

LeadingAge Wyoming

September 6, 2018

Commit to your health.

Wyoming State Survey Agency



Laura Hudspeth, MSc, RD, LD, Director

Pat Davis, PE, LEED AP, Life Safety and Construction Branch Chief

Julia Van Dyke, RN, Healthcare Surveillance Branch Chief

Tammy Schmitt, Business Office Branch Chief

AGENDA

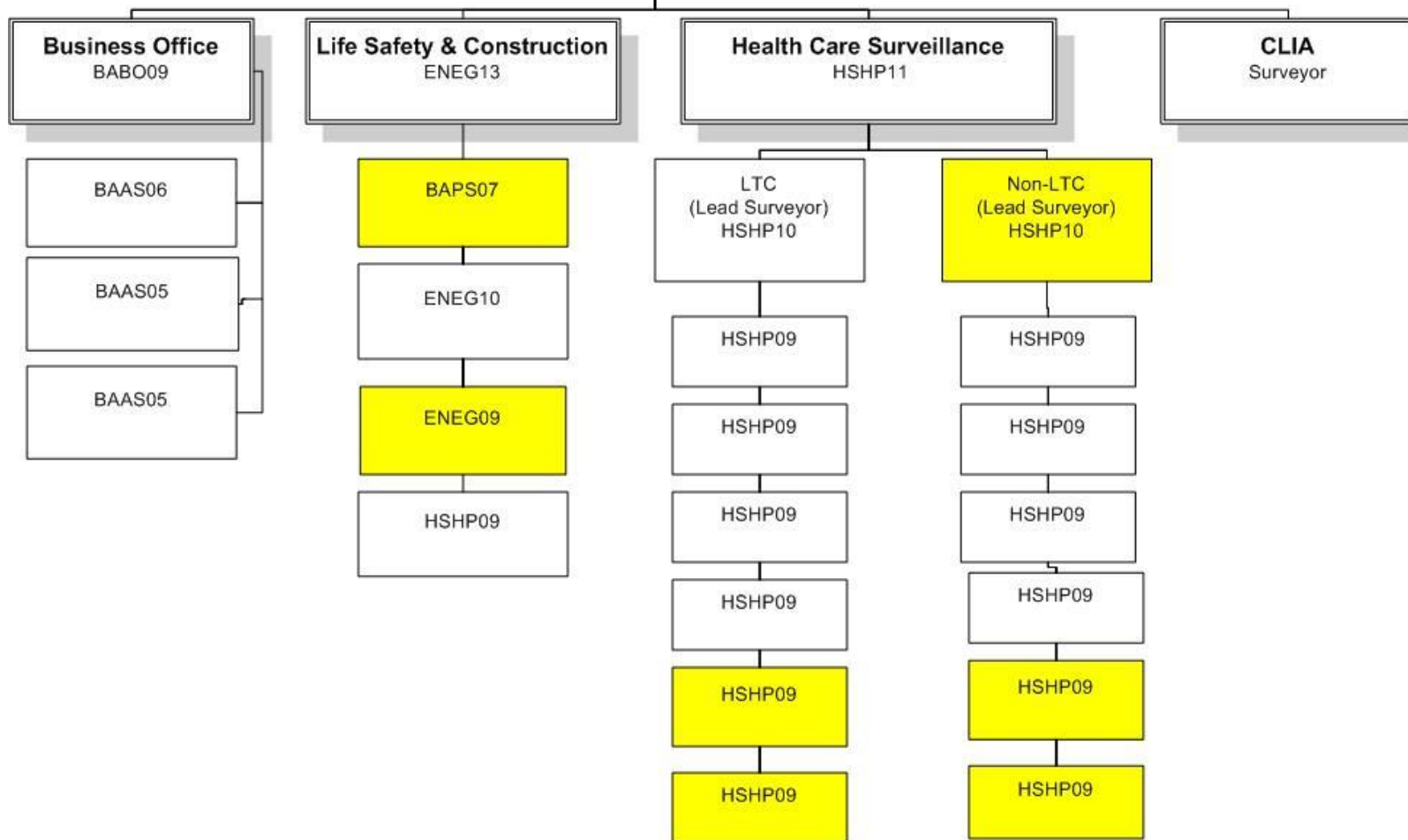
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- HLS Staffing
- Survey Data
- “Other Topics”
- ePoc
- Incident Database Users
- Licensure Renewal Process
- Facility Change Form
- Unnecessary Medications Regulations
- Construction Queue Updates
- Educational Opportunities and Support for Facility Managers or Maintenance Directors
- Emergency Preparedness
- 2012 Life Safety Code Update

HEALTHCARE LICENSING AND SURVEYS

August 28, 2018

State Survey Agency Director/
Administrator
EXMT02

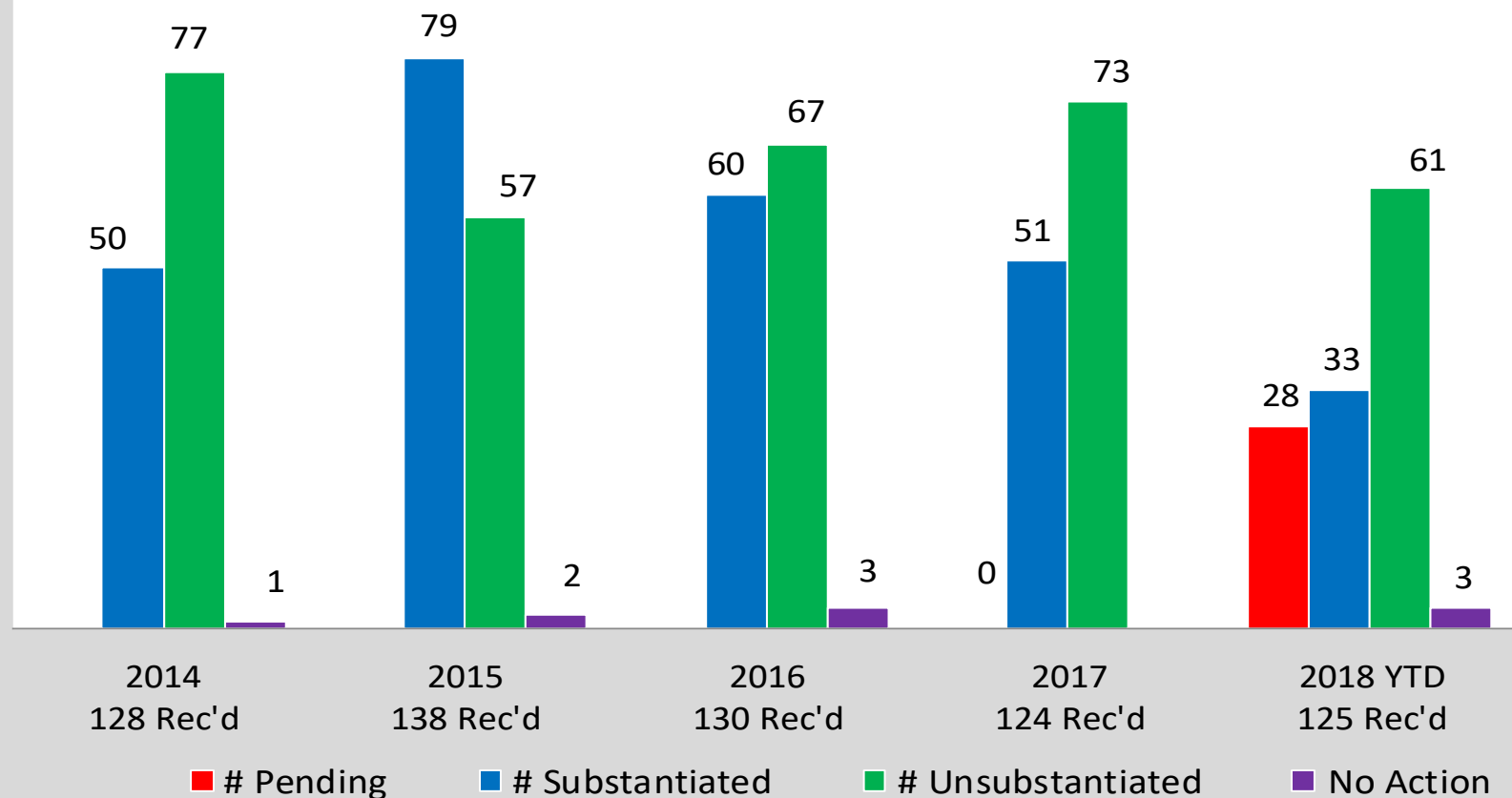


CMS Nursing Home Workload Performance

October 2017 – August 2018

PROVIDER	TIER 1	TIER 2	TIER 3	TIER 4
Nursing Homes 38	On Target <ul style="list-style-type: none">• 15.9 Month Max Interval = 14.0• 12.9 Month Avg = 11.6		No initials	

FFY Complaint Comparison Nursing Homes



Nursing Homes

Most Frequently Cited Deficiencies

FFY18 Health Standard Surveys

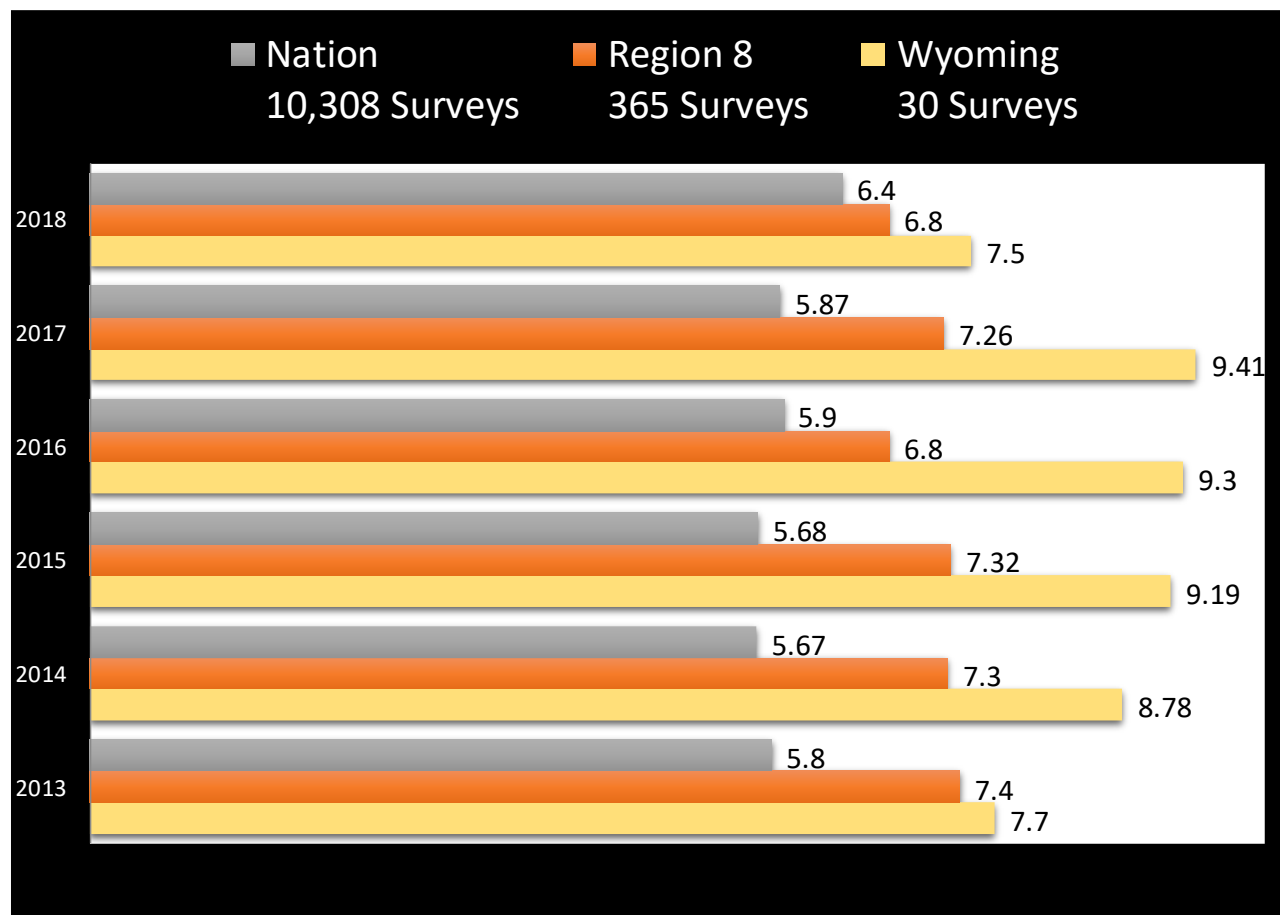
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NATIONAL		
Tag #	Description	% Surveys Cited (10308 Surveys)
F0880	Infection Prevention & Control	32.7%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	26.0%
F0656	Develop/Implement Comprehensive Care Plan	22.8%
F0689	Free of Accident Hazards/Supervision/Devices	17.9%
F0761	Label/Store Drugs and Biologicals	16.7%
F0657	Care Plan Timing and Revision	15.5%
F0684	Quality of Care	15.1%
F0758	Free from Unnec Psychotropic Meds/PRN Use	13.9%
F0641	Accuracy of Assessments	13.1%
F0550	Resident Rights/Exercise of Rights	12.0%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	10.9%

REGIONAL		
Tag #	Description	% Surveys Cited (365 Surveys)
F0880	Infection Prevention & Control	30.4%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	22.5%
F0657	Care Plan Timing and Revision	21.9%
F0689	Free of Accident Hazards/Supervision/Devices	20.8%
F0658	Services Provided Meet Professional Standards	20.8%
F0656	Develop/Implement Comprehensive Care Plan	20.0%
F0758	Free from Unnec Psychotropic Meds/PRN Use	19.2%
F0761	Label/Store Drugs and Biologicals	17.5%
F0684	Quality of Care	15.9%
F0677	ADL Care Provided for Dependent Residents	13.2%
F0550	Resident Rights/Exercise of Rights	11.5%

WYOMING		
Tag #	Description	% Surveys Cited (30 Surveys)
F0812	Food Procurement, Store/Prepare/Serve Sanitary	34.7%
F0656	Develop/Implement Comprehensive Care Plan	33.3%
F0623	Notice Requirements Before Transfer/Discharge	33.3%
F0657	Care Plan Timing and Revision	30.0%
F0758	Free from Unnec Psychotropic Meds/PRN Use	30.0%
F0625	Notice of Bed Hold Policy Before/Upon Trnsfr	30.0%
F0371	Food Procedure, Store/Prepare/Serve-Sanitary	16.7%
F0880	Infection Prevention & Control	16.7%
F0677	ADL Care Provided for Dependent Residents	13.3%
F0641	Accuracy of Assessments	13.3%
F0881	Antibiotic Stewardship Program	13.3%

FFY 2018 Average Number of Cited Health Deficiencies for Nursing Homes



Nursing Homes

Most Frequently Cited Deficiencies

FFY18 LSC Standard Surveys

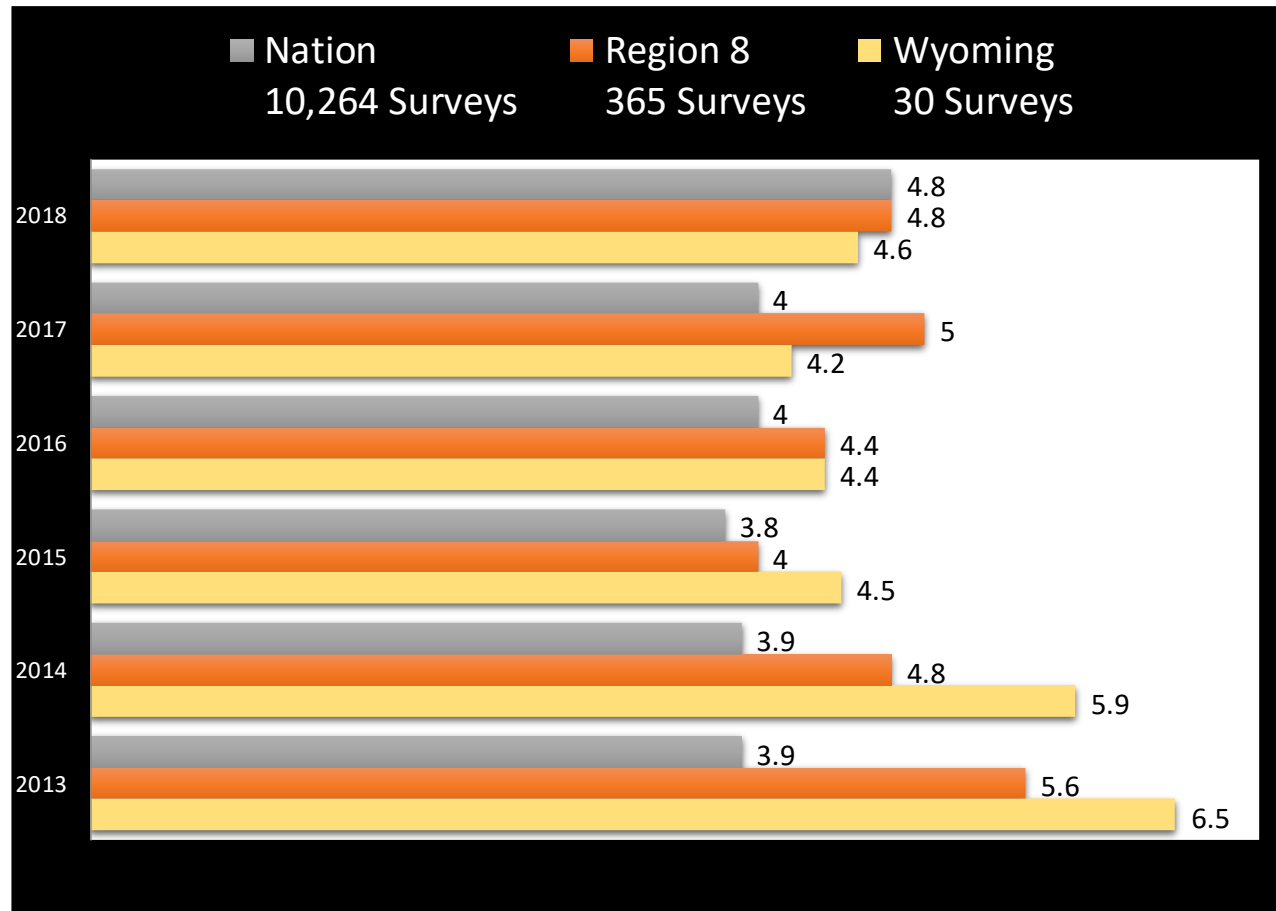
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NATIONAL		
Tag #	Description	% Surveys Cited (10264 Surveys)
K0353	Sprinkler System - Maintenance and Testing	35.5%
K0363	Corridor – Doors	22.3%
K0918	Electrical Systems - Essential Electric System	20.3%
K0321	Hazardous Areas – Enclosure	19.8%
K0712	Fire Drills	17.7%
K0372	Subdivision of Building Spaces- Smoke Barrier	17.1%
K0920	Electrical Equipment- Power Cords and Extensions	17.0%
K0345	Fire Alarm System- Testing and Maintenance	15.7%
K0211	Means of Egress- General	14.7%
K0324	Cooking Facilities	12.9%
K0923	Gas Equipment- Cylinder and Container Storage	12.1%

REGIONAL		
Tag #	Description	% Surveys Cited (365 Surveys)
K0353	Sprinkler System - Maintenance and Testing	42.7%
K0321	Hazardous Areas – Enclosure	27.4%
K0363	Corridor- Doors	23.3%
K0345	Fire Alarm System- Testing and Maintenance	23.3%
K0211	Means of Egress- General	23.3%
K0712	Fire Drills	22.2%
K0351	Sprinkler System- Installation	19.5%
K0918	Electrical Systems - Essential Electric System	16.4%
K0324	Cooking Facilities	15.1%
K0222	Egress Doors	14.2%
K0511	Utilities- Gas and Electric	14.0%

WYOMING		
Tag #	Description	% Surveys Cited (30 Surveys)
K0345	Fire Alarm System- Testing and Maintenance	43.3%
K0211	Means of Egress- General	43.3%
K0321	Hazardous Areas – Enclosure	33.3%
K0353	Sprinkler System - Maintenance and Testing	23.3%
K0363	Corridor- Doors	20.0%
K0227	Ramps and Other Exits	20.0%
K0916	Electrical Systems- Essential Electric Systems	16.7%
K0293	Exit Signage	16.7%
K0932	Features of Fire Protection- Other	16.7%
K0741	Smoking Regulations	16.7%
K0324	Cooking Facilities	13.3%

FFY 2018 Average Number of Cited LSC Deficiencies for Nursing Homes



Informal Dispute Resolution

Year	Requested	Tags	Upheld With No Changes	Modified	Deleted
2015	5	8	0	3	5
2016	3	4	2	1	1
2017	7	11	4	3	4
2018	3	3	0	2	1

Other Topics



- **Civil Money Penalty Reinvestment Application**
 - **Feedback on LTCSP?**
 - **Phase III – Topics for Open Door Forums?**
 - **Resident-to-resident altercations are being reviewed by CMS**
- **Hot water temperatures will be addressed when the State Nursing Home rules are amended**



Wyoming
Department
of Health

Commit to your health.

**Tammy Schmitt, Chief
Business Office**
Tammy.Schmitt@wyo.gov
307-777-7124

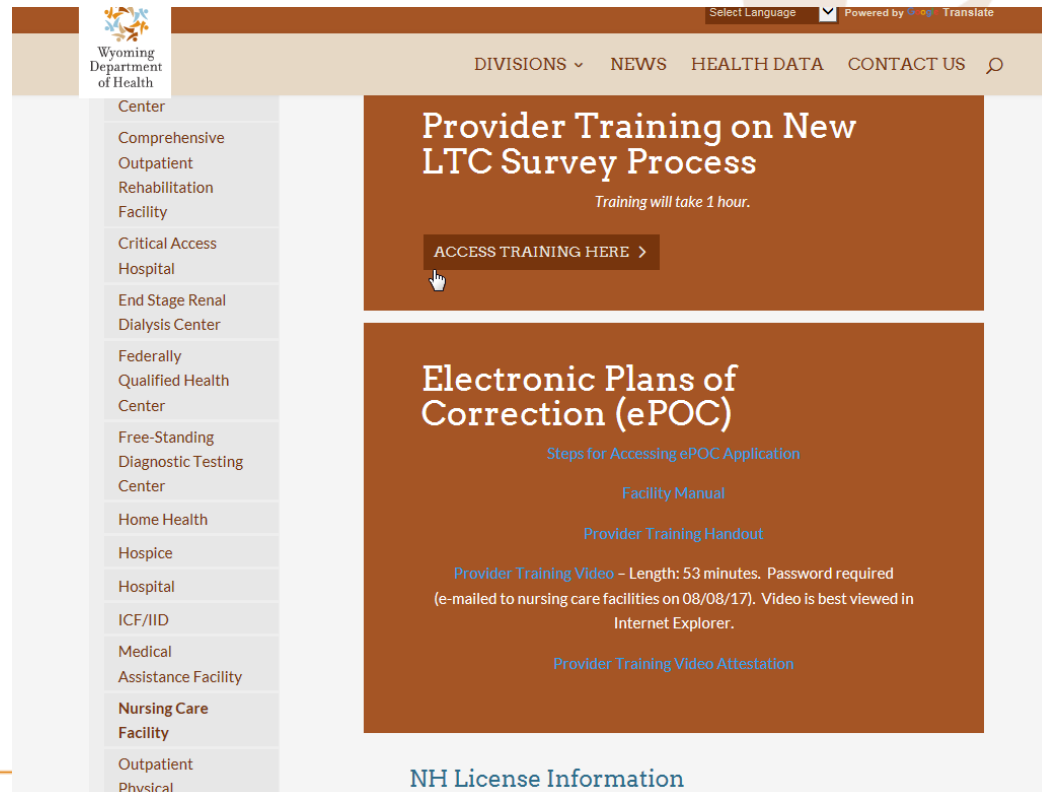
ePOC

ePOC = Electronic Plan of Correction

- Nursing Homes Only
- Federal, State & EP - Health and LSC
- Surveys, Complaints, Revisits


ePOC



<https://health.wyo.gov/aging/hls/facility-types/nursing-care-facility-nursing-home-wyoming-licensure-information/>



The screenshot shows the Wyoming Department of Health website. The header includes the department logo, a language selector, and a Google Translate widget. The main navigation bar contains links for DIVISIONS, NEWS, HEALTH DATA, and CONTACT US. A left sidebar lists various facility types, with 'Nursing Care Facility' highlighted. The main content area features two large brown boxes. The top box is titled 'Provider Training on New LTC Survey Process' and includes a button labeled 'ACCESS TRAINING HERE >'. The bottom box is titled 'Electronic Plans of Correction (ePOC)' and lists links for 'Steps for Accessing ePOC Application', 'Facility Manual', 'Provider Training Handout', 'Provider Training Video' (with details on length and password requirements), and 'Provider Training Video Attestation'. A footer link for 'NH License Information' is also visible.

Wyoming Department of Health

Select Language  Powered by Google Translate

DIVISIONS  NEWS HEALTH DATA CONTACT US 

Center
Comprehensive Outpatient Rehabilitation Facility
Critical Access Hospital
End Stage Renal Dialysis Center
Federally Qualified Health Center
Free-Standing Diagnostic Testing Center
Home Health
Hospice
Hospital
ICF/IID
Medical Assistance Facility
Nursing Care Facility
Outpatient Physical

Provider Training on New LTC Survey Process
Training will take 1 hour.
ACCESS TRAINING HERE >

Electronic Plans of Correction (ePOC)
[Steps for Accessing ePOC Application](#)
[Facility Manual](#)
[Provider Training Handout](#)
[Provider Training Video](#) – Length: 53 minutes. Password required (e-mailed to nursing care facilities on 08/08/17). Video is best viewed in Internet Explorer.
[Provider Training Video Attestation](#)

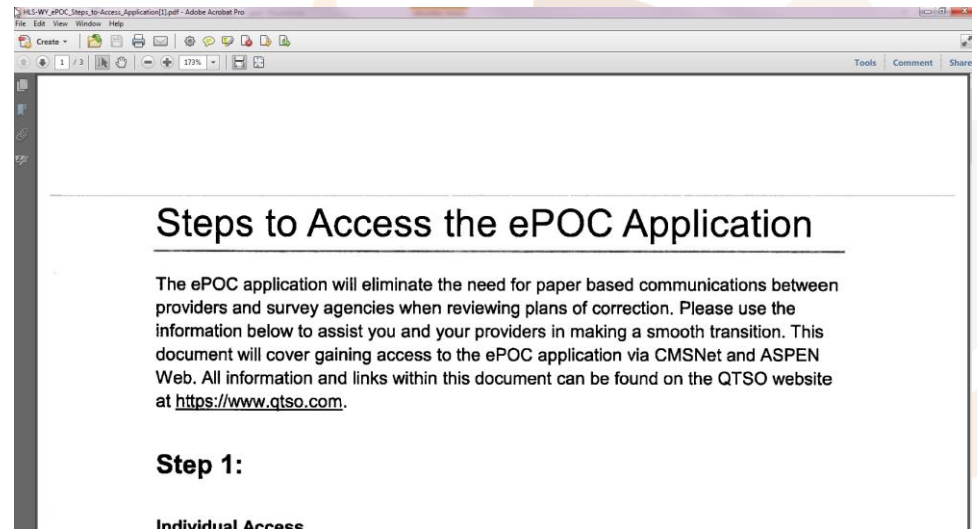
[NH License Information](#)

ePOC

User Access

https://health.wyo.gov/wp-content/uploads/2018/04/HLS-WY_ePOC_Steps_to-Access_Application.pdf

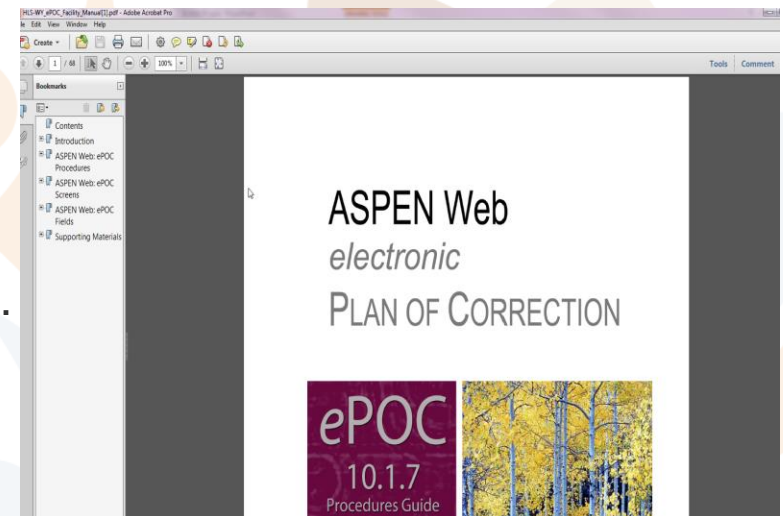
- CMSNet User ID
- QIES User ID



Facility Manual

https://health.wyo.gov/wp-content/uploads/2017/08/HLS-WY_ePOC_Facility_Manual.pdf

- To acknowledge a survey:
 - 1) Open the Survey Detail page
 - 2) Click Acknowledge SOD (above the grid, on the right).

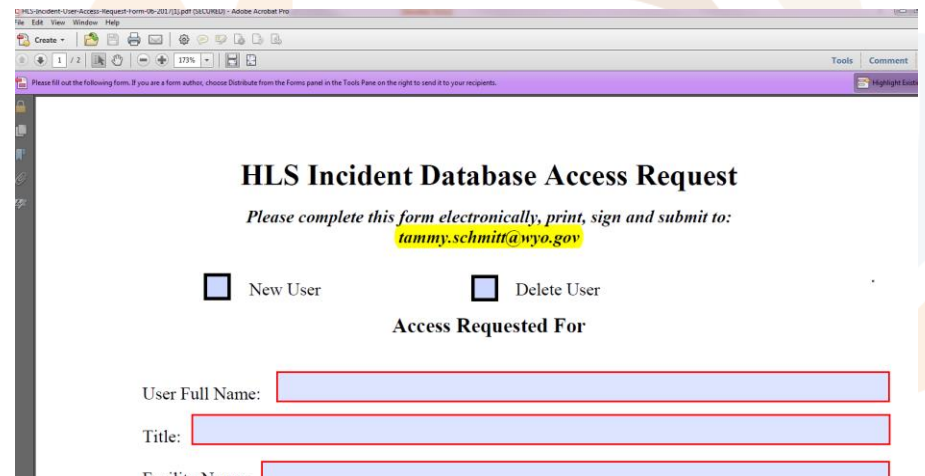


Incident Database

User Access

- Add and Delete Users

<https://health.wyo.gov/wp-content/uploads/2017/11/HLS-Incident-User-Access-Request-Form-06-2017.pdf>



The screenshot shows a PDF document titled "HLS Incident Database Access Request". The form is titled "HLS Incident Database Access Request" and includes the instruction "Please complete this form electronically, print, sign and submit to: tammy.schmitt@wyo.gov". There are two checkboxes: "New User" and "Delete User". Below these is the text "Access Requested For". The form has three input fields: "User Full Name:", "Title:", and "Facility Name:". The form is displayed in a PDF viewer window.

HLS Incident Database Access Request

*Please complete this form electronically, print, sign and submit to:
tammy.schmitt@wyo.gov*

☐ New User ☐ Delete User

Access Requested For

User Full Name:

Title:

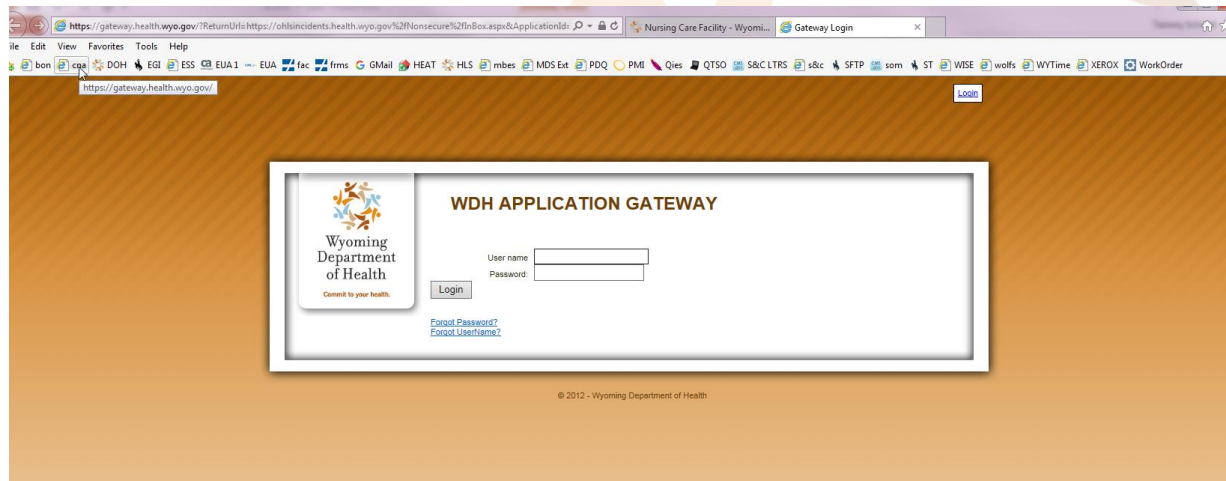
Facility Name:

Incident Database

Reporting Site

<https://gateway.health.wyo.gov/?ReturnUrl=https://ohlsincidents.health.wyo.gov%2fNonsecure%2fInBox.aspx&ApplicationId=1100052ccess-Request-Form-06-2>

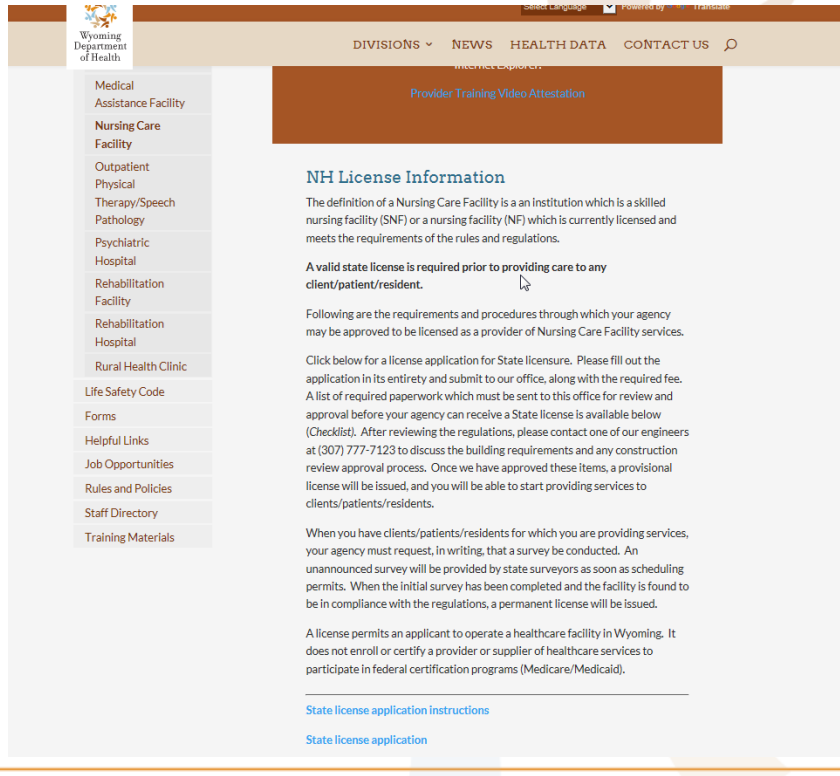
– Occasionally clear cache/history



The screenshot shows a web browser window with the URL <https://gateway.health.wyo.gov/>. The page features the Wyoming Department of Health logo on the left and a login form on the right. The login form is titled "WDH APPLICATION GATEWAY" and includes fields for "User name" and "Password", a "Login" button, and links for "Forgot Password?" and "Forgot Username?". The browser's address bar shows the full URL, and the page title is "Gateway Login".

License Renewal Process

<https://health.wyo.gov/aging/hls/facility-types/nursing-care-facility-nursing-home-wyoming-licensure-information/>



The screenshot shows the Wyoming Department of Health website. The header includes the department logo, navigation links (DIVISIONS, NEWS, HEALTH DATA, CONTACT US), and a search icon. A sidebar on the left lists various facility types and resources, with "Nursing Care Facility" highlighted. The main content area is titled "NH License Information" and contains the following text:

NH License Information

The definition of a Nursing Care Facility is an institution which is a skilled nursing facility (SNF) or a nursing facility (NF) which is currently licensed and meets the requirements of the rules and regulations.

A valid state license is required prior to providing care to any client/patient/resident.

Following are the requirements and procedures through which your agency may be approved to be licensed as a provider of Nursing Care Facility services.

Click below for a license application for State licensure. Please fill out the application in its entirety and submit to our office, along with the required fee. A list of required paperwork which must be sent to this office for review and approval before your agency can receive a State license is available below (Checklist). After reviewing the regulations, please contact one of our engineers at (307) 777-7123 to discuss the building requirements and any construction review approval process. Once we have approved these items, a provisional license will be issued, and you will be able to start providing services to clients/patients/residents.

When you have clients/patients/residents for which you are providing services, your agency must request, in writing, that a survey be conducted. An unannounced survey will be provided by state surveyors as soon as scheduling permits. When the initial survey has been completed and the facility is found to be in compliance with the regulations, a permanent license will be issued.

A license permits an applicant to operate a healthcare facility in Wyoming. It does not enroll or certify a provider or supplier of healthcare services to participate in federal certification programs (Medicare/Medicaid).

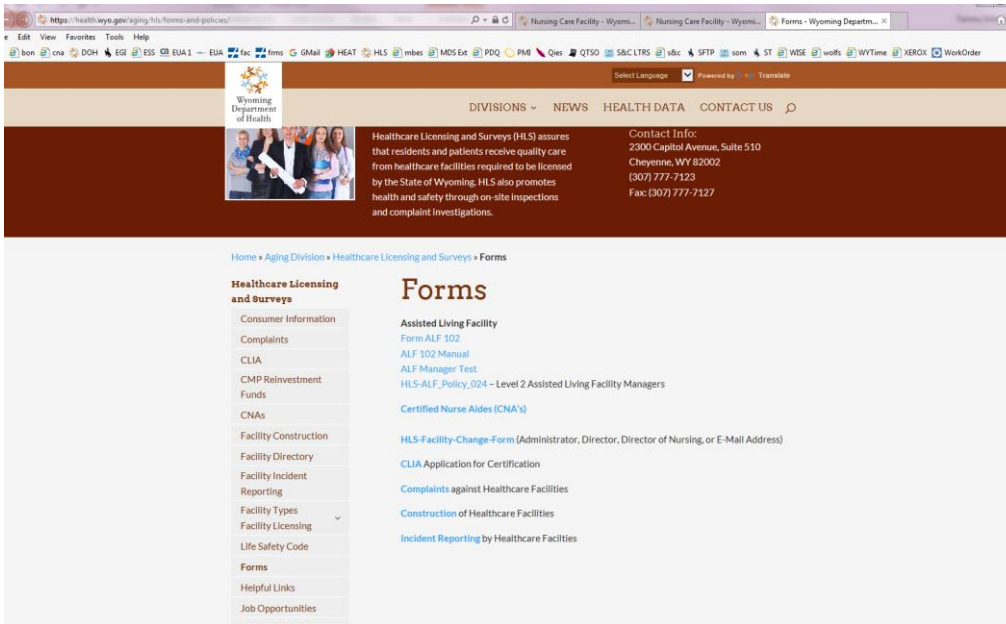
[State license application instructions](#)

[State license application](#)

Facility Change Form

<https://health.wyo.gov/aging/hls/forms-and-policies/>

Forms > HLS Facility Change Form



The screenshot shows the Wyoming Department of Health website. The top navigation bar includes links for DIVISIONS, NEWS, HEALTH DATA, and CONTACT US. The main content area is titled "Forms" and lists various forms and manuals available for download, including the "HLS-Facility-Change-Form (Administrator, Director, Director of Nursing, or E-Mail Address)".

Form updated
06/21/12

Wyoming Department of Health
Aging Division - Healthcare Licensing and Surveys
Hathaway Building, Suite 510, 2300 Capitol Avenue, Cheyenne, WY 82002
Fax: (307) 777-7127 - Telephone: (307) 777-7123
E-mail: WHLH-S@wyo.gov - Website: <http://www.health.wyo.gov/hls>

Healthcare Facility Change in Personnel/E-Mail Address Form

Facility name:	23		
Facility type:		Facility location (city):	
Person completing form:	Name:	Telephone No.:	(307)
	Title:		

CHANGE IN ADMINISTRATOR/DIRECTOR

Name of new Administrator/Director:	
Effective date:	
Wyoming professional license number (if applicable):	

CHANGE IN DIRECTOR OF NURSING/NURSING SUPERVISOR

Name of new Director of Nursing/Nursing Supervisor:	
Effective date:	
Wyoming nursing license number:	

CHANGE IN FACILITY E-MAIL ADDRESS

Facility e-mail address:	
<i>(Note: This will be the e-mail address used for sending survey results and other official notices issued by Healthcare Licensing and Surveys.)</i>	

Additional comments:	
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Submit this form by:

- (1) e-mail: wylh-hls@wyo.gov
- (2) fax: (307) 777-7127
- (3) or by regular mail:

Healthcare Licensing and Surveys
Hathaway Building, Suite 510
2300 Capitol Avenue
Cheyenne, WY 82002

This Section for HLS Use Only

Tasks, as needed:	Initials/Date
Update ACO	
Update facility directory	
Update e-mail group	
E-mail HLS staff	

Julia Van Dyke, Chief Healthcare Surveillance Branch

Compliance With Unnecessary Medication Regulations

Healthcare Licensing and Surveys

Julia Van Dyke, RN

- *Proper medication selection and prescribing (including dose, duration, and type of medication(s)) may help stabilize or improve a resident's outcome, quality of life and functional capacity. Any medication or combination of medications—or the use of a medication without adequate indications, in excessive dose, for an excessive duration, or without adequate monitoring—may increase the risk of a broad range of adverse consequences such as medication interactions, depression, confusion, immobility, falls, hip fractures, and death. The Beers Criteria for Potentially Inappropriate Medication Use in Older Adults provides information on safely prescribing medications for older adults, <http://www.healthinaging.org/medications-older-adults/>.*

F757 and F758

- ***For concerns related to unnecessary medications, excluding psychotropic medications, surveyors should assess compliance with §483.45(d), F757.***
- ***For concerns related to psychotropic medications only, including the unnecessary medication requirements, surveyors should assess compliance with §483.45(c) and (e), F758.***

F757

- ***F757***
- ***(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)***
- ***§483.45(d) Unnecessary Drugs—General.***
- ***Each resident's drug regimen must be free from unnecessary drugs.***

F757

An unnecessary drug is any drug when used—

- ***§483.45(d)(1) In excessive dose (including duplicate drug therapy); or***
 - ***“Excessive dose” means the total amount of any medication (including duplicate therapy) given at one time or over a period of time that is greater than the amount recommended by the manufacturer’s label, package insert, and accepted standards of practice for a resident’s age and condition.***
 - ***Example: Extra Strength Tylenol 500 mg two tablets twice daily, Norco 10/325 1 tablet four times daily, Percocet 5/325 two tablets every six hours as needed.***
 - ***Recommended daily maximum of acetaminophen is 3,000 mg.***

Key Elements of Noncompliance

- Excessive Dose:
 - *Giving a total amount of any medication at one time or over a period of time that exceeds the amount recommended by the manufacturer's recommendations, clinical practice guidelines, evidence-based studies from medical/pharmacy journals, or standards of practice for a resident's age and condition, without a documented clinically pertinent rationale; or*
 - *Failure to consider periodically the continued necessity of the dose or the possibility of tapering a medication; or*
 - *Failure to provide and/or document a clinical rationale for using multiple medications from the same pharmacological class.*
 - *Failure to consider each resident's clinical condition as a factor in determining an appropriate dose, as adverse consequences may occur even when medication serum concentration levels are in the therapeutic range.*

- ***§483.45(d)(2) For excessive duration; or***
 - *Periodic re-evaluation of the medication regimen is necessary to determine whether prolonged or indefinite use of a medication is indicated.*

Key Elements of Noncompliance

- Excessive Duration:
 - *Continuation beyond the manufacturer's recommended time frames, the stop date or duration indicated on the medication order, facility-established stop order policies, or clinical practice guidelines, evidence-based studies from medical/pharmacy journals, or current standards of practice, without documented clinical justification; or*
 - *Continuation of a medication after the desired therapeutic goal has been achieved, without evaluating whether there is a continued need for the medication, for example, use of an antibiotic beyond the recommended clinical guidelines or the facility policy without adequate reassessment and evaluation of the resident.*

- ***§483.45(d)(3) Without adequate monitoring; or***
 - *Optimize the therapeutic benefit of medication therapy and minimize or prevent potential adverse consequences;*
 - *Establish parameters for evaluating the ongoing need for the medication; and*
 - *Track progress and/or decline towards the therapeutic goal.*

Key Elements of Noncompliance

- Inadequate Monitoring:
 - *Failure to monitor the responses to or effects of a medication, or*
 - *Failure to respond when monitoring indicates a lack of progress toward the therapeutic goal (e.g., relief of pain or normalization of thyroid function) or the emergence of an adverse consequence; or*
 - *Failure to monitor for changes in psychosocial engagement resulting from adverse consequences of medications, (e.g., resident no longer participates in activities because medication causes confusion or lethargy); or*
 - *Failure to monitor a medication consistent with the current standard of practice or manufacturer's guidelines; or*
 - *Failure to carry out the monitoring that was ordered or failure to monitor for potential adverse consequences; or*
 - *Failure to consider whether the onset or worsening of symptoms, or a change of condition, may be related to a medication; or*
 - *Failure to monitor effectiveness of non-pharmacological approaches, unless clinically contraindicated, before prescribing and administering medications.*

- ***§483.45(d)(4) Without adequate indications for its use;
or***
 - *“Indications for use” is the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident’s condition and therapeutic goals and is consistent with manufacturer’s recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies or evidence-based review articles that are published in medical and/or pharmacy journals.*
 - *The resident’s medical record must show documentation of adequate indications for a medication’s use and the diagnosed condition for which a medication is prescribed.*

Key Elements of Noncompliance

- Inadequate Indications for use:
 - *Failure to document a clinical reason or a clinically pertinent rationale, for using medication(s) for a specific resident or for continuing medication(s) that may be causing an adverse consequence; or*
 - *Prescribing or administering a medication despite an allergy to that medication, or without clarifying whether a true allergy existed; or*
 - *Failure to consider relative risks and benefits or potentially lower risk medications before initiating medication(s) that present clinically significant risks; or*
 - *Failure to provide a clinically pertinent explanation for concomitant use of two or more medications in the same pharmacological class; or*
 - *Failure to consider other factors that may be causing expressions or indications of distress before initiating a psychotropic medication, such as an underlying medical condition (e.g., urinary tract infection, dehydration, delirium), environmental (lighting, noise) or psychosocial stressors; or*
 - *Administering a psychotropic medication(s), which the resident has not previously received, when it is not necessary to treat a specific condition that has been diagnosed and documented in the clinical record; or*
 - *Failure to attempt non-pharmacological approaches, unless clinically contraindicated, in efforts to discontinue psychotropic medications.*

- ***§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or***
 - *unwanted, uncomfortable, or dangerous effects that a drug may have, such as impairment or decline in an individual's mental or physical condition or functional or psychosocial status.*
- ***§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.***

Key Elements of Noncompliance

Adverse Consequences:

- *Failure to act upon (i.e., discontinue a medication or reduce the dose or provide clinical justification for why the benefit outweighs the adverse consequences) or report the presence of adverse consequence(s); or*
- *Failure to monitor for the presence of adverse consequences related to the use of medications (particularly high risk medications, such as warfarin, insulin, opioids, or medications requiring monitoring of blood work); or*
- *Failure to respond to the presence of adverse consequences related to the use of medications (particularly high risk medications, such as warfarin, insulin, or opioids).*

F758

- 3rd most frequently cited in Wyoming, 7th in region, 8th nationally.
- *It is important for the IDT to implement non-pharmacological approaches designed to meet the individual needs of each resident. Educating facility staff and providers about the importance of implementing individualized, non-pharmacological approaches to care prior to the use of medications may minimize the need for medications or reduce the dose and duration of those medications.*

F758

- ***(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)***
- ***§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:***
 - ***(i) Anti-psychotic;***
 - ***(ii) Anti-depressant;***
 - ***(iii) Anti-anxiety; and***
 - ***(iv) Hypnotic***

- ***§483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that--***
- ***§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;***

- ***§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;***
 - *“Gradual Dose Reduction (GDR)” is the stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued.*
 - *Within the first year in which a resident is admitted on a psychotropic medication or after the prescribing practitioner has initiated a psychotropic medication, the facility must attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated. After the first year, a GDR must be attempted annually, unless clinically contraindicated.*

- ***§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and***

- ***§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.***
 - *Does NOT apply to anti-psychotic medications.*

- ***§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.***
 - *If the attending physician or prescribing practitioner wishes to write a new order for the PRN antipsychotic, the attending physician or prescribing practitioner must first evaluate the resident to determine if the new order for the PRN antipsychotic is appropriate.*

Key Elements of Noncompliance

- Psychotropic Medications:

- *Failure to present to the attending physician or prescribing practitioner the need to attempt GDR in the absence of identified and documented clinical contraindications; or*
- *Use of psychotropic medication(s) without documentation of the need for the medication(s) to treat a specific diagnosed condition; or*
- *PRN psychotropic medication ordered for longer than 14 days, without a documented rationale for continued use; or*
- *Failure to implement person-centered, non-pharmacological approaches in the attempt to reduce or discontinue a psychotropic medication; or*
- *Administering a new PRN antipsychotic medication for which the resident had a previous PRN order (for 14 days) but the medical record does not show that the attending physician or prescribing practitioner evaluated the resident for the appropriateness of the new order for the medication.*

- *While there may be isolated situations where a pharmacological intervention is required first, these situations do not negate the obligation of the facility to develop and implement non-pharmacological interventions.*
- *When a psychotropic medication is being initiated or used to treat an emergency situation (i.e., acute onset or exacerbation of symptoms or immediate threat to health or safety of resident or others) related to a documented condition or diagnosis, a clinician in conjunction with the IDT must evaluate and document the situation to identify and address any contributing and underlying causes of the acute condition and verify the need for a psychotropic medication. Use of psychotropic medication to treat an emergency situation must be consistent with the requirements regarding PRN orders for psychotropic and antipsychotic medications and any continued use must be consistent with the requirements for gradual dose reduction (GDR).*

Pat Davis, PE, LEED AP

Life Safety and Construction Branch Chief

Construction Queue Updates

Commit to your health.

Current Queue						
Type	Count	Mean DIQ	Median DIQ			
Major	2	14.0	14			
Minor	5	5.6	6			
12-month History						
Month	No. of Reviews Completed		Average DIQ		Median DIQ	
	Major	Minor	Major	Minor	Major	Minor
Aug-18	5	12	18.0	10.8	11.0	10.5
Jul-18	3	11	19.7	10.6	19.0	9.0
Jun-18	5	10	5.0	11.1	0.0	11.5
May-18	6	14	9.3	14.9	3.5	14.0
Apr-18	5	12	21.2	9.8	16.0	10.0
Mar-18	5	13	13.6	15.9	13.0	16.0
Feb-18	3	14	45.3	16.6	47.0	14.0
Jan-18		10		16.3		14.5
Dec-17	3	12	16.0	13.3	11.0	10.0
Nov-17	1	19	22.0	12.8	22.0	13.0
Oct-17	3	21	7.0	13.0	6.0	14.0
Sep-17	4	19	23.3	11.6	26.0	13.0

Educational Opportunities and Support

Facility Managers or Maintenance Directors are encouraged to participate in the Wyoming Society of Healthcare Engineers. Their mission statement reads:

"The Wyoming Society of Healthcare Engineering (WSHE) is an organization dedicated to presenting educational opportunities to promote safety and compliance for Healthcare facilities. The assistance received from the organizations that we are affiliated with such as ASHE, WHA and the Wyoming department of Health, enables our members to provide safe working environments through improved communications and knowledge."

Educational Opportunities and Support, Cont.

- HLS participates in the WSHE annual conference
- HLS provides information regarding the following:
 - CMS updates
 - Building Code updates
 - Updates to HLS Rules and Regulations
 - Technical assistance for items requested in advance
 - Q&A session to address any items from the audience
- Vendors and design professionals participate to provide additional training, product overviews, and networking

Emergency Preparedness

On September 8, 2016 the Federal Register posted the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The regulation went into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, on November 15, 2017.

Additional information can be found on CMS's website at:

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html

Emergency Preparedness (Cont.)

Commit to your health.

CMS Central Office and the Regional Office hosted a webinar on August 14, 2018. This webinar provided the following information:

- Information regarding the 1135 waiver process
- Emergency preparedness final rule and survey considerations
- Examples of frequent E-Tag citations
- Emergency preparedness resources

The following information was provided by CMS to access a copy of the webinar:

To access, use the course catalog and select “all” at the top left side and search “emergency”. The recorded webinar for the providers is labeled as such (https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSEPPR_WEB). Select Launch Course. The FAQs are also available there.

2012 Life Safety Code Update

Commit to your health.

- **Means of Egress – Locking of Doors**
 - **Per the 2006 Life Safety Code**
 - (18.2.2.2.4) Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side, unless otherwise permitted by the following:
 - *Door-locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the patients require specialized security measures for their safety, provided that staff can readily unlock such doors at all times. (See 18.1.1.1.5 and 18.2.2.2.5.)
 - Unlike delayed-egress locks, there is no restriction on the number of doors in the means of egress that can be locked where the clinical needs of the patients so require.
 - *Delayed-egress locks complying with 7.2.1.6.1 shall be permitted, provided that not more than one such device is located in any egress path.
 - Access-controlled egress doors complying with 7.2.1.6.2 shall be permitted.

2012 Life Safety Code Update (Cont.)

Commit to your health.

- Means of Egress – Locking of Doors (Cont).
 - Per the 2006 Life Safety Code
 - (18.2.2.2.5) Doors that are located in the means of egress and are permitted to be locked under other provisions of this chapter shall have provisions made for the rapid removal of occupants by means such as the following:
 - Remote control of locks
 - Keying of all locks to keys carried by staff at all times
 - Other such reliable means available to the staff at all times

2012 Life Safety Code Update (Cont.)

Commit to your health.

- Means of Egress – Locking of Doors (Cont).
 - Per the 2012 Life Safety Code
 - (18.2.2.2.4) Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side, unless otherwise permitted by one of the following:
 - Locks complying with 18.2.2.2.5 shall be permitted.
 - *Delayed-egress locks complying with 7.2.1.6.1 shall be permitted.
 - *Access-controlled egress doors complying with 7.2.1.6.2 shall be permitted.
 - Elevator lobby exit access door locking in accordance
 - with 7.2.1.6.3 shall be permitted.
 - (18.2.2.2.5) Door-locking arrangements shall be permitted in accordance with either 18.2.2.2.5.1 or 18.2.2.2.5.2.

2012 Life Safety Code Update (Cont.)

Commit to your health.

- Means of Egress – Locking of Doors (Cont).
 - Per the 2012 Life Safety Code
 - (18.2.2.2.5.1) * Door-locking arrangements shall be permitted where the clinical needs of patients require specialized security measures or where patients pose a security threat, provided that staff can readily unlock doors at all times in accordance with 18.2.2.2.6.
 - Psychiatric units, Alzheimer units, and dementia units are examples of areas with patients who might have clinical needs that justify door locking. Forensic units and detention units are examples of areas with patients who might pose a security threat. **Where Alzheimer or dementia patients in nursing homes are not housed in specialized units, the provisions of 18.2.2.2.5.1 should not apply.** (See 18.2.2.2.5.2.)

2012 Life Safety Code Update (Cont.)

Commit to your health.

- Means of Egress – Locking of Doors (Cont).
 - Per the 2012 Life Safety Code
 - (18.2.2.2.5.2) 2* Door-locking arrangements shall be permitted where patient special needs require specialized protective measures for their safety, provided that all of the following criteria are met:
 - Staff can readily unlock doors at all times in accordance with 18.2.2.2.6.
 - A total (complete) smoke detection system is provided throughout the locked space in accordance with 9.6.2.9, or locked doors can be remotely unlocked at an approved, constantly attended location within the locked space.
 - The building is protected throughout by an approved, supervised automatic sprinkler system in accordance with 18.3.5.1.
 - The locks are electrical locks that fail safely so as to release upon loss of power to the device.
 - The locks release by independent activation of each of the following:
 - Activation of the smoke detection system required by 18.2.2.2.5.2(2)
 - Water flow in the automatic sprinkler system required by 18.2.2.2.5.2(3)

2012 Life Safety Code Update (Cont.)

Commit to your health.

- Means of Egress – Locking of Doors (Cont).
 - Per the 2012 Life Safety Code
 - (18.2.2.2.5.2) 2* Door-locking arrangements shall be permitted where patient special needs require specialized protective measures for their safety, provided that...
 - Pediatric units, maternity units, and emergency departments are examples of areas where patients might have special needs that justify door locking.

2012 Life Safety Code Update (Cont.)

Commit to your health.

- Means of Egress – Locking of Doors (Cont).
 - Summary
 - The verbiage of Sections 18.2.2.4 and 18.2.2.5 have seen significant modifications in the 2012 vs 2006 Life Safety Code.
 - The appendix language, along with interpretation provided by the CMS RO, provide the door locking arrangements that are permissible under the newly adopted 2012 Life Safety Code, and facilities are expected to be in compliance during their next annual survey.

Thank you!

