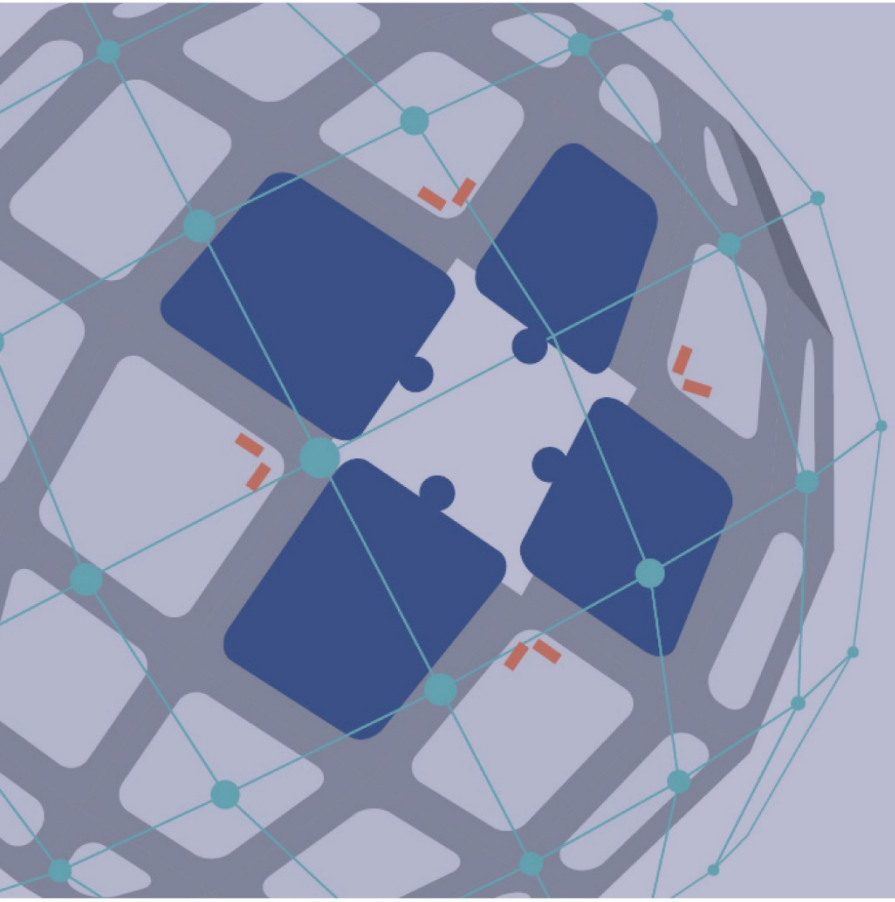
Real Time
MEDICAL SYSTEMS



Improving Clinical Outcomes and Increasing Census

Influence Quality Measures and Mitigate Risk with Live Data

Presented by
Cheryl Scalzo, RN, Real Time Medical Systems
Tricia Whaley, Complete HealthCare Resources

Today's Presenters

Cheryl Scalzo, RN

Clinical Account Specialist, Real Time Medical Systems

In her role with Real Time, Cheryl uses her knowledge within the industry to guide clients in unlocking the power of EHR data to improve clinical performance. As a former Director of Nursing, Cheryl has dedicated her career to improving resident care. Cheryl has served as a Certified Infection Preventionist as well as Director of Nursing, where she established and implemented best practices to improve quality outcomes.

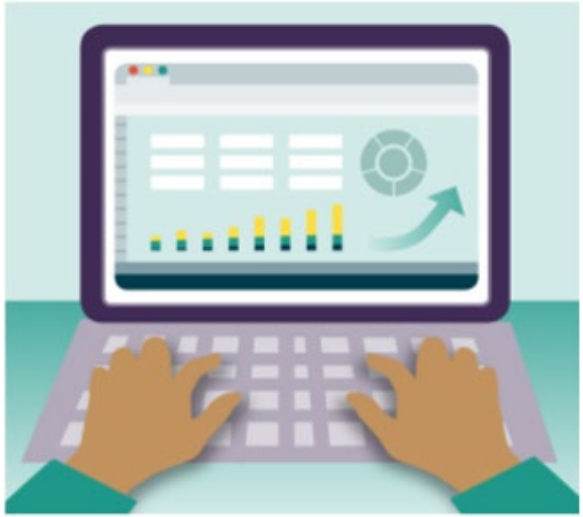
Tricia Whaley

Senior Director of Provider Relations, Complete HealthCare Resources

Tricia is a dedicated healthcare leader who, through her work with Complete HealthCare Resources, utilizes her experience to assist the admissions and business development staff in Senior Living Communities to enhance CORE systems, policies and business development strategies. As a former Director of National Partnership, Tricia has dedicated her career to improving the overall resident transition and healthcare experience.

The Proactive Approach

- Identify the Focus and Quality Measures of Our Referral Sources
- Identify and Improve Quality Measures prior to the resident triggering on the MDS
- Understand Inherent Clinical Crosswalks to Mitigate Risk
- Improve 5 Star Rating
- Utilize QAPI
- Improve Census Outcome



Quality Measures Hospitals Focus On

- Preventable Hospital Readmissions
- Hospitalization Days/1,000 members –ISNP/ACO
- Admissions/1,000 Members –ISNP/ACO
- Length of Stay
- High Risk Patients
- CMS 5 Star Ratings
- Successful Transition to Community

Reduce Cost, Increase Referrals

Using live data, SNFs can drive Care Coordination efforts with partner hospitals

- Reduce avoidable hospital readmissions
- Risk stratify and prioritize residents
- Offset lower length-of-stay with increased referrals
- Improve facility-wide performance with standardized care
- Open lines of communication with acute care teams to provide improved patient outcomes

Key Considerations – Where do we Begin?

- Policies and Procedures
- Specialized Programs
- Understand QAPI
- Well educated and competent staff
- 5 Star Rating
- Reputation matters!!

Why Risk Management?

- Quality of Care
- Maintain Census
- Reputation
- Rising Insurance Costs

What risk areas can you identify?

Examples of Risk Areas

Falls with Major Injury

Pressure Ulcers

Undiagnosed Changes in Condition

Adverse Drug Events

Malnutrition and Dehydration

Elopement

Abuse

Burns

Pain

Quality Measures Review

Overall rating

Average

The overall rating is based on a nursing home's performance on 3 sources: health inspections, staffing, and quality of resident care measures.

Learn how Medicare calculates this rating

Health inspections

Below average

View Rating Details

Staffing

Average

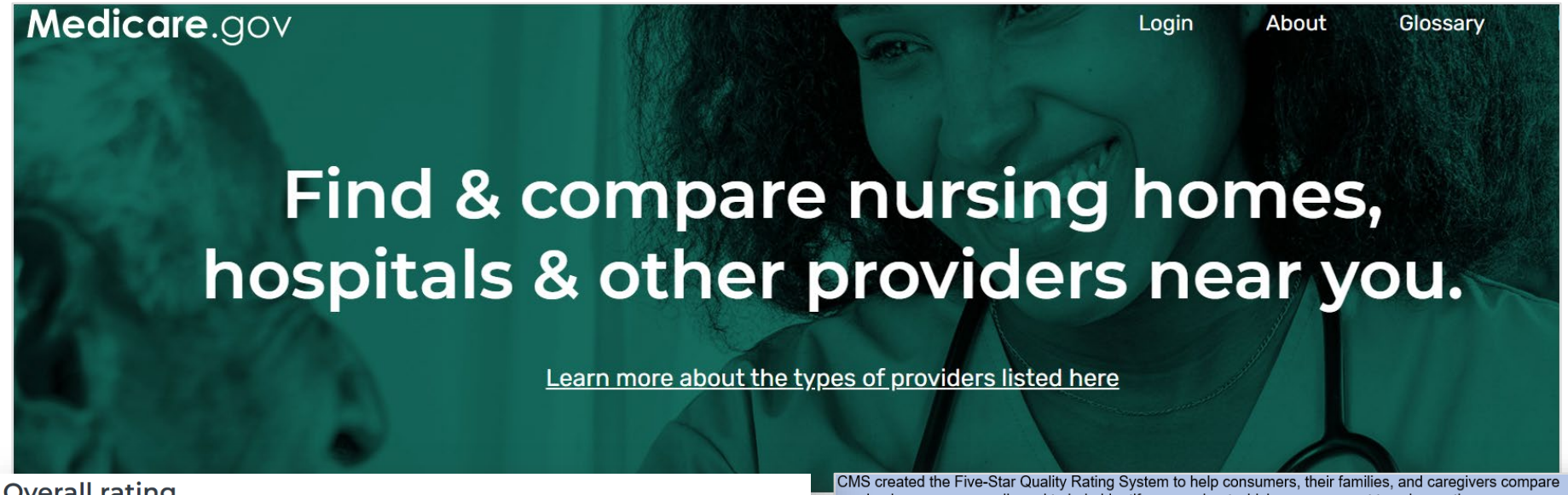
View Rating Details

Quality of resident care

Much above average

View Rating Details

Quality Measures Review



Overall rating

Not available [18]

The overall rating is based on a nursing home's performance on 3 sources: health inspections, staffing, and quality of resident care measures.

Learn how Medicare calculates this rating

Health inspections	Staffing	Quality of resident care
Not available [18]	Not available [18]	Not available [18]
View Inspection Results	View Staffing Levels	View Quality Measures

CMS created the Five-Star Quality Rating System to help consumers, their families, and caregivers compare nursing homes more easily and to help identify areas about which you may want to ask questions.

The Nursing Home Compare Web site features a quality rating system that gives each nursing home a rating of between 1 and 5 stars. Nursing homes with 5 stars are considered to have much above average quality and nursing homes with 1 star are considered to have quality much below average. There is one Overall 5-star rating for each nursing home, and a separate rating for each of the following three sources of information:

Health Inspections – The health inspection rating contains the 3 most recent health inspections and investigations due to complaints. This information is gathered by trained, objective inspectors who go onsite to the nursing home and follow a specific process to determine the extent to which a nursing home has met Medicaid and Medicare's minimum quality requirements. The most recent survey findings are weighted more than the prior year.

Staffing – The staffing rating has information about the number of hours of care provided on average to each resident each day by nursing staff. This rating considers differences in the levels of residents' care need in each nursing home. For example, a nursing home with residents who had more severe needs would be expected to have more nursing staff than a nursing home where the resident needs were not as high.

Quality Measures (QMs) – The quality measure rating has information on 15 different physical and clinical measures for nursing home residents. The QMs offer information about how well nursing homes are caring for their residents' physical and clinical needs.

What is the criteria met when a resident triggers for increased assistance with ADL's?

Quality Measure review cont'd

Design for *Care Compare*
Nursing Home Five-Star Quality Rating System:

Technical Users' Guide

January 2021

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Home › Medicare › Quality, Safety & Oversight - Certification & Compliance › Five-Star Quality Rating System

Five-Star Quality Rating System

Now available! Our new Provider Data Catalog makes it easier for you to search & download our publicly reported data. We've also improved Medicare's compare sites.

October 7, 2019

Changes were announced to the Five-Star Quality Rating System that will be implemented in October 2019. Refer to CMS memoranda: QSO 20-01-NH (PDF) & QSO 20-02-NH (PDF).

CMS created the Five-Star Quality Rating System to help consumers, their families, and caregivers compare nursing homes more easily and to help identify areas about which you may want to ask questions.

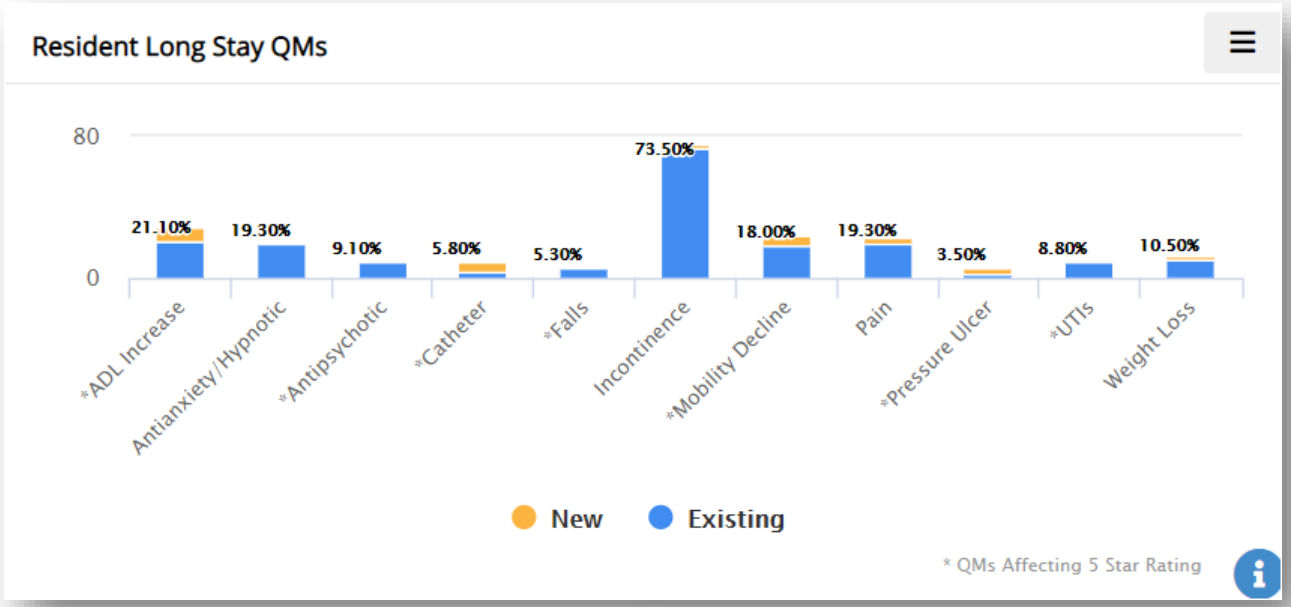
The Nursing Home Compare Web site features a quality rating system that gives each nursing home a rating of between 1 and 5 stars. Nursing homes with 5 stars are considered to have much above average quality and nursing homes with 1 star are considered to have quality much below average. There is one Overall 5-star rating for each nursing home, and a separate rating for each of the following three sources of information:

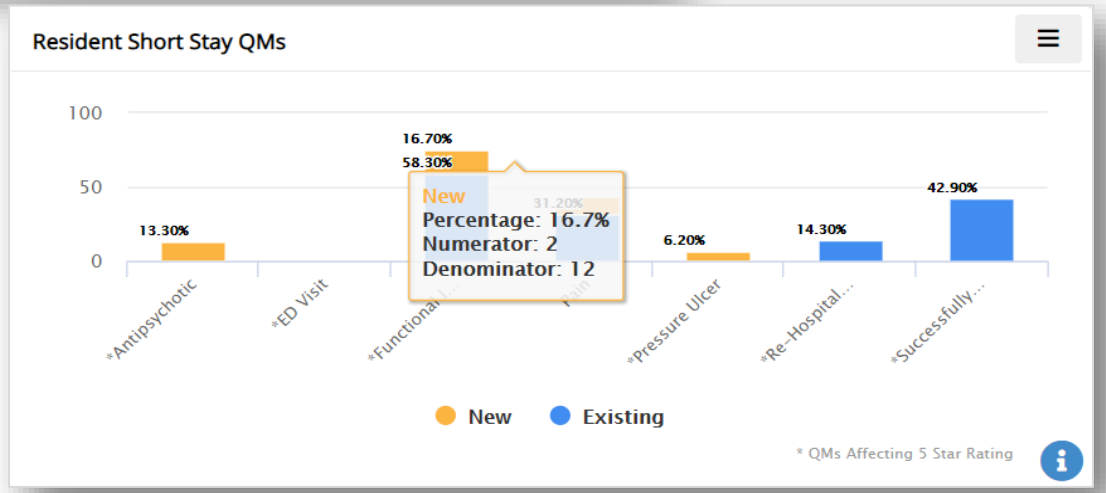
- **Health Inspections** – The health inspection rating contains the 3 most recent health inspections and investigations due to complaints. This information is gathered by trained, objective inspectors who go onsite to the nursing home and follow a specific process to determine the extent to which a nursing home has met Medicaid and Medicare's minimum quality requirements. The most recent survey findings are weighted more than the prior year.
- **Staffing** – The staffing rating has information about the number of hours of care provided on average to each resident each day by nursing staff. This rating considers differences in the levels of residents' care need in each nursing home. For example, a nursing home with residents who had more severe needs would be expected to have more nursing staff than a nursing home where the resident needs were not as high.
- **Quality Measures (QMs)** – The quality measure rating has information on 15 different physical and clinical measures for nursing home residents. The QMs offer information about how well nursing homes are caring for their residents' physical and clinical needs.

Moving Beyond Predictive Analytics

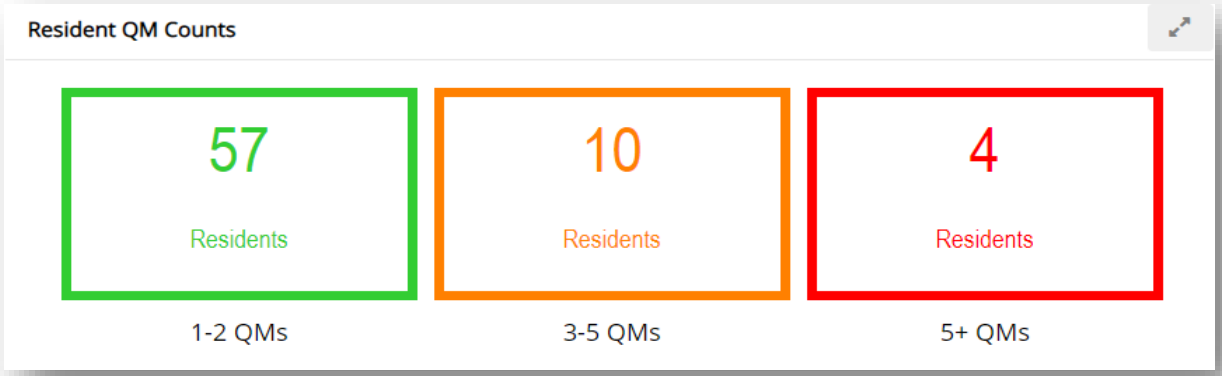
Predictive Analytics		Interventional Analytics
Restricted Algorithms Mines data only from standard data fields within EHR.	⇔	**Comprehensive Algorithms** Mines data from **any** data field – standard fields, free text (nursing notes), etc. within the EHR.
Static MDS Data Analyzes static/dated data.	⇔	**Live Data** Analyzes live data as it is entered into the EHR – in real-time.
Predicts Trends Calculates trends and forecasts possible future events.	⇔	**Identifies Subtle Change in Condition** Calculates data and pushes live alerts, including diagnoses, when change in care ***is*** occurring.
Standardized Care Provides trend outcomes – assumes "one-size fits all" approach.	⇔	**Interventional Care** Provides suggested interventions based on AMDA and INTERACT 3.0 standards of care, allowing clinical teams to intervene before an adverse situation occurs.

Quality Measures and Technology





Inherent Clinical Crosswalks



QM Range Detail (5+ QMs)

Search

Resident	Risk Level	Unit	Room Bed	Last MDS Date	Days Since Last MDS
Daggy, Rose (40058)	High	B	36801-S	08/02/2021	14
ADL Increase		Long Stay			
Antianxiety/Hypnotic		Long Stay			
Catheter		Long Stay			
Incontinence		Long Stay			
Mobility Decline		Long Stay			
Pain		Long Stay			
Weight Loss		Long Stay			

Remember the Regs

F865
(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.75(a) Quality assurance and performance improvement (QAPI) program.
[§483.75 and all subparts will be implemented beginning November 28, 2019 (Phase 3), unless otherwise specified]
Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must:

§483.75(a)(1) Maintain documenta program that meets the requiremen to systems and reports demonstrati analysis, and prevention of adverse development, implementation, and improvement activities;

§483.75(a)(2) Present its QAPI pla after the promulgation of this regu 2017 (Phase 2)]

A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:

§483.75(b)(1) Address all systems of care and management practices;

§483.75(b)(2) Include clinical care, quality of life, and resident choice;

§483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.

§483.75(b (4) Reflect the complexities, unique care, and services that the facility provides.

§483.75(f) Governance and leadership.
The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:

What is QAPI

- QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving all nursing home caregivers in practical and creative problem solving.

What are the Five Elements

Element 1: Design and Scope

Element 2: Governance and Leadership

Element 3: Feedback, Data Systems and Monitoring

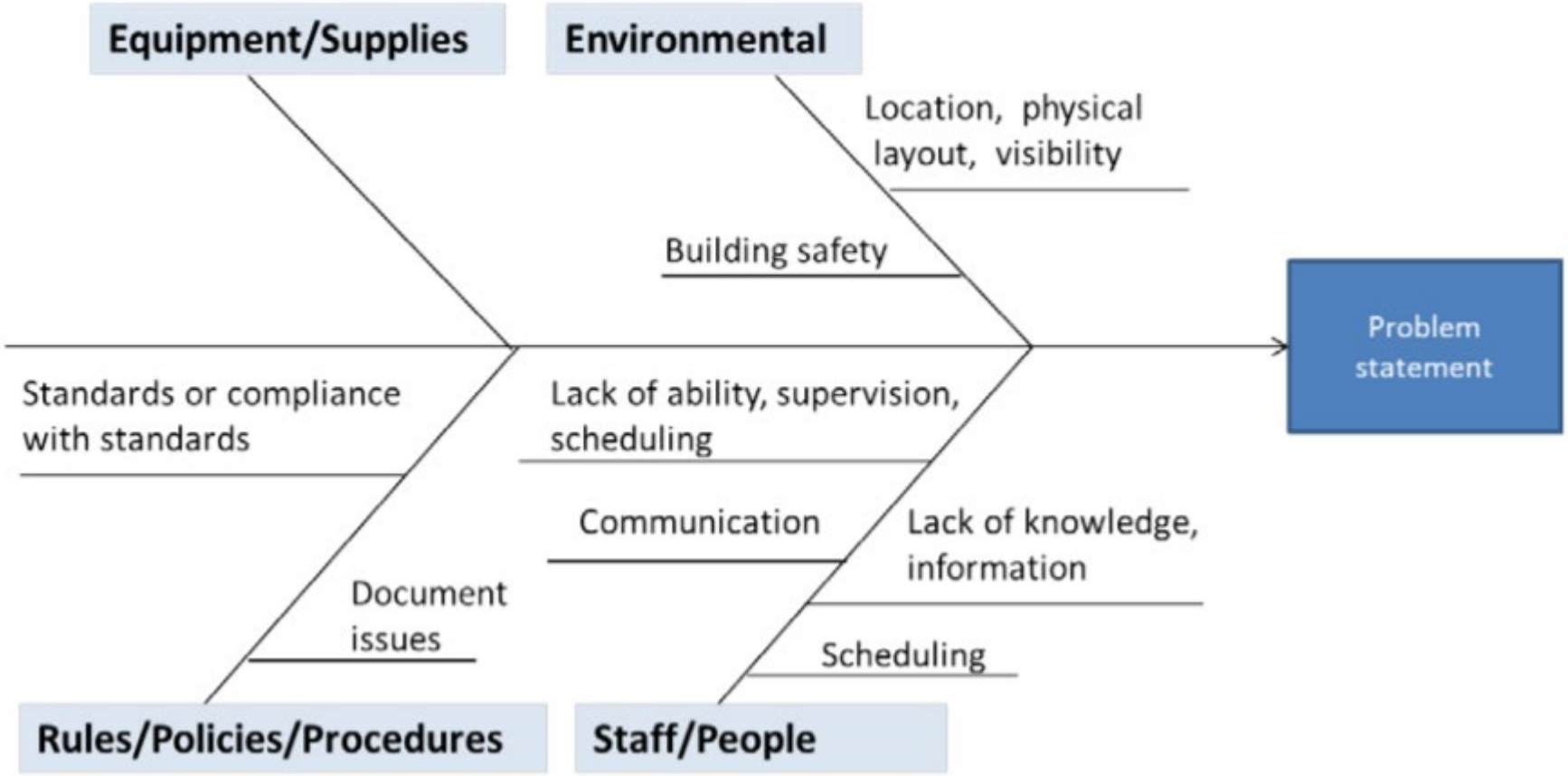
Element 4: Performance Improvement Projects (PIPs)

Element 5: Systematic Analysis and Systemic Action

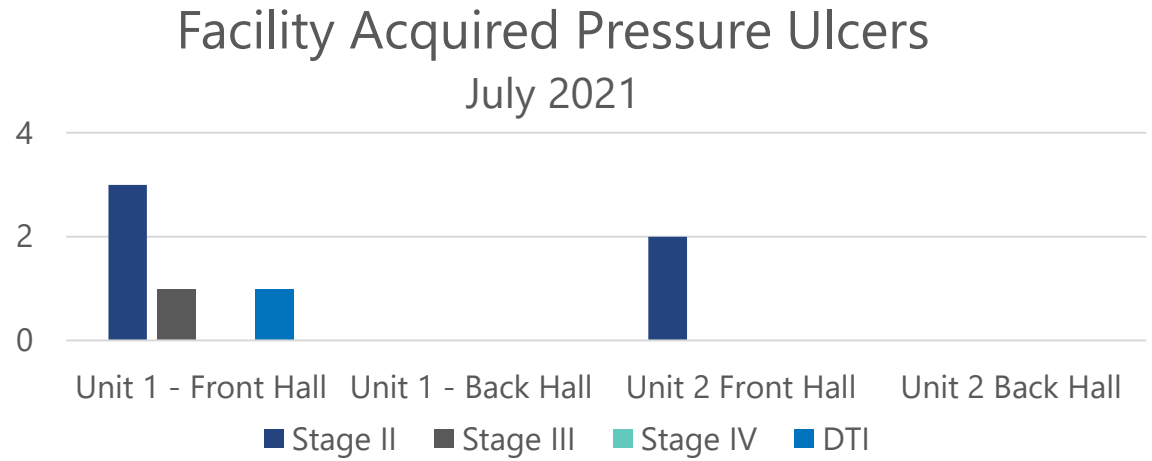
What is a Project Charter?

A project charter clearly establishes the goals, scope, timing, milestones, and team roles and responsibilities for an Improvement Project (PIP). The charter is typically developed by the QAPI team and then given to the team that will carry out the PIP, so that the PIP team has a clear understanding of what they are being asked to do. The charter is a valuable document because it helps a team stay focused. However, the charter does not tell the team how to complete the work; rather, it tells them what they are trying to accomplish.

Fishbone Diagram



Let's Look at a Problem...



Increased Incidence of In-House Pressure Ulcers

6 New Pressure Ulcers Identified Month of July

3 Stage II's
1 Stage III
2 DTI's

Not managing Bowel and Bladder

Turning Programs Not Being Completed

5 of the 6 wounds identified on Unit 1 Front Hall; 1 On Unit 2 – Front Hall and Back Hall

Weekly Wound Rounds Not Completed

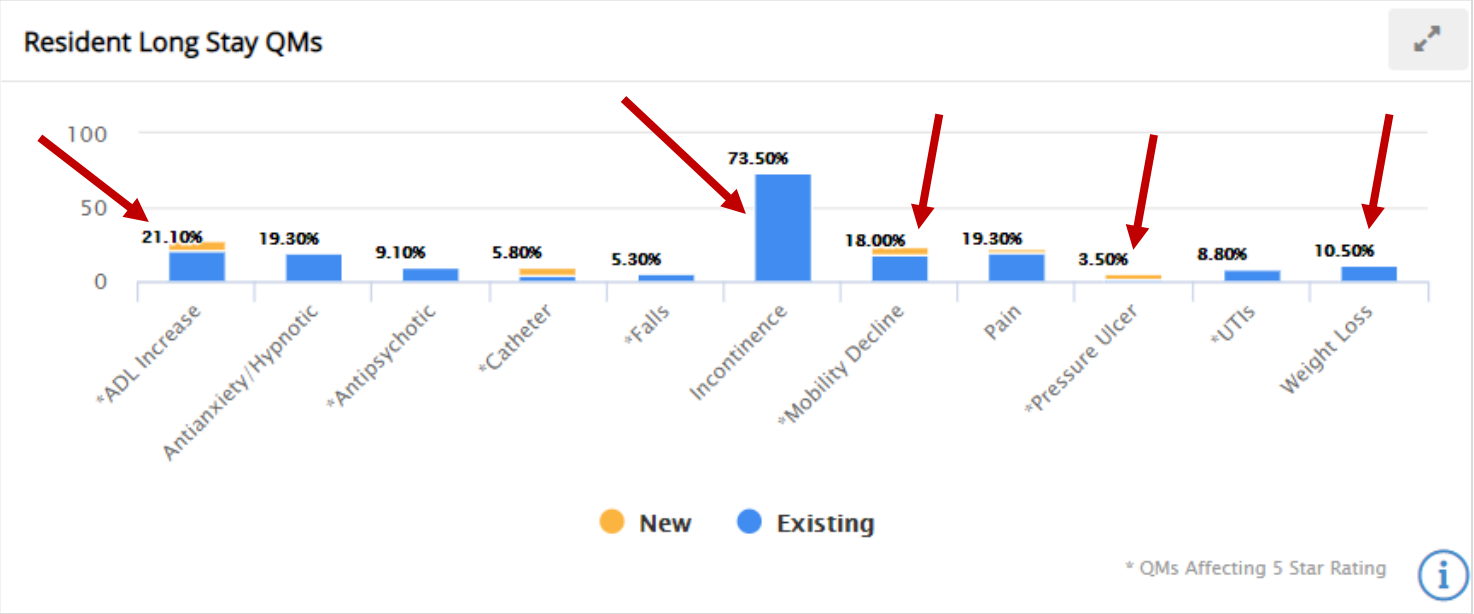
Braden scales and Plans of Care not Current

What Steps Do We Take Next
and
How Can Technology Help?

Next Steps Examples – Not All-Inclusive

1. Complete Body Audit on All Residents
2. Complete Braden Scales on All Residents
3. Complete Bowel and Bladder Assessments on All Residents
4. Provide Therapy Screens
5. Implement Off Load Measures
6. Consider Q Shift Huddles
7. Update Plans of Care and Care Cards
8. Evaluate Staffing Patterns and Discipline as Needed
9. Competency Based Training
10. Scheduled Rounds/Audits on All Pieces of Improvement Plan

Use Technology Available to You!



QM Detail (*ADL Increase - Existing) Detail Date: 08/23/2021

Search

Resident	Risk Level	Unit	Room Bed	Last MDS Date	Days Since Last MDS	Type of Stay	QM	Payer	New/ Existing
Alicia, Orville (71964)	Low	A	11266-A	07/08/2021	46	Long Stay	ADL Increase	Medicaid	New
Daggy, Rose (40058)	High	B	36801-S	05/20/2021	95	Long Stay	ADL Increase	Hospice	New
Mcelhattan, Chantell (34042)	Low	A	90102-B	08/11/2021	12	Long Stay	ADL Increase	Medicaid	New
Stradling, Lavinia (56681)	Low	B	85792-W	06/28/2021	56	Long Stay	ADL Increase	Medicaid	New

Can't Miss These Tools – Element Pathways

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Activities of Daily Living (ADL) Critical Element Pathway

Use this pathway for a resident who requires assistance with or is unable to perform ADLs (Hygiene – bathing, dressing, grooming, and oral care; Elimination – toileting; Dining – eating, including meals and snacks; and Communication including – speech, language, and other functional communication systems) to determine if facility practices are in place to identify, evaluate, and intervene, to maintain, improve, or prevent an avoidable decline in ADLs. Refer to the Positioning/Mobility/ROM pathway, for concerns related to mobility (transfer, ambulation, walking), positioning, contractures, or ROM.

Review the Following in A

- ☐ Review the most current MDS/CAAs for Sections Customary Routine and (O0400B), PT (O0400C)
- ☐ Physician's orders (e.g.,
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., ADL ass devices used to maximiz

Observations Across Shifts

- ☐ Ensure ADLs are provide practice, the care plan, an
- ☐ For a resident **receiving** following: If concerns are
  - Observe for the prov

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Positioning, Mobility & Range of Motion (ROM) Critical Element Pathway

Use this pathway for a resident with concerns related to ROM, mobility, and/or positioning.

Review the following in Advance to Guide Observations and Interviews:

- ☐ Review the most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAs for Sections C - Cognitive Patterns, E – Behavior, F – Preferences for Customary Routines, G – Functional Status (including bed mobility, transfer and ROM status), I – Active Diagnoses, J - Health Conditions – Pain and Falls, and O – Special Treatment/Proc/Prog – OT (O0400B), PT (O0400C), and restorative nursing program (O0500).
- ☐ Physician's orders (e.g., PT/OT therapy, restorative, pain management, exercises or care for ROM, mobility, or positioning).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., ROM and mobility schedules including types of interventions, positioning interventions, assistance devices, type of splinting [e.g., splint, hand roll, arm trough], pain, care of contracture).

Observations Across Various Shifts:

- ☐ Whether the care plan accurately reflects the resident's condition, including presence of contractures, muscle atrophy, balance, gait, or other ROM/mobility and/or positioning needs. If not, describe;
- ☐ Whether staff provide assistance and interventions, including positioning, exercises, and treatments as ordered including the frequency, number of reps, and direction of movement according to the care plan. If not, describe.
- ☐ Whether the resident participates or is encouraged to participate in the treatments, exercises, therapies, or positioning to the extent possible. If not, describe.
- ☐ If concerns are identified with positioning, exercises, treatments or other interventions, identify who is responsible for monitoring the implementation.
- ☐ For the resident using a wheel chair (w/c) or recliner:
  - The resident is properly positioned in a w/c or recliner to maintain proper body alignment;
  - Seated in a w/c of appropriate size;
  - Whether the resident's chair (e.g., w/c or reclining chair) fits under the dining room table so he/she is properly positioned to be able to access the meal; and
  - If the resident self-propels in the wheelchair, whether the foot pedals are removed, and if the resident cannot self-propel, whether leg rests and foot pedals are in place. If not, describe.
- ☐ If in group therapy (if a concern is identified, describe):
  - Whether the amount of time and intervention provided is based upon the care plan and orders;

Element Pathways, con't

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Pressure Ulcer/Injury Critical Element Pathway

Use this pathway for a resident having, or at risk of developing, a pressure ulcer (PU) or pressure injury (PI) to determine if facility practices are in place to identify, evaluate, and intervene to prevent and/or heal pressure ulcers.

Review the following in Advance to Guide Observations and Interviews:

- ☐ The most current comprehensive MDS/CAAs for Sections C - Cognitive Patterns, G – Functional Status, H – Bladder and Bowel, J – Health Conditions-Pain, K – Swallowing/Nutritional Status, M - Skin Conditions-(including history of a pressure ulcers or pressure injuries), and pressure relieving devices.
- ☐ Physician's orders (e.g., wound treatment) and treatment record (TAR).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., pressure relief devices, repositioning s
  history).

Observations:

- ☐ Observe wound care and assess the wound (observe a
  possible)
  - Is the wound care performed in accordance with a
    standards of treatment, physician's orders, and ca
  - Is there pain during wound care? If so, what did t
  - Does the wound look infected?
  - Use of clean gloves and clean technique for each
    treating multiple ulcers on the same resident, prov
    care to the most contaminated ulcer last (e.g., in t
    region).
  - Remove gloves and decontaminate hands betwee
  - Staff ensure that if perineal or incontinence care i
    gloves are used, then visibly soiled dressing is re

Bladder or Bowel Incontinence Critical Element Pathway

Use this pathway for a resident identified with concerns related to bladder or bowel incontinence.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ Most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C – Cognitive Patterns, G – Functional Status, and H – Bladder and Bowel.
- ☐ Physician's orders (e.g., incontinence or restorative program, medications affecting continence).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., scheduled toileting or restorative program based on the type of incontinence [retraining, habit training, scheduled voiding, prompted voiding, toileting devices], environment or assistive devices, promotes choice and dignity, psychosocial concerns [social withdrawal o embarrassment], skin integrity, UTI prevention, incontinence products, hydration/nutrition needs).

Observations (if a resident is incontinent of bowel or bladder or is on a program to maintain continence, determine the following):

- ☐ Whether staff uses appropriate hand hygiene and Personal Protective Equipment (PPE) when providing toileting and incontinence care;
- ☐ Whether the staff implements care plan interventions to maintain continence or improve incontinence, and whether staff informs the resident about the incontinence care before providing it;
- ☐ Whether staff maintains the resident's privacy, dignity, and respect during incontinence care. If not, describe. If the resident appears embarrassed or humiliated, how does staff respond?
- ☐ How staff respond to requests for assistance to the bathroom;
- ☐ Whether staff provide timely assistance to the resident to maintain
  - Whether the resident expressed pain or discomfort, and if so, how staff respond;
  - Whether hygiene measures were used (e.g., cleansing, rinsing, drying, applying protective moisture barriers) to prevent skin breakdown and to prevent UTIs; and
  - Whether absorbent products or protective clothing was used to address leakage, odor and enhance socialization and dignity.
- ☐ Whether environmental accommodations have been made to promote continence, such as:
  - Placing the call bell within reach and responding to the call
    bell promptly;

Element Pathways, con't

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Resident Council Interview

Resident Council Interview - *Complete an interview with active members of the Resident Council early enough in the survey to afford the team enough time to investigate any concerns. If there is not a resident council, determine whether residents have attempted to form one and have been unsuccessful, and if so, why.*

- ☐ Introduce yourself to the president of the cou
  resident council participants and select a resi
  residents. Explain the survey process and the

  > ***"[Name of facility]* is inspected periodicall**
  > **quality care. While we are here, we make**
  > **members or friends who can help us unde**
  > **time to talk with us. We would like to kno**

- ☐ At all times, be cognizant of resident confide
  Council minutes and become familiar with s
  identify any unresolved areas of concern.
- ☐ Review the grievance policy to ensure promp
  minimum of 3 years.
- ☐ It is suggested that the interview begin with s
  the facility has responded. For example, "I re
  responded to your concern?" or "During the
  resolved to your satisfaction?" This initial di

Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Choices	• Are you able to make choices about your daily life that are important to you? • I'd like to talk to you about your choices. Are you able to get up and go to bed when you want to? • How about bathing, are you able to choose a bath or shower? Do you choose how often you bathe? • How about food, does the facility honor your preferences or requests regarding meal times, food and fluid choices? • How about activities, are you able to choose when you go to activities? • How about meds, are you able to choose when you receive your medications? • Did you choose your doctor? Do you know their name and how to contact them? • Can you have visitors any time or are there restricted times?	No Issues/NA Further Investigation
Activities	• Do you participate in activities here? If not, why? • Do the activities meet your interests? If not, what type of activities would you like the facility to offer? • Are activities offered on the weekends and evenings? If not, would you like to have activities on the weekends or in the evenings?	No Issues/NA Further Investigation

CMS Updates

CMS.gov
Centers for Medicare & Medicaid Services

Search CMS

Medicare | Medicaid/CHIP | Medicare-Medicaid Coordination | Private Insurance | Innovation Center | Regulations & Guidance | Research, Statistics, Data & Systems

Home › Provider Enrollment and Certification › Quality Safety & Oversight - Guidance to Laws & Regulations › Nursing Homes

Nursing Homes

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

Nursing home surveys are conducted in accordance with survey protocols and Federal requirements to determine whether a citation of non-compliance appro
Consolidated Medicare and Medicaid requirements for participation (requirements) for Long Term Care (LTC) facilities (42 CFR part 483, subpart B) were first
in the Federal Register on February 2, 1989 (54 FR 5316). The requirements for participation were recently revised to reflect the substantial advances that hav
made over the past several years in the theory and practice of service delivery and safety. The revisions were published in a final rule that became **effective o**
November 28, 2016.

The survey protocols and interpretive guidelines serve to clarify and/or explain t
compliance with Federal requirements. Deficiencies are based on violations of t
performance or practices.

The sections below provide additional information about the background and ov

Downloads

- CMS-802 - Updated 11/25/2020 (PDF)
- LTCSP Initial Pool Care Areas - Updated 11/25/2020 (ZIP)
- Initial Surveys (ZIP)
- List of Revised FTags [Effective 06/19/2021] (PDF)
- LTCSP Procedure Guide - Updated 02/05/2021 (PDF)
- LTC Survey Pathways - Updated 06/19/2021 (ZIP)

Federal Regulatory Groups for Long Term Care
***Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red**
**** Tag to be cited by Federal Surveyors Only**

F540	Definitions	483.12	Freedom from Abuse, Neglect, and Exploitation	483.24	Quality of Life
483.10	Resident Rights	F600	*Free from Abuse and Neglect	F675	*Quality of Life
F550	*Resident Rights/Exercise of Rights	F602	*Free from Misappropriation/Exploitation	F676	*Activities of Daily Living (ADLs)/ Maintain Abilities
F551	Rights Exercised by Representative	F603	*Free from Involuntary Seclusion	F677	*ADL Care Provided for Dependent Residents
F552	Right to be Informed/Make Treatment Decisions	F604	*Right to be Free from Physical Restraints	F678	*Cardio-Pulmonary Resuscitation (CPR)
F553	Right to Participate in Planning Care	F605	*Right to be Free from Chemical Restraints	F679	*Activities Meet Interest/Needs of Each Resident
F554	Resident Self-Admin Meds-Clinically Appropriate	F606	*Not Employ/Engage Staff with Adverse Actions	F680	*Qualifications of Activity Professional
F555	Right to Choose/Be Informed of Attending Physician	F607	*Develop/Implement Abuse/Neglect, etc. Policies	483.25	Quality of Care
F557	Respect, Dignity/Right to have Personal Property	F608	*Reporting of Reasonable Suspicion of a Crime	F684	Quality of Care
F558	*Reasonable Accommodations of Needs/Preferences	F609	*Reporting of Alleged Violations	F685	*Treatment/Devices to Maintain Hearing/Vision
F559	*Choose/Be Notified of Room/Roommate Change	F610	*Investigate/Prevent/Correct Alleged Violation	F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers
F560	Right to Refuse Certain Transfers	483.15	Admission, Transfer, and Discharge	F687	*Foot Care
F561	*Self Determination	F620	Admissions Policy	F688	*Increase/Prevent Decrease in ROM/Mobility
F562	Immediate Access to Resident	F621	Equal Practices Regardless of Payment Source	F689	*Free of Accident Hazards/Supervision/Devices
F563	Right to Receive/Deny Visitors	F622	Transfer and Discharge Requirements	F690	*Bowel/Bladder Incontinence, Catheter, UTI
F564	Inform of Visitation Rights/Equal Visitation Privileges	F623	Notice Requirements Before Transfer/Discharge	F691	*Colostomy, Urostomy, or Ileostomy Care
F565	*Resident/Family Group and Response	F624	Preparation for Safe/Orderly Transfer/Discharge	F692	*Nutrition/Hydration Status Maintenance
F566	Right to Perform Facility Services or Refuse	F625	Notice of Bed Hold Policy Before/Upon Transfer	F693	*Tube Feeding Management/Restore Eating Skills
F567	Protection/Management of Personal Funds	F626	Permitting Residents to Return to Facility	F694	*Parenteral/IV Fluids
F568	Accounting and Records of Personal Funds	483.20	Resident Assessments	F695	*Respiratory/Tracheostomy care and Suctioning
F569	Notice and Conveyance of Personal Funds	F635	Admission Physician Orders for Immediate Care	F696	*Prostheses
F570	Surety Bond - Security of Personal Funds	F636	Comprehensive Assessments & Timing	F697	*Pain Management
F571	Limitations on Charges to Personal Funds	F637	Comprehensive Assmt After Significant Change	F698	*Dialysis
F572	Notice of Rights and Rules	F638	Quarterly Assessment At Least Every 3 Months	F699	*{PHASE-3} Trauma Informed Care
F573	Right to Access/Purchase Copies of Records	F639	Maintain 15 Months of Resident A ssessments	F700	*Bedrails

Resource Page

State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities – page 657

QAPI - Five Elements

QAPI Five Elements – Process Tool Framework

CMS: Design for Care Compare Nursing Home Five-Star Quality Rating System – Technical Users Guide

CMS.gov: Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

CMS.gov: Quality Measures

Questions?
Let's Discuss!

Thank You!

Cheryl Scalzo, RN

Clinical Account Specialist, Real Time Medical Systems

cscalzo@realtimemed.com | 570.237.7093

Real Time Medical Systems is the industry-leading Interventional Analytics platform that turns data into actionable insights. Serving healthcare organizations nationwide, Real Time improves clinical performance by reducing avoidable hospital admissions and readmissions, managing care coordination efforts, and detecting early warning signs of infectious disease. www.realtimemed.com

Tricia Whaley

Senior Director of Provider Relations, Complete HealthCare Resources

twhaley@chrmail.com | 267.965.1010

Complete HealthCare Resources (CHR) is a senior living management company that provides strategic solutions for senior care providers. With 32 years of proven performance, CHR is experienced in operating nursing homes, assisted living facilities, personal care homes, independent living communities and Continuing Care Retirement Communities (CCRCs). CHR provides a seasoned management team of professionals. www.completehealthcareresources.com

