HealthTech

Everything you ever wanted to know about Swing Bed
Part 2: Beyond Basics

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Chief Clinical Officer, HealthTech |March 8,, 2024

Presenter

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Learning Objectives

1. Identify how to find the applicable Interpretive Guidelines for Swing Bed in Appendix PP
2. Describe at last two (2) ways to implement an activities program
3. Recognize the signs of trauma in a Swing Bed patient
4. Define at least four (4) Swing Bed outcome measures

January – April webinars

All webinars are recorded for on-demand viewing.

Care Coordination - What's new in 2024 for programs and reimbursements?

Presenter: Faith M Jones, MSN, RN, NEA-BC, Director of Care Coordination and Lean Consulting.
Date: Jan 18, 2024 | **Time:** 12pm CST
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Everything you ever wanted to know about Swing Bed! Part 1: The Basics – Meeting Swing Bed Regulatory Requirements

Presenter: Carolyn St. Charles, RN, BSN, MBA – Chief Clinical Officer.
Date: Feb 9, 2024 | **Time:** 11am CST
URL: https://bit.ly/47v1R5D

Everything you ever wanted to know about Swing Bed! Part 2: Beyond basics

Presenter: Carolyn St. Charles, RN, BSN, MBA – Chief Clinical Officer.
Date: Mar 8, 2024 | **Time:** 11am CST
URL: https://bit.ly/3vGEadh

Everything you ever wanted to know about Swing Bed! Part 3: Strategies to hardwire your Swing Bed program for success

Presenter: Carolyn St. Charles, RN, BSN, MBA – Chief Clinical Officer.
Date: Apr 12, 2024 | **Time:** 11am CST
URL: https://bit.ly/3S31QAp

Adaptive leadership in a changing environment

Presenter: Cheri Benander, RN, MSN, CHC, C-NHCE.
Date: Apr 26, 2024 | **Time:** 12pm CST
URL: https://bit.ly/3Shw6sg

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- Swing Bed Beyond the Basics

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Appendix PP

Twists and Turns and Twists and Turns and .....

There is NO straight-forward / easy way to find Interpretive Guidelines in Appendix PP for Swing Bed

Control F – Your New Best Friend

You can use Control F to search for a specific word / topic but this may bring up multiple (or no) references

Appendix PP ---- 22 Tags

- §483.5 Definitions
- §483.10 Resident Rights
- §483.12 Freedom from Abuse, Neglect, and Exploitation
- §483.15 Admission Transfer and Discharge Rights
- §483.20 Resident Assessment
- §483.21 Comprehensive Person-Centered Care Plans
- §483.24 Quality of Life
- §483.25 Quality of Care
- §483.30 Physician Services
- §483.35 Nursing Services
- §483.40 Behavioral health services
- §483.45 Pharmacy Services
- §483.50 Laboratory Radiology and Other Diagnostic Services
- §483.55 Dental Services
- §483.60 Food and Nutrition Services
- §483.65 Specialized Rehabilitative Services
- §483.70 Administration
- §483.75 Quality Assurance and Performance Improvement
- §483.80 Infection Control
- §483.85 Compliance and Ethics Program
- §483.90 Physical Environment
- §483.95 Training Requirements

Only some will apply to Swing Bed

The Magic (Semi-Magic) Crosswalk

Appendix W	Appendix PP
C-1608 §485.645(d) **SNF Services.**	F-731
C-1610 §485.645(d)(2) **Admission, Transfer and Discharge Rights**	F-550 F-551
C-1612 §483.12(a)(1) **Restraints**	F-605
C-1612 §485.645(d)(3) **Freedom from abuse, neglect and exploitation**	F-600 F-606 F-607 F-609 F-640 F-943
C-1616 §485.645(d)(4) **Social Services**	F-745
C-1620 §485.645(d)(5) **Comprehensive assessment**	F-636 F-637 F-641
C-1620 §485.645(d)(5) **Baseline Plan of Care**	F-655
C-1620 §485.645(d)(5) **Plan of Care**	F-553 F-656

The Magic (Semi-Magic) Crosswalk cont.

Appendix W	Appendix PP	
C-1620 §485.645(d)(5) **Reassessment after Significant Change**	F-637	
C-1620 §485.645(d)(5) **Culturally-Competent Trauma Informed Care**	F-656 F-659 F-699	F-741 F-742
C-1620 §485.645(d)(5) **Discharge planning**	F-622 F-623 F-624	
C-1622 §485.645(d)(6) **Specialized Rehabilitative Services**	F-826	
C-1624 §485.645(d)(7) **Dental Services**	F-791	

The Magic (Semi-Magic) Crosswalk cont.

Appendix W	Appendix PP	
C-1626 §485.645(d)(8) **Nutrition**	F-692 F-800 F-803 F-805 F-806 F-807 F-808	F-809 F-810 F-811 F-812 F-813 F-814
Medication Management Thru-out Appendix W	F-755 F-756	F -757 F-758
Activities No reference in Appendix W	F-679	

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Patient Rights & Responsibilities

Appendix W C-1620

§485.645(d) SNF Services.

The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter: §485.645(d)(1) **Resident Rights** (§483.10(b)(7), (c)(1), (c)(2)(iii), (c)(6), (d), (e)(2) and (4), (f)(4)(ii) and (iii), (g)(8) and (17), (g)(18) introductory text, (h) of this chapter).

Appendix PP F-550: Intent

§483.10(a)-(b)(1)&(2)

- All residents have rights guaranteed to them under Federal and State laws and regulations. This regulation is intended to lay the foundation for the resident rights requirements in long-term care facilities.
- Each resident has the right to be treated with dignity and respect.
- All activities and interactions with residents by any staff, temporary agency staff or volunteers must focus on assisting the resident in maintaining and enhancing his or her self-esteem and self-worth and incorporating the resident's, goals, preferences, and choices.
- When providing care and services, staff must respect each resident's individuality, as well as honor and value their input.

Appendix PP F-550: Guidance

§**483.10(a)-(b)(1)&(2)**
Examples of treating residents with dignity and respect include, but are not limited to:

- Encouraging and assisting residents to dress in their own clothes, rather than hospital type gowns, and appropriate footwear for the time of day and individual preferences

- Placing labels on each resident's clothing in a way that is inconspicuous and respects his or her dignity (for example, placing labeling on the inside of shoes and clothing or using a color coding system)

- Promoting resident independence and dignity while dining, such as **avoiding:**
  - Daily use of disposable cutlery and dishware
  - Bibs or clothing protectors instead of napkins (except by resident choice)
  - Staff standing over residents while assisting them to eat
  - Staff interacting/conversing only with each other rather than with residents while assisting with meals

Appendix PP F-550: Guidance

§**483.10(a)-(b)(1)&(2)**
Examples of treating residents with dignity and respect include, but are not limited to:

- Protecting and valuing residents' private space (for example, knocking on doors and requesting permission before entering, closing doors as requested by the resident)

- Staff should address residents with the name or pronoun of the resident's choice, avoiding the use of labels for residents such as "feeders" or "walkers." Residents should not be excluded from conversations during activities or when care is being provided, nor should staff discuss residents in settings where others can overhear private or protected information or document in charts/electronic health records where others can see a resident's information

- Refraining from practices demeaning to residents such as leaving urinary catheter bags uncovered, refusing to comply with a resident's request for bathroom assistance during meal times, and restricting residents from use of common areas open to the general public such as lobbies and restrooms, unless they are on transmission-based isolation precautions or are restricted according to their care planned needs.

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Comprehensive Assessment

Appendix W C-1620

§483.20(b)
A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. (**CAHs are not required to use the RAI)**
The assessment must include at least the following:

1. Identification and demographic information
2. Customary routine
3. Cognitive patterns
4. Communication
5. Vision
6. Mood and behavior patterns
7. Psychosocial well-being – HISTORY of traumatic events
8. Physical functioning and structural problem
9. Continence
10. Disease diagnoses and health conditions
11. Dental and nutritional status
12. Skin condition
13. Activity pursuit
14. Medications
15. Special treatments and procedures
16. Discharge potential
17. Review of PASSAR – if one has been done

Appendix PP F-636
Intent & Guidance

Intent §483.20(b)(1)-(2)(i) & (iii)
To ensure that the Resident Assessment Instrument (RAI) is used, in accordance with specified format and timeframes, in conducting comprehensive assessments as part of an ongoing process through which the facility **identifies each resident's preferences and goals of care, functional and health status, strengths and needs, as well as offering guidance for further assessment once problems have been identified.**

Guidance §483.20(b)(1)-(2(i) & (iii)
The facility is expected to use resident observation and communication as the primary source of information when completing the RAI. In addition to record review**, direct observation and communication with the resident, the facility must use a variety of other sources, including communication with licensed and non-licensed staff members on all shifts and may include discussions with the resident's physician, the resident's representative, family members, or outside consultants**.

Note: *Although this refers to the RAI – the information regarding observation and communication are still relevant.*

Appendix PP F-641
Intent & Guidance

Intent: §483.20(g)
To assure that each resident receives an accurate assessment, reflective of the resident's status the time of the assessment, by staff qualified to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline.

Guidance: §483.20(g)
"Accuracy of Assessment" means that the appropriate, qualified health professionals correctly document the resident's medical, functional, and psychosocial problems and identify resident strengths to maintain or improve medical status, functional abilities, and psychosocial status using the appropriate Resident Assessment Instrument (RAI) (i.e. comprehensive, quarterly, significant change in status).

Facilities are responsible for ensuring that all participants in the assessment process have the requisite knowledge to complete an accurate assessment. The determination of appropriate participation of health professionals must be based on the physical, mental and psychosocial condition of each resident. This includes an appropriate level of involvement of physicians, nurses, rehabilitation therapists, activities professionals, medical social workers, dietitians, and other professionals, such as developmental disabilities specialists, in assessing the resident, and in correcting resident assessments. Involvement of other disciplines is dependent upon resident status and needs.

Note: *Although this refers to the RAI – the information regarding observation and communication is still relevant.*

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Reassessment after Significant Change

Appendix W C-1620

When required, Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2) (i) through (iii) of this section.

(ii) Within 14 calendar days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition.

For purposes of this section, a "**significant change**" means

- a **major decline** or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions,
- that has an impact on **more than one area of the resident's health status**,
- and **requires interdisciplinary review or revision of the care plan, or both**.)

***Note**: 14 days not applicable to CAH Swing Bed*

Appendix PP F-637 Intent

§483.20(b)(2)(ii) To ensure that each resident who experiences a significant change in status is comprehensively assessed using the CMS-specified Resident Assessment Instrument (RAI) process.

This does not change the facility's requirement to **immediately consult with a resident's physician** of changes as required under 42 CFR §483.10(i)(14),

Note: *Although this refers to the RAI – the information is still relevant.*

Appendix PP F-637
Examples of Significant Change

- Resident's decision-making ability has changed;
- Presence of a resident mood item not previously reported by the resident or staff and/or an increase in the symptom frequency, e.g., increase in the number of areas where behavioral symptoms are coded as being present and/or the frequency of a symptom increases for items in Section E Behavior;
- Changes in frequency or severity of behavioral symptoms of dementia that indicate progression of the disease process since last assessment;
- Any decline in an ADL physical functioning area (at least 1) where a resident is newly coded as Extensive assistance, Total dependence, or Activity did not occur since last assessment and does not reflect normal fluctuations in that individual's functioning;
- Resident's incontinence pattern changes or there was placement of an indwelling catheter;
- Emergence of **unplanned weight loss** problem (5% change in 30 days or 10% change in 180 days).
- Emergence of a new pressure ulcer at Stage 2 or higher, a new unstageable pressure ulcer/injury, a new deep tissue injury or worsening in pressure ulcer status;
- Resident begins to use a restraint of any type, when it was not used before;
- Emergence of a condition/disease in which a resident is judged to be unstable

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Comprehensive Person-Centered Plan of Care

Appendix W C-1620

§483.21(b) Comprehensive care plans

(1) The facility must develop and implement a **comprehensive person-centered care plan for each resident**, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following:

(i)The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25, or §483.40; and

(ii)Any services that would otherwise be required under §483.24, §483.25, or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).

(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record

(iv)In consultation with the resident and the resident's representative(s)—The **resident's goals for admission and desired outcomes.**
(A) The **resident's preference and potential for future discharge**. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(B) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section

Appendix PP F-655
Baseline Plan of Care

§483.21(a)
Nursing homes are required to **develop a baseline care plan within the first 48 hours of admission** which provides instructions for the provision of effective and person-centered care to each resident. This means that the baseline care plan should strike a balance between conditions and risks affecting the resident's health and safety, and what is important to him or her, within the limitations of the baseline care plan timeframe.

The baseline care plan must include the minimum healthcare information necessary to properly care for each resident immediately upon their admission, which would address resident-specific health and safety concerns to prevent decline or injury, such as elopement or fall risk, and would identify needs for supervision, behavioral interventions, and assistance with activities of daily living, as necessary.

Baseline care plans are required to address, at a minimum, the following:
- Initial goals based on admission orders.
- Physician orders.
- Dietary orders.
- Therapy services.
- Social services.
- PASARR recommendation, if applicable.

Appendix PP F-553 Guidance

§483.10(c)(2)-(3)
Residents and their representative(s) must be afforded the opportunity to participate in their care planning process and to be included in decisions and changes in care, treatment, and/or interventions.

This applies both to initial decisions about care and treatment, as well as the refusal of care or treatment. Facility staff must support and encourage participation in the care planning process.

This may include ensuring that residents, families, or representatives understand the comprehensive care planning process, holding care planning meetings at the time of day when a resident is functioning best, providing sufficient notice in advance of the meeting, scheduling these meetings to accommodate a resident's representative (such as conducting the meeting in-person, via a conference call, or video conferencing), and planning enough time for information exchange and decision making.

A resident has the right to select or refuse specific treatment options before the care plan is instituted, based on the information provided as required under §483.10(c)(1), (4)-(5), F552.

While Federal regulations affirm a resident's right to participate in care planning and to refuse treatment, the regulations do not require the facility to provide specific medical interventions or treatments requested by the resident, family, and/or resident representative that the resident's physician deems inappropriate for the resident's medical condition.

A resident whose ability to make decisions about care and treatment is impaired, or a resident who has been declared incompetent by a court, must, to the extent practicable, be kept informed and be consulted on personal preferences.

The resident has the right to see the care plan and sign after significant changes are made.

Appendix PP F-656 Guidance

§483.21(b)
Care plans must be person-centered and reflect the resident's goals for admission and desired outcomes.

Person-centered care means the facility focuses on the resident as the center of control, and supports each resident in making his or her own choices.

Person-centered care includes making an effort to understand what each resident is communicating, verbally and nonverbally, identifying what is important to each resident with regard to daily routines and preferred activities, and having an understanding of the resident's life before coming to reside in the nursing home.

Nutrition

Appendix W C-1626

§483.25(g)

Based on a resident's comprehensive assessment, the facility must ensure that a resident—

(1) Maintains **acceptable parameters of nutritional status**, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;

(2) Is offered **sufficient fluid intake** to maintain proper hydration and health.

Appendix PP F-692 Intent

§483.25(g)
(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.

The intent of this requirement is that the resident maintains, to the extent possible, **acceptable parameters of nutritional and hydration status** and that the facility:

- Provides nutritional and hydration care and services to each resident, consistent with the resident's comprehensive assessment
- Recognizes, evaluates, and addresses the needs of every resident, including but not limited to, the resident at risk or already experiencing impaired nutrition and hydration
- Provides a therapeutic diet that takes into account the resident's clinical condition, and preferences, when there is a nutritional indication

Appendix PP F-800
Intent & Guidance

§483.60
The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and **special dietary needs, taking into consideration the preferences of each resident**.

Intent §483.60
To ensure that facility staff support the nutritional well-being of the residents while respecting an individual's right to make choices about his or her diet

Guidance §483.60
This requirement expects that there is ongoing communication and coordination among and between staff within all departments to ensure that the resident assessment, care plan and actual food and nutrition services meet each resident's daily nutritional and dietary needs and choices.

While it may be challenging to meet every residents' individual preferences, incorporating a residents' preferences and dietary needs will ensure residents are offered meaningful choices in meals/diets that are nutritionally adequate and satisfying to the individual.

Reasonable efforts to accommodate these choices and preferences must be addressed by facility staff.

Appendix PP F-803
Intent & Guidance

Intent §483.60(c)(1)-(7) - To assure that menus are developed and prepared to meet **resident choices including their nutritional, religious, cultural, and ethnic needs** while using established national guidelines.

Guidance §483.60(c)(1-7) The facility must make reasonable efforts to provide food that is appetizing to and **culturally appropriate for residents**.

This means learning the resident's needs and preferences and responding to them. For residents with dementia or other barriers or challenges to expressing their preferences, facility staff should document the steps taken to learn what those preferences are.

It is not required that there be individualized menus for all residents; however, alternatives aligned with individual needs and preferences should be available if the primary menu or immediate selections for a particular meal are not to a resident's liking. Facilities must make reasonable and good faith efforts to develop a menu based on resident requests and resident groups' feedback.

Appendix PP

There are other multiple other tags related to food and nutrition

F-692
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Dental

Appendix W C-1624

§485.645(d)(7)
The facility must assist residents in obtaining routine and 24-hour emergency dental care.
(a) Skilled nursing facilities. A facility-

(2) May charge a Medicare resident an additional amount for routine and emergency dental services;

(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;

§485.645(d)(7)
(4) Must if necessary or if requested, assist the resident—
(i) In making appointments; and
(ii) By arranging for transportation to and from the dental services location; and

(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.

Appendix PP F-791 Intent

§483.55(a)[F790] & (b) [F791]

To ensure that residents obtain **needed dental services, including routine dental services**; to ensure the facility

- provides the assistance needed or requested to obtain these services;
- to ensure the resident is not inappropriately charged for these services;
- and if a referral does not occur **within three business days**, documentation of the facility's to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.

Appendix PP F-790 & F-791 Guidance

§483.55(a)[F790] & (b) [F791]

A dentist must be available for each resident. The dentist can be directly employed by the facility or the facility can have a written contractual agreement with a dentist. The facility may also choose to have a written agreement for dentist services from a dental clinic, dental school or a dental hygienist all of whom are working within Federal and State laws and under the direct supervision of a dentist. For Medicare and private pay residents, facilities are responsible for having the services available, but may bill an additional charge for the services.

For Medicaid residents, the facility must provide all emergency dental services and those routine dental services to the extent covered under the Medicaid state plan. The facility must inform the resident of the deduction for the incurred medical expense available under the Medicaid State plan and must assist the resident in applying for the deduction.

If any resident is unable to pay for dental services, the facility should attempt to find alternative funding sources or delivery systems so that the resident may receive the services needed to meet their dental needs and maintain his/her highest practicable level of well-being. This can include finding other providers of dental services, such as a dental school or the provision of dental hygiene services on site at a facility.

Appendix PP F-791 Guidance

§483.55(a)[F790] & (b) [F791]

The facility must assist residents in making arrangements for **transportation** to their dental appointments when necessary or requested. The facility should attempt to minimize the financial burden on the resident by finding the lowest cost or no cost transportation option to dental health care appointments.

The facility must have a policy identifying those instances when the loss or damage of partial or full dentures is the facility's responsibility, such as when facility staff discards dentures placed on a meal tray.

A blanket policy of facility non-responsibility for the loss or damage of dentures or a policy stating the facility is only responsible when the dentures are in actual physical possession of facility staff would not meet the requirement.

In addition, the facility is prohibited from requesting or requiring residents or potential residents to waive any potential facility liability for losses of personal property. See §483.15(a)(2)(iii), F620, Admissions Policy.

Appendix PP F-790 & F-791 Guidance

§483.55(a)[F790] & (b) [F791]

Prompt referral means no later than three (3) business days from the time the partial or full dentures are lost or damaged.

Referral does not mean that the resident must see the dentist at that time.

It does mean that an earliest possible appointment (referral) is made, or that the facility is aggressively working to have the dentures repaired or replaced if the dentist was contacted timely and determined the dentures could be repaired or replaced without a dental visit.

If there is a delay in making the referral, the facility must document the circumstances that led to the delay.

The facility must also be able to provide documentation demonstrating what they did to ensure the resident could still **adequately eat and drink while waiting for the issue with their dentures to be addressed**. If concerns are identified regarding providing ADL assistance for oral hygiene (such as assistance with brushing, flossing, denture cleaning), do not cite here.

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Abuse, Neglect, Exploitation & Misappropriation of Property

Appendix W C-1612

§485.645(d)(3) Freedom from abuse, neglect, exploitation, misappropriation of property

§483.12(a)(1) The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.(a) The facility must—

(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;

(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints

Appendix W C-1612

§485.645(d)(3) Freedom from abuse, neglect and exploitation

§483.12(a)(3) Not employ or otherwise engage individuals who—
(i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;

(ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property.

§483.12(a)(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.

§483.12(b) The facility must develop and implement written policies and procedures that:
(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,
(2) Establish policies and procedures to investigate any such allegations

Appendix PP F-607 Guidance

§483.12(b)
In order to ensure that the facility is doing all that is within its control to prevent such occurrences, these policies must be implemented (i.e., carried out), otherwise, the policies and procedures would not be effective.

The facility is expected to **provide oversight and monitoring to ensure that its staff**, who are agents of the facility**, implement these policies** during the provision of care and services to each resident residing in the facility.

A facility cannot disown the acts of its staff, since the facility relies on them to meet the Medicare and Medicaid requirements for participation by providing care in a safe environment.

Appendix PP F-607 Guidance

§483.12(b)

For purposes of this guidance, “staff” includes

- employees
- the medical director
- consultants
- contractors
- volunteers

Staff would also include caregivers who provide care and services to residents on behalf of the facility, students in the facility’s nurse aide training program, and students from affiliated academic institutions, including therapy, social, and activity programs.

Appendix PP F-607 Guidance

§483.12(b)

If a facility has not developed and/or implemented policies and procedures related to screening procedures **prior to employment**, a finding of noncompliance should be considered at F607, not F606.

If it is determined that the facility employed or engaged an individual, either directly or under contract, who was found guilty by a court of law of abuse, neglect, misappropriation of property, exploitation or mistreatment, or had a finding entered into the State nurse aide registry or has a disciplinary action in effect against his/her professional license concerning abuse, neglect, mistreatment of residents or misappropriation of resident property, a finding of noncompliance must be cited at F606.

Appendix PP F-607 Guidance

§483.12(b)

Additionally, a facility's services may be furnished under arrangement, **with a registry, contracted, or temporary agency staff, or students from affiliated academic institutions**. **The facility's policies must also address how pre-screening occurs for prospective consultants, contractors, volunteers, caregivers and students in its nurse aide training program and students from affiliated academic institutions, including therapy, social, and activity programs.**

The facility should require these individuals be subject to the **same scrutiny** prior to placement in the facility, whether screened by the facility itself, the third-party agency, or academic institution. The facility should maintain documentation of the screening that has occurred.

The facility must have **written procedures for screening** that may include, but are not limited to:

- For prospective employees, reviewing:
  - The employment history (e.g., dates of employment position or title), particularly where there is a pattern of inconsistency;
  - Information from former employers, whether favorable or unfavorable; and/or
  - Documentation of status and any disciplinary actions from licensing or registration boards and other registries.

Appendix W C-1612

C-1612 §483.12(c): In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

(1) Ensure that all alleged violations involving **abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property,** are reported i**mmediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury,**

or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the **administrator** of the facility and to other officials (including to the **State Survey Agency and adult protective services** where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

(2) Have evidence that all alleged violations are thoroughly investigated.

(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.

(4) Report **the results** of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within **5 working days of the incident**, and if the alleged violation is verified appropriate corrective action must be taken.

Appendix PP F-609 Intent

The intent is for the facility to develop and implement policies and procedures that:

- Provide annual notification to each covered individual of their obligation to comply with the reporting requirements under section 1150B(b) of the Act;
- Ensure reporting reasonable suspicion of crimes against a resident or individual receiving care from the facility within prescribed timeframes to the appropriate entities, consistent with Section 1150B of the Act; and
- Ensure that all covered individuals, i.e., the owner, operator, employee, manager, agent or contractor, report reasonable suspicion of crimes, as required by Section 1150B of the Act.

The facility should provide oversight and monitoring to ensure they implement the required policies and procedures, per 42 CFR §483.12(b).

In addition, the facility must report alleged violations related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source and misappropriation of resident property and report the results of all investigations to the proper authorities within prescribed timeframes

Appendix PP F-607 Intent

§483.12(b)
This regulation was written to provide protections for the health, welfare and rights of each resident residing in the facility. In order to provide these protections**, the facility must develop written policies and procedures to prohibit and prevent abuse, neglect, exploitation of residents, and misappropriation of resident property**. These written policies must include, but are not limited to, the following components:

- Screening [See §§483.12(a)(3) and 483.12(b)(1)]
- Training [See §483.12(b)(3)]
- Prevention [See §483.12(b)(1)]
- Identification [See §483.12(b)(2)]
- Investigation [See §483.12(b)(2)]
- Protection [See §§483.12(b)(2) and 483.12(c)(3)]
- Reporting/response [See §§483.12(b)(2), 483.12(b)(4), 483.12(b)(5), 483.12(c)(1) and (4)]

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Medication Management

Regulatory Requirements

There are no specific requirements in Appendix W related to medication medication for Swing Bed patients.

However, all of the requirements for medication management in Appendix W apply.

Appendix PP F-757

§483.45(d) Unnecessary Drugs—General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used—

§483.45(d)(1) In excessive dose (including duplicate drug therapy); or

§483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or

§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or

§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.

Appendix PP F-756

§483.45(c): (Requires monthly pharmacist Drug Regimen Review)

Psychotropic Drugs

- 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;
- Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;
- 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
- 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.
- 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.

Appendix PP F-758

§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;

§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. §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.

Appendix PP F-758 Intent

§483.45(c)(3) (e)
The intent of these requirements is that:

- each resident's entire drug/medication regimen is managed and monitored to promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being;

- the facility implements gradual dose reductions (GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and

- PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited

Note: Extensive information including more definitions in Appendix PP

Restraints

Appendix W C-1612

C-1612 (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)

§483.12(a)(1) Freedom from abuse, neglect, and exploitation.

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.
(a) The facility must—
(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;

(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.

Appendix PP F-605 Guidance

The indication for use for any medication ordered for a resident must be identified and documented in the resident's record.

When any medication restricts the resident's movement or cognition, or sedates or subdues the resident, and is not an accepted standard of practice for a resident's medical or psychiatric condition, the medication may be a chemical restraint.

Even if use of the medication follows accepted standards of practice, it may be a chemical restraint if there was a less restrictive alternative treatment that could have been given that would meet the resident's needs and preferences or if the medical symptom justifying its use has subsided.

The facility is accountable for the process to meet the minimum requirements of the regulation including appropriate assessment, care planning by the interdisciplinary team, and documentation of the medical symptoms and use of a less restrictive alternative for the least amount of time possible and provide ongoing re-evaluation.

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Transfer & Discharge

Appendix W C-1610

§483.15(c)(3): Notice before transfer. Before a facility transfers or discharges a resident, the facility must—

(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.

Appendix PP F-623 Guidance

Notice of Transfer or Discharge and Ombudsman Notification

For facility-initiated transfers or discharges of a resident, prior to the transfer or discharge, the facility must notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.

Additionally, the facility must send a copy of the notice of transfer or discharge to the representative of the Office of the State Long-Term Care (LTC) Ombudsman.

The intent of sending copies of the notice to a representative of the Office of the State LTC Ombudsman is to provide added protection to residents from being inappropriately transferred or discharged, **provide residents with access to an advocate who can inform them of their options and rights, and to ensure that the Office of the State LTC Ombudsman is aware of facility practices and activities related to transfers and discharges.**

The facility must maintain evidence that the notice was sent to the Ombudsman. While Ombudsman Programs vary from state to state, facilities should know the process for ombudsman notification in their state.

Appendix PP F-623 Guidance

Facility-Initiated Transfers and Discharges

In situations where the facility has decided to discharge the resident while the resident is still hospitalized**, the facility must send a notice of discharge to the resident and resident representative before the discharge, and must also send a copy of the discharge notice to a representative of the Office of the State LTC Ombudsman**.

Emergency Transfers

When a resident is temporarily transferred on an emergency basis to an acute care facility, this type of transfer is considered to be a facility-initiated transfer and a notice of transfer must be provided to the resident and resident representative **as soon as practicable before the transfer**, according to 42 CFR §483.15(c)(4)(ii)(D). **Copies of notices for emergency transfers must also still be sent to the ombudsman**, but they may be sent when practicable, such as in a list of residents on a monthly basis, as long as the list meets all requirements for content of such notices at §483.15(c)(5).

Appendix PP F-623
NEW LANGUAGE

Contents of the Discharge Notice

The facility's notice must include all of the following at the time notice is provided
• The specific reason for the transfer or discharge, including the basis under §§483.15(c)(1)(i)(A)-(F)
• The effective date of the transfer or discharge
• The specific location (such as the name of the new provider or description and/or address
if the location is a residence) to which the resident is to be transferred or discharged
• An explanation of the right to appeal the transfer or discharge to the State
• The name, address (mail and email), and telephone number of the State entity which receives such appeal hearing requests
• Information on how to obtain an appeal form
• Information on obtaining assistance in completing and submitting the appeal hearing request
• The name, address (mailing and email), and phone number of the representative of the Office of the State Long-Term Care Ombudsman

For nursing facility residents with intellectual and developmental disabilities (or related disabilities) or with mental illness (or related disabilities), the notice must include the name, mailing and e-mail addresses and phone number of the state agency responsible for the protection and advocacy for these populations.

Appendix W C-1610

§483.15(c)(7)
Orientation for transfer or discharge. A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand.)

Appendix PP F-624 Guidance

§483.15(c)(7) Orientation for transfer or discharge.
The guidance at this tag addresses the **immediate orientation and preparation necessary for a facility-initiated transfer, such as to a hospital emergency room or therapeutic leave where discharge planning is not required because the resident will return, or for an emergent or immediate facility-initiated discharge where a complete discharge planning process is not practicable.** For concerns related to how the facility planned for a discharge that meets a resident's health and safety needs, as well as their preferences and goals in circumstances which permit a complete discharge planning process, please refer to F660, Discharge Planning.

Sufficient preparation and orientation means the facility informs the resident where he or she is going, and takes steps under its control to minimize anxiety.

Examples of preparation and orientation may include explaining to a resident why they are going to the emergency room or other location or leaving the facility; working with family or resident's representative to assure that the resident's possessions (as needed or requested by the resident) are not left behind or lost; and ensuring that staff handle transfers and discharges in a manner that minimizes anxiety or depression and recognizes characteristic resident reactions identified by the resident's assessment and care plan.

Appendix PP F-624 Guidance cont.

§483.15(c)(7) Orientation for transfer or discharge.

The facility must orient and prepare the resident regarding his or her transfer or discharge in a form and manner that the resident can understand.

The form and manner of this orientation and preparation must take into consideration factors that may affect the resident's ability to understand, such as educational level, language and/or communication barriers, and physical and mental impairments.

The facility must also document this orientation in the medical record, including the resident's understanding of the transfer or discharge.

Activities

Activities

Appendix W no longer has a requirement for a formal activities program by a certified recreational therapist or occupational therapist

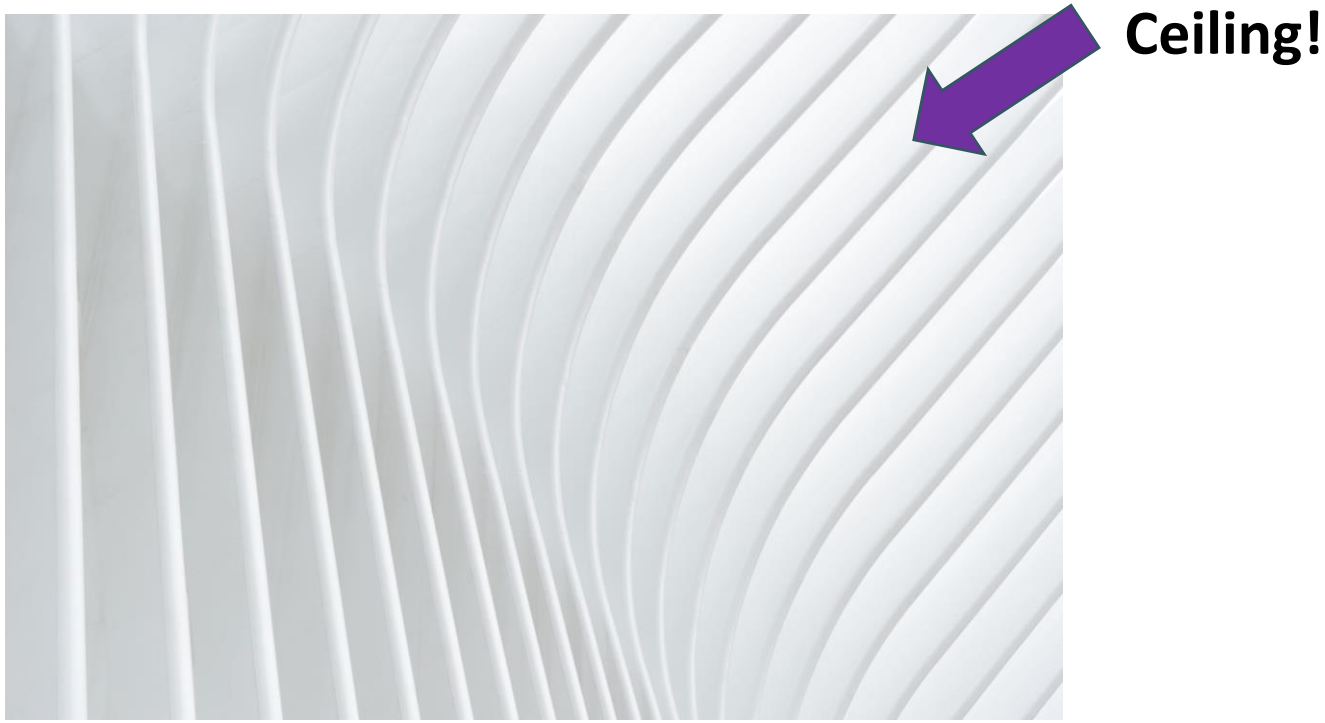
Appendix A continues to have a requirement for activities.

Some states have requirements for an activities program (i.e., Montana)

Activities

However, even if there is not a requirement for activities – CMS still requires that the patient's emotional and psychological needs are met.

C-1620: Comprehensive Assessment - Activity pursuit



Appendix PP F-679
Intent & Definitions

§483.24(c) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.

Intent §483.24(c)
To ensure that facilities implement an ongoing resident centered activities program that incorporates the resident's interests, hobbies and cultural preferences which is integral to maintaining and/or improving a **resident's physical, mental, and psychosocial well-being and independence**. To create opportunities for each resident to have a meaningful life by supporting his/her domains of wellness (security, autonomy, growth, connectedness, identity, joy and meaning).

Definition §483.24(c)
Activities refer to any endeavor, other than routine ADLs, in which a resident participates that is **intended to enhance her/his sense of well-being and to promote or enhance physical, cognitive, and emotional health**. **These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence**

Activities Assessment

Courtesy of Adventist Health Howard Memorial

Diagnosis:
Religion: Religious/Church participation:
Children: Grandchildren:
Diet: Patient's hearing:
Visitors: Patient's eyesight:
Past occupation: Communication problems:
Hand dominance:
Patient is: ☐ Ambulatory ☐ Walker ☐ Wheelchair ☐ Bed rest
Assistance is necessary: ☐ When ambulating ☐ In Wheelchair ☐ Walker
Degree of alertness:

INTERESTS: (P = Present; PI = Past Interest; SI = Slightly Interested; NI = Not Interested)

☐ Sewing/Needlework ☐ Cards ☐ Books
☐ Checkers ☐ Arts and Crafts ☐ Organizations
☐ Music ☐ Movies/T.V. ☐ Table Games
☐ Other

Newspapers/Magazines/Newsletters:
Type of movies enjoyed: Type of Music:
Plays instrument: Group Discussions:
Responds to meaningful moments: Pets:
Patient's request for program(s) or needs:
Room/Visit program:
Patient has own work in room:
Consult with OTR, Social Worker or Psych:
Patient needs contact with others:
Reality Orientation Program:
Restorative Program involvement:
ACTIVITIES PROGRAM PRECAUTIONS:

INITIAL INTERVIEW SUMMARY AND ACTIVITIES PLAN:

Activity Plan:

Signature: A.D. Date:

Activities Assessment

Courtesy of Adventist Health Howard Memorial

Activities Assessment portion of Comprehensive Assessment

How can WE help you fulfill your day?

Do You like/want to do Leisure Activities?

☐ Word/Number Puzzle Books ☐ Jigsaw Puzzles ☐ Card Games ☐ Sewing/Needlework ☐ Journaling

☐ Board Games ☐ Write Letters/Postcards ☐ Arts/Crafts ☐ Other _____ ☐ Other _____

☐ **Reading** – What Type(s): ☐ Books ☐ Newspapers ☐ Magazines ☐ Comic Books

☐ **Music** – What Type(s): _____

☐ **Watch Movies** – What Genre(s): _____

(We have movies on disc and a DVD player.)

☐ **Watch TV** – Show(s): _____

Would You like to do Exercise Activities?

☐ Walk in the Hallway ☐ Wheelchair in the Hallway ☐ Other _____

Would You like Visits from Friends, Family, Clergy?

☐ Family ☐ Friends ☐ Clergy ☐ Others _____

Would You like to participate in any Religious Activities?

☐ _____

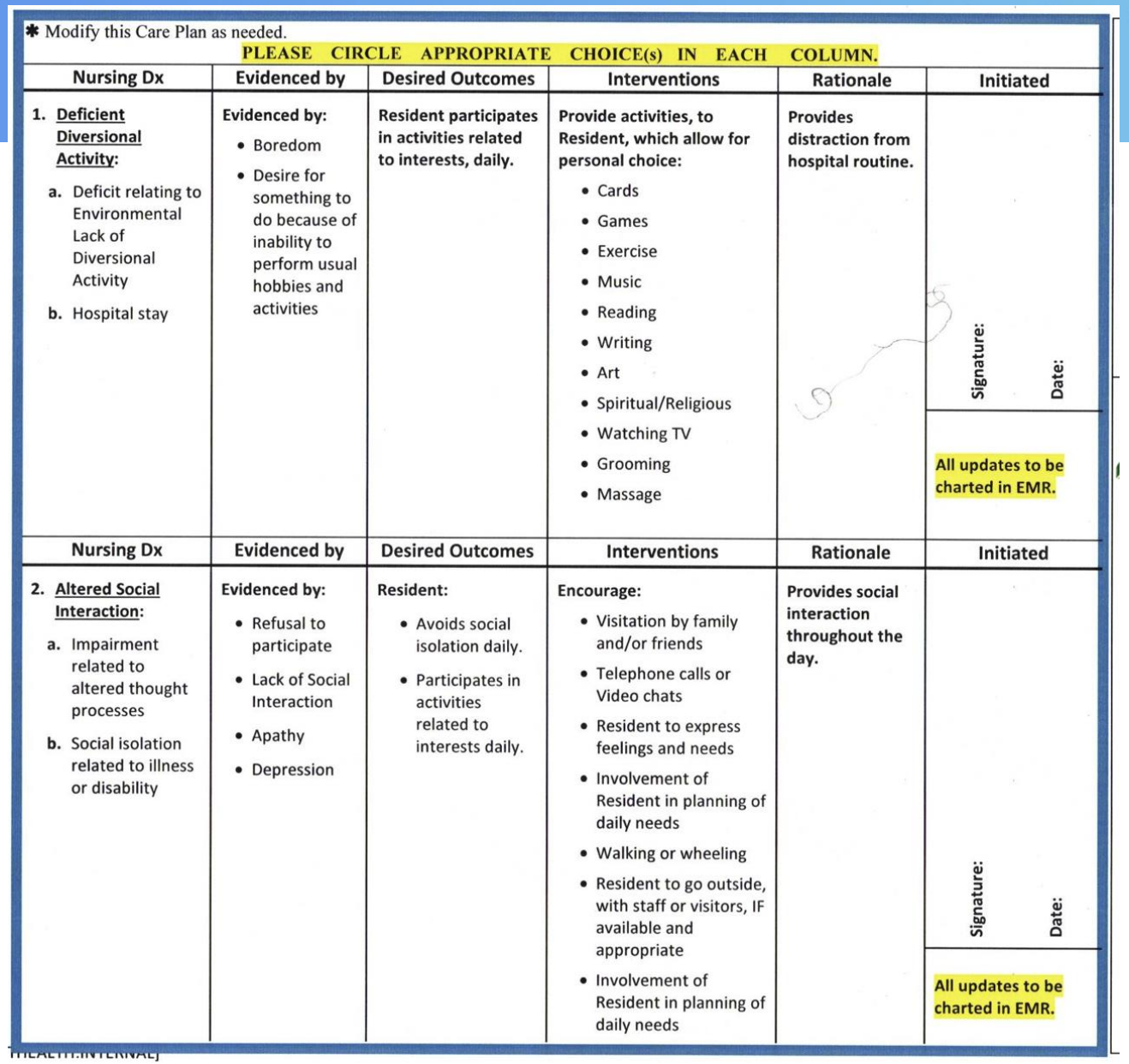
Do You have any Other Needs?

☐ _____

RN Signature: _____ **Date:** _____

Activities Care Plan

Courtesy of Adventist Health Howard Memorial



✱ Modify this Care Plan as needed.

PLEASE CIRCLE APPROPRIATE CHOICE(s) IN EACH COLUMN.

Nursing Dx	Evidenced by	Desired Outcomes	Interventions	Rationale	Initiated
1. **Deficient Diversional Activity:** a. Deficit relating to Environmental Lack of Diversional Activity b. Hospital stay	Evidenced by: • Boredom • Desire for something to do because of inability to perform usual hobbies and activities	Resident participates in activities related to interests, daily.	Provide activities, to Resident, which allow for personal choice: • Cards • Games • Exercise • Music • Reading • Writing • Art • Spiritual/Religious • Watching TV • Grooming • Massage	Provides distraction from hospital routine.	Signature: Date: All updates to be charted in EMR.
Nursing Dx	**Evidenced by**	**Desired Outcomes**	**Interventions**	**Rationale**	**Initiated**
2. **Altered Social Interaction:** a. Impairment related to altered thought processes b. Social isolation related to illness or disability	Evidenced by: • Refusal to participate • Lack of Social Interaction • Apathy • Depression	Resident: • Avoids social isolation daily. • Participates in activities related to interests daily.	Encourage: • Visitation by family and/or friends • Telephone calls or Video chats • Resident to express feelings and needs • Involvement of Resident in planning of daily needs • Walking or wheeling • Resident to go outside, with staff or visitors, IF available and appropriate • Involvement of Resident in planning of daily needs	Provides social interaction throughout the day.	Signature: Date: All updates to be charted in EMR.

Activities Documentation

Courtesy of Adventist Health
Howard Memorial

HealthTech

Culturally Competent Trauma Informed Care

Appendix W C-1620

(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—

(i) Meet professional standards of quality.

(ii) Be provided by qualified persons in accordance with each resident's written plan of care.

(iii) Be culturally-competent and trauma-informed.

Appendix PP F-699 Definitions

Culture is the conceptual system that structures the way people view the world—it is the particular set of beliefs, norms, and values that influence ideas about the nature of relationships, the way people live their lives, and the way people organize their world.
Adopted from Substance Abuse and Mental Health Services Administration. Improving Cultural Competence. Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. https://store.samhsa.gov/system/files/sma14-4849.pdf.

Cultural Competency is a developmental process in which individuals or institutions achieve increasing levels of awareness, knowledge, and skills along a cultural competence continuum**. Cultural competence involves valuing diversity, conducting self-assessments, avoiding stereotypes, managing the dynamics of difference, acquiring and institutionalizing cultural knowledge, and adapting to diversity and cultural contexts in communities.**
US Department of Health and Human Services publication: A Blueprint for Advancing and Sustaining CLAS Policy and Practice at: https://www.thinkculturalhealth.hhs.gov/clas/blueprint.

Providing Culturally Competent Care

1. **Don't make assumptions.** Patients from other parts of the world might not be familiar with certain types of diseases seen in the United States. Breast cancer, for instance, is practically unknown in parts of Africa, the Middle East, and Asia.

2. **Explain every detail.** Patients whose native language is not English may have a difficult time understanding medical jargon.

3. **Ask about alternative approaches to healing.** People from many cultural backgrounds may use herbal remedies or other alternative treatments that could have a potentially harmful interaction with Western medicine.

4. **Withhold judgment.** Some cultures place a high value on extended family members, who may fill a patient's room, or on interdependence instead of independence when it comes to self-care routines such as bathing and eating.

5. **Accommodate and educate.** Nurses may sometimes be able to teach patients about techniques or technologies that are at variance with the patient's cultural beliefs, but they should also try to find culturally accommodating alternatives when possible.

Source: How to Provide Culturally Competent Care in Nursing, August 30, 2022, Duquesne University School of Nursing

Providing Culturally Competent Care

5. Accommodate and educate.

Cultural competence also relates to diversity and inclusion in health, which encompasses sexual orientation and gender identity. When caring for patients in the LGBTQ+ community, for example, nurses should learn more about sexual orientation and gender identity, including key definitions, as well as the potential health risks for those patients. They should also use inclusive and gender-neutral language and reflect the patient's language.

For instance, avoid applying labels like "gay" because some members of the LGBTQ+ community do not self-identify with any particular label. When addressing a group of people, it's also advisable to avoid terms that imply male or female identification like "ladies and gentlemen," as some people may identify as nonbinary.

Source: How to Provide Culturally Competent Care in Nursing, August 30, 2022, Duquesne University School of Nursing

Appendix PP F-699
Trauma Informed Care

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.
"Trauma." SAMHSA-HRSA Center for Integrated Health Solutions. Substance Abuse and Mental Health Services Administration. 30 Nov 2016. Accessed at: https://www.samhsa.gov/resource/dbhis/samhsas-concept-trauma-guidance-traumainformed-approach.

Trauma-informed care is an approach to delivering care that involves understanding, recognizing and responding to the effects of all types of trauma. A trauma-informed approach to care delivery recognizes the widespread impact and signs and symptoms of trauma in residents, and incorporates knowledge about trauma into care plans, policies, procedures and practices to avoid re-traumatization. Referred to variably as "traumainformed care" or "trauma-informed approach."
Adapted from Concept of Trauma and Guidance for a Trauma-Informed Approach: https://store.samhsa.gov/system/files/sma14-4884.pdf

Appendix PP F-699 Intent

§483.25(m)
The intent of this requirement is to ensure that facilities deliver care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally-competent and account for experiences and preferences, **and address the needs of trauma survivors by minimizing triggers and/or re-traumatization**

There is extensive information about cultural competency and trauma informed care included in Appendix PP

Appendix PP F-742
Intent

Intent §483.40(b) & §483.40(b)(1)
The intent of this regulation is to ensure that a resident who upon admission, was assessed and displayed or was diagnosed with a mental or psychosocial adjustment difficulty or a history of trauma and/or post-traumatic stress disorder (PTSD), **receives the appropriate treatment and services to correct the initial assessed problem or to attain the highest practicable mental and psychosocial well-being.**

Residents who were admitted to the nursing home with a mental or psychosocial adjustment difficulty, or who have a history of trauma and/or PTSD, **must receive appropriate person-centered and individualized treatment and services to meet their assessed needs.**

Appendix PP F-741 Guidance

§483.40(a), (a)(1) & (a)(2)
The facility must identify the skills and competencies needed by staff to work effectively with residents (both with and without mental disorders, psychosocial disorders, SUDs, a history of trauma, and/or PTSD). Staff need to be knowledgeable about implementing non-pharmacological interventions. The skills and competencies needed to care for residents should be identified through the facility assessment. The facility assessment must include an evaluation of the overall number of facility staff needed to ensure that a sufficient number of qualified staff are available to meet each resident's needs.

Furthermore, the assessment should include a competency-based approach to determine the knowledge and skills required among staff to ensure residents are able to maintain or attain their highest practicable physical, functional, mental, and psychosocial well-being and meet current professional standards of practice. This also includes any ethnic, cultural, or religious factors that may need to be considered to meet resident needs, such as activities, food preferences, and any other aspect of care identified.

Once the necessary skills and competencies are identified, staff must be aware of those disease processes and disorders (e.g. SUDs) that are relevant to each resident to enhance the resident's psychological and emotional well-being. Competency is established by observing the staff's ability to use this knowledge through the demonstration of skill and the implementation of specific, person-centered interventions identified in the care plan to meet residents' behavioral health care needs. Additionally, competency involves staff's ability to communicate and interact with residents in a way that promotes psychosocial and emotional well-being, as well as meaningful engagements.

More information about education / training is included in F-741

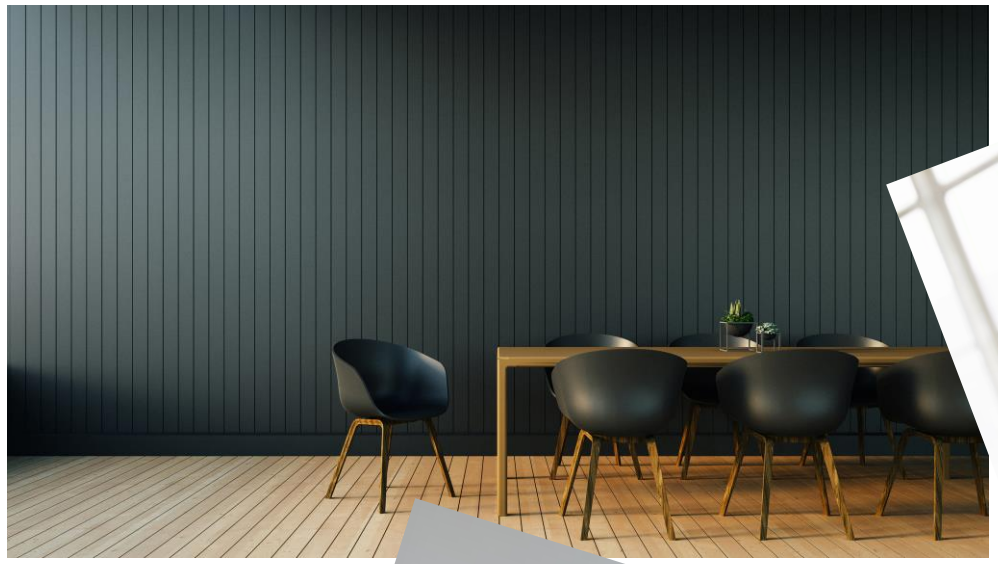
Example
Trauma Informed Questions

1. Has there been anything within the last six months to a year that has caused you to be upset or very worried?
2. Have you experienced the loss of a close friend, relative or a pet that you loved recently?
3. Have you had any past trauma in your life that we should know about so we can better care for you?
4. If you have experienced some kind of trauma is there something that helps you feel better?
5. Is there anything we can do to help while you are in the hospital?

Your Social Worker may have different questions – CMS does not require specific questions

!Don't Probe!

Trauma is defined by the patient



Performance Measures

Value of Swing Bed Measures (Data)

1. Provides data to drive improvement
2. Provides data to share internally regarding the value of the Swing Bed program
3. Provides data to share with the community regarding the value of the Swing Bed program
4. Provides data to share with referral sources about the Swing Bed program

Data is NOT the goal!

"Data are just summaries of thousands of stories—
tell a few of those stories to help make the data meaningful."
~ Dan Heath, bestselling author

"We are surrounded by data, but starved for insights."
~ Jay Baer, marketing and customer experience expert

"Data isn't units of information. Data is a story about human behavior - about real people's wants, needs, goals and fears. Never let the numbers, platforms, charts and methodologies cloud your vision. Our real job with data is to better understand these very human stories, so we can better serve these people.
Every goal your business has is directly tied to your success in understanding and serving people."
Daniel Burstein

Swing Bed Performance Measures

There is no publicly available performance measures for Swing Bed

unfortunately

Swing Bed Performance Measures
Rural Health Research Center

1. Discharge disposition (e.g., number of swing-bed patients discharged home and to other settings; percent of swing-bed patients going back to same level of assistance as prior to stay; number of discharges to home or long-term care facility)
2. Average length of stay (e.g., average number of days for swing-bed stay, average length of stay compared to goal)
3. Readmission (e.g., number of swing-bed discharges readmitted to the CAH for acute care within 30 days; number of readmissions back to swing-bed; combined CAH acute care readmission rate for acute and swing-bed discharges
4. Functional status (e.g., admission and discharge scores on Barthel Index, Functional Independence Measure, or MDS Section GG; various physical therapy and occupational therapy tests to measure walking, gait and balance, sit to stand, and cognitive performance)
5. Process of care/teamwork (e.g., frequency of team rounds to patient bedside to discuss goals, updating of communication board in patient room, etc.)
6. Patient Experience of Care/Patient Satisfaction (e.g., HCAHPS survey for discharged swing-bed patients and inpatients combined, consultant-developed survey for discharged swing-bed patients, food satisfaction card with meals, post-discharge follow-up phone calls)
7. Additional measures (e.g., falls, skin integrity, infections)

Source: Policy Brief April 2018. Critical Access Hospital Swing-Bed Quality Measures: Findings from Key Informant Interviews

Swing Bed Performance Measures Stroudwater

1. Return to Acute (unplanned)
2. Return to Acute Post 30-Day Discharge
3. Risk-adjusted Performance Improvement in Mobility
4. Risk-adjusted Performance Improvement in Self-Care
5. Discharge to Community

Source: Swing Bed Quality Improvement Project - Stroudwater Associates

Skilled Nursing Facilities Quality Reporting (thru MDS)

1. **Vaccination Coverage** Among Healthcare Personnel (HCP)
2. Application of IRF Functional Outcome Measure: **Change in Mobility Score** for Medical Rehabilitation Patients
3. Application of IRF Functional Outcome Measure: **Discharge Mobility Score** for Medical Rehabilitation Patients
4. IRF Functional Outcome Measure: **Discharge Self-Care Score** or Medical Rehabilitation Patients
5. Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge **Functional Assessment** and a Care Plan That Addresses Function
6. Application of Percent of Residents Experiencing One or More **Falls with Major Injury** (Long-Stay)
7. Application of the IRF Functional Outcome Measure: Change in **Self-Care Score** for Medical Rehabilitation Patients
8. Changes in **Skin Integrity** Post-Acute Care: Pressure Ulcer/Injury
9. **Drug Regimen Review** Conducted with Follow-Up for Identified Issues
10. **Transfer of Health Information** to the **Patient-**Post-Acute Care (PAC)
11. **Transfer of Health Information** to the **Provider**-Post-Acute Care (PAC)

Source: Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Quick Reference Guide. PAC SNF Quick Reference Guide (cms.gov)

Swing Bed Scorecard
Outcome and Process Measures

	Resource Measures				Quality Measures												Growth Measures			
	Readmission <30 days		Length of Stay		Plan of care posted in patient room		Return to prior living arrangement		Falls with injury		Attendance at Care Plan Mtgs		Post-Discharge Call <3 days of discharge		Patient Satisfaction		Time from referral to accept / decline < 3 hours		Patient Days	
Baseline																				
YTD																				
	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal
Jan																				
Feb																				
March																				
April																				
May																				
June																				
July																				
Aug																				
Sept																				
Oct																				
Nov																				
Dec																				
Monthly Trend Graph																				

Other Metrics

Utilization Review

- Patient Days
- Referrals
- Source of Referrals
- Referrals by Source
- Referrals Not Accepted (or Lost) by Reason
- Readmissions

Documentation

- Chart Audits

Functional Outcomes

- Improvement in self-care
- Improvement in functional status

Quality

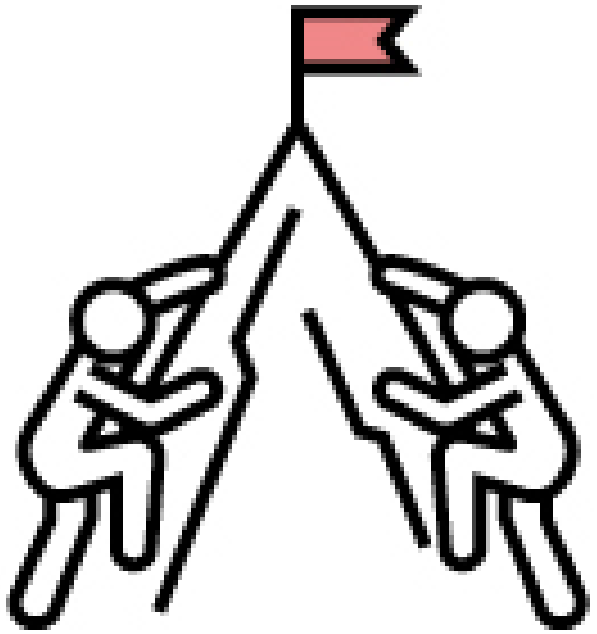
- Falls with injury
- Medication errors

Choose data that is easy to collect

Choose data important to your program goals

Revisit metrics periodically

What data do you collect?
Who do you share the data with?
Has it improved your Swing Bed program?



THANK YOU

Please let me know if you would like a proposal for any of the consulting services we provide

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Abuse Definitions

Appendix PP F-540, F-600 & F-609 Definitions

Abuse is defined at §483.5 as "the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

Neglect The failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress. Neglect includes cases where the facility's indifference or disregard for resident care, comfort or safety, resulted in or could have resulted in, physical harm, pain, mental anguish, or emotional distress. Neglect occurs when the facility is aware of, or should have been aware of, goods or services that a resident(s) requires but the facility fails to provide them to the resident(s), resulting in, or may result in, physical harm, pain, mental anguish, or emotional distress.

Examples of individual failures include, but are not limited, to the following: Failure to implement an effective communication system across all shifts for communicating necessary care and information between staff, practitioners, and resident representatives;

Appendix PP F-540, F-600 & F-609 Definitions

Sexual abuse: non-consensual sexual contact of any type with a resident.

Willful: the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

Exploitation: taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.

Misappropriation of resident property: the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.

Staff: For purposes of this guidance, "staff" includes employees, the medical director, consultants, contractors, and volunteers. Staff would also include caregivers who provide care and services to residents on behalf of the facility, students in the facility's nurse aide training program, and students from affiliated academic institutions, including therapy, social, and activity programs.

Appendix PP F-540, F-600 & F-609 Definitions

Alleged violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor, another health care provider, or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.

Covered individual is anyone who is an owner, operator, employee, manager, agent or contractor of the facility (see section 1150B(a)(3) of the Act).

Crime Section 1150B(b)(1) of the Act provides that a “crime” is defined by law of the applicable political subdivision where the facility is located. A political subdivision would be a city, county, township or village, or any local unit of government created by or pursuant to State law.

Appendix PP F-540, F-600 & F-609 Definitions

Serious bodily injury is defined in section 2011(19) of the Act and means an injury involving Extreme physical pain, substantial risk of death, protracted loss or impairment of the function of a bodily member, organ, or mental faculty, or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation (see section 2011(19)(A) of the Act). Serious bodily Injury is considered to have occurred when an injury results from criminal sexual abuse (see section 2011(19)(B) of the Act).

Criminal sexual abuse: In the case of "criminal sexual abuse" which is defined in section 2011(19)(B) of the Act, serious bodily injury/harm shall be considered to have occurred if the conduct causing the injury is conduct described in section 2241 (relating to aggravated sexual abuse) or section 2242 (relating to sexual abuse) of Title 18, United States Code, or any similar offense under State law. In other words, serious bodily injury includes sexual intercourse with a resident by force or incapacitation or through threats of harm to the resident or others or any sexual act involving a child. Serious bodily injury also includes sexual intercourse with a resident who is incapable of declining to participate in the sexual act or lacks the ability to understand the nature of the sexual act.

Education / Training Abuse

Appendix PP F-943 Guidance Training Program

- Facility procedures and Federal and State requirements for reporting abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown sources, timeframes for reporting, and to whom staff and others must report their knowledge related to any alleged violation without fear of retaliation;

- Reporting reasonable suspicion of a crime against a resident;

- Educating staff on factors related to dementia care and abuse prevention, such as understanding that expressions or indications of distress of residents with dementia are often attempts to communicate an unmet need, discomfort or thoughts that they can no longer articulate with words. However, they may be perceived as challenging behaviors to staff and could increase the risk of resident abuse and neglect. Expressions or indications of distress can include, but are not limited to:
  - Aggressiveness;
  - Wandering or elopement;
  - Agitation;
  - Yelling out; or
  - Delusions.

Appendix PP F-943 Guidance Training Program cont.

- Conflict resolution and anger management skills, including resolving conflicts between staff and residents, visitor and resident, and resident-to-resident conflicts; and

- Identifying and addressing factors that may precipitate abuse/neglect/exploitation, including, but not limited to:
  - Signs of staff burnout, frustration, and stress
  - Staff prejudices to age, culture, race, religion, and sexual orientation;
  - o Gender differences; and
  - o Negative attitudes toward working with individuals with disabilities.

Definitions
Restraints

Appendix PP F-605 Definitions

- **Chemical restraint** is defined as any drug that is used for discipline or staff convenience and not required to treat medical symptoms.
- **Convenience** is defined as the result of any action that has the effect of altering a resident's behavior such that the resident requires a lesser amount of effort or care, and is not in the resident's best interest.
- **Discipline** is defined as any action taken by facility staff for the purpose of punishing or penalizing residents.
- **Indication for use** is defined as 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.
- **Medical symptom** is defined as an indication or characteristic of a medical, physical or psychological condition.