forks, etc.

On the first day, the inspection team will be asking for a lot of paper (or digital) data – lists of residents, official policies and procedures, staff schedules and more. Since the visits are unscheduled, it's important to keep all of the facility's records organized and up-to-date at all times.

The team will already have reviewed the nursing home's Minimum Data Set (MDS) reports – that is, the: “core set of screening, clinical, and functional status elements, including common definitions and coding categories, which forms the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid.”*

*Source: MDS 3.0 RAI Manual, Jan 27 2010 http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp#TopOfPage

As such, they'll already have quite a bit of information about the facility – such as whether you have a high or low rate of pressure ulcers. They'll embark upon a tour, and much of what they'll be looking for may be reflected in any areas of weakness in the MDS report. In general, though, they'll be recording first impressions: Does the facility seem well kept? Do residents and staff seem happy?

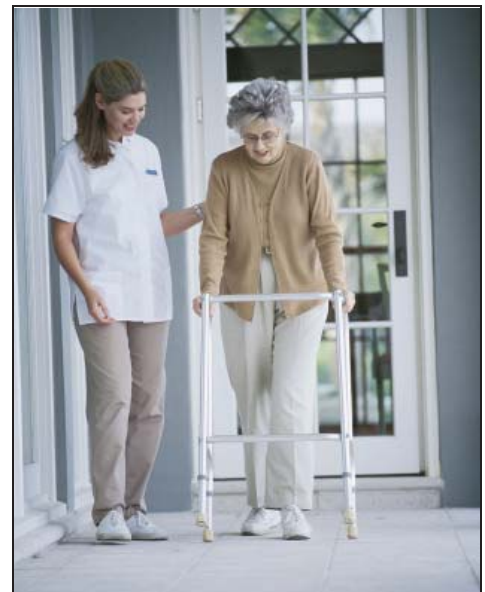
A select group of residents will be asked more specific questions, such as:

- Does the staff treat you with respect?
- Do you feel they know you as a person?
- Has a staff member ever yelled or sworn at you?
- Does staff respect your privacy?
- Are you allowed to have personal items in your room?

One or more members of the team will accompany a nurse as she dispenses medications to residents, and the dining room will be carefully examined.

When the inspectors are finished, they will conduct an exit conference and report the results of the inspection to the nursing home administrator and department heads.

The inspection team is looking for deficiencies, which range from those that cause no actual harm to those that put residents in immediate jeopardy. They are rated from A (least harmful) to L (most harmful). Fire safety specialists also look at whether the facility meets minimal standards for safe construction, and if there is any area in which it does not, a deficiency citation will be issued.



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2. What They Find

We hope the state doesn't find anything wrong and Medicare awards you a coveted five stars in its Five Star Quality Rating (more on that in a bit). But usually, they find at least a couple of deficiencies, also known as violations of Federal Tags (F-tags).

Deficiencies can cost nursing homes thousands of dollars per day per violation, as well as more frequent visits from the health inspectors. If a nursing home repeatedly violates federal guidelines and fails to correct deficiencies, they stand to lose revenue and accreditation – not to mention the possibility of lawsuits.

Every individual that has contact with your facility has the legal right to an environment that is as risk-free as possible. When members of a long-term care facility make errors or perform negligent acts, the range of liability can spread from the individual employee up to the entire corporation.

This table outlines the rating system for deficiencies:

<p>Potential for minimal harm</p> <p>1 2 3 4</p>	<p>This deficiency has the potential for causing no more than a minor negative impact on the resident.</p> <p>Examples: Health -- The nursing home's statement of deficiencies was not posted, nor was there any sign indicating where it was. The nursing home keeps the statement of deficiencies in the business office and shows it to residents upon request Fire -- The nursing home did not have an approved installation, maintenance and testing program for fire alarm systems. The nursing home did not have up to date documentation of the testing program for fire alarms.</p>
<p>Minimal harm or potential for actual harm</p> <p>1 2 3 4</p>	<p>This deficiency results in minimal discomfort to the resident or has the potential (not yet realized) to negatively affect the resident's ability to achieve his/her highest functional status.</p> <p>Examples: Health -- Staff were observed not washing hands properly between resident treatments. There is no evidence of the transmission of infection between residents by staff. Fire -- One of the four building exits had furniture placed closed to it which could impede exiting of residents and staff in the event of a fire.</p>
<p>Actual Harm</p> <p>1 2 3 4</p>	<p>This deficiency results in a negative outcome that has negatively affected the resident's ability to achieve his/her highest functional status.</p> <p>Examples: Health -- A resident was "active and vocal" on admission to the nursing home. The nursing home restrained the resident 6 months ago, despite the lack of medical symptoms for doing so. The resident is now withdrawn, does not attend activities, and is "down in the dumps." Fire -- A resident falls asleep while smoking in bed. A fire results, causing the resident to suffer smoke inhalation injuries.</p>
<p>Immediate Jeopardy</p> <p>1 2 3 4</p>	<p>This deficiency places the resident in immediate jeopardy as it has caused (or is likely to cause) serious injury, harm, impairment, or death to a resident receiving care in the nursing home. Immediate corrective action is necessary when this deficiency is identified.</p> <p>Examples: Health -- A resident with dementia was found outside during an inspection, heading toward a nearby highway. The nursing home had no working system in place to monitor residents with dementia. Fire -- The automatic sprinkler system in one wing of the nursing home is not connected to the fire alarm system.</p>

Source: The Kaiser Family Foundation, statehealthfacts.org.

The number of residents affected by the deficiency (the “scope” of the deficiency) will also impact the results of an inspection.

Surveyors will watch while you work, and will also ask you questions about your work.

Source: <http://www.statehealthfacts.org/comparebar.jsp?ind=421&cat=8&sort=a&gsa=2>

3. What They Do with the Results

Depending upon the scope and nature of any problems that are found, the Centers for Medicare and Medicaid Services (CMS) may pursue any number of actions against a nursing home that violates federal and state standards. Legal recourse may include fines, denial of payment, state monitoring, or the removal of the manager (who is replaced with a temporary manager). The severity of harm (as shown in the deficiency table) that has resulted from violations is considered when CMS decides what action to take.

CMS can also choose to end its certification of nursing homes that do not rectify deficiencies in a timely manner or those that have repeated violations. Since that means the facility is no longer qualified to serve Medicare and Medicaid beneficiaries, anyone who lives there when the certification is terminated must be transferred to another facility.

Besides taking legal actions when necessary, nursing home inspection reports are recorded by the state and made public. The inspectors record the reasons a deficiency is issued in detail, and Medicare oversees the federal government’s effort to ensure that all states keep their reports up to date and accurate. Using inspection reports and more, www.medicare.gov websites covers the characteristics of each nursing home, the facility’s staffing information, and how well they complied with quality measures and standards. Medicare updates the information on a regular basis, and certified nursing homes are required to make their most recent inspection report available to the public at the nursing home.

In its “Note to Nursing Homes,”* Medicare states that it gets the data it posts from two main sources:

1. CMS’s Online Survey, Certification, and Reporting (OSCAR) database - Includes the nursing home characteristics and health deficiencies issued during the three most recent state inspections and recent complaint investigations.
2. The Minimum Data Set Repository - The MDS is an assessment that is done at regular intervals on every resident in a Medicare or Medicaid-certified nursing home. Information is collected about the resident’s health, physical functioning, mental status, and general well-being. These data are used by the nursing home to assess each resident’s needs and develop a plan of care.*

Source:<http://www.medicare.gov/NHCompare/static/tabSI.asp?language=English&activeTab=3&subTab=0&version=default>

Depending upon the number of deficiencies, inspection reports can run more than 100 pages. One of the key tools the public can use in assessing options for elder care is Nursing Home Compare (<http://www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteriaNEW.asp?version=default&browser=IE%7C8%7CWInXP&language=English&defaultstatus=0&pagelist=Home&CookiesEnabledStatus=True>), which allows them to search for a facility by name, city, county, state, or ZIP code. Once an interested party enters search criteria, they can view a nursing home’s Five Star Quality Rating and compare it with others in the area.

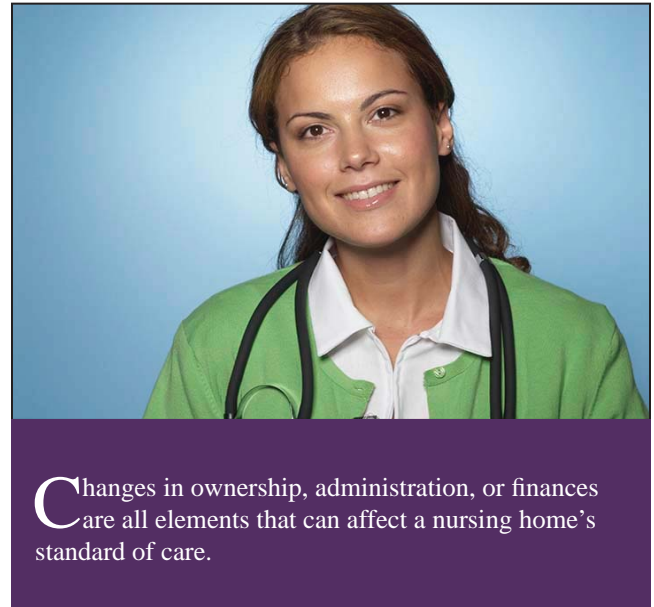
It’s not all bad. If your Five Star Quality Rating is high, people who look up your facility will be seeing good news! The Five Star Quality rating was devised in response to demand from consumers, families and caregivers and the Omnibus Reconciliation Act of 1987 (OBRA 87), because it was becoming increasingly apparent that nursing home reform was in order. Campaigns such as Advancing Excellence in America’s Nursing Homes and the continued public outcry against substandard facilities and care keep reform efforts at the forefront of the news.

Medicare states:

Nursing home ratings are taken from the following three sources of data:

- Health Inspections
- Staffing
- Quality Measures

We provide a star rating for each of these three sources, in case some areas are more important to you than others. Then, these three ratings are combined to calculate an overall rating.



4. What the Results Mean to Your Facility

First, there may be some consolation in knowing that nursing home inspections measure whether or not a facility meets “minimum” standards. The inspection team isn’t measuring whether a facility provides luxury or outstanding care; they simply want to ensure that residents are treated with dignity, that their basic needs are acknowledged and attended to, that their human rights are not being violated, and that they are comfortable and safe.

Further, an inspection only provides a snapshot of conditions at the time of the inspection – and those conditions can change abruptly within a very short period of time. Changes in ownership, administration, or finances are all elements that can affect a nursing home’s standard of care.

Last but certainly not least, it should be noted that the five-star system is not perfect. The main criticism is that only a small, fixed percentage of homes can receive a five star rating under current guidelines. It’s a hot button issue among long-term care providers, with even CMS agreeing that the predetermination of an “allowable” number of five-star ratings needs to be looked at and, perhaps, revised.

However, if a facility's Five Star Quality Rating is only one star or two stars, it stands to reason that the reputation and business of that facility may suffer a negative impact. After all, who would put a loved one in a sub-par facility if there is a three, four, or five-star facility within a comparable distance? What elderly or disable person would choose a poorly rated facility over a highly rated one?

While the Five Star Quality Rating isn't the last word in nursing home selection (anyone looking for a nursing home should always visit the facility in person), it is certainly a consideration in gaining an overview.

Bear in mind, too, that a facility with consistently low ratings is unlikely to attract and retain quality staff and is less likely to have satisfied residents. The family members of residents are also not likely to be happy with deficiencies and low ratings, and in an increasingly litigious society where the quality of nursing home care is a hot button issue, a facility takes tremendous financial and legal risks if it neglects the standards of care.

Watch Out!

CMS also maintains a "Watch List," which showcases the top worst nursing homes and outlines the deficiencies cited during a survey/inspection. By law, this document must be displayed in every nursing home . . . or it's a deficiency!

5. What You Need to Do About Them . . . or Else

Stay abreast of your facility's policies, particularly those for preventing the abuse of residents, handling of residents' money, and emergencies such as a fire or what to do if a resident is missing.

Learn about and respect nursing home residents' rights under federal law, and help those around you to do so as well! Some of these rights include:

- Freedom from physical or chemical restraints imposed merely for discipline or the convenience of the nursing home (examples: vests, hand mitts, sedating medications)
- Freedom to voice grievances without retaliation, including filing complaints with the state nursing home certification authority
- Management of one's own finances
- Association with individuals of one's own choice
- Privacy with regards to accommodations, medical treatment, written and telephone communications, visits, and meetings of family and of resident groups
- Participation in resident groups in the facility, and in social, religious, and community activities
- Confidential handling of personal and medical records, and access to these records*

Make sure deficiencies are corrected promptly and take steps to guard against a recurrence. You can avoid hiring employees with a history of abuse by doing background checks; you can implement up-to-date, effective policies about what to do in the case of emergencies and be sure the staff is trained to respond appropriately.

Infection control is also of paramount importance in any long-term care facility – so facilities need to have clear guidelines in place and an educated staff. Some of the basics for preventing infection include:

- Hand washing
- Clean residents' face and hands after meals. Look for food on clothes that needs cleaning.
- Use gloves when needed.
- Keep tubing from oxygen and catheters off the floor.



Learn about and respect nursing home residents' rights under federal law, and help those around you to do so as well!

There are often simple steps that can be taken to correct or avoid survey deficiencies. Call residents by the names they prefer. The surveyors are looking for the way you speak to the resident during care. Are you respectful? Are you polite?

Privacy is important. Be sure to pull drapes and close the door when giving care. Keep the resident covered as much as possible during care, especially bathing. When residents are outside of their rooms (or awake during the day), are they properly dressed, including shoes? Do they have access to entertainment they like, such as music and television?

Take this example from a surveyor's handbook:

A resident has said that she likes to read in the chair in her room. She has told staff that she does not have enough light by the chair to read. Staff have not brought her a reading light or otherwise given more light to the chair area.

This was written up as a deficiency by the surveyor. If someone had taken care of the resident's request for more light by her chair, it would not have been a problem.*

It is easy to ensure that minor requests like this are fulfilled – providing light to read by and changing a bulb if it blows out!

*Source: SurveyReady http://www.care2learn.com/LMS20/Account/Order/Shopcart/ItemDetail.aspx?id=9849f2f3-b733-4f51-8770-f1422af6dfb7&lp=Rye+9jk9PSk=&hours=1.00&backnavkey=CART_CATALOG

The legal, financial and human consequences of a nursing home that fails can be catastrophic. One harbinger of trouble is designation as a Special Focus Facility (SFF), which Medicare defines as follows:

A Special Focus Facility is a nursing home with a recent history of persistent poor quality of care, as indicated by the findings of state or Federal inspection teams. Based on inspection findings for the most recent three-year period, CMS selects a group of nursing homes with the worst repeated inspections as SFFs.

Sometimes a nursing home will fix a sufficient number of problems in order to pass one inspection, only to fail the next one. Often, many of these same problems show up in inspections again and again. This is a sign that the nursing home didn't address the underlying problems that were causing these repeated serious deficiencies.

Many SFFs respond to the recognition of their past poor performance by making concerted efforts to improve. CMS records indicate that approximately 50% of SFFs significantly improve their quality of care within the subsequent 30 months.

Obviously, this is a designation you want to avoid – or work hard to correct. A quick look at the Nursing Home Compare ratings for the International Nursing and Rehab Center in Chicago, IL tells us quickly that this for-profit, 218-bed, one-star-rated facility:

- Had 23 deficiencies as of its most recent inspection (July 2009); the average for a facility in Illinois is 8
- Did not give residents proper treatment to prevent new bed (pressure) sores or heal existing bed sores
- Did not give each resident care and services to get or keep the highest quality of life possible
- Had not maintained correction of many of its deficiencies when it was re-checked in November, 2009
- Has been a "Special Focus Facility" that "has not improved" for several years

The state-owned Lamun-Lusk-Sanchez State Veterans Home in Big Spring, Texas, is currently rated at two stars...but on April 4, 2010 the Dallas Morning News reported the following:

The Veterans Land Board promotes its seven state-owned veterans homes with a glossy brochure titled "Where Honor Lives."

But there was nothing honorable about what allegedly happened to World War II Navy veteran John Harris in the final months of his life in 2007 ...



Based on inspection findings for the most recent three-year period, CMS selects a group of nursing homes with the worst repeated inspections as SFFs.

A certified nurse aide said she saw a co-worker grab the 97-year-old from his wheelchair and slam him into his bed. Harris, suffering from Alzheimer's disease, was taken to the hospital that night when he complained of hip pain, according to a state inspection report.

That same year, another employee at the home was accused of punching and trying to choke Albert Teague, 84, a Marine who fought at Iwo Jima.

...Big Spring and the Ussery-Roan State Veterans Home, which opened three years ago in Amarillo, received the second-lowest rankings possible this year from the federal Centers for Medicare and Medicaid Services of the state's seven veterans homes. Among the main problems: The home in Amarillo failed to follow policies to prevent neglect, which placed residents in "immediate jeopardy."*

*Source:http://www.dallasnews.com/sharedcontent/dws/news/texasouthwest/stories/DNvethomes_04tex.ART0.State.Edition2.4d5b3e7.html

Would you want your facility to garner this kind of publicity because you hadn't properly screened two employees, who were terminated and eventually arrested?

More importantly, would you want your loved ones living in any of these places?

Conclusion

A nursing home inspection shouldn't be cause for alarm – and if it is, you're probably already aware that something needs to be fixed. Fix it.

The residents of nursing homes are among the most vulnerable members of the population, and most of them have paid handsomely – either through savings, service, taxes or some combination of the three – for third-party care. Nursing homes are paid for their "product" and, as with any business, the consumer has a right to expect good customer care.

Surveyors watch the care that you give in the resident's room, the way you speak to residents in the halls, and the way you help residents at meals. Surveyors are watching for safety, privacy, respect, and good infection control.

In March of 2007, Forbes magazine profiled Paul and Teresa Klaassen, founders of the multi-billion dollar Sunrise Senior Living communities. Paul Klaassen cited "customer service" along with extensive staff training (above and beyond state mandates) among the keys to their success. And while some of their tactics are beyond the reach of small facilities (such as spending more than double the average on each room), Klaassen says that higher-order pursuits like "preserving dignity, nurturing the spirit, celebrating individuality, encouraging independence and involving family and friends" are replicable anywhere.

With proper attention to residents' rights, federal regulations and staff education, passing a nursing home inspection with flying colors can – and should – become second nature.

Resources

SurveyReady http://www.care2learn.com/LMS20/Account/Order/Shopcart/ItemDetail.aspx?id=9849f2f3-b733-4f51-8770-f1422af6dfb7&lp=Rye+9jk9PSk=&hours=1.00&backnavkey=CART_CATALOG

Risk Management in Long Term Care http://www.care2learn.com/LMS20/Account/Order/Shopcart/ItemDetail.aspx?id=bc0b7d50-57c8-4d16-a55f-1da9b4842fb7&lp=ED8R6pwJcCM=&hours=3.00&backnavkey=CART_CATALOG

Regulation, Reimbursement, Quality and Ethics in a Competitive Long-term Care Environment,

http://www.care2learn.com/LMS20/Account/Order/Shopcart/ItemDetail.aspx?id=21e970d5-5ddb-40ca-82fc6b302c6ea5b9&lp=CAGYXIEo2rQ=&hours=5.00&backnavkey=CART_CATALOG

Abuse and Neglect of the Elderly

<http://www.care2learn.com/LMS20/Account/Order/Shopcart/ItemDetail.aspx?id=e4cbb67f-ee96-4a6c-87ed-f68df3679f22>

Medicare/Medicaid

www.medicare.gov

Centers for Medicare and Medicaid Services

www.cms.gov

How To Run A Senior Living Home: Role Model

Source: http://www.forbes.com/2007/02/28/sunrise-senior-living-ent-manage-cx_mc_0228assistmodel.html

About the Author

Bradley Smith is a Licensed Nursing Home Administrator in the state of Florida. He possesses a B.S. in Gerontology from the University of South Florida and a Master of Arts in Organizational Management from the University of Phoenix.

Bradley's responsibilities over the last 10 years included operational management of skilled nursing facilities ranging from 60 -165 units, some inclusive of specialized wings for residents with dementia disorders and Alzheimer's disease. His experience involves both stand alone skilled nursing facilities and Continuing Care Retirement Communities (CCRC's). Bradley's last position involved working with Florida's Quality Improvement Organization FMQAI, specifically within the realm of clinical and leadership quality improvement for fifteen separate nursing homes.

About Care2Learn Enterprise

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