



Insider Chat

VOLUME 1 ISSUE 1

MARCH 2010

Welcome to Long Term Care's New "Insider Chat"

SPECIAL POINTS OF INTEREST:

- CNA Career Ladder Training
- Incident Reporting
- An Effective Way to Write a POC
- 2010 Training Dates

The goal of the Insider Chat is to provide beneficial information to assist in making your tasks as efficient and effective as possible. Our hope is that you will share these publications with your entire staff.

Your responses and questions to this publication will assist us in providing information beneficial to you. Please use the e-

mail address located in the suggestion box to offer comments, ask questions or provide suggestions for future editions of the Insider Chat.

We hope to continue the development of our partnership in providing quality, individualized care for our residents.

For suggestions, comments, or questions, e-mail us at:

lrc@health.ok.gov



Welcome...by Dorya Huser, Chief, Long Term Care

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Welcome to Insider Chat. The launch of this publication realizes another goal of Long Term Care. I am very excited to bring this to you. Through your terrific interaction with us in the provider trainings and other venues, we have been able to craft ideas for this project and I am counting on you for more. You have been heard. You want more. I love it! Well, you want more information – you don't want more regulation. I agree. My staff can tell you one of the things I say is "communication can be a wonderful thing." If we work together to increase learning and spawn creative solutions for successful operations in caring for our vulnerable populations, we will overcome the barriers.

We are in different economic times. Everyone is asking when it is going to end. I am asking

what it will look like as we continue to transition. Tough times can provide opportunity. Your shining stars and leaders will emerge and you will identify talents and a sense of community from those that want to assist with important decisions and provide optimism that will sustain good balance. You will learn more about yourself and your strengths. Good leadership is critical. I am going to ask you to take these steps with me as we find out what can happen with diligence and determination.

I ask that you become a part of this newsletter. Each publication will be filled with your suggestions and ours. Do you have an article or best practice you want to share?

This newsletter hopes to build on your tool kit and inspire you to be adventurous and courageous.

I hear stories from providers of implementing new ideas that built a stronger team in their workforce and increased quality of life for their residents. They refuse to be boxed in to old traditions that may have never worked well. It was just the "way it was done." I challenge you to take your facility to new places. Implement those ideas you have been cultivating in the back of your mind. Make a difference.

In the Spirit,

Dorya Huser
Chief, Long Term Care

Emergency Evacuation Plans

Patty Scott, Coordinator

Assisted Living, Residential Care and Adult Day Care Facilities

Spring is in the air...but, not just yet. Recent power outages and hazardous road conditions are a reminder that assisted living centers and residential care homes should have emergency plans. Planning and preparing for emergencies saves lives. Please take time to remind your staff of facility procedures in the event of an emergency to ensure compliance with the following:

Assisted Living

310:663-3-3. Description of service in assisted living center:

(a) "The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: ... (9) provisions for evacuation of the building structure and staff to meet the evacuation needs of residents."

310:663-9-6. Minimum staff for services :

(a) **Staffing.** "Adequate trained staff shall be on duty, awake, and present at all times, 24 hours a day, 7 days a week, to meet the needs of residents and to carry out all the processes listed in the assisted living center's written emergency and disaster preparedness plan for fires and other natural disasters."

Residential Care Homes

310:680-3-6. Records and reports:

(e) An evacuation plan shall be developed and permanently displayed in the hall ways and sitting room. Fire drills shall be conducted at least quarterly.

(f) Facility shall have a written plan for temporary living arrangements in case of fire, climatic conditions that warrant evacuation and/or other natural disasters that may render the home unsuitable.

310:680-11-1 "Residential care homes shall employ sufficient personnel appropriately qualified and trained to provide the essential services of the home."



"If you don't
like the weather
in Oklahoma,
wait a few minutes"
-Will Rogers

Helpful Websites

Adult Day Care Licensure – Chapter 605

http://www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Health_Facility_Systems_/Adult_Day_Care_Center_Licensure/#LawRules

Continuum of Care and Assisted Living Licensure – Chapter 663

http://www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Health_Facility_Systems_/Continuum_of_Care_Facility_and_Assisted_Living_Center_Licensure/index.html

Nursing and Specialized Facilities Licensure – Chapter 675

http://www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Health_Facility_Systems_/Nursing_and_Specialized_Facility_Licensure/index.html

Residential Care Home Licensure – Chapter 680

http://www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Health_Facility_Systems_/Residential_Care_Home_Licensure/index.html

Food Service Establishment Rules – Chapter 257

<http://www.ok.gov/health/documents/Chapter%20257%20OSDH%20Code%202009%2009-0515.pdf>

Nurse Aide Registry

http://www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Nurse_Aide_Registry/index.html

State Operations Manual Appendix J – Federal Regulations for ICF/MR Facilities

http://www.cms.hhs.gov/manuals/downloads/som107ap_j_intermcare.pdf

State Operations Manual Appendix P – Federal Survey Protocol for LTC Facilities

http://www.cms.hhs.gov/manuals/Downloads/som107ap_p_ltc.pdf

State Operations Manual Appendix PP – Federal Regulations and Interpretive Guidelines for LTC Facilities

http://www.cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltc.pdf

Oklahoma Foundation for Medical Quality <http://www.ofmq.com/>

Oklahoma Health Care Authority - Focus on Excellence Program <http://okhca.org/individuals.aspx?id=8135>

Certified Nurse Aide (CNA) Career Ladder Training

Jim Buck, Assistant Chief, Long Term Care

The Oklahoma State Department of Health (OSDH) is glad to fund training for certified nurse aides (CNAs) that will enable them to advance their knowledge and skills. The training will ultimately result in improved quality of care provided to Oklahomans in long-term care facilities.

To fund the program, the OSDH is using civil monetary penalties (CMPs). CNAs who work in long-term care facilities are eligible to apply for the OSDH-funded training.

The OSDH has established contracts with the Oklahoma Department of Career and Technology Education and Tulsa Community College to offer a special 30-hour training curriculum that CNAs can use to build their skill sets and fill gaps not offered in the basic CNA course curriculum. Oklahoma's Career Tech

system, which includes 29 technology centers on 56 campuses, has the potential of providing accessible training on a statewide basis. Tulsa Community College training will be offered at the Tulsa campus.

The course includes 11 modules that focus on safety, teamwork, aging and illness, communication, nutrition, spirituality and dying, quality of life, dementia care, importance of family, culture change and restorative care. The OSDH believes the course will assist in building a "career ladder" for CNAs.

To be eligible to apply for the free tuition and fee waiver for the course, CNAs must have worked in a facility for six (6) months and their administrator must submit a letter of recommendation to Career Tech or Tulsa Community College.

For more information about the CNA Career Ladder, visit:

www.ok.gov/health/Protective_Health/Long_Term_Care_Service/

Congratulations to the 83 CNAs who have completed the course. If you have comments on how the career ladder training has affected your life, please contact us at the e-mail address listed on the front of this newsletter.



"The course will assist in building a career ladder for CNAs"

Resident Assessment Instruments...in a nutshell

Chris Bundy, R.N., Coordinator

One of the easiest ways to provide quality, individualized care is to utilize the Resident Assessment Instrument (RAI). Resident assessments and care plans were among the top five deficiencies cited in the last four months. The following are the top five (5) deficiencies cited from 10-1-09 to 2-12-10:

1. Infection Control (F441)
2. Sanitary Conditions (F371)
3. Resident Assessment (F272)
4. Quality of Care (F309)
5. Comprehensive Care Plans (F279)

Here's a simple plan to ensure quality, individualized, resident care and how to avoid deficiencies.

√ Complete an accurate, comprehensive assessment beginning with the resident's background information.

√ Complete the Minimum Data Sheet (MDS) according to the RAI instruction book using observation of the resident, resident's family, and staff interviews (including CNAs); and record review. *Remember the MDS is not complete until the Resident Assessment Protocol (RAP)- (Appendix C in the RAI manual) is worked for each triggered item and then documented on the RAP Summary, including the date and location of the information that led to the decision to proceed, or not to proceed with care planning.*

√ Utilize all components of the comprehensive assessment and Appendix PP of the State Operations Manual to develop a workable resident-centered care plan. Involve the resident/responsible party and the interdisciplinary team in the care planning process.

√ Review and revise the care plan at least quarterly, but as often as changes occur.

It does take a little time to get comfortable using this plan, but after that, what a breeze.

As always, we look forward to hearing your thoughts, ideas, and questions.

!!!!!!!!!!!!!!!

October 1, 2010, is the implementation date for the **MDS 3.0**. To begin preparing for this implementation you are encouraged to visit the CMS Website and download MDS 3.0 information at: http://www.cms.hhs.gov/NursingHomeQuality-Initiatives/25_NHOIMDS30.asp#TopOfPage

"One of the easiest ways to provide quality, individualized care is to utilize the Resident Assessment Instrument (RAI)."

**Simplicity is the ultimate sophistication.
~Leonardo DaVinci**



“Incident reports record details of unusual or serious events that occur. Check your regulations for what is reportable.”

“Reportable incidents are identified in the state licensure regulations for each facility type.”



IN THE SPOTLIGHT

Incident Reporting

Laura Crowley, R.N., Complaints Reviewer

Incident reports record details of unusual or serious events that occur. The facility utilizes the incident report to:

- Identify the root cause.
- Determine corrective and protective measures to prevent similar incidents.
- Identify trends to implement actions which reduce risks to residents.

Reportable incidents are identified in the state licensure regulations for each facility type. See the section on [Helpful Website Links](#).

All incident reports should address the following:

- √ The facility’s full name. (no abbreviations)
- √ The resident’s name should appear as it does in the resident’s record.
- √ The date of the incident or the first date observed needs to appear on the

report. There is no separate space for the incident time, but date and time are crucial for tracking and trending.

- The facility has 24 hours to submit the initial report.
 - Document all known facts including the extent of the injury.
 - In many instances, you will find the report does not have to be submitted to the OSDH because the injuries did not require more than first aid.
- * If corrective or protective measures change as the result of your investigation, document those changes on the 5 day or final report.
 - * Legible reports are vital. The incident report form (ODH Form 283) is available online and can be typed, saved and printed, then submit via fax. Download form at:

http://www.ok.gov/health/documents/LTC-FillableODH283-IncidentReport-Form_1.010KB.pdf

Ask yourself, if someone who was not present when the incident occurred read the report:

- Would they be able to understand who was affected; what happened; and where it happened?
- What questions would they have?
- Could they read it?
- Could they identify the resident(s) involved, the extent of the injuries and the corrective/protective measures taken?
- Would they know what facility made the report?

When the answers to these questions are clear, it’s ready for use by the facility Q/A Committee, tracking/trending and submission to OSDH, if required.

In the Spotlight...CNA on the Move

Jan. 28, 2010—The National Association of Health Care Assistants announced the appointment of Oklahoma caregiver, Franjelica Hughes, to serve on their National Steering Commission. The Oklahoma caregiver is a certified nursing assistant in Muskogee, employed by Sun Healthcare Group subsidiary, SolAmor Hospice.

The NAHCA Steering Commission is comprised of caregivers from all regions

in the United States. With over 30,000 members nationally, the Steering Commission comes together to enhance membership, education and professional needs of their CNAs. Additionally, the Steering Commission assists NAHCA with identifying and advocating on behalf of caregiving issues.

NAHCA reported they have worked closely with the Oklahoma Association of Health Care Providers to recognize the valuable humanitarian service of CNAs and other direct caregiv-

ers to promote quality care in long-term care facilities. Lisa Cantrell and Lori Porter, NAHCA co-founders, have bridged the gap between caregivers and facilities promoting recognition, education and motivation for the members. *Congratulations Franjelica!*

If you have a staff member that you would like recognized, please let us know by emailing us at :

www.ltc@health.ok.gov

Maintaining Means of Egress

Larry Kelley, Life Safety Code Surveyor

Welcome to the readers of our first Long Term Care Newsletter-Life Safety Section! The focus of this column will be to provide Life Safety Code information in a brief and concise format for quick reference for facility staff.

History teaches that continuously maintaining clear and unobstructed exit pathways is critical for quick and orderly evacuation during an emergency or fire in health care facilities.

The following checklist is provided to assist in evaluating the status of your facility's exit components for quick and safe evacuations:

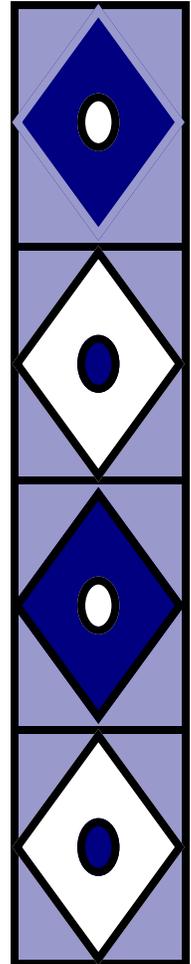
- ◆ All exit signs shall be illuminated, visible and have reliable back-up power. Exit signs help to direct individuals along the designated paths of exit/egress.
- ◆ Emergency lights should illuminate the exit pathway and should also have reliable back-up power.
- ◆ Visible key pad codes must be posted at designated exits equipped with a magnetic locking device and a key pad. This is to ensure instant release of the locked doors during an emergency.
- ◆ Visible signage must be posted at designated exits equipped with a 15 second delay. This is to ensure individuals can successfully open the locked exit door during an emergency.
- ◆ In the event a single light bulb does not function on the emergency lighting unit, the unit must be equipped to provide sufficient lighting for the

means of egress including exit discharge, so as not to leave the area in darkness.

- ◆ All outside exit pathways are required to have a hard, all weather surface that extends to a public way (street, alley or parking lot).
- ◆ When an existing facility undergoes renovation or new construction, careful pre-planning must ensure all designated exits remain clear and useable during all phases of the renovations.

In summary, continuously maintaining exit components for safe and quick evacuation, can save lives of residents, staff and visitors in the facility during an emergency.

Think Safety!



ICF/MR Active Treatment Focus by Linda Kimmel, Training Coordinator

The Center for Medicare & Medicaid Services has identified five new key areas of focus for persons with severe/profound disabilities in addition to the four required areas of training. The five are:

- Communication
- Therapeutic Positioning
- Mobility
- Eating
- Toileting

Assess your client's abilities to achieve independence in these five areas.

In order for developmentally disabled

individuals to be more independent, they need to be more like you and I, with increased independent control. With this control comes the need for fewer people to "touch" you. Clients are less needy when learning new and valuable things.

Do your clients have a normal rhythm of the day and a chance to make choices?

Consider choices, such as:

- Where do they want to live?
- Who do they want to live with?
- What kind of job do they prefer?
- What do they like to do in their leisure time?
- Do they live, work and play in normal conditions?

If you have assessed these five (5) areas of focus and answered the questions, you are on your way to a good *Active Treatment Program*.

Quotable Notables

"What the world needs today is more love and less paperwork."

-Pearl Bailey

Training Corner

Karen Gray, Training Coordinator

2010 Provider Training Dates

- ◆ *Long Term Care – OKC – June 29 & 30, 2010*
- ◆ *Long Term Care – Tulsa – July 21 & 22, 2010*
- ◆ *Residential Care – OKC – August 19, 2010*
- ◆ *ICF/MR – OKC – September 15, 2010*
- ◆ *Assisted Living – OKC – October 21, 2010*
- ◆ *Best Friends Approach to Alzheimer's Care – October 28, 2010*
David Troxel, MPH, Author and Lecturer
- ◆ *Best Friends Approach to Alzheimer's Care – October 29, 2010*
David Troxel, MPH, Author and Lecturer



Watch our website at: [http://www.ok.gov/health/Protective Health/Long Term Care-Service/Long Term Care Meetings & Events/Index.html](http://www.ok.gov/health/Protective_Health/Long_Term_Care-Service/Long_Term_Care_Meetings_&_Events/Index.html) for program and registration information. Registration forms will be mailed out to facilities approximately four (4) weeks prior to the event

Infection Control Update for Long Term Care Facilities

Karen Gray, Training Programs Manager

CMS has released the final revision for F441 Infection Control. The revised interpretive guidelines can be downloaded at: <http://www.cms.hhs.gov/transmittals/downloads/R55SOMA.pdf>

The revised guidance was effective September 30, 2009, however, several revisions have been released since that time. The final guidance was released on December 2, 2009.

The revisions to F441 were made to provide definition, education, and explanation related to the prevention and control of infections in long term care facilities. F441 now contains all of the interpretive guidance originally found at F441, F442, F443, F444 and F445; however, the regulatory language remains the same.

The revised guidance now includes an Investigative Protocol for determining facility compliance with F441. Use this protocol as a checklist or quality assurance tool to assist your facility in achieving compliance with the regulation.

Food Service Training Requirements

Karen Gray, Training Programs Manager

Can your food service staff answer surveyor questions about safe food handling practices, such as cooking temperatures, holding temperatures, the temperature danger zone, handwashing, warewashing, thawing procedures and the correct procedures for cooling food?

These are just a few of the questions your food service staff may be asked during a survey. To ensure staff are knowledgeable of food handling practices and can answer these types of questions, long term care food service staff, as well as all staff assisting in, or responsible for food preparation in Assisted Living Centers, must receive Department (OSDH) approved food service training. Below are the rules. Are you in compliance?

Nursing Facilities

310:675-13-7. Food Service Staff

(b)(3) "Each food service staff member shall successfully complete a food service training program offered or approved by the Department within ninety (90) days of beginning employment. Food service training shall be renewed as required by the authorized training program."

("Training Corner" Continued on Page 7, Column 3)

POCs 101

“An Effective Way to Write an Acceptable Plan of Correction.”

Jerry Taylor, Enforcement Coordinator

In my job I read a lot of plans of corrections, or POCs for short. POCs are important for several reasons, but mainly they serve as a tool for you, the provider, to tell us what you intend to do about problems identified on surveys. In addition, a good POC can help focus your staff on the action needed to run your facility more efficiently. A good POC also helps you define a problem and therefore its solution. This should result in better quality of life for your residents, which should make everyone happier.

If the POC is not clear on how you intend to address the problem cited, then it is rejected. **During calendar year 2009, slightly more than 14 percent of all POCs submitted, were rejected.** That’s not astronomical, but I believe **we can do better.** Everybody saves time if we get it right the first time. I’ve learned a few tricks about this business over the years and would like to share one of them with you. There’s an effective way to write an acceptable POC and here it is.

Figuring out what to say on the POC isn’t really that hard to do. We send you the “how-to” with every statement of deficiencies. You will find the criteria for an acceptable POC in the cover letter attached to the statement of deficiencies. It’s a series of five “bullet points” that tells you what your POC needs to say. The wording on the criteria is a little different for each type of facility and reflects the differences in regulations, but they all say about the same thing. Use these clues to assist you.

An effective way to write an acceptable POC is to turn each of those five individual criteria into a question and then answer each of those questions for every deficiency cited. If you answer those five questions for each individual deficiency, you will typically end up with four individual paragraphs and a correction date for each deficiency. You will have identified:

- What you have done for residents listed on the survey who were affected.
- What you have done for residents who might be affected by the deficiency but weren’t listed on survey.
- What changes in facility practices are being addressed to ensure the deficiency does not occur again.
- How you plan to monitor changes to ensure they are effective.
- Provide a reasonable date of correction.

Today almost everyone uses computers when writing a POC. A computer makes it easier to revise the document before you send it, but sometimes it’s difficult to get the statement of deficiencies set up in the printer. So when it comes to actually typing your POC, make it easy on yourself and simply print your POC, referencing the tag numbers for each deficiency, and send it as an attachment to the statement of deficiencies. Just make sure you write “See Attached” on the statement of deficiencies where the POC would normally go. It’s perfectly acceptable.

And **don’t forget to sign your POC.** The signature block is not too conspicuous and the title can be confusing. It’s located at the bottom of the first page and is titled “*LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE*”. This is the signature block for all provider types and it has to be signed. If not, the POC is rejected.

So that’s all there is to it. **Just answer those five questions for each deficiency, sign the first page and send it back to us as soon as you can.**

“Excellence is an art won
by training. -Aristotle

(Continued From Page 6)

Training Corner

Karen Gray, Training Coordinator

Assisted Living and Continuum of Care Facilities

310:663-3-8. Food storage, preparation and service

(e) Food service training. “All staff assisting in, or responsible for food preparation shall have attended a food service training program offered or approved by the Department.”

Residential Care Homes

Although the Residential Care Home Regulations (Chapter 680) do not require Department approved food service training, the regulation at OAC 310: 680-9-1.(h) does require, “*A residential care home licensed for twenty (20) beds or more, and/or having residents who require special diets, shall designate an employee who is properly trained to supervise menu planning, food preparation, food inventory, food distribution, and health issues related to diet.*” To ensure your food service staff are storing, preparing and distributing food to prevent foodborne illness to the residents, and to ensure they are “properly trained” and can answer questions appropriately, we encourage you to provide this training to staff who prepare and/or handle resident food.

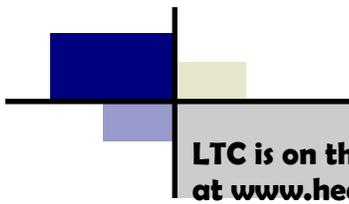
If you attended the LTC provider training or the Assisted Living Provider training last year, you received a CD-ROM when you registered. A PowerPoint presentation of the OSDH approved food service training is on the CD. Utilize this training program within your facility to assist in achieving compliance with the regulations.

If you have 20 or more staff members who would benefit from or are required to have the food service training, contact Leeta Harris, OSDH Consumer Health Services Division, at 405-271-5243, Ext. 57958, to come to your facility, free of charge, to provide the training for your staff.

OSDH

“Creating a State of Health”

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Oklahoma City, OK
73117-1299
Phone: 405-271-6868
Fax: 405-271-3442



**LTC is on the web! Visit us
at www.health.ok.gov**

Introduction to Protective Health Services and the PHS Mission Statement

The Protective Health Services Program areas provide regulatory oversight of the state's health care delivery service through a system of inspection, licensure, and/or certification. Several other trades/professions are also licensed.

Protective Health Services' Mission:

To promote and assess conformance to public health standards, to protect and help ensure quality health and health care for Oklahomans.

Insider Chat—edited by Donna Bell and Joyce Bittner

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THIS NEWSLETTER WITH
STAFF.**