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Critical Element Pathways

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OBJECTIVES

After the successful completion of this presentation, participants will demonstrate the ability to:

- Identify Quality Assurance Performance Improvement Principles.
- Understand the demographics and ratings of Nursing Homes in New York State.
- Identify the Entrance Conference Worksheet, The Matrix, Revisions to State Operations Manual Effective April 2025, and the Critical Element Pathways.
- Understand each of the five commonly cited concerns.
- Demonstrate the ability to use the Critical Element Pathways to address these concerns.
- Identify ways a facility can prepare for site visits and surveys.
- Understand the opportunity to collaborate with the Department of Health.

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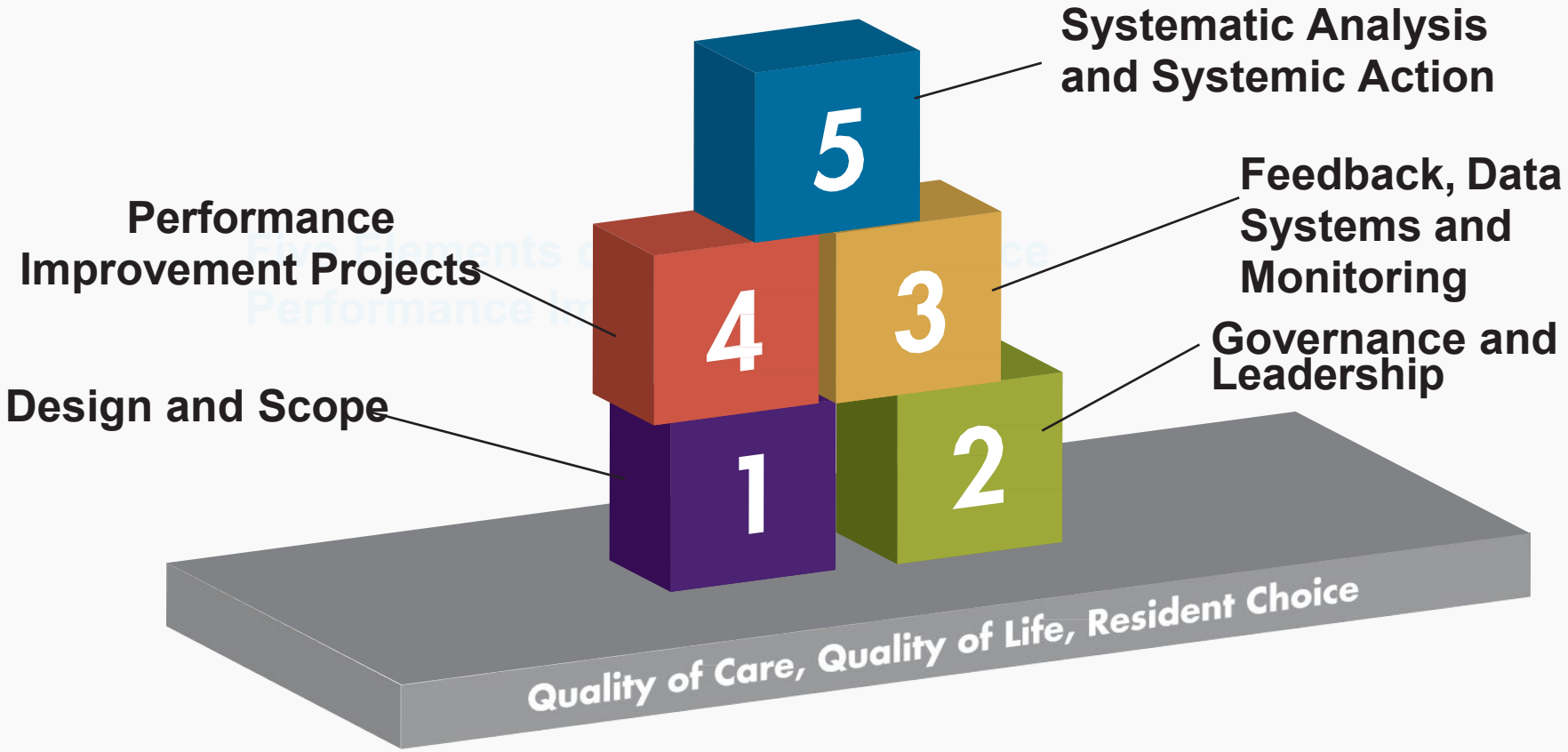
FIVE ELEMENTS OF QUALITY ASSURANCE PERFORMANCE IMPROVEMENT



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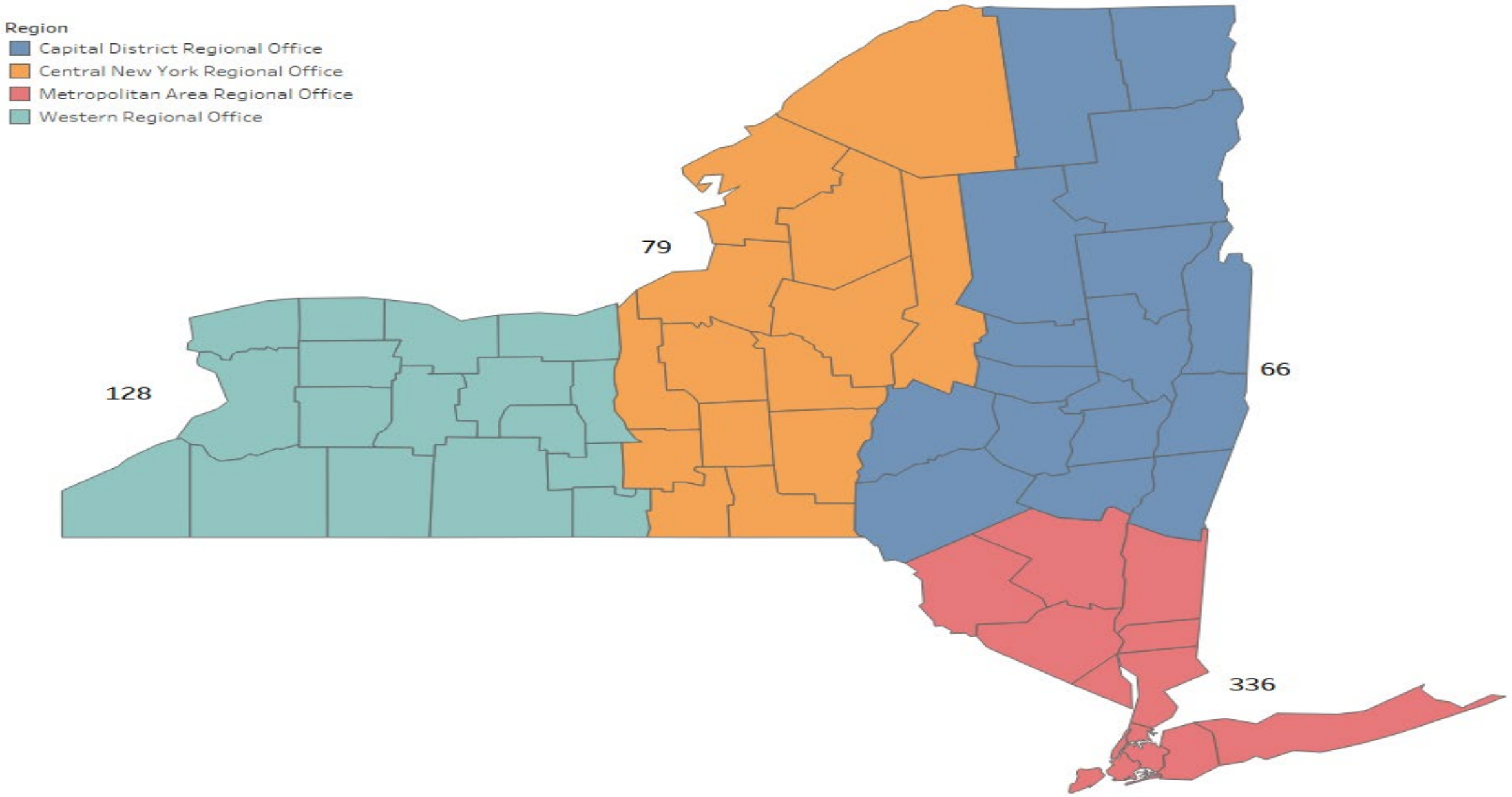
Region
Capital District Regional Office
Central New York Regional Office
Metropolitan Area Regional Office
Western Regional Office
79
128
66
336

THE MATRIX- CMS FORM 802

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

MATRIX FOR PROVIDERS

Resident Name	Resident Room Number	Date of Admission if Admitted within the Past 30 Days	Alzheimer's / Dementia	MD, ID or RC & No PASRR Level II	Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), Respiratory (RESP)	Pressure Ulcer(s) (highest stage I, II, III, IV, U, S) not present on admission	Excessive Weight Loss Without Prescribed Weight Loss Program	Tube Feeding: Enteral (E) or Parenteral (P)	Dehydration	Physical Restraints	Fall (F), Fall with Injury (FI), Fall w/Major Injury (FMI)	Indwelling Catheter	Dialysis: Peritoneal (P), Hemo (H), in facility (F) or offsite (O)	Hospice	End of Life Care / Comfort Care / Palliative Care	Tracheostomy	Ventilator	Transmission-Based Precautions	Intravenous therapy	Infections (M, WI, P, TB, VH, C, UTI, SEP, SCA, GI, COVID, O - describe)	PTSD/Trauma		
	1	2	3	4		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

CMS-802 (10/2023)

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1. RESIDENTS ADMITTED WITHIN THE PAST 30 DAYS

- Residents Admitted within the Past 30 days: Resident(s) who were admitted to the facility within the past 30 days and currently residing in the facility.

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2. ALZHEIMER'S/DEMENTIA

- Alzheimer's/Dementia: Resident(s) who have a diagnosis of Alzheimer's disease or dementia of any type.

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3. MD, ID OR RC AND NO PASSRR LEVEL II

- MD, ID or RC & No PASRR Level II: Resident(s) who have a serious mental disorder, intellectual disability or a related condition but does not have a PASRR level II evaluation and determination.

4. MEDICATIONS

- Resident(s) receiving any of the following medications: (I) = Insulin, (AC) = Anticoagulant (e.g., Direct thrombin inhibitors and low weight molecular weight heparin [e.g., Pradaxa, Xarelto, Coumadin, Fragmin]. Do not include Aspirin or Plavix), (ABX) = Antibiotic, (D) = Diuretic, (O) = Opioid, (H) = Hypnotic, (AA) = Antianxiety, (AP) = Antipsychotic, (AD) Antidepressant, (RESP) = Respiratory (e.g., inhaler, nebulizer). NOTE: Record meds according to a drug's pharmacological classification, not how it is used.

5. PRESSURE ULCER(S) (ANY STAGE):

- Resident(s) who have a pressure ulcer at any stage, including suspected deep tissue injury (mark the highest stage: I, II, III, IV, U for unstageable, S for sDTI) that were not present on admission.

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6. EXCESSIVE WEIGHT LOSS WITHOUT PRESCRIBED WEIGHT LOSS PROGRAM:

Resident(s) with an unintended (not on a prescribed weight loss program) weight loss > 5% within the past 30 days or >10% within the past 180 days. Exclude residents receiving hospice services

7. TUBE FEEDING

Resident(s) who receive enteral (E) or parenteral (P) feedings

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8. DEHYDRATION

Resident(s) identified with actual hydration concerns takes in less than the recommended 1,500 ml of fluids daily (water or liquids in beverages and water in foods with high fluid content, such as gelatin and soups).

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9. PHYSICAL RESTRAINTS

- Resident(s) who have a physical restraint in use. A restraint is defined as the use of any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body (e.g., bed rail, trunk restraint, limb restraint, chair prevents rising, mitts on hands, confined to room, etc.).
- Do not code wander guards as a restraint.

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10. TRACHEOSTOMY

Resident(s)who have a tracheostomy.

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11. INTRAVENOUS THERAPY

Resident(s) who are receiving intravenous therapy through a central line, peripherally inserted central catheter, or other intravenous catheter.

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12. DIALYSIS

Dialysis: Resident(s) who are receiving (H) hemodialysis or (P) peritoneal dialysis either within the facility (F) or offsite (O).

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13. HOSPICE

Hospice: Resident(s) who have elected or are currently receiving hospice services.

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14. END OF LIFE-COMFORT CARE-PALLIATIVE

End of Life/Comfort Care/Palliative Care: Resident(s) who are receiving end of life or palliative care (not including Hospice).

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15. TRACHEOSTOMY

Tracheostomy: Resident(s)who have a tracheostomy

16. VENTILATOR

Ventilator: Resident(s) who are receiving invasive mechanical ventilation.

17. TRANSMISSION BASED PRECAUTIONS

Transmission-Based Precautions: Resident(s) who are currently on Transmission-based Precautions.

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18. INTRAVENOUS THERAPY

Intravenous therapy: Resident(s) who are receiving intravenous therapy through a central line, peripherally inserted central catheter, or other intravenous catheter.

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19. INFECTIONS

Infections: Resident(s) who has a communicable disease or infection (e.g., MDRO-M, pneumonia-P, tuberculosis-TB, viral hepatitis-VH, C. difficile-C, wound infection-WI, UTI, sepsis-SEP, scabies-SCA, gastroenteritis-GI such as norovirus, SARS-CoV-2 suspected or confirmed-COVID, and other-O with description).

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20. PTSD/TRAUMA

PTSD/Trauma: Residents(s) who has a diagnosis of Post-Traumatic Stress Disorder (PTSD) and/or a history of trauma.

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Revisions to State Operations Manual Effective April 2025

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ADMISSION, TRANSFER, AND DISCHARGE:

- Admission Agreement: The Centers for Medicare and Medicaid Services (CMS) prohibits admission agreements from containing language requesting or requiring a third-party guarantee of payment. The State Operations Manual (SOM) has added examples of non-compliance.
- Tags **F622 – F626, and F660 – F661** will be deleted and the terms “facility-initiated” and “resident-initiated” will be removed. The guidance from the deleted Tags has been reorganized, with revisions added to clarify when a transfer or discharge is noncompliant.
    - The new citations are **F627** for Inappropriate Transfers and Discharges and **F628** for Transfer and Discharge Process.

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CHEMICAL RESTRAINTS/UNNECESSARY PSYCHOTROPICS

- The unnecessary use of psychotropic medications **(F758)** has been incorporated into **F605.**
- The guidance regarding “convenience” has been revised to include situations when medications are used to cause symptoms consistent with sedation and/or require less effort by facility staff to meet the resident’s needs.
- Guidance added to emphasize the right to be fully informed of and participate in or refuse treatment, noting that ***before initiating or increasing a psychotropic medication, the resident must be notified of and have the right to participate in their treatment, including the right to accept or decline the medication.***
- Unnecessary Medications **(F757)** has been revised **to only include guidance for non-psychotropic medications**.
- Unnecessary Medications, Chemical Restraints/Psychotropic Medications, and Medication Regimen Review Critical Element Pathway updated to include investigative elements to align with the revised guidance.

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PROFESSIONAL STANDARDS AND MEDICAL DIRECTION

- Instructions for investigating adherence to professional standards of practice when concerns arise regarding residents diagnosed with a condition without sufficient supporting documentation for which antipsychotic medications are an approved indication (e.g., Schizophrenia) were added to the guidance at Professional Standards **(F658)**. Guidance for citing non-compliance and examples were also included.
- Clarification regarding the Medical Director's responsibilities related to the implementation of resident care policies was added to the guidance at F841. Specifically, ensuring physicians and other practitioners adhere to facility policies on diagnosing and prescribing medications.
- Issues related to the coordination of medical care and implementation of resident care policies identified through the facility's quality assessment and assurance committee and other activities were incorporated into the guidance. Interviewing the facility Medical Director was also incorporated into the Unnecessary Medications and Quality Assurance & Performance Improvement (QAPI) pathways.

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ACCURACY/COORDINATION/CERTIFICATION

- Instructions for investigating Minimum Data Set (MDS) assessment accuracy and determining whether non-compliance exists when a concern related to insufficient documentation to support a medical condition is identified for a resident receiving an antipsychotic medication were added to the guidance in Accuracy of Assessment **(F641)**.
- **Tag F642 has been deleted.** The regulatory references and guidance under Coordination/Certification of Assessment **(F642)** are being relocated to Accuracy of Assessment **(F641).**

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COMPREHENSIVE ASSESSMENT AFTER SIGNIFICANT CHANGE

- Updated language to reflect the levels of assistance a resident receives for self-care and mobility activities to align with Section GG of the Minimum Data Set.

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QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI)/ QUALITY ASSESSMENT AND ASSURANCE (QAA)

- New guidance was added incorporating health equity concerns when obtaining feedback, collecting and monitoring data related to outcomes of sub-populations, and analyzing factors known to affect health equity such as race, socioeconomic status, or language when investigating medical errors and adverse events.
- Facilities should also consider factors that affect health equity and outcomes of their resident population when establishing priorities in their QAPI program.

CARDIOPULMONARY RESUSCITATION

- Updates were made to Cardiopulmonary Resuscitation (CPR) certification to align with current nationally accepted standards.
- *"…Staff must maintain current CPR certification for Healthcare Providers through a CPR provider whose training includes a hands-on session either in a physical or virtual instructor-led setting in accordance with accepted national standards. For concerns related to CPR certification that meets accepted professional standards the survey team should consider §483.21(b)(3)(ii), Services Provided by Qualified Persons, F659 and/or §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards, F836…"*

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PAIN MANAGEMENT

- Revisions to the guidance for the definition of acute, chronic, and subacute pain were made to align with Centers for Disease Control and Prevention (CDC) definitions.
- Clarification included that clinicians may consider prescribing immediate-release opioids instead of extended-release or long-acting options and emphasized the need for individualized opioid treatment plans. Resource links on opioid use were updated and expanded.

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PHYSICAL ENVIRONMENT

- Revisions allow facilities that receive approval of construction from State or local authorities or are newly certified after **November 28, 2016**, with two single occupancy rooms with one bathroom to meet the bedroom and bathroom facility requirements without undergoing major rehabilitation.

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INFECTION PREVENTION AND CONTROL

- Infection control guidance regarding Enhanced Barrier Precautions in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) released in CMS Memo QSO-24-08-NH on March 20, 2024, was incorporated into Appendix PP along with new deficiency examples.
- Level 4 - The facility failed to initiate an outbreak investigation and implement preventative measures to address transmission of COVID-19 among residents in one unit of the facility. Subsequently, one or more residents in an adjoining unit became seriously ill with contracted COVID-19 resulting in hospitalization for some residents.
- Level 3 - The facility failed to prevent the transmission of COVID-19 between residents. Resident #1, who had COVID-19 symptoms, was not tested for COVID-19 prior to being placed in a room with a resident (Resident #2) who was not known to have COVID-19 and who did not have COVID-19 symptoms. This failure resulted in Resident #2, contracting COVID-19 and developing moderate illness.

INFECTION PREVENTION AND CONTROL (CONT.)

- Level 2 - During the survey, staff were observed entering a COVID-19 unit housing cognitively impaired residents through a stairwell entrance without donning necessary Personal Protective Equipment (PPE). PPE was necessary when entering the unit because the cognitively impaired residents with COVID-19 could not be restricted to their room. Staff indicated they were unaware of the need for donning PPE prior to entering this unit. Signs were not in place at all entrances to the designated COVID-19 unit indicating the need for PPE prior to entering. Staff who entered the COVID unit without wearing PPE promptly donned the necessary PPE and no additional residents or staff developed COVID-19 in the days following the observation. The lack of signage at the stairwell entrance of the COVID-19 unit resulted in staff not donning appropriate PPE prior to entering, which caused staff to no be properly protected and increased the risk of COVID-19 transmission.

COVID-19 IMMUNIZATION

- Guidance related to requirements for facilities to educate residents or resident representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine and offer the vaccine released in CMS Memo QSO-21-19-NH on May 11, 2021, was incorporated into Appendix PP.
- Offering Vaccinations: Long-Term Care (LTC) facilities must offer residents and staff vaccination against COVID-19 when vaccine supplies are available to the facility. The vaccine may be offered and provided directly by the LTC facility or indirectly, such as through an arrangement with a pharmacy partner, local health department, or other appropriate health entity.
- Refusal: The resident's medical record must include documentation that indicates, at a minimum, that the resident or resident representative was provided education regarding the benefits and potential side effects of the COVID-19 vaccine, and that the resident (or representative) either accepted and received the COVID-19 vaccine or did not receive the vaccine due to medical contraindications, prior vaccination, or refusal.

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COVID-19 IMMUNIZATION (CONT.)

- The facility must maintain documentation that each staff member was educated on the benefits and potential side effects of the COVID-19 vaccine and offered vaccination or provided information on obtaining the vaccine unless medically contraindicated or the staff member has already been immunized. Compliance can be demonstrated by providing a roster of staff that received education (e.g., a sign-in sheet), the date of the education, and samples of the educational materials that were used to educate staff. The facility must document the vaccination status of each staff member (i.e., immunized or not).

SURVEY PROCESS SOFTWARE

- CMS is including the revised guidance into the Long-Term Care Survey Process (LTCSP) software application, and surveyors will use the new version of the software for surveys beginning on April 28, 2025.
- CMS is updating other survey documents, including the Critical Element Pathways used to investigate potential care areas of concern.

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The Critical Element Pathways

Five Commonly Cited Concerns

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Medication Administration Observation
What will the surveillance team do?

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- They will make random medication observations of several staff over different shifts and units, multiple routes of administration -- oral, enteral, intravenous (IV), intramuscular (IM), subcutaneous (SQ), topical, ophthalmic, and a minimum (not maximum) of 25 medication opportunities.

- They will observe and document all the resident's medications for each observed medication administration (this does not mean all the medications for that resident on different shifts or times).

- If possible, they will observe medications for a sampled resident whose medication regimen is being reviewed. Otherwise, observe medications for any resident to whom the nurse is ready to administer medications.

- There *may be times* when the surveyor should intervene before the person administering the medication makes a potential medication error. If a surveyor intervenes to prevent a medication error from occurring, each potential medication error would be counted toward the facility's medication error rate.

Medication Administration Observation Common citations

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General Medical Administration

- Medications not administered as ordered (e.g., before, after, or with food such as antacids, proton pump inhibitors, or medications like levothyroxine).
- Medications not administered before the expiration date on the label.
- Resident was not properly informed of the medications being administered.
- Medication cart was not locked if left unattended in resident care area.
- If a controlled medication was administered, the count in the cart does not match the count in the

  facility's reconciled records.
- Pulse and/or blood pressure checked prior to administering medications when indicated/ordered.

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Oral or Nasogastric Administration

- The administration of medication was not given with adequate fluid as manufacturer specifies.
- Staff crushed tablets or capsules that manufacturer states “do not crush,” such as enteric coated or time-released medications.
- Prior to medication administration, nasogastric or gastrostomy tube placement is not confirmed (**NOTE:** If the placement of the tube is not confirmed, this is not a medication error. For concerns related to care of a resident with a feeding tube, refer to guidance at 483.25(g)(4)-(5), F693 Enteral Nutrition.
- Staff do not separate the administration of enteral nutrition formula and phenytoin (Dilantin) to minimize interaction. Simultaneous administration of enteral nutrition formula and phenytoin is considered a medication error.
- Nasogastric or gastrostomy tube was not flushed with the required amount of water before and after each medication unless physician orders indicate a different flush schedule due to the resident’s clinical condition.

Injection Practices and Sharps Safety (Medications and Infusates)

- Injections are not prepared using clean (aseptic) technique in an area that has been cleaned and is free of contamination (e.g., visible blood, or body fluids).
- Multi-dose vials used for more than one resident are kept in the immediate resident treatment area (e.g., resident room) and not centralized medication area . If multi-dose vials enter the immediate resident treatment area they are dedicated for single-resident use only.
- Insulin pens are not clearly labeled with the resident's name and other identifier(s) to verify that the correct pen is used on the correct resident.
- Proper technique is not used for IV/IM/SQ injection including rotating sites.

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Injection Practices and Sharps Safety (Medications and Infusates)-continued

- Sharps containers are not readily accessible in resident care areas.
- Sharps containers are not replaced when the fill line is reached.
- Sharps containers are not disposed of appropriately as medical waste.
- Insulin pens used for more than one resident.
- Point of care devices are not used safely(e.g., blood glucose meter, International Normalized Ratio (INR) monitor).
- Finger stick devices (both lancet and lancet-holding devices) are used for more than one resident.

Topical, Ophthalmic, and Inhalation Medications

- Transdermal patch sites are not rotated.
- Transdermal patch is not dated and timed.
- Used transdermal patches are not disposed of properly.
- Multiple eye drops administered without adequate time sequence between drops.
- Single-dose vials for aerosolized medications used for more than one resident.
- Sterile solutions (e.g., water or saline) are used not for nebulization.
- Gloves worn when in contact with respiratory secretions and are not changed before contact with another resident, object, or environmental surface.

Infection Prevention, Control, and Immunizations
What will the surveillance team do?

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They will sample residents/staff as follows:

- Sample three staff, include at least one staff member who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19 (if this has occurred in the facility), for purposes of determining compliance with infection prevention and control national standards such as exclusion from work, testing, and reporting.
- Sample three residents for purposes of determining compliance with infection prevention and control national standards such as transmission-based precautions, as well as resident care, screening, testing, and reporting. o Include at least one resident who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19 (if any). o Include at least one resident on transmission-based precautions (if any), for any reason other than COVID-19.
- Sample five residents for influenza, pneumococcal, and COVID-19 immunizations (select COVID-19 unvaccinated residents). Note: If there are less than five COVID-19 unvaccinated residents, review all unvaccinated COVID-19 residents first. Then, select residents who are fully vaccinated to complete the sample.
- Sample eight staff (four staff and four contracted staff) for COVID-19 immunization review.

Each surveyor is responsible for assessing the facility for breaks in infection control throughout the survey and is to answer the Critical Element Pathway area of concern.

One surveyor performs or coordinates the facility task to review for:

- Standard and transmission-based precautions
- Infection Prevention and Control Program (IPCP) standards, policies, and procedures
- Infection surveillance
- Water management
- Laundry services
- **Antibiotic stewardship program** (review at least one resident who is receiving an antibiotic if there are concerns)
- **Infection Preventionist**
- Influenza, pneumococcal, and COVID-19 immunizations

Infection Prevention, Control and Immunizations
Common citations

General Standard Precautions

- Staff are not performing the following appropriately:
  - Respiratory hygiene/cough etiquette
  - Environmental cleaning and disinfection
  - Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use).

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Infection Prevention, Control and Immunizations
Common citations

Hand Hygiene

- Staff are not adhering to appropriate hand hygiene practices (i.e., alcohol-based hand rub (ABHR) or soap and water) are followed. Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected C. difficile infection (CDI) or norovirus during an outbreak, or if endemic rates of CDI are high. ABHR is not appropriate to use under these circumstances.
- Staff are not performing hand hygiene (even if gloves are used) in the following situations:

- Before and after contact with the resident
- After contact with blood, body fluids, or visibly contaminated surfaces
- After contact with objects and surfaces in the resident's environment

Infection Prevention, Control and Immunizations Common citations

Hand Hygiene

- When being assisted by staff, resident hand hygiene is not performed after toileting and before meals.

Infection Prevention, Control and Immunizations
Common citations

Personal Protective Equipment (PPE) Use For Standard Precautions:

- Gloves are not changed, and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care;
- Appropriate mouth, nose, and eye protection (e.g., facemasks, goggles, face shield) along with isolation gowns are not worn for resident care activities or procedures that are likely to contaminate mucous membranes, or generate splashes or sprays of blood, body fluids, secretions or excretions;
- Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are not readily accessible in resident care areas (e.g., nursing units, therapy rooms).
- There are not sufficient PPE supplies available to follow infection prevention and control guidelines.

Infection Prevention, Control and Immunizations
Common citations

Enhanced Barrier Precautions:

- EBP use is not evaluated when investigating specific care activities, such as wound care, enteral feeding, urinary catheter care, etc.
- Staff are not aware of which residents require the use of EBP prior to providing high-contact care activities?

Infection Prevention, Control and Immunizations Common citations

Transmission-Based Precautions (TBP): Contact, Droplet, Airborne, Undiagnosed Respiratory that is not COVID-19

- There is **no signage** on the use of specific PPE (for staff) is posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide).

- Staff do not use appropriate infection control precautions when moving between resident rooms, units and other areas of the facility.

- Staff are not aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance

Infection Prevention, Control and Immunizations
Common citations

Standards, Policies, and Procedures and Surveillance

- The facility does not prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit disease. Staff are excluded from work according to national standards.

Infection Prevention, Control and Immunizations
Common citations

LTC Respiratory Surveillance Line List

Date:_____/_____/_____

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

	A. Case Demographics					B. Case Location			C. Signs and Symptoms (s/s)					D. Diagnostics						E. Outcome During Outbreak[A]			
	Name	Age	Gender (M/F)	Resident (R) or Staff (S)	Residents Only: Short stay (S) or Long stay (L)	Residents Only: Bldg/Floor	Residents Only: Room/Bed	Staff Only: Primary floor assignment	Symptom onset date: (mm/dd)	Fever[B] (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (*select all codes that apply*) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify_____	Chest x-ray (Y/N)	Type of specimen collected (*select all codes that apply*) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify_____	Date of collection: (mm/dd)	Type of test ordered (*Select all codes that apply*) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify_____	Pathogen Detected (*Select all codes that apply*) 0 – Negative results Bacterial: 1 – *S. pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma* Viral: 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify_____	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)
1.																							
2.																							
3.																							
4.																							
5.																							
6.																							
7.																							
8.																							
9.																							
10.																							

If faxing to your local Public Health Department, please complete the following information:

Facility Name: _____ **City, State:** _____ **County:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

[A] ***Note:*** Outbreak defined as date of first case to resolution of last case.

[B] ***Definition of Fever*** (Stone N, Ashraf MS, Calder, J, et al. Surveillance Definitions in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012; 33:965-977): (1) a single oral temp > 37.8°C (100°F) or (2) repeated oral temps > 37.2°C (99°F) or rectal temps > 37.5°C (99.5°F) or (3) a single temp > 1.1°C (2°F) over baseline from any site (oral, tympanic, axillary).

Updated: March 12, 2019 Available from: https://www.cdc.gov/longtermcare/training.html Page 3 of 7

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Abuse: What will the surveillance team do?

They will use this pathway for investigating an alleged violation of abuse to a resident. This would include allegations where a resident was deprived of goods or services by an individual, necessary to attain or maintain physical, mental and psychosocial well-being.

- If they see or witness an act of abuse or receive an unreported allegation of abuse, it will be immediately report it to the facility administrator, or his/her designated representative if the administrator is not present. The survey team would then determine whether the facility takes appropriate action in accordance with the requirements at F609 and F610, including implementing safeguards to prevent further potential abuse. If you witness an act of abuse, you must document who committed the abusive act, the nature of the abuse, where and when it occurred, and potential witnesses.

- Only if you are a ***licensed nurse or practitioner*** can you observe the resident's private areas.

Abuse Common Citations

- Was it reported within **two hours**?
- There are unreported injuries (e.g., bruises, cuts, fractures) from the alleged abuse Please describe, including the alleged victim's response to the injuries (e.g., pain, new difficulty sitting or walking)
- The facility did not prevent further potential abuse while the investigation is in progress.
- The facility did not maintain documentation that the alleged violation was thoroughly investigated.
- The Care Plan was **not** updated.

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Neglect
What will the surveillance team do?

- They will use this pathway for concerns in structures or processes that have led to resident outcome such as unrelieved pain, avoidable pressure injuries, poor grooming, avoidable dehydration, lack of continence care, or malnourishment. Neglect may be the outcome of systemic or repeated patterns of care delivery failures throughout the nursing home, such as insufficient staffing, or may be the effect of one or more delivery failures involving one resident and one staff person.

- If they are conducting a complaint investigation regarding an allegation of neglect, utilize appropriate Critical Element Pathways for care issues, such as pressure ulcers, injuries, incontinence care, etc., in order to identify whether noncompliance for a care concern exists first. Then if structure or process failures are identified, refer to this pathway.

- They will identify information from investigation of the relevant care areas to determine whether additional observations, interviews, and record reviews are necessary to evaluate whether the facility has the structures and processes necessary to provide goods and services to residents.

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Neglect Common Citations

- The facility did not determine the type of staff, such as qualified registered, licensed, certified staff (in accordance with State licensing rules) that are competent and have the knowledge and skills necessary for the provision of care and services that they are assigned?

- What are the duties of direct care staff to meet resident needs? Who is responsible for monitoring the delivery of care at the bedside?

- The facility did not conduct competency evaluation and training for licensed staff including pool/temporary staff for the types of interventions required, as applicable, **such as CPR**, IV therapy, oxygen therapy, and mechanical ventilation?

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Neglect Common Citations-CPR

If a resident experiences a cardiac or respiratory arrest and the resident does not show obvious clinical signs of irreversible death (e.g. rigor mortis, dependent lividity, decapitation, transection, or decomposition), facility staff must provide basic life support, including CPR, prior to the arrival of emergency medical services,

Additionally, facilities should have procedures in place to document a resident's choices regarding issues like CPR. Physician orders to support these choices should be obtained as soon as possible after admission, or a change in resident preference or condition, to facilitate staff in honoring resident choices. Facility policy should also address how resident preferences and physician orders related to CPR and other advance directive issues are communicated throughout the facility so that staff know immediately what action to take or not take when an emergency arises. Resident wishes expressed through a resident representative, as defined at §483.5, must also be honored, although, again physician orders should be obtained as soon as possible.

Dining
What will the surveillance team do?

- Each survey team member will be assigned a dining area. If there are fewer surveyors than dining areas, observe the dining areas with the most dependent residents.
- The team is responsible for observing the first meal upon entrance into the facility. Additional observations may be required if the team identifies concerns.
- The surveyor assigned primary responsibility will answer all CEs. Any other surveyor assigned a dining location will complete the observations and answer CEs of concern.

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Dining Common Citations

When a resident who is being assisted by staff, and is having problems eating or drinking:

• The paid feeding assistants are not properly trained, adequately supervised, assisting only those residents without complicated feeding problems, and providing assistance in accordance with the residents' needs.

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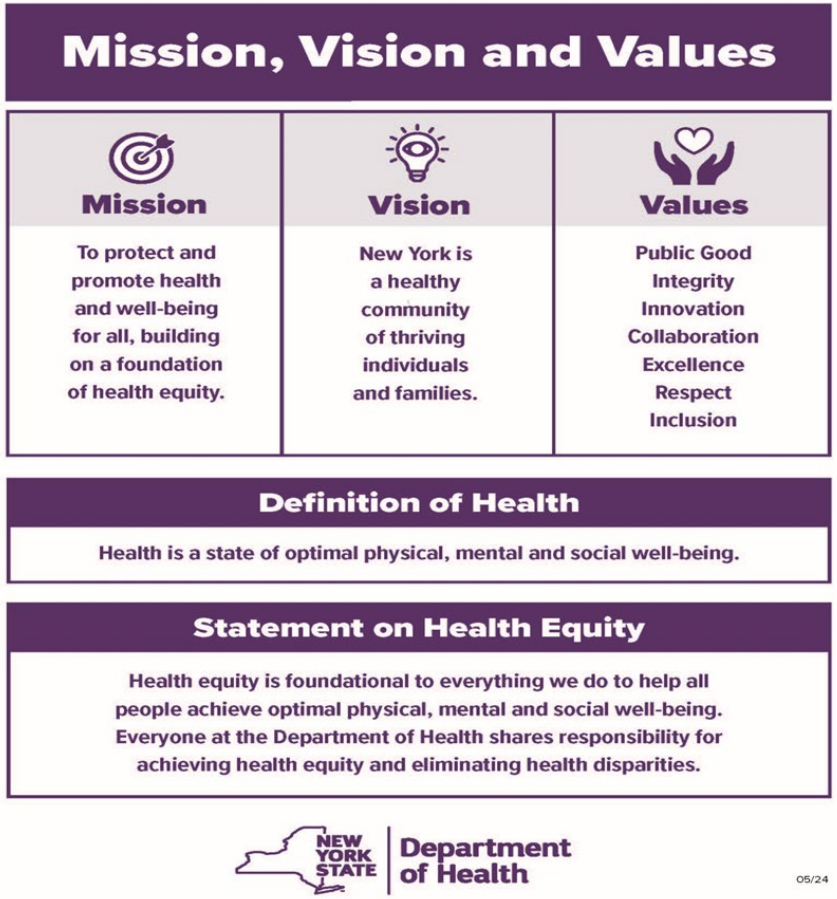
Office of Aging and Long-Term Care

- At the helm are Deputy Director Valerie Deetz and Special Advisor Carol Rodat.
- Under their leadership, the Office focuses on the transformation of New York's aging, long-term care, and disability systems so that they remain financially and operationally sustainable.
- A key function of the office is the multi-agency collaborative Master Plan for Aging outlined at https://www.ny.gov/programs/new-york-states-master-plan-aging.



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