

Focus on Care & Outcomes:

Pressure Ulcers and Infection Control & Prevention

Richard Mollot

The Long Term Care Community Coalition

www.nursinghome411.org

Support for this program provided by the NYS Health Foundation.

+ What is the Long Term Care Community Coalition?

- LTCCC: Nonprofit organization dedicated to improving care & quality of life for the elderly & adult disabled in long-term care (LTC).
- Our focus: People who live in nursing homes & assisted living.
- What we do:
 - Policy analysis and systems advocacy in NYS & nationally;
 - Education of consumers and families, LTC Ombudsmen and other stakeholders.
- Partners & Members: LTC Ombudsman Programs, LTC Consumer Advocacy Organizations, the Center for Independence of the Disabled, several Alzheimer's Association Chapters, other senior and disabled organizations. Also individuals, including ombudsmen, who join in our mission to protect residents.
- **Richard Mollot**: Joined LTCCC in 2002. Executive director since 2005.
- Website: <u>www.nursinghome411.org</u>.



+ Today's Program:

- Brief Overview of the Issues
- Infection Control & Prevention
 - Extent of problem
 - Regulatory standards



Pressure Ulcers

- Extent of problem
- Regulatory standards
- What information is available to YOU?

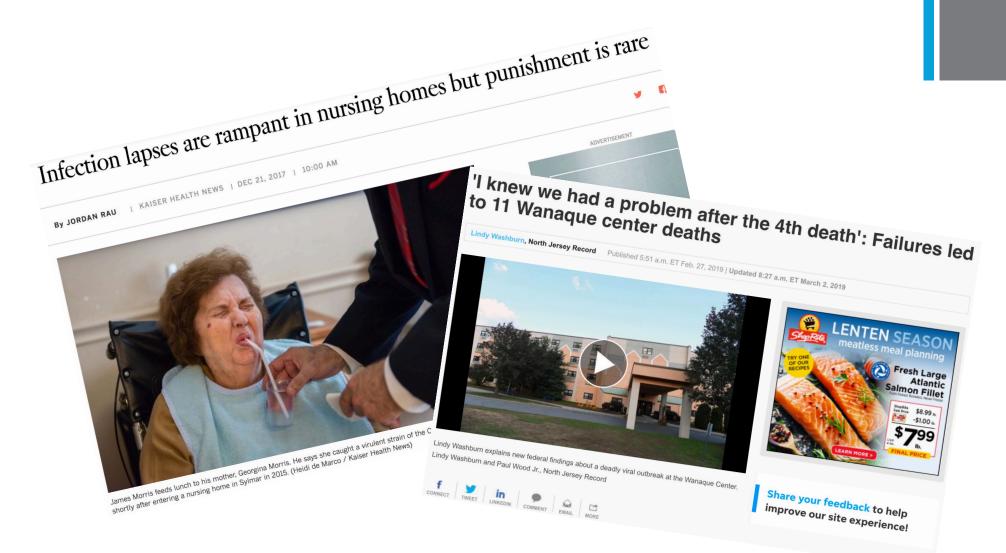
Useful Tools & Resources



Infection Control & Prevention

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+ Infection Control & Prevention is One of the Most Serious Problems Facing Nursing Home Residents



+ It is also, often, one of the most easy problems to address...



+ Why?

- Despite strong regulatory requirements to protect residents, infections continue to be a leading cause of death, needless suffering, and expense among nursing home residents.
- According to the Office of Disease Prevention and Health Promotion, 380,000 nursing home residents die each year due to health careassociated infections.
- Preventable reasons for the spread of infection include deficient nursing home practices, such as staff not washing their hands or sterilizing equipment before providing resident care.



+ Federal Requirements for Nursing Homes

- Implement an infection prevention and control program. Nursing homes must have a "system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment . . . following accepted national standards."
- Develop written policies and procedures. Nursing homes must have "[w]ritten standards, policies, and procedures for the program, which must include, but are not limited to:
 - A system of surveillance: Designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
 - Reporting: When and to whom possible incidents of communicable disease or infections should be reported;
 - Prevent spreading: Standard and transmission-based precautions to be followed to prevent spread of infections;
 - Isolation: When and how isolation should be used for a resident; including a requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
 - Limited contact: The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
 - Hand hygiene procedures: The hand hygiene procedures to be followed by staff involved in direct resident contact."

US Nursing Home Infection Cor × + https://nursinghome411.org/us-nursing-home-infection-control-prevention-citations-december-2018/ 🖈 Incognito 🚍 6 \rightarrow **US Nursing Home Infection Control & Prevention Citations: December** 2018 Home / Nursing Home Information / Enforcement / Infection Control and Prevention Citations / US Nursing Home Infection Control & Prevention Citations: December 2018 < Previous Next > COA Advancing Quality, Dignity & Justice US Nursing Home Infection Control & Prevention Citations: December 2018 **Learning Center** Infection prevention and control programs protect residents from preventable harm, injury, and death. Despite strong regulatory requirements to safeguard Nursing Home Info & Data residents, infections continue to be a leading cause of death and needless suffering for nursing home residents. According to the Office of Disease Prevention and Health Promotion, 380,000 nursing home residents die each year due to health care-associated infections. Preventable reasons for the spread of infection **Action Center** include deficient nursing home practices, such as staff not washing their hands or sterilizing equipment before providing resident care. **News & Reports** Below are links to individual files, for each state, listing all of the nursing homes in the state that have received a citation for failure to "have a program that investigates, controls and keeps infections from spreading." The data include all citations for the last three years (as of November 2018). They were Assisted Living downloaded from data.medicare.gov in December 2018. LTC in NY State Each file is searchable by facility name, city, zip code, etc... Please see the "Notes" tab in each state file for more information about the data provided. **HV Ombudsman Program>** For more information, please see: JANUARY 2018 NEWS ALERT: INFECTION LTCCC ISSUE ALERT: INFECTION CONTROL & About LTCCC **CONTROL & PREVENTION** PREVENTION STANDARDS Support Our Mission Louisiana Ohio Alabama Q Alaska Maine Oklahoma Maryland Oregon Arizona Arkansas Massachusetts Pennsylvania

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Check Out the Data



Ask Questions



Be an Educated Consumer

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+ However... Standards are not well-enforced

The Wanaque Center – 11 Children Dead, Others Permanently Harmed

Center for Medicare Advocacy (www.medicareadvocacy.org) report:

Inspection reports indicate that the nursing home had previously been cited numerous times for not meeting infection control standards.

- In <u>2016</u>, the nursing home was cited for failing "to demonstrate proper infection control techniques during medication pass"
- In <u>2017</u>, the nursing home was cited for failing "to ensure infection control practices were followed."
- In <u>2018</u>, the nursing home was cited for failing "to follow proper infection control procedures during medication pass and for the care of a urinary catheter."

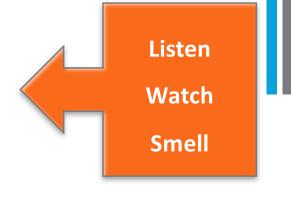
All of these violations were cited as not causing "actual harm" or "immediate jeopardy" to any residents. Despite these repeated violations, Medicare's <u>Nursing Home Compare</u> indicates that the nursing home has not received "any fines in the last 3 years."

+ Because enforcement only tells a small part of the story...



+ It is valuable to...

- Be aware of what's going on in your facility, or those in your community;
- Access easily-available information on staffing and other important criteria;
- 3. Know what standards of care residents have the right to expect.





Pressure Ulcers

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+ What are Pressure Ulcers?

- Pressure ulcers occur when there is damage to a resident's skin or underlying tissue.
- Pressure ulcers are generally localized to areas of the body with boney prominences that absorb pressure from prolonged immobility (such as elbows, hips, heels, and shoulders).
- Pressure ulcers are classified into stages, based on the severity of the injury.

How Big of a Problem are They?

- Pressure ulcers are serious medical conditions and one of the important measures of the quality of clinical care in nursing homes. - CDC
- While some pressure ulcers are unavoidable, research and experience indicate that,"[i]n the vast majority of cases, appropriate identification and mitigation of risk factors can prevent or minimize pressure ulcer (PU) formation." - Journal of Wound, Ostomy & Continence Nursing
- Over 87,000 nursing home residents are suffering with pressure ulcers today.

+ Federal Requirements for Nursing Homes

THE LAW

Skin Integrity [42 C.F.R. § 483.25(b)(1)] [F-686]

Based on the comprehensive assessment of a resident, the facility must ensure that-

- A resident receives care, consistent with professional standards of practice, to prevent
 pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition
 demonstrates that they were unavoidable; and
- A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.

WHAT DOES "UNAVOIDABLE" MEAN?

According to CMS's Interpretative Guidance, "unavoidable" means that a pressure ulcer formed even though the facility had evaluated the resident's clinical condition and risk factors; defined and implemented interventions that are consistent with resident needs, goals, and professional standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate.

In addition, numerous other regulatory standards relate to good pressure ulcer care, including: Sufficient Staffing, Resident Assessment, and Services Provided Meet Professional Standards of Quality.



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Nursing Home Pressure Ulcer Citations: Spring 2019

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Nursing Home Pressure Ulcer Citations: Spring 2019

Pressure ulcer are a major concern for nursing home residents and families and, according to the federal Centers for Disease Control and Prevention, a key indicator of the quality and safety provided in a nursing home. We recommend that the information provided here is used in conjunction with information on pressure ulcer rates and staffing rates, available on our **Nursing Home Data and Information page**, to identify the potential strengths and weaknesses of the care provided in a nursing home. For more information and useful tools to support resident-centered advocacy, please visit our **Learning Center**.

AK Pressure Ulcer Deficiencies NH Compare March2019

AL Pressure Ulcer Deficiencies NH Compare March2019

AR Pressure Ulcer Deficiencies NH Compare March2019

AZ Pressure Ulcer Deficiencies NH Compare March2019

CA Pressure Ulcer Deficiencies NH Compare March2019

CO Pressure Ulcer Deficiencies NH Compare March2019

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	Provider State 🔻	Provider Name	Provider Address	Provider City	-	Provider Zip Code 🔽	Survey Date	Deficiency Tag Number 🔻	Deficiency Description	Scope Seve Code
	NY	BRIARCLIFF MANOR CENTER FOR F	REHAI 620 SLEEPY HOLLOW ROAD	BRIARCLIFF MANOR		10510	2/1/16	314	Give residents proper treatm	D
	NY	KATHERINE LUTHER RESIDENTIAL H	ILTH (110 UTICA ROAD	CLINTON		13323	3/10/17	314	Give residents proper treatm	E
	NY	SCHENECTADY CENTER FOR REHAE	BILITA 526 ALTAMONT AVE	SCHENECTADY		12303	5/22/17	314	Give residents proper treatm	D
	NY	BEECHTREE CENTER FOR REHABILIT	TATIC 318 SOUTH ALBANY STREET	ITHACA		14850	8/20/15	314	Give residents proper treatm	D
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	NY	BEECHTREE CENTER FOR REHABILIT	TATIC 318 SOUTH ALBANY STREET	ITHACA		14850	11/17/16	314	Give residents proper treatm	E
	NY	NEW CARLTON REHAB AND NURSI	NG C 405 CARLTON AVE	BROOKLYN		11238	3/27/15	314	Give residents proper treatm	D
	NY	SPRING CREEK REHABILITATION &	NURS 660 LOUISIANA AVE	BROOKLYN		11239	9/27/18	686	Provide appropriate pressure	D
	NY	SCHERVIER NURSING CARE CENTER	2975 INDEPENDENCE AVE	BRONX		10463	1/20/15	314	Give residents proper treatm	D
_	NY	RIVERVIEW MANOR HEALTH CARE	CENT 510 FIFTH AVENUE	OWEGO		13827	6/21/17	314	Give residents proper treatm	D
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	NY	HILAIRE REHAB & NURSING		HUNTINGTON		11743	8/15/18	686	Provide appropriate pressure	G
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Nursing Home Pressure Ulcer Rates: April 2019

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Nursing Home Pressure Ulcer Rates: April 2019

Pressure ulcers are serious medical conditions and one of the important measures of the quality of clinical care in nursing homes. – U.S. Centers for Disease Control & Prevention (CDC).

Click on the following links to download the four quarter average pressure ulcer rates posted on Nursing Home Compare in April 2019. Please note that the absence of a number for a facility means that there was insufficient information available, *not* that the facility has no residents with pressure ulcers. Please see the Notes tab in each state file for additional information on the data provided.

AK Nursing Home Pressure Ulcer Rates 4Q Average April2019 AL Nursing Home Pressure Ulcer Rates 4Q Average April2019 AR Nursing Home Pressure Ulcer Rates 4Q Average April2019 AZ Nursing Home Pressure Ulcer Rates 4Q Average April2019 CA Nursing Home Pressure Ulcer Rates 4Q Average April2019 CO Nursing Home Pressure Ulcer Rates 4Q Average April2019

Pressure ulcer rates...
1. For every nursing home;
2. In individual state files;
3. Sortable by name, city, highest and lowest rates of pressure ulcers.

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5	335328	NY	PALM GARDENS CENTER FOR NU	JRS 615 AVENUE C	BROOKLYN	11218	22.8	3/1/19
5	335772	NY	RICHMOND CTR FOR REHAB AND	D S 91 TOMPKINS AVENU	E STATEN ISLAND	10304	19.2	
7	335537	NY	RUTLAND NURSING HOME, INC	585 SCHENECTADY AV	e brooklyn	11203	18.1	3/1/19
	335313	NY	MEDINA MEMORIAL HOSPITAL S	S N 200 OHIO STREET	MEDINA	14103	17.9	
	335538	NY	CONCORD NURSING AND REHAE	BILI 300 MADISON STREET	BROOKLYN	11216	17.6	3/1/19
C	335214	NY	EASTCHESTER REHABILITATION A	AN 2700 EASTCHESTER RO	BRONX	10469	17.6	3/1/19
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3	335158	NY	OCEANSIDE CARE CENTER INC	2914 LINCOLN AVENU	E OCEANSIDE	11572	17.3	
4	335160	NY	LYNBROOK RESTORATIVE THERA	PY 243 ATLANTIC AVENU	E LYNBROOK	11563	16.7	3/1/19
5	335275	NY	SAPPHIRE NURSING AT WAPPIN	GE 37 MESIER AVENUE	WAPPINGERS FAL	LS 12590	16.2	3/1/19
6	335220	NY	MERCY LIVING CENTER	114 WAWBEEK AVE	TUPPER LAKE	12986	16.1	3/1/19
7	335515	NY	YONKERS GARDENS CENTER FOR	N 127 SOUTH BROADWA	YYONKERS	10701	16.0	
8	335280	NY	TROY CENTER FOR REHABILITATI	ON 49 MARVIN AVENUE	TROY	12180	15.6	
9	335380	NY	NORTHERN METROPOLITAN RES	HE 225 MAPLE AVENUE	MONSEY	10952	15.2	
C	335309	NY	STEUBEN CENTER FOR REHABILIT	TA17009 RUMSEY STREET	E BATH	14810	15.1	3/1/19
1	335710	NY	HAMILTON PARK NURSING AND	RE 691 92ND STREET	BROOKLYN	11228	14.5	3/1/19
2	335457	NY	FIDDLERS GREEN MANOR REHAE	A 168 WEST MAIN STRE	T SPRINGVILLE	14141	14.5	3/1/19
3	335625	NY	DOWNTOWN BROOKLYN NURSI	NG 520 PROSPECT PLACE	BROOKLYN	11238	14.4	3/1/19
	335640	NY	BUFFALO COMMUNITY HEALTH			14209		
4		A INZ	MULLANACODIDCE MANIOD FOD			10464	14.3	214140

+ It is valuable to...

- 1. Be aware of what's going on...
 - With your resident,
 - In your facility,
 - In the facilities in your community or state;
- Access easily-available information on staffing and other important criteria;
- 3. Know what standards of care residents have the right to accept.



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Resources to Support Resident-Centered Advocacy.

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+ Handouts

INFECTION CONTROL AND PREVENTION

Infection prevention and control programs protect residents from preventable harm, injury, and death. Infections continue to be a leading cause of death, needless suffering, and expense among nursing home residents.

Standards of Care

• Implement an infection prevention and control program. Nursing homes must have a "system for preventing, identifying, reporting, investigating, and controlling infections."

• **Develop written policies and procedures.** Nursing homes are required to have policies to address infections, such as providing instructions on how to determine whether someone is infected.

• **Record incidents.** Nursing homes must implement a system for documenting incidents and corrective actions.

• Practice the safe management of linens. Nursing homes "must handle, store, process, and transport linens so as to prevent the spread of infection."

• Conduct annual reviews of the program. Nursing homes must review their infection control policies every year and update as necessary.

Resources

1. The Agency for Healthcare Research and Quality (AHRQ) advises staff to clean their hands. See https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/cauti-ltc/modules/resources/guides/infection-prevent.html.

2. LTCCC issue alert describing federal requirements for infection control in nursing homes. See https://nursinghome411.org/ltccc-issue-alert-infection-control-prevention/.

3. LTCCC Report finds that infection control deficiencies were cited more than other deficiencies over a three year period, based on Nursing Home Compare data. See http://nursinghome411.org/identification-of-resident-harm-in-nursing-home-citations/.

PRESSURE ULCERS

Pressure ulcers occur when there has been damage to skin or underlying tissue, usually appearing in areas where bones protrude, such as heels, buttocks, and shoulders. About 85 percent of residents are at risk. Developing these pressure ulcers can lead to skin loss and serious infections.

Standards of Care

• **Regularly monitor residents**. Ensure residents are properly monitored for pressure ulcers.

• **Change positions.** Staff must change residents' positions often to prevent the development of pressure ulcers.

• **Provide a proper diet.** Nursing homes must provide a nutritious diet to residents to decrease opportunities for pressure ulcers to form.

• **Provide soft pads.** Residents should receive soft padding to reduce skin pressure and prevent formation of pressure ulcers.

• Address present ulcers. Monitor, treat, and heal existing pressure ulcers.

Resources

1. LTCCC's website provide an issue alert with key information on pressure ulcers. See https://nursinghome411.org/ltccc-issue-alert-pressure-ulcers/.

2. National Pressure Ulcer Advisory Panel has helpful resource on identifying and staging ulcers. See http://www.npuap.org/resources/educational-and-clinical-resources/ pressure-injury-staging-illustrations/.

3. U.S. National Library of Medicine contains consumer-friendly resources on pressure ulcers. See https://medlineplus.gov/ency/patientinstructions/000228.htm.

+ Fact Sheet: Pressure Ulcers

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

CONSUMER FACT SHEET: PRESSURE ULCERS

There are many standards which nursing homes are required to follow in order to ensure that residents receive appropriate care, have a good quality of life, and are treated with dignity. **YOU** can use these standards to support better care in your nursing home.

Following is the standard and guidelines that we have identified as essential when it comes to pressure ulcers in nursing homes. The descriptions were taken directly from the federal regulations and guidelines (as indicated by text in italics). For more information about pressure ulcers, please see LTCCC's issue alert.

THE LAW

Skin Integrity [42 C.F.R. § 483.25(b)(1)] [F-686]

Based on the comprehensive assessment of a resident, the facility must ensure that-

- A resident receives care, consistent with professional standards of practice, to prevent
 pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition
 demonstrates that they were unavoidable; and
- A resident with pressure ulcers receives necessary treatment and services, consistent with
 professional standards of practice, to promote healing, prevent infection and prevent new
 ulcers from developing.

WHAT IS A PRESSURE ULCER?

Pressure ulcers occur when there is damage to a resident's skin or underlying tissue. Pressure ulcers are generally localized to areas of the body with boney prominences that absorb pressure from prolonged immobility (such as elbows, hips, heels, and shoulders). Pressure ulcers are classified into stages, based on the severity of the injury.

WHAT DOES "UNAVOIDABLE" MEAN?

According to CMS's Interpretative Guidance, "unavoidable" means that a pressure ulcer formed even though the facility had evaluated the resident's clinical condition and risk factors; defined and implemented interventions that are consistent with resident needs, goals, and professional standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate.

> For additional information and resources, please visit www.nursinghome411.org.

HOW CAN PRESSURE ULCERS BE PREVENTED AND TREATED?

CMS's Guidance states that [e]ffective prevention and treatment are based upon consistently providing **routine and individualized** interventions, including:

- Redistributing pressure, such as through repositioning, protecting and/or offloading heels, etc.;
- Minimizing the resident's exposure to moisture and keeping the resident's skin clean;
- Providing support and non-irritating surfaces; and
- Maintaining or improving the resident's nutrition and hydration status, including addressing adverse drug reactions which may worsen risk factors for development of, or for non-healing PU/PIs [pressure ulcers]....

CAN RESIDENTS PARTICIPATE IN THEIR CARE PLANNING?

Yes! The resident's care plan should establish relevant goals, approaches, and interventions for addressing the resident's risk of developing a pressure ulcer. CMS's Guidance notes that, [i]n order for the resident to exercise his or her right appropriately to make informed choices about care and treatment or to decline treatment, the facility and the resident (or if applicable, the resident representative) must discuss the resident's condition, treatment options, expected outcomes, and consequences of refusing treatment. If a resident determines not to undertake one form of prevention or treatment, [t]he facility is expected to address the resident's concerns and offer relevant alternatives.... For more information, please see LTCCC's fact sheet on resident assessment and care planning at www.nursinghome411.org.

A BRIEF NOTE ABOUT ABUSE AND NEGLECT

Pressure ulcers may be a sign of resident abuse and/or neglect. **Under the federal Nursing Home Reform Law, every nursing home resident has the <u>right to be free from abuse and</u> <u>neglect</u>. CMS's Interpretative Guidance for this requirement notes that abuse may include the** *deprivation by staff of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.* **Similarly, CMS states that neglect may occur, [***i***]***f the facility is aware of, or should have been aware of, goods or services that a resident(s) requires but the facility fails to provide them to the resident(s).*

Federal law and regulations require nursing homes to report all alleged violations of abuse and neglect to the facility administrator and the state survey agency *immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.* For more information about resident abuse and neglect, please see LTCCC's <u>Abuse, Neglect, and Crime Reporting Center</u> at www.nursinghome411.org.

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+ Issue Alert: Infection Control & Prevention

LONG TERM CARE **COMMUNITY COALITION**

Advancing Quality, Dignity & Justice

Issue Alert: Infection Prevention and Control

I. Why are Infection Control Requirements Important to Residents?

Infection prevention and control programs protect residents from preventable harm, injury, and death. Sadly, despite strong regulatory requirements to protect residents, infections continue to be a leading cause of death, needless suffering, and expense among nursing home

residents.¹ According to the Office of Disease Prevention and Health Promotion, 380,000 nursing home residents die each vear due to health care-associated infections.² Preventable reasons for the spread of infection include deficient nursing home practices, such as staff not washing their hands or sterilizing equipment before providing resident care.

What are the Infection Control Requirements? II.

The federal Nursing Home Reform Law requires each nursing home to "establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment in which residents reside and to help prevent the development and transmission of disease

Note to Readers:

LTCCC Issue Alerts provide basic information about an issue 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.

and infection." The infection control program must "be designed, constructed, equipped, and maintained in a manner to protect the health and safety of residents, personnel, and the general public."³ In order to be certified under Medicare and Medicaid, nursing homes must adhere to the following minimum standards of care in regards to infection prevention and control:

- Implement an infection prevention and control program. Nursing homes must have a "system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment . . . following accepted national standards;"4
- Develop written policies and procedures. Nursing homes must have "[w]ritten standards, policies, and procedures for the program, which must include, but are not limited to:
- o A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;

- LTCCC Issue Alert: Infection Prevention and Control Program
- When and to whom possible incidents of communicable disease or infections should be Standard and transmission-based precautions to be followed to prevent spread of
- When and how isolation should be used for a resident; including but not limited to:
- The type and duration of the isolation, depending upon the infectious agent or organism involved, and
- A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
- The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with resid their food, if direct contact will transmit the disease; and The hand hygiene procedures to be followed by staff involved in direct resident
- Implement a system for documenting incidents and correct must have a "system for recording incidents identified under corrective actions taken by the facility."⁶
- Practice the safe management of linens. Nursing home staff "must handle, store, process, and transport linens so as to prevent the spread of infection."² Conduct annual reviews of the program. Nursing homes must "conduct an annual review of its IPCP and update their program, as necessary."⁶
- III. How Prevalent are Infection Control Deficiencies

A 2014 report by the U.S. Department of Health and Human Services' Office of the Inspector General (OIG) found that an astounding 20 percent of Medicare nursing home residents experienced an "Adverse Event" within the first month of

experienced an "Adverse Event" within the first month of admission to a nursing home, with the harm occurring, on average, within 15 days after admission.⁹ Infections accounted for 26 percent of these adverse events; the OVG classified the majority of these harmful events—52 percent—as "preventable.^{*10} Data from Nursing Home Compare show that state surveyors have cited 20,190 infection control deficiencies over the last three inspection cycles (years). In total, infection control deficiencies account for nearly seven percent of all nursing home deficiencies on Nursing Home Compare over the last three inspection cycles (as of February 2018).

During a medication administration observation, surveyors saw a licensed practical nurse (UN) enter a resident's room with a glucometer and related supplies. The LPM performed a fingerstick test on the resident and then placed the glucometer on the resident's overhed table without using a protective barrier. When the LPM left the resident's room, prostance density ment one of the rest due to a fact the rest and the rest and the rest due to a fact the rest due

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Enforcement. LTCCC Report: The Identification of Resident Harm in Nursing H Deficiencies found that infection control deficiencies were cited more than oth deficiencies over a three year period, based on Nursing Home Compare data.

News report. The Los Angeles Times' December 2017 article—"Infection lapses are rampan in nursing homes but punishment is rare"—highlighted that the most basic practices for preventing health care associated-infections are routinely ignored by nursing home staff preventing health care associated infections are routinely ignored by running homes stiff across the country, a markin node that 124 generation of nump ignores have been cited for infection country deficiencies but that disciplinary actions, such as federal lines, are rare. Georginal Mortan, a reading of a health National Control of the country of the Countral multi-law (C off), which resulted in her houghtalization, tames Morra, Georgina' Marking Hein Marka, "See hear / years utilities com/husines.dle-if-moring-home infections; 20271221.story.html:

¹ National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination, Office of Disease Prevention and Health Promotion (Apr. 2013), <u>https://health.gov/hea/pdfs/hai-action-stan-ltcf.pdf</u>.

U.S.C. § 1395i-3(d)(3) 42 C.F.R. § 483.80(a)(1) 42 C.F.R. § 483.80(a)(2) 42 C.F.R. 5 483.80(a)(4

Server n. Levenson, Adverse Events in Skilled Nursing Facilities: National In HS OIG (Feb. 2014), <u>https://oig.hhs.gov/oei/reports/oei-06-11-00370.pdf</u>. Id. sent of Deficiencies for Rome Memorial Hospital RHCF. CMS (Sept. 15, 2017)

TVPE-STD&profTab-t&state=MY8lat=08lng=08mame=ROME%2520MEMORIAL%2520HOSPITAL%2520 2520C45250F80Hm-0.0. CMS implemented new F-tags on November 28, 2017. Infection Prevention Descripted Additionation pre-serviced are 5290 Additionation.

letter entitled "Elder Justice: What "No Harm" Defin AO (May 2008), https://www.gao.gov/assets/280/275154.pdf otion & Insights, LTCCC (2017), http://n ment Delays for Certain Phase 2 F-Tags and Changes to me, CMS (Nov. 24, 2017), <u>https://www.cms.gov/Medica</u>

LTCCC Issue Alert: Infection Prevention and Control Program

IV. How Can I Find Out About Infection Control Deficiencies in My Nursing Home or Those in My State?

Infection control practices and, hence, citation rates, vary from nursing home to nursing home. Nursing Home Compare [http://www.medicare.gov/nursinghomecompare) provides information on individual licensed nursing homes across the country. Citations for infection control deficiencies are reflected in a nursing home's Statement of Deficiencies (SoDs) under the "Health Inspections" tab.

In order to provide the public with relevant information on nursing home infec-citation rates, ITCCC's <u>Nursing Home Information & Data Page</u> (on our <u>www.nursinghome11.org</u> website) has searchable and downloadable files on nursing home in the country, including the following data:

US Nursing Home Citations for Infection Control Deficiencies

All of the data are from the federal Medicare website. They have been formatted to make it easy for the public to access relevant information on nursing homes in their communities and

V. Case Study of Residents Who were Exposed to Harm because of Inadequate Infection Control

Currow Carlos State Stat

When state surveyors inspected the nursing home, they found that the facility was deficient in "hav[ing] a program that investigates, controls and keeps infection from spreading."¹¹ shared use of glucose monitoring devices in

cting the glucometer

LTCCC Issue Alert: Infection Prevention and Control Program

When surveyors interviewed the LPN, the acknowledged that the glucometer should have been cleaned with a germicidal wipe or a clocking and between residents. According to the LPN, the usually used alcohold pack. The registered muscle (RM) manager to disvayers that glucometers must be devined and germicidal wipes, but that black wipes could be used if germicidal wipes were not available. Another RN started that running staff were taken to "should" the started started started and the started the device that the started at "12 The

dialinetant^{1,14} Biowynes found that the nursing home failed to "ensure it maintained an infection Control Program diagonal to provide a saturat genorizonnest to help provent the development and Specifically, surveyors provided that the nursing home was difficient if "infrared" and a standard giocontext with an approved disinfectant before, between, or after training boot agass.¹⁴¹ Despite the prevention is that the nursing from's disinfect provided must be nursing in the saturation of the nursing of the saturation of the sat

VI. A Note on Nursing Home Oversight & Accountability

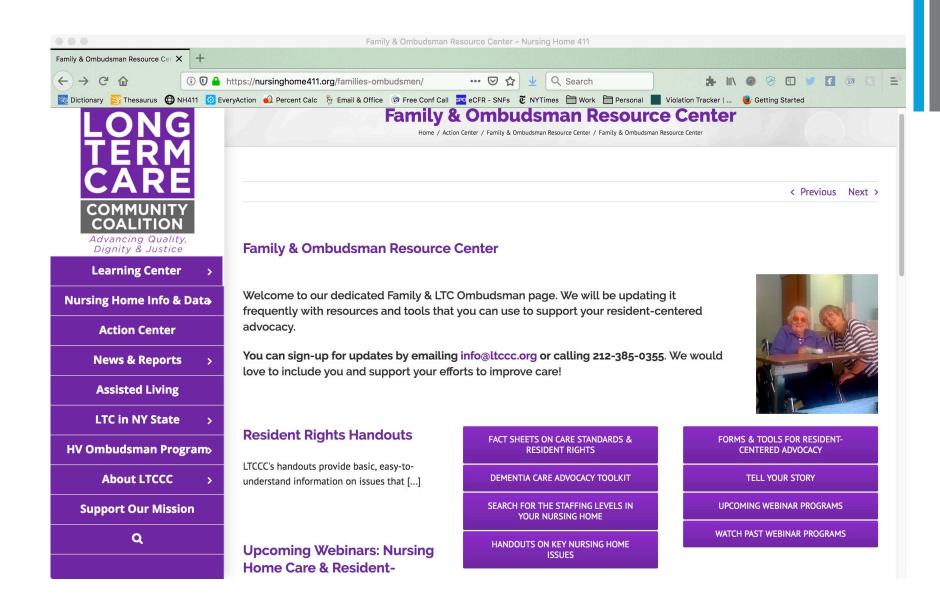
The accessed identification of doubration running home care is a longituring insue of addic-content. To online, we will no ubdatabate in a subusy or angular tas clinds, the problems are not identified by surveyors as howing caused home to the nursing home's residents. A report by the Government Accessrability Office (Gold ondur that "substantial proportion of referral comparative surveys identify massed deficiencies at the potential for more than minimal harm eller or above." about 5% of the time that they cite a facility for substandard care, abuse, or neglect 18 Despite existing gaps in oversight and accountability, CMS placed an 18-month moratorium on the enforcement of eight minimum standards of care.¹⁰ The Antibiotic Stewardship Pogram, which is a fundamental component of the Infection Prevention and Control Program, is one the eight requirements.²⁰

VII. References for More Information & Help

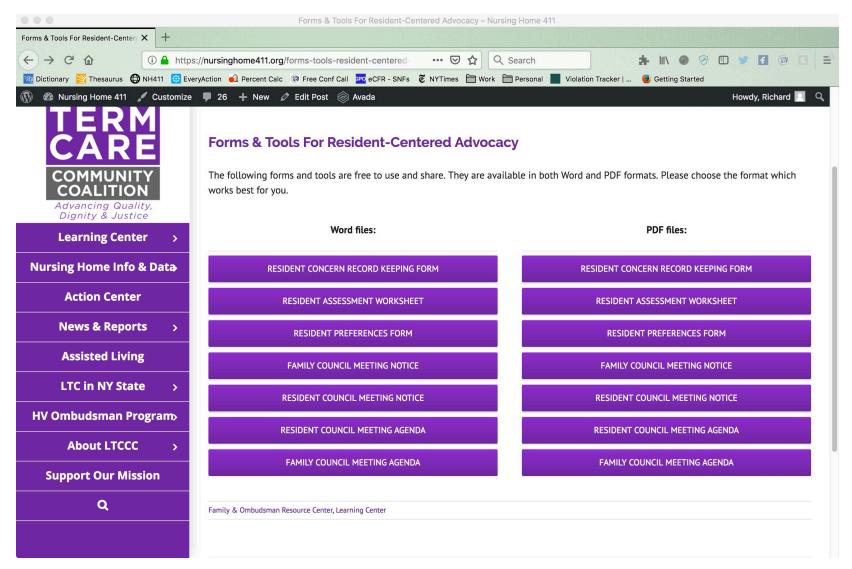
 Good practices. According to the Agency for Healthcare Research and Quality (4HRQ), a division of the U.S. Department of Health and Human Services, the most common signs an infection in older adults include "coughing, congestion, vomiting, diarrhea, pus, rash, redness, swelling, and change in mental status". AHRQ provides that common symptom redenss, welling, and change in mental status." ANRQ provides that common symptoms of an infection indue' mause, pain, feating feverità, and borning when urinating." In order to prevent infections from occurring in long-term care facilities, ANRQ advises staff to clean their hands with "an alchoid-based hand who or soap and water ... wearing goves ... properly disinfecting surfaces and medical equipment ... not coming to work when sick... [and] practicities and andreg areas uncome

 Federal guidelines. CMS issued a revised State Operations Manual with revised and interpretative guidance. See <u>https://www.cms.gov/Regulations-and-</u> 107ap pp guidelines ltcf.pdf.

+ Family & Ombudsman Resource Center



+ Forms & Tools for Resident-Centered Advocacy



+ Record-Keeping Form for Resident Concerns

Today's Date: _____

Record-Keeping Form For Resident Concerns

This form can be used to keep records of a problem or concern and how it is addressed by the facility. Keeping track of who you spoke to and when, what the response was, and what actions were taken to resolve the problem can strengthen your advocacy, both in the facility and beyond. This form can be used to facilitate conversations and follow-up with staff and administration, raise issues at resident or family council meetings, or support a complaint to a government agency.

Date When Issue Occurred or Was Discovered: _____

Issue:

People Involved or Witnesses (if any):

Staff Person(s) Spoken To:

Response/Plan of Action from Staff:

Actions Taken:

This form can be used by individual residents and families, as well as resident and family councils, to track concerns for discussion with facility staff, state surveyors, legislators, etc....

+ Family Council Meeting Agenda

LONG TERM CARE COMMUNITY COALITION WWW.NURSINGHOME411.ORG
FAMILY COUNCIL MEETING AGENDA
[This agenda serves as a template. Add or subtract items to customize it for your meetings.]
Meeting Date:
1. President: Call to Order and Roll Call
2. Welcome and Introduction of New Members
3. Invited Speaker (if any)
4. Secretary: Read Minutes from Last Meeting; Member Vote to Approve
5. Council Old Business (if any)
6. Committee Reports and Updates

- Over Please -

FAMILY COUNCIL MEETING AGENDA – Page 2

7. Discussion of New Business, Including any Care and Quality of Life Concerns

8. Action Items (if any)

 Issues to Raise Within Facility (Such as with Administrator or Quality Assurance Committee):

• Issues to Raise Outside of Facility (Such as with Health Department, Medicaid Fraud Control Unit, or legislators):

9. Confirmation of Next Meeting and Adjournment

ADDITIONAL RESOURCES Visit <u>www.nursinghome411.com</u> for free resources on residents' rights and tools that you can use to support your resident-centered advocacy.

+ Coming Up

Where Does the Money Go? Insights & Consumer Perspectives on Nursing Home Profits and Losses

May 21 at 1pm

Attend Any LTCCC Program in Two Easy Ways:

1) To join the online meeting, about five minutes before the scheduled time of the meeting, go to the link below and follow the prompts to join the meeting.

Online Meeting Link: https://join.freeconferencecall.com/richardmollot.

2) To participate by phone, at the scheduled time of the meeting call (712) 770-4010. When prompted, enter the Access Code, 878277, followed by the pound (#) key. Press *6 to mute or unmute your phone line.

If you would like to receive a copy of the webinar handouts, please email <u>sara@ltccc.org</u> (noting the date of the program).



+ Thank You For Joining Us Today!

Visit <u>nursinghome411.org/join/</u> if you would like to...

- Receive alerts for future programs or
- Sign up for our newsletter and alerts.

You can also...

- Join us on Facebook at www.facebook.com/ltccc
- Follow us on Twitter at www.twitter.com/LTCconsumer
- Visit us on the Web at www.nursinghome411.org.

For LTC Ombudsmen in NY State

If you would like us to let your supervisor know that you attended this training program, please take the quick survey at:

https://www.surveymonkey.com/r/ltccc-ltcop1

For Family Members in NY State

connect with the Alliance of NY Family Councils at <u>www.anyfc.org</u> (or email info@anyfc.org).

Questions?

Comments?