



1

Objectives

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- Understand the required elements of Phase 3 and how they affect long term care's current policies and practices
- Analyze the components of the regulations that are new and those that are in addition to what is already in place
- Gain knowledge to be able to prepare staff members for the next phase of regulatory guidance for long term care

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Overview

Insight | Expertise | Knowledge

- This final phase of the (RoP) requirements of participation for skilled nursing facilities completes the implementation of the new State Operations Manual Appendix PP and the new survey process
- The updates and reorganization of the new requirements are viewed as necessary to reflect current standards of practice
- The goal is to improve care and reduce negative outcomes



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Phase III Overview



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F-Tag sections of Phase 3

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- F659: Comprehensive Care Plans that are culturally-competent and trauma-informed
- F699: Trauma-informed Care
- F741: Sufficient and Competent Staff, FWRA, PTSD and/or trauma
- F837: Governing Body-QAPI
- F865: QAPI implementation
- F866: QAPI Program Feedback, Data Systems and Monitoring
- F867: QAPI Program Systematic Analysis and Systemic Action
- F868: Infection Preventionist involvement in the QAA
- F882: Requirements for the Infection Preventionist
- F895: Compliance and Ethics Program
- F919: Resident Call System
- F926, F940, F941, F942, F944, F945, F947, F949: Training Requirements

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F659 – Comprehensive Resident Centered Care Plans

- (ii) Be provided by qualified persons in accordance with each resident's written plan of care.
- (iii) **Be culturally-competent and trauma-informed**

Guidance

- The facility must ensure that services provided or arranged are delivered by individuals who have the skills, experience and knowledge to do a particular task or activity. This includes proper licensure or certification, if required.

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Quality of Care

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F699 – Trauma Informed Care

The facility must ensure that residents who are **trauma survivors** receive **culturally competent, trauma-informed care** in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.



<https://www.samhsa.gov/>

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Trauma Informed Care

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Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and as linked to history of trauma and/or post-traumatic stress disorder, will be implemented 11/28/19.



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Principles of Trauma Informed Care

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1. **Safety** - Throughout the organization, staff and the people they serve feel physically and psychologically safe.
2. **Trustworthiness and transparency** - Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.
3. **Peer support and mutual self-help** - These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.
4. **Collaboration and mutuality** - There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.
5. **Empowerment, voice, and choice** - Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff's, clients', and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.
6. **Cultural, historical, and gender issues** - The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

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Screening for Trauma

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It is common, 50% of people report a history of trauma!

- ☐ First screen to determine if the person has a history of trauma
- ☐ If yes, do they have trauma-related symptoms?
- ☐ A positive screen only indicates that further evaluation is warranted
- ☐ Positive screen does not indicate a disorder actually exists
- ☐ Negative screens do not necessarily mean there are no symptoms
- ☐ Why we screen
 - To identify stress symptoms
 - Prevents misdiagnosis
 - Prevents inappropriate treatment planning

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Domains to Screen

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- Trauma-related symptoms
- Depressive or dissociative symptoms
- Sleep disturbances
- Intrusive experiences
- Past and present mental health disorders
- Severity or characteristics of a specific trauma
- Substance Use
- Social support and coping styles
- Availability of resources
- Risk for self-harm, suicide, and violence
- Health screenings

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Types of Screening Tools

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(CAPS)

Clinician Administered PTSD Scale

Used by clinicians and researchers

(DTS)

Davidson Trauma Scale

Bachelors in psychology required to administer

<https://www.ncbi.nlm.nih.gov/books/NBK207193/>

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Care Planning

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Trauma Informed Approach to Care Planning

- ✓ *Trauma screening and assessment*
- ✓ *Trauma specific interventions*
- ✓ *If not available within the organization, have an effective referral system to connect individuals and families with appropriate treatment*
- ✓ *Evidence based*

Note: F659 references provision of services by qualified individuals, implementation of the care plan would fall under F656

<https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

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Care Planning Approaches

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- What peer supports are in place?
- What family supports are in place?
- How do they have an effective role in planning for services and/or treatment?
- What will be done to make the resident feel safe?
- What things calm the resident?
- What techniques work for de-escalation?

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Care Planning Approaches

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- Strategies to prevent re-traumatization?
- Are there protections in place to protect gender-related physical and emotional safety concerns?
- How can the residents provide feedback about services they want changed?
- How is transparency and trust promoted?
- Strategies to reduce power differentials?
- What strategies are used to comfort and empower the resident?

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INTENT

To assure that all nursing staff possess the competencies and skill sets necessary to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental and psychosocial well-being.

COMPETENCY

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DEFINITIONS

"Competency" is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.

COMPETENCY

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Nursing Services

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F726 – Competent Nursing Staff

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).



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F726 – Competent Nursing Staff

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- The facility must ensure that licensed nurses have the specific competencies and skill sets **necessary to care for residents' needs**, as identified through resident assessments, and described in the plan of care.
- Providing care includes but is not limited to **assessing, evaluating, planning and implementing resident care plans and responding** to resident's needs.
- The facility must ensure that **nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs**, as identified through resident assessments, and described in the plan of care.



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Competencies listed in SOM

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- | | |
|---|---|
| <ul style="list-style-type: none"> • Preventing and reporting abuse, neglect, and exploitation • Dementia management • Infection Control • Competencies related to an approved nurse aide training and evaluation program • Medication management • Change in condition | <ul style="list-style-type: none"> • Resident rights • Person-centered care • Communication • Basic nursing skills • Basic restorative services • Skin and wound care • Pain management • Cultural competency |
|---|---|

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Change in Condition

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- A key component of competency is a nurse's ability to identify and address a resident's change in condition
- Facility staff should be aware of each resident's current health status and regular activity, and be able to promptly identify changes that may indicate a change in health status
- Once identified, staff should demonstrate effective actions to address a change in condition, which may vary depending on the staff who is involved

<https://www.ahrq.gov/professionals/systems/long-term-care/resources/facilities/ptsafety/lcmodule1.html>

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Cultural Competency

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- Cultural competencies help staff communicate effectively with residents and their families and help provide care that is appropriate to the culture and the individual.
- The term cultural competence refers to a person's ability to interact effectively with persons of cultures different from his/her own.
- With regard to health care, cultural competence is a set of behaviors and attitudes held by clinicians that allows them to communicate effectively with individuals of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and to the individual.

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Definitions

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Competency

"A measurable pattern of knowledge, skills, abilities, behaviors and other characteristics needed to perform work roles or occupational functions successfully"

Cultural Competency

"helps staff communicate effectively with residents and their families; helps provide care that is appropriate to the culture and the individual; also known as cultural responsiveness, awareness and sensitivity... it is a set of behaviors and attitudes held by clinicians allowing effective communication with various cultures and backgrounds"

Care that is appropriate to the culture and the person!

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

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Competencies

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- ☐ Evaluating the ability to perform a task based on clinical skills, knowledge, education, and experience
- ☐ Ongoing (assess, monitor, maintain, and improve skills)
- ☐ To prevent negative outcomes
- ☐ To provide excellent care and treatment

COMPETENCY

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Evaluation Competencies



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Competencies for Nursing

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Name: _____ Job Title: _____ Date of Hire: _____

Assessment of competency for the following policy and procedure:

Competency Statement: Licensed nurses will display consistent competency proficiency when providing care and services to residents and managing the residents' care processes.		
Instructions: Nurse: Complete the self-assessment portion of this document using the key for each step of the procedure. Evaluator: Complete the Evaluator's Assessment portion of this document using the key for each step of the procedure. Collaborate with the nurse to describe an improvement of knowledge, skill, or attitude, based on the assessment.		
Assessment Key: 1- Needs skills improvement 2- Needs increased knowledge 3- Can perform competently 4- Can perform independently and evaluate others	Method of Evaluation: SA - Self assessment S- Simulation DO- Direct Observation RD- Return demonstration KT- Knowledge Test	Learning Resources: <input type="checkbox"/> Observation/peer modeling <input type="checkbox"/> Computer-based learning and test <input type="checkbox"/> Formal class <input type="checkbox"/> Other:

Performance Criteria		Self-Assessment		Evaluator's Assessment	
Document the steps of the facility procedure here		Use Assessment Key (See legend) Add comments as needed		Use Assessment Key (See legend) Add comments as needed	
Procedure steps	Method Code	Assessment Key	Comment	Method Code	Assessment Key
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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Behavioral Health Services



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Behavioral Health Services Consulting | Talent | Training | Resources

INTENT

- The intent of this requirement is to ensure that the facility has sufficient staff members who possess the basic competencies and skills sets to meet the behavioral health needs of residents for whom the facility has assessed and developed care plans.
- The facility must consider the acuity of the population in its assessment. This includes residents with mental disorders, psychosocial disorders, and/or substance use disorders.
- Facility staff members must implement person-centered care approaches designed to meet the individual needs of each resident.

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Behavioral Health Services Consulting | Talent | Training | Resources

F741 – Sufficient/Competent Staff – Behavioral Health Needs

- The facility must have **sufficient staff** who provide direct services to residents with the **appropriate competencies and skills** sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the **number, acuity and diagnoses of the facility's resident population**

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Behavioral Health Services

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F741 – Sufficient/Competent Staff

- Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment and
- Linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)
- Includes implementing non-pharmacological interventions

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Governing Body

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INTENT

This regulation is intended to ensure that the facility has an active (engaged and involved) governing body that is responsible for establishing and implementing policies regarding the management of the facility.

DEFINITIONS

"Governing body" refers to individuals such as facility owner(s), Chief Executive Officer(s), or other individuals who are legally responsible to establish and implement policies regarding the management and operations of the facility.

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Administration

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F837 – Governing Body

The facility must have a governing body, or designated persons functioning as a governing body, legally responsible for establishing and implementing policies regarding the management and operation of the facility.

The governing body appoints the administrator who is-

- (i) Licensed by the State, where licensing is required
- (ii) Responsible for management of the facility
- (iii) Reports to and is accountable to the governing body
- (iv) The governing body is responsible and accountable for the QAPI program
- (v) Governing body responsibility of QAPI program will be implemented beginning November 28, 2019 (Phase 3)

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Governing Body – Guidance

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Facility must determine:

- Process and frequency by which the administrator reports to the governing body
- Method of communication between the NHA and the governing body including:
 - How governing body responds back to NHA
 - What types of issues and information are reported or not reported directly to the governing body (example: survey results, allegations of abuse or neglect, complaints)

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Governing Body

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Facility must determine:

- How the NHA is held accountable and reports information about managing the facility and operations (example: audits, budgets, staffing, supplies)
- How the NHA and governing body are involved with the facility wide resource assessment

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Quality Assurance and Performance Improvement

F865 – QAPI Program/Plan, Disclosure, Good Faith Attempt

INTENT

These requirements are intended to ensure facilities develop a plan that describes the process for conducting QAPI/QAA activities, such as identifying and correcting quality deficiencies as well as opportunities for improvement, which will lead to improvement in the lives of nursing home residents, through continuous attention to quality of care, quality of life, and resident safety.



QA + PI = QAPI

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Disclosure of Information and Good Faith Attempts

- The survey process is intended to be an objective assessment of facility compliance with the requirements of participation. This assessment is guided by facility performance and outcomes as reported by QMs and MDS data, as well as complaints and surveyor observations, interviews, and record reviews.
- The surveyor task to review the QAPI Plan and QAA is intended to occur at the end of the survey, after completion of investigation into all other requirements to ensure that concerns are identified by the survey team independent of the QAPI Plan and QAA review.

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QAPI - F866

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F866 – QAPI/QAA Data Collection and Monitoring

- Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment and including how such information will be used to develop and monitor performance indicators.
- Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.
- Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.

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QAPI - F867

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Intent:

- Ensure information obtained from QAA committee documents that is related to the committee's good faith attempt to identify and correct quality deficiencies are not used by surveyors to identify additional concerns not previously identified during the survey
- Foster a culture where nursing homes can openly conduct their internal QAA investigations and performance improvement efforts



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QAPI - F867

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F867 - Program systematic analysis and systemic action

The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.

- ✓ Review and revise systems
- ✓ Take action system wide



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F867 – QAPI/QAA Improvement Activities

The facility will develop and implement policies addressing:

- How they will use a systematic approach to determine underlying causes of problems impacting larger systems
- How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems
- How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained



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Infection Control

Phase III



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Infection Control

F882 – Infection Preventionist (IP)

The facility must designate one or more individual(s) as the infection preventionist(s) who is/are responsible for the facility's IPCP.

The IP must:

- Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field
- Be qualified by education, training, experience or certification
- Work at least part-time at the facility
- Have completed specialized training in infection prevention and control
- Be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis

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Compliance and Ethics
Phase III

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Compliance & Ethics

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F895 – Compliance and Ethics Program

- The operating organization must develop, implement, and maintain an effective compliance and ethics program that contains, at a minimum, the following components:
 - Established written compliance and ethics standards, policies, and procedures
 - The designation of an appropriate compliance and ethics program contact to which individuals may report suspected violations, as well as an alternate method of reporting suspected violations anonymously
 - Disciplinary standards that set out the consequences for committing violations for the operating organization's entire staff; individuals providing services under a contractual arrangement; and volunteers, consistent with the volunteers' expected roles.
 - Annual Review

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Introduction

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The purpose of having a compliance and ethics program in skilled nursing facilities is to reduce the prospect of violations such as:

Criminal

Civil

Administrative

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Definitions

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- ❑ §483.85(1) Reasonably designed, implemented, and enforced so that it is likely to be effective in preventing and detecting criminal, civil, and administrative violations under the ACT and in promoting quality of care
- ❑ §483.85(2) Includes at a minimum, the required components specified in F895

By November 28, 2019!

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Physical Environment

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F919 – Resident Call System

The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area

- Each resident's **bedside**
- Toilet and bathing facilities

<https://www.ahrq.gov/patient-safety/index.html>

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F940 Facility Training Program

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To ensure any training needs are met for:

- New Staff
- Existing Staff
- Individuals providing services under a contractual arrangement
- Volunteers
- Based upon Facility Assessment
- Consistent with their expected job roles
 - What policies are required
 - Review job descriptions
 - Do they meet professional standards of practice?



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Training Requirements

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F941 – Communication Training

A facility must include effective communications as mandatory training for direct care staff



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Training Requirements

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F942 – Resident Rights Training

A facility must ensure that staff members are educated on the rights of the resident and the responsibilities of a facility to properly care for its residents



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Training Requirements

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F944 – QAPI Training

A facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program

- Five Elements
- Facility QAPI Implementation Plan



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Training Requirements

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F945 – Infection Control Training

A facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program



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Training Requirements

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F946 – Compliance and Ethics Training

The operating organization for each facility must include as part of its compliance and ethics program

- An effective way to communicate the program's standards, policies, and procedures through a training program or in another practical manner which explains the requirements under the program.
- Annual training if the operating organization operates five or more facilities



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Training Requirements

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F949 – Behavioral Health Training

A facility must provide behavioral health training consistent with the requirements and as determined by the facility assessment

HEALTH NEWS MARCH 23, 2018 / 4:40 PM / A MONTH AGO

Top-quality nursing homes harder to access with mental health issues

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Leaders should.....

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What are the steps a leader should do to prepare their team?

1. Review each of the F-tags in the Requirements of Participation for Phase III in the CMS State Operations Manual, Guidance to Surveyors for Long Term Care Facilities, Appendix PP
2. Put together an Interdisciplinary Team
3. Educate the Team that will be developing your systems to meet the new requirements
4. Develop Policies, Procedures and Systems using best practices and compliance resources
5. Educate your entire team including verification of competency
6. Audit your systems for compliance and quality

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Leadership Strategies

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- Coordinate Abuse/Neglect efforts with QAPI Committee
- Prepare for care planning for trauma informed care
- Explore training for trauma informed care
- Pay attention to staff competencies for Phase 3
- Sufficient staffing may be observed for behavioral health
- Define Governing Body
- Ramp up QAPI
- Begin working on Compliance and Ethics
- Evaluate and update training programs

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Resources

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New F-Tags! (11/28/17)

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Crosswalk.xlsx>

Newest Version of (RoP) State Operations Manual (11/22/17)

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

The New Survey Process – (Updated 8/5/18)

- <http://surveyor-training-docs2.s3.amazonaws.com/LTCSurveyProcess/11.4TrainingSlideswithSpeakerNotes.pdf>
- http://surveyor-training-docs2.s3.amazonaws.com/LTCSurveyProcess/LongTermCareSurveyProcesses/LTCSP_ProcedureGuide.pdf

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References

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The National Center for Cultural Competency

- <https://nccc.georgetown.edu/index.html>

Substance Abuse and Mental Health Services Administration

- <https://www.samhsa.gov/>

State Operations Manual – Appendix PP

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

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