



Long Term Care  
Final Rule &  
New LTC Survey Process

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# Disclaimer

- This power point presentation is an educational tool prepared by the New Jersey Department of Health that is general in nature. It is not intended to be an exhaustive review of the Department's administrative code & is not intended as legal advice. Materials presented should not substitute for actual statutory or regulatory language. Always refer to the current edition of a referenced statute, code &/or rule or regulation for language.

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# Objectives

**Update awareness of Final Rule (FR) phase II  
(effective 11/28/17)**

**Final Rule & the new LTC Survey Process**

**Share with partners**





# 21 Federal Regulatory Groups for Long Term Care Facilities

- **Resident Rights**
- **Freedom from Abuse, Neglect and Exploitation**
- **Admission Transfer and Discharge Rights**
- **Resident Assessment**
- **Comprehensive Person-Centered Care Planning**
- **Quality of Life**
- **Quality of Care**
- **Physician Services**
- **Nursing Services**
- **Behavioral Health Services**
- **Pharmacy Services**
- **Laboratory Services**
- **Dental Services**
- **Food and Nutrition Services**
- **Specialized Rehabilitative Services**
- **Administration**
- **Quality Assurance and Performance Improvement**
- **Infection Control**
- **Compliance and Ethics Program**
- **Physical Environment**
- **Training Requirements**

# Definition

- **Person-centered care:**
- **To focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.**

- **Resident Representative**
  - **1) Individual chosen by resident**
  - **2) Person authorized by State or Federal Law**
  - **3) Legal representative**
  - **4) Court-appointed guardian or conservator**

- **Resident Rights tags F550-F586**
- **F550 – Justice Involved Residents**
- **1) Residents under the care of law enforcement**
- **2) Residents under community supervision**
- **3) Inmates of a public institution**

- **F553**
- **Development and implementation of his or her person-centered plan of care...**
- **Right to see the care plan, right to sign after significant changes to the plan of care.**
- **Sufficient notice in advance of meeting, scheduling meetings to accommodate a resident's representative and planning enough time for information exchange and decision making.**

# Resident Rights

- **F563**
- **Visitation – right to receive visitors of their choosing at a time of their choosing, subject to resident’s right to deny visitation when applicable and in a manner that does not impose of the rights of another resident.**

# Freedom from Abuse, Neglect, and Exploitation

- **Freedom from Abuse, Neglect and Exploitation tags F600-F610**
- **Definitions**
- **Abuse: Willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. Intimidation, or punishment 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. *Willful (as defined in 483.5 and used in the definition of “abuse”) “means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.”***
- **Neglect: 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.**
- **Exploitation: Taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats or coercion.**

# Definition

- **Staff**
- **Includes employees, the medical director, consultants, contractors and volunteers. Staff would also include caregivers who provide care and services to resident 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.**

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

# F600

## Abuse

- **Staff to Resident**
- **Resident to Resident**
- **Visitor to Resident**

# Types of Abuse

- **Physical**
- **Mental**
- **Deprivation of Goods and Services by Staff**
- **Sexual**



# Consent

- **Capacity and Consent**



# Neglect

- **If 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). It can be the result of a pattern of failures or may be the result of one or more failures involving one resident and on staff person.**
- **Goods or Services may occur when staff are aware or should be aware of resident(s) care needs, based on assessment and care planning but are unable to meet the identified needs due to other circumstance such as lack of training to perform an intervention, lack of sufficient staffing to be able to provide the services, lack of supplies or staff lack of knowledge of the needs of the resident.**



# Restraints

- **F604 – F605**
- **Physical**
- **Chemical**



# Reporting Suspicion of Crime

- **F608**
- **Facility must develop and implement written policies and procedure that: ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the ACT.**

- **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 authority within prescribed times.**

## **Thorough**

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

**Results reported to the administrator or his/her designated representative and to other officials in accordance with State law including the State Survey Agency within 5 working days of the incident and if the alleged violation is verified appropriate correction action must be taken.**

# Admission, Transfer and Discharge

- **Admission, Transfer and Discharge tags F620-F626**
- **Transfer: movement of resident from a bed in one certified facility to a bed in another certified facility when the resident expects to return to the original facility.**
- **Discharge: movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community, when return to the original facility is not anticipated.**

- **Resident-initiated transfer or discharge: Resident or if appropriate resident representative has provided verbal or written notice of intent to leave the facility. (does not include the general expression of a desire to return home or the elopement of resident with cognitive impairment)**
- **Facility-initiated transfer or discharge: A transfer or discharge which the resident objects to, did not originate through a resident's verbal or written request and/or is not in alignment with the resident's stated goals for care and preferences.**

# Resident Assessments

- **Resident Assessment tags F635-646**
- **F635 – Care and services upon admission**
- **F636 – comprehensive assessment includes strengths, goals, life history and preferences.**
- **F637 – change of condition re-assessment**
- **F638 – Quarterly review assessment**
- **F639 – retention in active medical record 15 months of assessments.**
- **F641 – accurate assessments**

# Resident Assessments

- **F642 – coordination**
- **F644 – coordination of assessments with pre-admission screening and resident review (PASARR) program under Medicaid subpart C to avoid duplicative testing and effort.**
- **F645 – preadmission screening for individual with mental disorder and intellectual disability.**

# Comprehensive Resident Centered Care Plans

- **Comprehensive Resident Centered Care Plans tags F655-F661**
- **F655 – baseline care plan**
- **F657 – comprehensive care plan**
- **F658 – care/services meet professional standards of quality**

- **F659 – services provided or arranged by facility are by individuals who have skills, experience and knowledge to do task or activity.**
- **F660 – discharge planning process**
- **F661 – discharge summary**

# Quality of Life

- **Quality of Life tags F675-F680**
- **F675 – quality of life is the fundamental principle that applies to all care and services provided to facility residents. Resident must receive and facility must provide necessary care and services to maintain the highest practicable physical, mental and psychosocial well-being consistent with resident’s comprehensive assessment and plan of care.**

# Quality of Life

- **F678 – personnel provide basic life support including CPR to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and resident’s advance directives.**
- **F679 – activities**
- **F680 – qualified therapeutic recreation specialist**

- **Quality of Care tags F684-F700**
- **F684 – Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person centered care plan and the resident's choices...**

- **F686 – skin integrity**
- **F687 – foot care**
- **F688 – mobility**
- **F690 – Incontinence**
- **F691 – ostomy care**

- **F692 – F693 assisted nutrition and hydration**
- **F694 – parenteral fluids**
- **F695 – respiratory care**
- **F696 – prostheses**
- **F697 – Pain management**

- **F698 – Dialysis**
- **F699 – Trauma informed care [Phase III 2019]**
- **F700 – Bed Rails**

# Physician Services

- **Physician Services tags F710-F715**



- **Nursing Services tags F725-F732**
- **F725 – sufficient staffing with appropriate competencies and skills sets.**
- **F727 – RN**
- **F730 – Regular in-service education**

- **Behavioral Health Services tags F740-F745**
- **F740 – behavioral health services**
- **F741 – Sufficient staff / appropriate competencies**
- **F742 – Trauma and/or post–traumatic stress disorder**

# Pharmacy Services

- **Pharmacy Services tags F755-F761**
- **F755 – controlled drugs**
- **F756 – drug regimen review**
- **F758 – psychotropic drugs**

# Laboratory, Radiology and other Diagnostic Services

- **Laboratory, Radiology and other Diagnostic Services tags F770-F779**
- **F770 – current CLIA certificate**
- **F773 – obtain lab services**
- **F777 – obtain radiologic and diagnostic services**

- **Dental Services tags F-790-F791**
- **F790 – Dental Services**
- **F791 – 24 hour emergency dental care**

# Food and Nutrition Services

- **Food and Nutrition Services tags F800-F805**
- **F800 – provide each resident with nourishing, palatable, well-balanced diet that meets his/her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.**
- **F801 – Sufficient staff with appropriate competencies and skills sets to carry out the functions of the food & nutrition services taking into consideration resident assessments, ind. Plan of care and the number, acuity and diagnoses of the facility's resident pop. In accordance with the facility assessment.**



# Food and Nutrition Services

- **F802 – employ sufficient staff with appropriate competencies/skills**
- **F803 – menus**
- **F804 – F807 add drink requirements**
- **F808 – Therapeutic Diets**
- **F809 – meal frequency**

## **Specialized Rehabilitative Services**

- **Specialized Rehabilitative Services tags F825-F826**
- **F825 Specialized rehabilitative services include but not limited to PT, SLP, OT, respiratory therapy that are provided or arranged for by the nursing home. They are specialized in that they are provided based on each resident's individual assessed rehabilitative needs based on their comprehensive plan of care and can only be performed by or under the supervision of qualified personnel.**
- **Restorative services are not considered Specialized Rehabilitative Service as referenced in Section "O" of the MDS/RAI manual.**

## **Specialized Rehabilitative Services**

- **F826 – Qualifications**

**Services must be provided under the written order of a physician by qualified personnel.**

**Qualified personnel: a PT, PT, respiratory therapist, SLP, MD, Nurse Practitioner, clinical nurse specialist or physician's assistant who is licensed or certified by the state to furnish therapy services. Qualified personnel may also include physical therapist assistant (PTA) or an occupational therapy assistant (OTA) when furnishing services under the supervision of a qualified therapist.**

- **Administration tags F835-851**
- **F837 – administrator report to and is accountable to the governing body.**
- **F838 – Facility assessment – to evaluate its resident population and identify resources needed to provide necessary care and services the residents require.**

- **F841 – Medical Director – if the medical director is also an attending physician, there should be a process to ensue there are no concerns with the individual’s performance as a physician. If there are concerns, the facility’s administration should have a process for how to address these situations.**

# Quality Assurance and Performance Improvement

- **Quality Assurance and Performance Improvement tags F865-F868**
- **F865 – QAPI plan**
- **F867 – QAPI improvement activities**
- **F868 – QA committee**
- **F866 – Phase 3**

- **Infection Control tags F880-F883**
- **F880 – must establish an infection prevention and control program and have an annual review**

# Infection Control

- **F881 – Antibiotic stewardship program that includes use of protocols and a system to monitor antibiotic use.**
- **F883 – Influenza and pneumococcal immunizations**
- **F882 – Phase 3**



# Compliance and Ethics Program



- **Compliance and Ethics Program – Phase III**



- **Physical Environment tags F907-F926In**
- **F907 – Provide sufficient space and equipment as ID in each resident’s assessment and plan of care**
- **F909 – Inspection of bed frames, mattresses and bed rails for possible entrapment.**
- **F911 – facilities with receive approval of construction or reconstruction plans or newly certified after November 28, 2016 – bedrooms accommodate no more than two residents.**

- **F915: Buildings must have an outside window or outside door in every sleeping room, and for any building constructed after July 5, 2016 sill height must not exceed 36 inches above the floor.**
  
- **Atriums:**
- **1. windows in an outside atrium cush as a courtyard meet this requirement.**
- **2. windows facing an interior atrium, skylights etc. do not meet this requirement.**

# Physical Environment

- **F916 – no resident rooms in basement or below ground level is allowed.**
- **F918 – Facilities receive approval of construction or reconstruction plan or are newly certified after November 28, 2016 each residential room must have its own bathroom equipped with at least a commode (toilet) and sink.**
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- **F919 – Resident call system equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or a centralized staff work area.**

# Physical Environment

- **F926 – Establish policies in accordance with applicable federal, state and local laws/regulations regarding smoking, including tobacco cessation, smoking areas and safety including non-smoking residents.**

- **Training Requirements tags F940-F949**
- **F943 – Abuse, Neglect and Exploitation – staff education at a minimum includes...**
- **F947 – In-service training for Nurse Aides**
- **F948 – Feeding Assistants (not applicable for NJ)**
- **Phase 3 requirements: F940-F942, F944-F946, F949**
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# Methods for training

**in-person, webinars and/or supervised practical training hours.**

**Supervised practical training: training in a setting in which instruction and oversight are provided by a person who has relevant education and/or experience specific to the subject of the training being provided.**

- **Substandard Quality of Care (SQC) – definition changed**
- **one or more deficiencies which constitute either IJ to resident health or safety;**
- **a pattern or widespread actual harm that is not IJ or**
- **widespread potential for more than minimal harm, but less than IJ with no actual harm related to participation requirements under the following regulatory sections;**

● **Thank you**



• **Questions?**

