

Missouri Association of Nursing Home Administrators



Learning with MANHA!



CNA TRAINING

MANHA Training Ctr.
5-Week Courses -
On-Going

ONLINE TRAINING

Administrator SNF State Study Course
RCAL State Study Course
RCAL National Study Course
ALF Assessor Training

ACTIVITY DIRECTOR TRAINING

October 9-12, 2017

SOCIAL SERVICE DESIGNEE

September 25-28, 2017

PRECEPTOR AND PRECEPTOR RENEWAL TRAINING

October 27, 2017

CHECK OUT ONLINE TRAINING!

[Go to: www.mlnha.org; Click on *E-Learning/Online Education*; Click on *Staff Certifications*; See *Course Catalog* on next page.]

For further information, please contact
Gayla at 573-634-5345, ext 2.

TAKING CHARGE



In A Whole New World

UPDATES FROM OUR ANNUAL CONVENTION

Our Annual Convention was held June 4-7 at Camden on the Lake in Lake Ozarks, MO. Below are some highlights:

Tammie Browning Elected President

Tammie Browning was elected President of the MANHA Board of Director at the first meeting of the new Board. The remainder of the newly elected Executive Committee is:

Vice President:	Penny Worthley <i>Hallsville, MO</i>
Secretary:	Jenifer McGowan <i>Rockhill Manor, Kansas City, MO</i>
Treasurer:	Tim Nye <i>Autumn View Gardens, Ellisville, MO</i>
Member-at-Large	Janie Thomas <i>Tri-County Care Center, Vandalia, MO</i>

ANNUAL CONVENTION UPDATES *(from page 1)*

Along with networking opportunities and some fun, Convention attendees learned the following:

1) New Survey Process

The New LTC Survey Process will replace both the Traditional and QIS processes, which means everyone in the country will use the same process. When designing the New LTC Survey Process, they took into account the strengths from both the Traditional and QIS. One strength of the Traditional process was that surveyors could ask residents questions as they would like, which was retained in the New LTC Survey Process to promote surveyor autonomy. Having a computer-based process and using pathways as investigative tools were strengths of the QIS process that were used for the New LTC Survey Process. They also included many innovative ways of conducting various components of the survey.

The overarching goal for the New LTC Survey Process is to have one unified survey process that effectively identifies survey outcomes in an efficient manner that accounts for survey resources for both time spent onsite and the number of surveyors. The New LTC Survey Process is resident-centered, which means resident-specific concerns identified through resident observations and resident or representative interviews are emphasized. The New LTC Survey Process provides as much structure as possible to ensure consistency while allowing surveyors the autonomy to make decisions based on their expertise and judgment.

To get a copy of full slides of the new process go to: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/New-Long-term-Care-Survey-Process%E2%80%93Slide-Deck-and-Speaker-Notes.pptx>

2.) Delayed-Egress Locking Systems

National Fire Protection Association (NFPA) 101 2012 **Delayed-Egress Locking Systems**. 7.2.1.6.1.1 shows: Approved listed delayed-egress locking systems shall be permitted to be installed on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection

system in accordance with Section 9.6 or an approved supervised automatic sprinkler system in accordance with Section 9.7 and where permitted in Chapters 11 through 43, provided that all of the following criteria are met:

1. The door leaves shall unlock in the direction of egress upon actuation of one of the following:
 - a. Approved, supervised automatic sprinkler system in accordance with Section 9.7
 - b. Not more than one heat detector of an approved, supervised automatic fire detection system in accordance with Section 9.6
 - c. Not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6
2. The door leaves shall unlock in the direction of egress upon loss of power controlling the lock or locking mechanism.
3. ***An irreversible process shall release the lock in the direction of egress within 15 seconds, or 30 seconds where approved by the authority having jurisdiction, upon application of a force to the release device required in 7.2.1.5.10 under all of the following conditions:**
 - a. The force shall not be required to exceed 15 lbf (67N).
 - b. The force shall not be required to be continuously applied for more than three seconds.
 - c. The initiation of the release process shall activate an audible signal in the vicinity of the door opening.
 - d. Once the lock has been released by the application of force to the releasing device, relocking shall be by manual means only.
4. ***A readily visible, durable sign in letters not less than 1 in. (25 mm) high and not less than 1/8 in. (3.2 mm) in stroke width on a contrasting background that reads as follows**

ANNUAL CONVENTION UPDATES *(from page 2)*

shall be located on the door leaf adjacent to the release device in the direction of egress: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 (or 30) SECONDS.

Facilities may receive approval for 30 second release egress doors from the Authority Having Jurisdiction. For the facility to receive 30 second release approval, the facility must submit in writing to the Section for Long-Term Regulation (SLCR), a letter detailing the risk(s) to the residents and/or hardship. It will be the SLCR's final decision on the approval of the extension and will be reflected in a letter to the facility. It will be the facility's responsibility to retain the SLCR approval letter for future reference.

Failure to obtain an approval letter from the SLCR will place the facility in noncompliance with Federal participation requirements and in the event of a recertification survey or federal monitoring survey for life safety code, result in a citation.

The facility letter detailing the risk(s) to the residents and/or hardship and facility layout indicating affected doors, can be submitted to be Scott.Wiley@health.mo.gov

3.) Crimes Against Persons List

Crimes Against Persons List

On January 1, 2017, revisions to the Revised Statutes of Missouri (RSMo) resulted in changes to the list of disqualifying crimes.

For example:

Involuntary Manslaughter, prior to January 1, 2017, could have been a Class A or B felony under Chapter 565, making it a disqualifying crime. On January 1, 2017, the classification of Involuntary Manslaughter was changed to a C or E felony, making it no longer disqualifying. Any A or B felony conviction of Involuntary Manslaughter prior to January 1, 2017 remains disqualifying.

Criminal Water Contamination was listed as a disqualifying crime in RSMo Chapter 569 prior to January 1, 2017. On January 1, 2017, it was moved to RSMo Chapter 577, making it no longer disqualifying. However, convictions prior to January 1, 2017, remain disqualifying.

Because of the potential confusion, SLCR is removing the list of disqualifying crimes from the website. Providers must review the criminal background check to determine if the crime is disqualifying. Disqualifying crimes are any A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo.

Good Cause Waiver

An individual who has been disqualified from employment with any Long Term Care provider type has the right to apply for a Good Cause Waiver (GCW), which, if granted, would not correct or remove the finding, but would remove the hiring restriction and allow the individual to be employed. This includes those individuals who have committed a disqualifying crime and thus have been disqualified from employment in a regulated nursing home. More information about Good Cause Waivers can be found on the DHSS website at: <http://health.mo.gov/safety/goodcausewaiver/>.

If a provider has a question about a disqualifying crime or Good Cause Waivers, please feel free to contact the Section at 573-522-6228.

4.) UTI Information

The UTI information was discussed at the round table discussions and attendees asked that this information be provided.

Item 12300 Urinary Tract Infection (UTI):

- ♦ The UTI has a look-back period of 30 days for active disease instead of seven days.

Code only if all the following are met:

1. Physician, nurse practitioner, physician assistant, or clinical nurse specialist or other authorized licensed staff as permitted by state law diagnosis of a UTI in last 30 days,
2. Sign or symptom attributed to UTI, which may or may not include but not be limited to: fever, urinary symptoms (e.g., peri-urethral site burning sensation, frequent urination of small amounts), pain or

Annual Convention Updates *(from page 3)*

- tenderness in flank, confusion or change in mental status, change in character of urine (e.g., pyuria),
3. "Significant laboratory findings" (The attending physician should determine the level of significant laboratory findings and

whether or not a culture should be obtained), and

4. Current medication or treatment for a UTI in the last 30 days.



We'd like to offer a warm welcome to the following new MANHA members. We look forward to working with them in the years to come!

REGION 1

Mark Longenecker
Mercy Villa

Emily Rice
Good Shepherd Community Care

REGION 2

Vikki Henson
Clark's Mountain Nursing Ctr.

Amy Keistler
Chateau Girardeau

Debbie Newman
Advance Assisted Living

REGION 3

Teresa Hudlemeyer
Pleasant Valley Manor Care

Deborah Taylor
Independence Manor Care Ctr.

REGION 5

Kim Hegemann
Fulton Manor Care

Emily Lattin
Chariton Park Health Care

Theresia Metz
The Living Center

Chrisandra Ratliff
Salt River Community Care

Kimberly Thompson
Shelbina Villa

REGION 6

Jesse Alldredge
Warsaw Health & Rehab

Steve Long
The Baptist Home

Brittany Ritter
Silverstone Place

REGION 6 (Cont.)

Dorothy Sharpe
New Haven Care Center

Aryn Walker
Resthaven Convalescent & Retirement

Cody Williams
Parkside Assisted Living

A. Kathleen Williams
Good Samaritan Care Center

REGION 7

Colleen Hannibal
Christian Care home

Jami Jackson
Sunrise of Chesterfield



Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information

The IMPACT Act of 2014 requires the Secretary to implement specified clinical assessment domains using standardized (uniform) data elements to be nested within the assessment instruments currently required for submission by LTCH, IRF, SNF, and HHA providers.

The Act further requires that CMS develop and implement quality measures from five quality measure domains using standardized assessment data. In addition, the Act requires the development and reporting of measures pertaining to resource use, hospitalization, and discharge to the community.

Through the use of standardized quality measures and standardized data, the intent of the Act, among other obligations, is to enable interoperability and access to longitudinal information for such providers to facilitate coordinated care, improved outcomes, and overall quality comparisons.

What are the SNF quality reporting measures?

In the following table you'll find:

- National Quality Forum (NQF) measure identification numbers and titles
- Measures use in the SNF Quality Reporting Program
- The Data Collection Timeframe for fiscal year 2018 Annual Percentage Update
- Data Submission Deadlines

NQF Measure ID	Measure Title	Data Collection Timeframe	Data Submission Deadline
NQF #0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	10/01/16-12/31/16	May 15, 2017* <i>(This deadline was extended to June 1, 2017)</i>
NQF #0678	Percent of Patients or Residents with Pressure Ulcers that are New or Worsened	10/01/16-12/31/16	May 15, 2017* <i>(This deadline was extended to June 1, 2017)</i>
NQF #2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	10/01/16-12/31/16	May 15, 2017* <i>(This deadline was extended to June 1, 2017)</i>

SNF Reporting *(from page 5)*

SNF QRP Claims-Based Measures

Measure	Data Source
Discharge to Community- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	
Potentially Preventable 30-Days Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	Medicare FFS claims
Medicare Spending Per Beneficiary – Post-Acute Care (PAC) Skilled Nursing Facility Measure	



MANHA Developing Member Solutions for New CMS Requirements

MANHA is proud to announce what we have been working on since CMS published new regulations late last fall and we think you'll be excited. CMS regulation charges us to complete a facility evaluation of physical plant, supplies, disaster preparedness and all resources, including direct-care staffing needs and an evaluation of the competency and skills of that staff to meet the needs of each resident in the census. Those needs would be based upon diagnosis, assessment and resident care plans.

The regulation requires evaluation and observation of necessary staff skills for all nursing (licensed or certified) and competency/skills of dietary personnel charged with delivering safe food service, including services that are based upon therapeutic diets. An evaluation of these areas are is required at least annually, but keep in mind that at any time the necessary skills could change (such as admission of a resident requiring C-PAP, a resident admitted with a diagnosis that requires more skill than your staff is used to dealing with, or a therapeutic diet that is not common to your existing population). Your staff must have competency in the skills necessary to meet the needs of each resident.

These requirements are above and beyond the current annually required in-servicing regulations. MANHA, through its partnership with Staff Development Solutions, offers all the currently required in-servicing on line. We are expanding our vendor partnerships and the existing programming to include the necessary tools to help you be in compliance with the new requirements. These programs will bring a new dynamic of partnering with your vendors, MANHA and MHCA to assure your staff are competent in bed safety, fire safety, managing psychotropic medications, wounds and wound healing, caring for members of the LGBT community and their psychosocial needs, trauma informed care, Medicare and Medicaid Fraud Prevention and corporate integrity, Antibiotic Stewardship, etc. We are also working with EHR providers to develop assessment tools for you to use in a spreadsheet format to complete your facility assessments. We are still working on the full programming list ... so stay tuned!

Cheryl Parsons