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SOCIAL WORK IN NURSING HOMES

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Mission, Vision and Values

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Mission

To protect and promote health and well-being for all, building on a foundation of health equity.

Vision

New York is a healthy community of thriving individuals and families.

Values

Public Good • Integrity • Innovation • Collaboration • Excellence • Respect • Inclusion

Health

Health is a state of optimal physical, mental and social well-being.

Statement on Health Equity

Health equity is foundational to everything we do to help all people achieve optimal physical, mental and social well-being. Everyone at the Department of Health shares responsibility for achieving health equity and eliminating health disparities.

OBJECTIVES

By the end of this presentation, learners will demonstrate an ability to understand the role of the Social Worker in the Nursing Home setting specifically related to:

- Best Practices
- Advance Directives
- Common Citations
- Residents' Rights
- Leveraging the Resident Council
- Complaints and Grievances
- The Survey Process: State and Federal Regulations

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SOCIAL WORKERS IN NURSING HOMES

Title 42 of the Code of Federal Regulations, § 483.70, states that at minimum:

- Qualified Social Workers must have a Bachelor's Degree in Social Work.
- The Director of Social Work must have a Master's Degree.

Because of their pivotal role at the facility, Title 10 of New York Codes, Rules, and Regulations § 415.26(b)(13) requires that the Department of Health receive **immediate** notice when the Director of Social Work role is to be vacated and what measures are in place to preserve the required services until a replacement is secured.

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RESIDENTS' RIGHTS

Today's nursing home residents include the frail elderly with chronic disabilities; infants with multiple impairments; young adults suffering from traumatic brain injury or other physical disabilities; and individuals with short-term rehabilitation or subacute treatment needs.

Title 42 of the Code of Federal Regulations, § 483.10 provides each resident

…a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility….

What is the role of the social worker and Social Work Department in preserving this requirement?

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QUALITY OF LIFE

Title 10 of the New York Codes, Rules, and Regulations, § 415.5 requires that the Nursing Home

…care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life…

At § 415.5(g)(1), the minimum standards of the facility's Social Services Program are specified.

How does the social worker and Social Work Department preserve quality of life?

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PREADMISSION SCREEN AND RESIDENT REVIEW

- How do you identify if a person has a Mental Disorder, Intellectual Disability or related condition prior to admission? After admission?
- Are referrals made to appropriate state-designated authority for residents identified to have a Mental Disorder or Intellectual Disability or related condition?
- Was a Level II Pre-Admission Screen and Resident Review completed once a Mental Disability or Intellectual Disability was identified?
- Was a significant change in status assessment conducted within 14 days of determining the change was significant?

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MINIMUM DATA SET

- The Minimum Data Set (MDS) is a federally mandated universal clinical assessment tool used to facilitate care management in nursing homes.
- The Minimum Data Set allows providers to develop care plans, monitor quality, identify problems, support billing, and facilitate long-term care research and programming.
- MDS 3.0 Item Set

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BEHAVIORAL AND EMOTIONAL STATUS

- Are there any underlying causes of the resident's behavioral expressions or indication of distress, specifically included in the care plan?
- What approaches to care, both pharmacological and non-pharmacological, have been developed and implemented to support the behavioral health needs of the resident, including facility-guidelines/protocols? What is the rationale for each intervention?
- How do you support a resident who struggles with coping through change, loss, or stressful events?
- How are interventions monitored?
- How does the facility honor cultural preferences for residents?

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RESIDENT COUNCIL, COMPLAINTS, GRIEVANCES

- Grievances should be maintained by the facility for at least 3 years.
- Does the Resident Council meet regularly? Is there encouragement to attend by the facility? Are families or Ombudsman invited and attend when available?
- Does the facility act promptly upon grievances and recommendations? What is the rationale if there is no response to a grievance or recommendation?
- Are residents and families provided information and is there assistance or direction provided by the facility to complete a grievance?
- Are there discussions about binding arbitration agreements to resolve disputes? Do any of your residents have arbitration agreements?
- For information about how to leverage the Resident Council, please refer to course OALTC-533 on the Learning Management System

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ABUSE

Public Health Law Section 2803-d requires that you immediately report to the Department when you have reasonable cause to believe that a resident has been abused, mistreated, neglected or subjected to the misappropriation of property by anyone other than another resident of the facility. If you witness an act of abuse or receive an unreported allegation of abuse, you must immediately report it to the facility administrator, or his/her designated representative if the administrator is not present.

What is your facility's policy and procedure regarding reporting of abuse?

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DISCHARGE

- Federal regulations at Title 42 of the Code of Federal Regulations § 483.15(c)(1)(i) allow residents to remain in the facility unless a limited set of circumstances apply.
- Facility-Initiated vs. Resident-Initiated Discharges
  - Refer to Dear Administrator Letter 25-01

What is the role of the social worker in supporting the resident in discharge planning?

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ADVANCE DIRECTIVES

- Federal regulations at Title 42 of the Code of Federal Regulations § 489(1) defines an advance directive as

…a written instruction, such as a living will or durable power of attorney for health care, recognized under State law…relating to the provision of health care when the individual is incapacitated…

- Advance Care Planning

What is the role of the social worker in supporting the resident in advance care planning?

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DOCUMENTATION

- Operators are required to establish a system of record keeping that documents the needs of each resident, and to record activities undertaken to meet those needs.
- Social Workers, wellness staff, along with case management, can document in the residents' medical records.
- Documentation is key.

"If it's not documented, it didn't happen."

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DOCUMENTATION (CONTINUED)

Based on the standards of practice per the National Association of Social Workers, Standards for Social Work Services in Long-Term Care Facilities:

- Progress notes and other social work entries in the medical record are used to support regular and ongoing communication with the resident's care professionals.
- Entries shall include information related to the social and emotional functioning of the resident; relevant historical information regarding the resident and family and others involved with the resident's care; psychosocial assessments; the social work plan and specific goals; services provided and outcomes; and a summary of problems and goals attained, as well as reasons for non-attainment of goals.
- Referrals to other agencies or resources should be documented in the resident's medical record and include any ongoing follow-up or recommendations by an outside agency or individual.

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DOCUMENTATION (CONTINUED)

- Progress notes, reports, and summaries of services shall be regularly recorded in the medical record and be consistent with all federal, state, and local legal and statutory, regulatory and policy requirements and with the organization or facility policies on reporting, maintenance of and access to records, and confidentiality.
- Policies and procedures shall be developed and implemented to protect residents' rights to privacy, including confidentiality of records and procedures for release of information to individuals, and relevant community agencies.

"If it's not documented, it didn't happen."

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INSPECTIONS

- The Department of Health licenses nursing homes and conducts inspections of the quality of care and life for the approximately 100,000 people who call a nursing home their home.
- The Department conducts investigations at least every 9 to 15 months at each nursing home, as well as follow-up visits to ensure that any previously cited deficiencies have been corrected. Investigations are also conducted ad hoc based on complaints and incident reports received by the Department.
- Survey teams conduct unannounced investigations on weekdays, nights, weekends, and holidays. The survey teams are comprised of trained professionals in nursing, nutrition, social work, pharmacy and sanitation.

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STANDARD HEALTH INSPECTION

- During a Standard Health Inspection, the survey team will review the quality of the care provided by the facility.
- The survey team will observe resident care, staff/resident interaction, and environment; and review medical records and other documentation.
- Using established protocols, the team interviews a sample of residents and family members about life within the nursing home, and interviews caregivers and administrative staff. Trained inspectors will determine whether the wide range of regulatory standards is met.

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LIFE SAFETY CODE INSPECTIONS

- During a Life Safety Code Inspection, the team will review whether the life safety code requirements as established by the National Fire Protection Agency are met.
- This inspection covers a wide range of aspects of fire protection, including construction, protection and operational features designed to provide safety from fire, smoke, and panic.

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POST-INSPECTION

- When regulatory requirements are unmet, the nursing home must submit a plan of correction to the Department.
- The Department must accept the facility's plan before the facility is determined to be back in compliance.
- Providers may be fined for each violation cited. Survey results must be made available to residents, families, and other interested parties.
- Since actual survey results can be technically or medically complex and sometimes difficult to interpret, Inspection Reports are distributed to synthesize the information in a manner that is more understandable to the general public. In addition, these reports are made publicly available to help consumers compare, evaluate, and choose a nursing home.

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COMMON SOCIAL WORK CITATIONS

Tag		Calendar Year 2024	Calendar Year 2025 (Jan-October)
F742	Treatment/Svc for Mental /Psychosocial Concerns	4	3
F743	No Pattern of Behavioral Difficulties Unless Unavoidable	0	0
F745	Provision of Medically Related Social Services	6	2
F850	Qualifications of Social Worker >120 beds	1	0

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CASE 1

A report identified Mrs. S. being sexually harassed by Mrs. C. During investigation, Mrs. S. denied any sexual contact with Mrs. C; however, Mrs. S. reported Mrs. C. saw her undressed after a shower when Mrs. C entered the bathroom as Mrs. S. exited the shower.

Both residents were determined to have capacity to report incidents in chronological order. When interviewed by facility staff, Mrs. C. requested a change in residence and additional mental health support. Mrs. C. has severe and persistent mental health disorders that impact decision-making. Mrs. S. did not suffer any psychological harm based on a reasonable person approach. However, soon after the incident, Mrs. C. was sent and admitted to the hospital for behavioral concerns.

- **Is this abuse?**
- **What is the role of the social worker in the Root-Cause-Analysis of this incident?**

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CASE 2

On Monday, Mrs. D. was provided a skin assessment and became upset. She reported that the Registered Nurse completed the assessment without her consent and that the Registered Nurse is mean. Mrs. D.'s current diagnoses include Depression and Anxiety that is managed by a Primary Care Physician. Mrs. D. recently had a decrease in her anxiety medications and is now behaving more erratically and presenting as paranoid. When investigated, Mrs. D. denies further accusations and admits feeling "out of control," then requests her medication be changed. The report of abuse is discontinued with evidence from family and resident report denying allegations.

- **How can you support Mrs. D.?**
- **What can you do as a social worker?**

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CASE 3

Mr. G. was admitted for short-term rehab that extended over 2 years and was provided a 30-day Notice for Discharge that Mr. G. maximized services and attained goals for Physical and Occupational Therapy. Mr. G. can now walk with the assistance of a walker and has the use of a wheelchair. However, Mr. G. cannot use his wheelchair at his apartment because the space is too small and there is no safe egress. It is determined that Mr. G. cannot return to his apartment because of these issues. Mr. G. is discharged to a community shelter.

- **Is this a care plan violation?**
- **What is your role as a social worker?**

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CASE 4

Mr. J. woke up this morning in good spirits. However, the right side of his upper body has obvious, significant bruising. Mr. J. has Dementia and is a poor historian. When the Registered Nurse comes to assess Mr. J., he cannot articulate if he is in pain and denies having fallen. Mr. J. is sent to the hospital to rule out fractures.

There is no report from the night before of Mr. J. falling or complaining of bruising. Upon staff interviews, there is no report of Mr. J. having fallen.

- **How can you support Mr. J.?**
- **Can you help identify a root-cause analysis?**

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REFERENCES

Section 415.3 - Residents' rights | New York Codes, Rules and Regulations

New York State Department of Health: About Inspections

eCFR :: 42 CFR Part 483 -- Requirements for States and Long Term Care Facilities.5 - Resident protections | New York Codes, Rules and Regulations

Section 400.21 - Advance directives | New York Codes, Rules and Regulations

NASW Standards for Social Work Services in Long-Term Care Facilities

MDS 3.0 Item Set

Section 415.5 - Quality of life | New York Codes, Rules and Regulations

SOM - Appendix PP

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