

LeadingAge Wyoming Newsletter



Based on the feedback received from the evaluations returned, the LAW Spring Conference was a huge success. With over 40 registered attendees and a strong program packed with lots of information, the attendees all seemed to walk away reenergized and with new ideas on how to save money and succeed in their jobs.

The attendees were presented with information on how to get involved with a voluntary program with OSHA to lower their exposure and to save money on their premiums. They were also informed that there is grant money available (up to \$10,000 per year) to purchase equipment or to do training that will decrease work place injuries. Daniel Bulkley, OSHA Deputy Administrator, presented information for over an hour and then answered questions. The programs are all free and can really help facilities save money and reduce injuries.

Mary Reilly, from LeadingAge spent an hour detailing all the various benefits that come from membership in LeadingAge. She also detailed the resources available to help nursing homes succeed. Barbara Gay gave a legislative report on what is going on in DC and outlined the things we should all be paying attention to as Congress wraps up their work before the election. Of particular interest were the new Conditions of Participation and the challenges they will create for our members.

President's Message

Lawrence Flynn from Haven Behavioral Health Institute and Consulting described his organization and offered his services to all of our members across the state to meet the needs of our residents. He offers free training for staff and helps to bolster and strengthen activities programs while also helping with the mental and behavioral illness our residents are coping with. Lawrence is passionate about helping meet the needs of those we care for and is a great resource.

Pat Fritz introduced a new infection prevention and reporting program that Mountain-Pacific Quality Health will be rolling out shortly. She also talked described the process for the quality award selection this year. MPQH will be offering training on MDS updates and specifically on section GG.

Laura Hudspeth, and Pat Davis of the DOH License and Survey Department presented the top deficiencies being sited within the state, regionally and nationally. Pat reported on the progress being made to streamline the plan review process and described the automated system they have built to help expedite plan review and to track the progress of the projects in the state.

Heather Babbit spent time reviewing progress made with the new ombudsman program and questioned the at-

tendees to see if there was any marked improvement from this time a year ago. The consensus was that some progress has been made but there is still a lot of work to be done. Heather has promised to continue to work on solutions and to report back at the LAW Fall Conference.

The keynote speaker was none other than Clint Maun. Clint spent the first morning working with attendees and giving ideas on recruiting wisely, how to retain staff and how to get rid of staff that wasn't performing. He gave great ideas on employee recognition programs and ways to help motivate staff members.

Clint also introduced his new on-line training program that can be used to provide CEUs to staff members while giving them the ability to do training at their own pace. For those that have attended meetings where Clint has presented, he mixes real life experiences with humor to engage the attendees and to send them away reenergized.



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CMS Publishes Final Rule on Fire Safety Requirements

The Centers for Medicare & Medicaid Services (CMS) announced a final rule (<https://www.federalregister.gov/public-inspection>) to update health care facilities' fire protection guidelines to improve protections for all Medicare beneficiaries in facilities from fire.

The new guidelines apply to hospitals; long term care (LTC) facilities; critical access hospitals (CAHs); inpatient hospice facilities; programs for all inclusive care for the elderly (PACE); religious non-medical healthcare institutions (RNHCI); ambulatory surgical centers (ASCs); and intermediate care facilities for individuals with intellectual disabilities (ICF-IID).

This rule adopts updated provisions of the National Fire Protection Association's (NFPA) 2012 edition of the Life Safety Code (LSC) as well as provisions of the NFPA's 2012 edition of the Health Care Facilities Code. CMS strives to promote health and safety for all patients, family and staff in every provider and supplier setting. Fire safety requirements are an important part of this effort.

"This final rule meets health care facilities' desire to modernize their environments while also ensuring the necessary steps to provide patients and staff with the appropriate level of safety," said Kate Goodrich, MD MHS, Director Center for Clinical Standards and Quality, CMS. "Health care facilities can now be more home-like while ensuring that the most modern fire protection practices are in place."

The provisions in this final rule cover construction, protection, and operational features designed to pro-

vide safety for Medicare beneficiaries from fire, smoke, and panic. Some of the main requirements laid out in this final rule include:

Health care facilities located in buildings that are taller than 75 feet are required to install automatic sprinkler systems within 12 years after the rule's effective date.

Health care facilities are required to have a fire watch or building evacuation if their sprinkler systems is out of service for more than ten hours.

The provisions offer LTC facilities greater flexibility in what they can place in corridors. Currently, they cannot include benches or other seating areas because of fire code requirements limiting potential barriers to firefighters. Moving forward, LTC facilities will be able to include more home-like items such as fixed seating in the corridor for resting and certain decorations in patient rooms (such as pictures and other items of home décor).

Fireplaces will be permitted in smoke compartments without a one hour fire wall rating, which makes a facility more home-like for residents.

Cooking facilities now may have an opening to the hallway corridor. This will permit residents of inpatient facilities such as nursing homes to make food for themselves or others if they choose to, and, if the patient does decide to make food, facility staff is able to provide supervision of the patient.

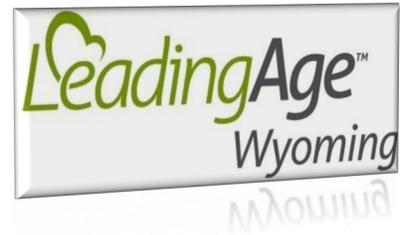
For ASCs, all doors to hazardous areas must be self-closing or must close automatically. Addition-

ally, alcohol based hand rub dispensers now may be placed in corridors to allow for easier access.

ICF-IIDs have expanded sprinkler requirements to include habitable areas, closets, roofed porches, balconies and decks in new facilities. All attics must have a sprinkler system if they are used for living purposes, storage, or housing of fuel-fired equipment. If they are not used for these purposes, attics may have heat detection systems instead. Hazardous areas are to be separated from other parts of the building by smoke partitions. Existing ICF-IIDs must include certain fire alarm features when they choose to update their fire alarm systems.

The LSC is a compilation of fire safety requirements for new and existing buildings and is updated every three years. Currently, CMS is using the 2000 edition of the LSC to survey for health and safety compliance. With this rule, CMS is adopting provisions of the 2012 edition of the LSC and provisions of the 2012 edition of the Health Care Facilities Code to bring CMS's requirements more up to date. In addition, the 2012 edition of the NFPA's Health Care Facilities Code gives more detailed provisions specific to different types of health care facilities.

Health care providers affected by this rule must comply with all regulations within 60 days of the publication date of today's final rule, which is May 4, 2016, unless otherwise specified in the final rule.



Daniel J. Lex Award

Twenty-seven years ago, the Quality Health Care Foundation of Wyoming was created to provide advocacy and representation for non-profit nursing homes in the Cowboy State.

For more than two decades, the QHCF, now LeadingAge Wyoming, had only one Executive Director: Daniel J. Lex.

His leadership helped grow the organization from a small, startup association into the predominant nursing home organization in Wyoming. And along the way, he demonstrated every day his commitment to ensuring high-quality care for our state's elderly. Indeed, he dedicated more than 20 years of his professional career to that high ideal.

In honor of Dan's leadership, and in memory of his dedication, LeadingAge Wyoming is proud to present the fifth annual Daniel J. Lex Award for Service in Long-Term Care.

The award is presented annually at the LeadingAge Wyoming Fall Conference to honor one outstanding professional who has dedicated their career to providing high quality long-term care.

Each LeadingAge Wyoming member facility may submit one candidate per year. The individual institution is responsible for determining its own method of nominating and selecting the candidate who will be submitted for further consideration.

Final selection is determined by a panel of judges. Please remember that any long-term care professional is eligible for the award, whether a clinician, support staff, administrator, or even a partner in state government.

All applications for this year's award must be received no later than June 30, 2016.

LeadingAge Wyoming

2005 Warren Ave.

Cheyenne, WY

82001

leadingagewyoming.org

Upcoming Events

*LAW Annual Meeting &
Convention*

September 7-8, 2016

Cheyenne, Wyoming