LONG TERM CARE
COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Issue Alert: Baseline Care Plan

I. Why is a Baseline Care Plan Critical to a Nursing Home Resident's Care and Safety?

The first fews days to weeks after a resident is admitted to a nursing home is, perhaps, the most dangerous time for residents. The nursing home is not yet familiar with the needs of the resident and the resident is not familiar with his or her new environment. For this reason, as the Centers for Medicare & Medicaid Services notes, the intent of the baseline care plan requirement is to **"increase resident safety, and safeguard against adverse events that are most likely to occur right after admission**" through the development a resident care plan within 48 hours of admission.[1]

Note to Readers:

LTCCC Issue Alerts provide user-friendly and practical information on issues of concern to nursing home residents.

For further information, please see the resources and references at the end of the Alert, as well as our website, www.nursinghome411.org.

II. What are the Baseline Care Plan Requirements?

The requirements for baseline care plans include:

1. **Nursing homes must develop a person-centered baseline care plan for each nursing home resident within 48 hours of admission.**
   - *The facility must develop and implement a baseline care plan for each resident that includes the [basic] instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must—*
     - *Be developed within 48 hours of a resident's admission.*
     - *Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—*
       - *Initial goals based on admission orders.*
       - *Physician orders.*
       - *Dietary orders.*
       - *Therapy services.*
       - *Social services.*
       - *PASARR recommendation, if applicable.*

2. **Nursing homes may develop a comprehensive care plan instead of a baseline care plan, only if the comprehensive care plan is developed within the required 48-hour timeframe.**
    - *The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan—*
        - *Is developed within 48 hours of the resident's admission.*
        - *Meets the requirements set forth in . . . [the comprehensive care plan standards, except the requirement that it be completed within seven days of the comprehensive assessment].*
3. **Nursing homes must provide a summary of the baseline care plan to each resident and their representative.**
    - *The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:*
        - *The initial goals of the resident.*
        - *A summary of the resident's medications and dietary instructions.*
        - *Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.*
        - *Any updated information based on the details of the comprehensive care plan, as necessary.*[2]

According to CMS's Interpretative Guidance,[3] **the baseline care plan is an interim care plan meant to address the needs of residents during the critical period immediately after a resident is first admitted into a nursing home.** As a result, baseline care plans must incorporate all of the information necessary to properly care for residents after their admission, including "resident-specific health and safety concerns to prevent decline or injury, such as elopement or fall risk, and . . . [identifying] needs for supervision, behavioral interventions, and assistance with activities of daily living . . . ."

The development of the baseline care plan must also take a person-centered approach. CMS's Guidance provides that this means nursing homes must focus "on the resident as the center of control, and support each resident in making his or her own choices." Nursing homes must make every effort to **"understand what each resident is communicating, verbally and nonverbally, identifying what is important to each resident with regard to daily routines and preferred activities, and having an understanding of the resident's life before coming to reside in the nursing home."**

III. What Does the Absence of a Baseline Care Plan Mean for Residents?

In a 2014 report, the HHS Inspector General found that **33 percent of Medicare beneficiaries in skilled nursing facilities (SNFs) were harmed within, on average, 15.5 days of entering a nursing home**.[4] **According to the report, 59 percent of these events were "clearly or likely preventable."**

The baseline care plan standards became part of the regulatory requirements after the Inspector General's report, as part of the 2016 revision of federal nursing home requirements.

While nursing homes are required – and paid – to ensure that residents are safe and receive appropriate services from the moment they are admitted, prior to the baseline care plan requirement going into effect (November 2017), the only formal care planning requirement was for a comprehensive care plan, which nursing homes have as long as three weeks (21 days) after a resident's admission to complete. We consider the promulgation of the baseline care plan requirement as being, effectively, a response to the Inspector General's astonishing and disturbing findings. It is worth noting that the Inspector General's report found that at least 36 percent of the preventable harm was directly linked to errors in resident management, inadequacies with the care plan, and resident assessments.[5]

"The purpose of the baseline care plan is to serve as an interim care plan within the initial period of residency to avoid poor quality care and reduce the risk of hospital readmission as a result of missing information."

CMS, Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities (Oct. 4, 2016).

IV. Citations for Baseline Care Plan Deficiencies

Please Note: LTCCC Issue Alerts are typically accompanied by information posted on our website on the nursing homes that have been cited for a deficiency related to the topic covered. However, the baseline care plan standards were just implemented on November 28, 2017. Thus, few baseline care plan deficiencies have been cited as of the publication of this Issue Alert (May 2018).

As a result, we will not be posting baseline care plan deficiencies on our website at this time. When the available data are more robust, we anticipate posting them on LTCCC's Nursing Home Information & Data Page. Irrespective of the availability of enforcement data, we strongly urge residents, families, and those who work with them to be aware of a resident's right to a person-centered baseline care plan and to be vigilant in ensuring that the resident's nursing home adheres to this federal requirement.

V. Case Study of a Resident Who was placed in a Highly Risky Environment Due to an Incomplete Baseline Care Plan

When a state surveyor identifies substandard care, those findings are described in what is called a Statement of Deficiencies (SoD). All nursing home SoDs are published on Nursing Home Compare. A December 2017 inspection of Ira Davenport Memorial Hospital SNF in Bath, New York, illustrates one such instance where surveyors cited a nursing home for violating the baseline care plan requirements.

When the state surveyor inspected the nursing home, the surveyor found that the facility was deficient in "creat[ing] and putt[ing] into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted."[6]

While interviewing the unit coordinator, the surveyor asked her for a copy of the resident's baseline care plan. Upon her return from copying the care plan, the unit coordinator told the surveyor that she "noticed the first page of the . . . form was missing so she had attached a blank copy."

Subsequently, when the surveyor spoke to the physical therapist, the physical therapist told the surveyor that the resident was "hard of hearing and the use of a white board for communication had been initiated." The graduate practical nurse (GPN) confirmed that the resident "was hard of hearing, but she was not sure if the resident had hearing aids." The GPN also noted that the use of a white board for communication and the resident's pacemaker were not in the Care Plan."

"[T]he starting point for compliance should be getting the information to provide the highest quality care right out of the gate, not gathering information for its own sake . . . the baseline care plan will vary on a person-by-person basis, given that not every patient is going to be coming in with the same sets of orders and needs . . . ."

-Skilled Nursing News (Oct. 19, 2017), referencing comments made by Evan Shulman, deputy director of CMS's Nursing Homes Division.

The registered nurse/supervisor (RNS) later told the surveyor that she found the front page of the baseline care plan and "had filled it out to give to the resident's family . . . ." The surveyor then reviewed the baseline care plan with the RNS, who said that she "had not filled out the hearing section at all and should have since the resident was deaf . . . [but] included the use of a white board for communication." The RNS also stated that she marked the oxygen section as "N/A, not applicable because it was listed below ventilator and she thought the whole section of the form was related to vent use." The surveyor noted that the physician had ordered "oxygen at two liters via nasal cannula continuously."

The surveyor detailed that the baseline care plan had a "blank first page which included areas to document initial goals, including vision, hearing, communication, hearing or vision risk, dietary orders, therapy services, safety, and social services." Further finding that the oxygen section had "N/A (non-applicable) documented, and the Baseline Care Plan completion date and signature sections were blank." Ultimately, the surveyor determined that the nursing home "did not develop and implement a thorough Baseline Care Plan within 48 hours." Nevertheless, the surveyor still cited the deficiency at the "no harm" level.

VI. A Note on Nursing Home Oversight & Accountability

The accurate identification of substandard nursing home care is a longstanding issue of public concern. Too often, even when resident abuse or neglect are cited, the problems are not identified by surveyors as having caused harm to the nursing home's residents. A report by the Government Accountability Office (GAO) found that a "substantial proportion of federal comparative surveys identify missed deficiencies at the potential for more than minimal harm level or above."[7] Recent studies by LTCCC also indicated that states only identify resident harm about 5% of the time that they cite a facility for substandard care, abuse, or neglect.[8] It is important to note that, in the absence of a finding of harm, facilities rarely, if ever, face a penalty for the substandard care or services provided.

VII. A Note on CMS's 18-Month Moratorium on Enforcement

Following lobbying from the nursing home industry for "burden reduction," CMS announced on November 24, 2017, that the violation of eight nursing home standards of care would not result in any financial penalty for the next 18 months.[9] Despite the devastating consequences that can result in the absence of a baseline care plan, CMS included this requirement in the 18-month moratorium.

VIII. What Does This Mean for Consumers?

1. Nursing homes with baseline care plan deficiencies will ***not*** be properly penalized, even when resident harm or immediate jeopardy are identified, until May 24, 2018.
2. Regardless of penalties, **nursing homes are still expected to and responsible for developing a person-centered baseline care plan for each resident within 48 hours**.
3. **Nursing homes are still accountable for any other deficiencies** that stem from a failure to develop and implement a baseline care plan. For example, if a resident suffers because she did not receive necessary medication on the day after she moved to a facility, because there was no baseline care plan in place to alert staff, the facility would still be responsible for a failure to provide appropriate medication management (and potentially other) deficiencies.

IX. References for More Information & Help

1. **Fact Sheets.** The Learning Center on LTCCC's website, www.nursinghome411.org, contains easy-to-use fact sheets on many of the nursing home standards of care most relevant to residents. LTCCC's Resident Care Planning fact sheet can be found here: http://nursinghome411.org/fact-sheet-resident-care-planning/.
2. **Federal Requirements & Guidance.** The CMS State Operations Manual provides, in an appendix, the Interpretative Guidance, which specifies expectations for this and other nursing home services, as well as for state enforcement. See https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.
3. **News Report.** A state investigation of a Michigan nursing home found that the facility "failed to develop and implement a baseline care plan for 5 of 5 residents reviewed for care plans . . . resulting (in) the actual and potential resident needs not being met." In one case, a 92 year-old resident, who was a high fall risk, later died from a head injury. See http://michiganradio.org/post/state-investigation-kalamazoo-nursing-home-turns-more-problems.

Please share your thoughts with us on Twitter using **#HarmMatters**. For more information on "no harm" deficiencies, please see our monthly newsletter:
Elder Justice: What "No Harm" Really Means for Residents.
Email **info@ltccc.org** to sign up for our alerts & newsletters and visit **www.nursinghome411.org** for additional resources & information.

[1] 42 C.F.R. § 483.21(a)(1)-(3). The quote can be found in CMS's Interpretative Guidance for this regulation, available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf. [Emphasis aded.]

[2] § 483.21(a)(1)-(3). This is the federal regulation covering the baseline care plan standards of care.

[3] § 483.21(a)(1)-(3).

[4] *See* Daniel R. Levinson, *Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries*, HHS OIG (Feb. 2014), https://oig.hhs.gov/oei/reports/oei-06-11-00370.pdf (defining an adverse event as harm to a resident as a result of medical care, including the failure to provide necessary care. Temporary harm was distinguished on the basis that it did not require a hospital transfer or prolonged SNF stay).

[5] This is the total of three factors: errors related to medical judgment, skill or resident management (14 percent); resident care plan was inadequate (11 percent); care plan was incomplete or not sufficient in describing resident's condition (seven percent); and resident's health status was not adequately assessed (four percent).

[6] Statement of Deficiencies for Ira Davenport Memorial Hospital SNF, CMS (Dec. 15, 2017), https://www.medicare.gov/nursinghomecompare/InspectionReportDetail.aspx?ID=335706&SURVEYDATE=12/15/2017&INSPTYPE=STD&profTab=1&state=NY&lat=0&lng=0&name=IRA%2520DAVENPORT%2520MEMORIAL%2520HOSPITAL%2520S%2520N%2520F&Distn=0.0.

[7] *Federal Monitoring Surveys Demonstrate Continued Understatement of Serious Care Problems and CMS Oversight Weaknesses*, GAO (May 2008), https://www.gao.gov/assets/280/275154.pdf.

[8] Richard J. Mollot & Rediet Demissie*, The Identification of Resident Harm in Nursing Home Deficiencies: Observation & Insights*, LTCCC (2017), http://nursinghome411.org/identification-of-resident-harm-in-nursing-home-citations/.

[9] *Temporary Enforcement Delays for Certain Phase 2 F-Tags and Changes to Nursing Home Compare*, CMS (Nov. 24, 2017), https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-04.pdf (listing the standards: baseline care plan (§ 483.21(a)(1)-(a)(3)), behavioral health services (§ 483.40), sufficient/competent direct care/access staff-behavioral health (§ 483.40(a)(1)-(a)(2)), psychotropic medications related to PRN limitations (§483.45(e)(3)-(e)(5)), facility assessment (§ 483.70(e)), antibiotic stewardship program (§ 483.80(a)(3)), QAPI program and plan (§ 483.75(a)(2)), and smoking policies (§ 483.90(i)(5))).