

State-Licensed Care Facilities Oversight Committee of the Legislature

LR 296

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Good afternoon, Senator Friesen, and members of the LR 296 Committee. My name is Susan Strohn (S-U-S-A-N S-T-R-O-H-N) and I am a Deputy Director in the Division of Public Health in the Department of Health and Human Services (DHHS). I am here to testify about the inspection process of health care facilities.

Complaint Triage

All complaints regarding health care facilities and services received by the Licensure Unit are triaged, that is assessed for risk to residents or patients, as they are received and logged into the database. Two surveyors, who are RNs, serve as the complaint intake staff who review and triage every complaint. Complaint intake staff are trained on:

- factors to consider in triaging a complaint;
- assessing the quality and completeness of information provided in a complaint; and
- how to acquire additional information that would be helpful in processing a complaint.

Complaints can be submitted in various ways, including: online submission; by calling Adult Protective Services; by calling the Health Care Facility and Service Complaint Intake Line; and by fax or regular mail to the Department of Health and Human Services.

Each complaint is triaged with a priority assignment. The following are categories used during the complaint triage process:

- Immediate Jeopardy complaints are those which pose an immediate threat of serious injury, impairment, or death to residents and the immediate threat is ongoing.
- Non-IJ High complaints are those which allege actual significant harm, but do not rise to the level of immediate jeopardy.
- Non-IJ Medium complaints are those which pertain to practices that have caused or have a potential to cause more than minimal harm to residents and is limited in manner and degree.
- Non-IJ Low complaints are those that pertain to practices which have not caused actual harm to residents and the potential for harm is remote and less likely to occur.
- Non-IJ Administrative Review complaints are those that contain enough information to show that an onsite visit is not necessary.

For non-long-term care facilities, such as Mental Health Centers, the following priority assignments are used:

- Immediate Jeopardy (IJ), which must be investigated within two working days;
- Non-IJ High, which must be investigated within 45 calendar days;
- Non-IJ Medium, which must be investigated during next scheduled survey; and
- Non-IJ Low, which is tracked for trends.

The following priority assignments are used for long-term care facilities, such as nursing homes and assisted living facilities:

- Immediate Jeopardy (IJ), which must be investigated with two working days;
- Non-IJ High, which must be investigated within 10 working days;
- Non-IJ Medium, which must be investigated within 45 working days;
- Non-IJ Low, which must be investigated during the next site visit; and
- Non-I Administrative Review, in which enough information received to not do an onsite visit.

After a complaint has been triaged, the following actions may be taken:

1. Investigate the complaint
 - a. Telephonically
 - b. Desktop
 - c. On-site
2. Refer the complaint to another agency
3. Log the complaint into the system for future reference

Assignment of Surveyor(s)

Program Managers in the Licensure Unit consider a number of factors in determining the number of surveyors assigned to a facility inspection, including but not limited to: size of the facility, type of inspection (initial or compliance) or complaint investigation, nature and complexity of a complaint, inspection history of the facility, priority of entire workload, and number of surveyors available.

Preparation for Inspection/Investigation

Based on the survey schedule and/or the complaint triage priority, a date is identified for conducting the inspection or investigation. Travel arrangements are made, and surveyors ensure they have the necessary equipment, forms, and regulations for conducting the inspection or investigation.

Initial inspections are announced. Surveyors will review the file to verify the initial licensure application process is completed and to review correspondence including any waivers that were approved. Surveyor will make a telephone appointment for the inspection with the Administrator with as much advance notice as possible.

Compliance inspections and complaint investigations are unannounced. Surveyors review correspondence in the file for such things as ownership or personnel changes, complaint investigations or any other information which may assist in conducting the inspection. Life Safety Code approval will also be reviewed for any restrictions on resident admission or retention which may apply.

Entrance Conference

Upon arrival at a facility, surveyors present identification, introduce themselves, and conference with the Administrator or authorized representative. During the conference, surveyors will explain the purpose of the inspection, inspection process, and estimated time to complete the inspection. Surveyors present the facility administrator or authorized representative with a list of information needed in order to conduct the inspection.

Initial Tour

Surveyors conduct a tour of the facility to obtain an initial evaluation of the facility environment. During the tour, specific residents may be identified to include in sample for review. Observations include general maintenance and cleanliness of facility, staff interactions with residents, and any activities in progress. Surveyors may take photos of environmental issues. A bed count form is also completed.

Sample Selection

The Surveyors then conduct interviews. A sample is selected to focus the interviews and to record reviews and observations of the residents; however, as behavioral or medical issues arise with other residents, additional residents may be added to the sample throughout the inspection/investigation. A random and/or targeted sample of current residents includes those who require assistance with provision of medications or those who have other special needs. The sample should include some residents with unstable conditions and/or who require complex nursing interventions, if applicable. Resident identifiers should be assigned for all sampled residents.

Information Gathering

For an initial licensure inspection, surveyors interview staff and review any written information that the facility has regarding the regulations in accordance with the Initial Inspection Report. For compliance inspections, surveyors gather information necessary to make decisions concerning whether the facility has met the requirements by conducting resident interviews, completing resident record reviews, conducting observations, conducting direct care staff interviews, conducting guardian interviews, and reviewing staff personnel records.

Interviews are important sources to find out information about the person's daily life, needs, services provided and to get clarifying information when needed related to observations or record reviews.

Observations are conducted to see what services are provided, whether services meet residents' needs, and to observe interactions between residents and staff. Food preparation and serving of a meal are observed. If a meal is not prepared or served during the time of inspection, surveyors observe dietary areas for proper food storage and sanitation.

Surveyors observe preparation and provision of medication to individuals to determine if residents receive medication as prescribed. Medication administration records are reviewed, including any medication errors. If the facility utilizes medication aides, surveyors determine compliance with the Medication Aide Regulations 172 NAC 95.

Review of resident records determines resident needs for medical or mental health services, socialization, hygiene, daily living skills, diagnosis, preferences, and reasons they are admitted and remain at the facility.

Surveyors review the facility's administrative records, including but not limited to: staffing schedules of direct care staff; contracts with professional personnel if not directly employed; training records; job descriptions; policies and procedures; any reports or investigations of abuse/neglect submitted to APS/CPS; and any reported complaints and grievances and how they were handled by the facility.

Analysis of Information

All surveyors involved will meet to discuss observations and information gathered to determine if the facility has met the requirements of the regulations. If more than one surveyor conducts the inspection,

then consensus should be reached as to compliance or noncompliance with the regulations. The preliminary inspection report should be completed by the surveyor(s) prior to the exit conference and will be provided to the facility at the completion of the inspection. When a facility is not in compliance with the regulations, the report will indicate the regulatory violations and brief comments as needed.

Exit Conference

Surveyors conduct an exit conference with the Administrator and any other staff the Administrator chooses to attend. The purpose of exit is to review broadly the issues found during the inspection/complaint investigation with the facility administration. Surveyors inform staff of the survey findings, explaining any requirements not met and corrective action needed. A copy of the preliminary inspection report is left with the facility after it is signed and dated by the facility representative. If the facility is not in compliance, surveyors may tape record the exit and submit the recording with the report.

Written Report

When an inspection reveals violations, surveyors will complete a narrative report listing the regulatory citation for the violations and the actual findings for the regulatory citation. The format of writing style will be according to CMS Principles of Documentation. The report will be submitted to the Program Manager within five working days after the last day of the inspection. Any documentation to support the violation findings must be submitted with the report. The Program Manager reviews the inspection report, and the finalized report must be sent to the facility within ten working days after the last day of the inspection.

Thank you for your time. I will now take questions. Also, Dan Taylor, who runs our long-term care team in the Licensure Unit has joined me to answer questions.