

Top DHS Deficiencies & Best Practices To Aid In Compliance



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Empowering. Guiding. Healing - *lives*



Core Values

- Respect
- Integrity
- Transparency
- Honesty
- Relationships
- Accountability/Team

Empowering. Guiding. Healing - *lives*

Learning Objectives:

- Determine how prepared you are to support your community during a survey
- Discuss what you can do to be a partner in the survey process
- Discuss what you should do and what you should avoid doing during survey
- Provide helpful suggestions to aid in regulatory compliance
- Discuss top-cited survey deficiencies



Let's talk about the survey process...

Being Prepared - What to Expect

- Surveys are unannounced and may be a shock to the team onsite
- Survey teams may consist of 1-5 surveyors
- May be surveying on one or more issues
 - New License Survey/Change of Ownership
 - Annual Survey
 - Complaint Survey

Being Prepared - What to Expect

- Expect your community team to be stressed, distracted, fearful, annoyed, or discouraged
- Consider your message as the leader:
 - When you learn survey is in the building - show support, encouragement, understanding, and most of all be a calming presence.
 - Your team will take your lead!

Being Prepared - What to Expect (Survey Entrance)

- Greet surveyor, check identification
- Escort to a private work space
- Read & sign acknowledgment

Being Prepared - What to Expect (Survey Entrance)

- Offer water/coffee
- Provide Survey Binder, Policies & Procedures, and obtain list of additional items requested
- Inform the team working that State has arrived for survey

Being Prepared - What to Expect (During Survey)

- Assign main contact/leader to manage the survey process (typically ED/DON)
- Recruit other help to obtain documents/manage day-to-day tasks
- Check in with surveyor frequently, respond promptly to any requests
- Be precise & polite

Being Prepared - What to Expect (During Survey)

- Be aware & mindful of the progress
- Don't be afraid to ask questions! It is within your rights to ask for clarification/specific regulation!
- Support your team. Hold meetings until survey is over; regroup as a team afterwards to discuss
- Remain on-site during the entire process – be available

Being Prepared - What to Expect (During Survey)

Avoid:

- Saying “I don’t know” or “from what I can tell” when interviewing with the surveyor/survey team
- Sharing subjective information/secondhand information with the surveyor/survey team
- Appearing “standoffish” or defensive
- Lying or falsifying documents
- Oversharing/“word vomit”

Being Prepared - What to Expect (During Survey)

DO's:

- Always be calm, polite, and professional in your interactions with your surveyor/survey team
- Share objective facts only with the surveyor/survey team
- Aspire to learn more about the regulations – ASK QUESTIONS
- Take notes throughout the process

Being Prepared - What to Expect (Survey Exit)

- Decide ahead of time who will attend exit (typically ED/DON, sometimes AED/BOD)
- TAKE NOTES
- Again, ask questions & clarify anything you do not understand
- Do not internalize the comments or findings; stay calm & professional
- Start your plan of correction based on what you know



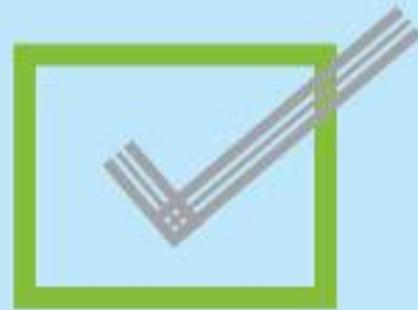
Preparing Your Staff

- Survey can be stressful & fearful for your staff – but it doesn't have to be!
- What is the message given to your team regarding survey? Is it positive or negative? Inclusive or isolated?
- Education – can you say that the team is fully educated on compliance issues and are feeling ready to be successful?
- Take the pulse regularly (staff meetings), educate new staff/leaders

Preparing Your Systems

- System management is essential. If systems are lacking, it will show during your survey
- Systems, over time without management, will bend into shortcuts and forgotten steps resulting in gaps in compliance
- Documentation is key. Many survey corrections could be avoided with adequate documentation.
- Determine whether your eMAR system has the ability to provide a “Surveyor Log-in”

BEST PRACTICES



Preparing Your Documentation

- Put together a “Survey Binder”
 - Current resident roster (update as changes occur)
 - Current employee roster (update as changes occur)
 - Staff schedules
 - Activity calendars (12 months)
 - Menus (60 days)
 - Disaster drills (12 months)



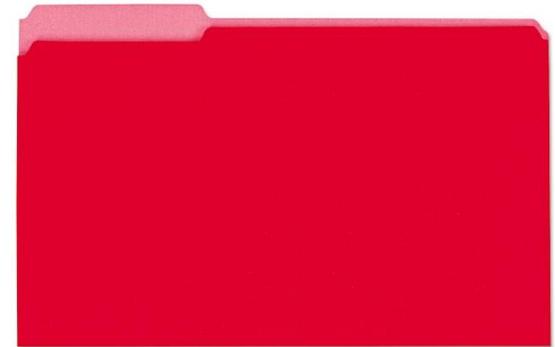
Preparing Your Documentation

- Keep a “tickler” to track employee documents & expiration dates (BOD/ED)

<u>Name</u>	<u>Job Title</u>	<u>Hire Date</u>	<u>Orientation</u>	<u>FP Card Expires</u>	<u>FP Card Verified</u>	<u>CPR Expires</u>	<u>F/A Expires</u>	<u>TB Expires</u>	<u>CG Cert.</u>	<u>Med Tech</u>	<u>Food Handlers Expires</u>
John Smith	Med Tech	1/3/2020	1/3/2020	7/16/2025	Yes	5/31/2023	5/31/2023	8/3/2023	Yes	Yes	6/30/2024
Stephanie Brown	Caregiver	7/10/2019	7/11/2019	4/12/2024	Yes	3/31/2024	3/31/2024	8/3/2023	Yes	No	9/30/2024
Nicholas Jones	Cook	5/24/2022	5/24/2022	8/10/2023	Yes	7/31/2023	7/31/2023	4/6/2024	N/A	N/A	3/31/2025

Preparing Your Documentation

- Keep a “red file” for each employee with documents needed for survey – easy to pull only what you need when survey is in the building
- Good best practice to have ED sign off on each “red file” upon hire; it is ultimately ED’s responsibility to ensure compliance with regulation!



Employee RED File – Confidential State Board of Health File

Employee Name: _____

Hire Date: _____

Contact Phone Number: _____

- New Hire Orientation Checklist
- Job Specific Orientation Checklist
- License/Certification
- Background Check Results
- 3 References, preferably professional
- TB Tests (*1st & 2nd step or chest x-ray*)
- Signed Job Description
- Driving Record (*if applicable*)
- CPR Training Certificate
- First Aid Training Certificate
- Fingerprint Clearance Card (*verified*)

Termination Date: _____

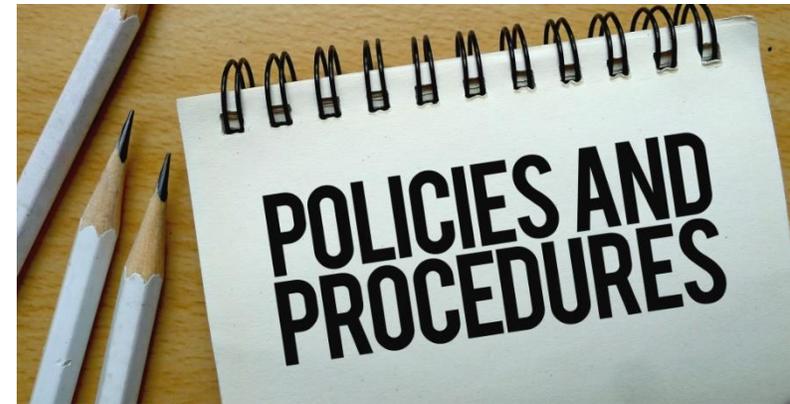
Preparing Your Documentation

- Your eMAR should have a tracking feature – make sure you are well trained on how to use all functions
- Keep a “tickler” to track resident documents & expiration dates (Nurse/ED)

<u>Room Number</u>	<u>Resident Name</u>	<u>Move-in Date</u>	<u>Orientation</u>	<u>Care Level</u>	<u>Initial Service Plan Date</u>	<u>Signed by all parties?</u>	<u>Next Service Plan Due</u>	<u>TB Expires</u>
101	George Glass	3/19/2023	3/20/2023	Directed	3/21/2023	Yes	6/21/2023	2/26/2024
378	Betty Thomas	6/17/2022	6/17/2022	Personal	6/20/2022	Yes	6/18/2023	5/25/2023
212	Esther Long	1/15/2023	1/15/2023	Directed	1/16/2023	Yes	7/13/2023	1/3/2024

Preparing Your Documentation

- Ensure Policies & Procedures are up-to-date, relevant, and being followed by community staff
 - AHI can help write custom policies & procedures for your community

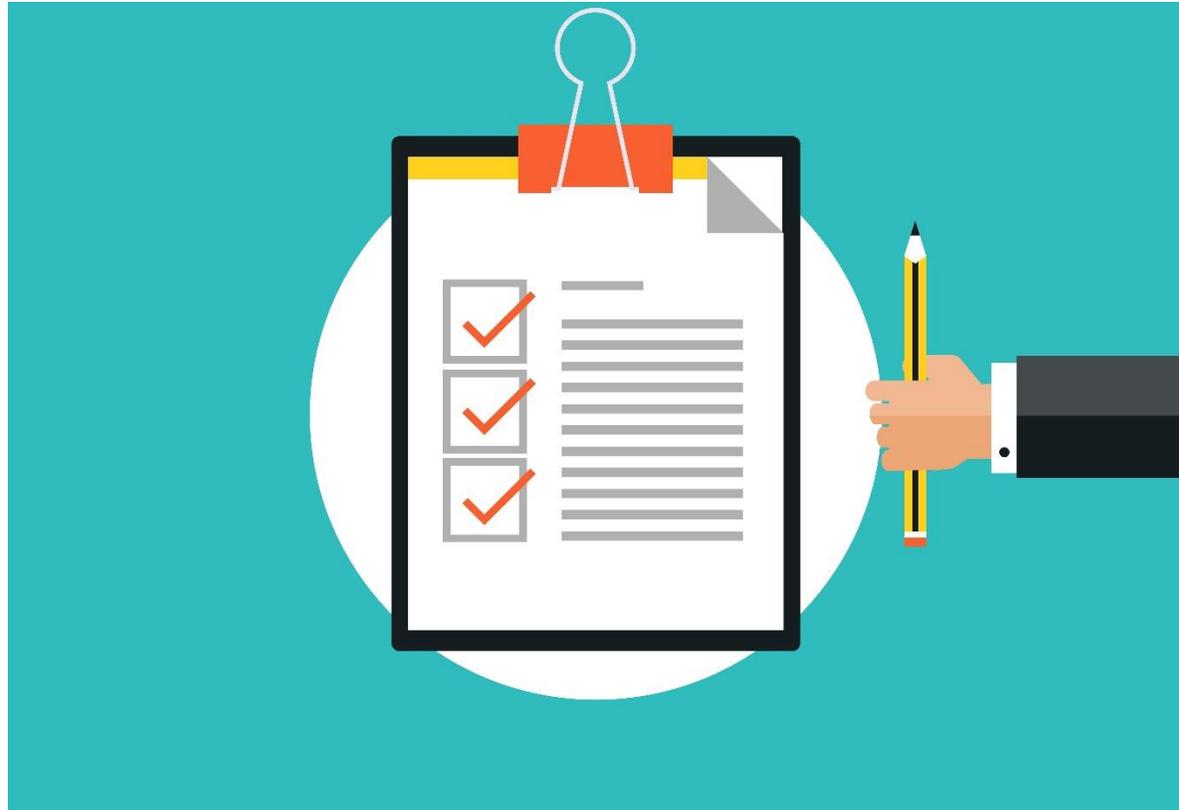


Policies & Procedures

“Policy” – clear simple statement of how your facility intends to conduct its services, actions, or business. A set of principles to guide decisions and achieve outcomes.

“Procedure” – the steps to put the policy into action, who will do what, what steps they need to take, what forms or documents to use.

Common Deficiencies...



Common Deficiencies

R9-10-807.A.1-2 Residency & Residency Agreements

A. Except as provided in R9-10-808(B)(2), a manager shall ensure that a resident provides evidence of freedom from infectious tuberculosis:

- 1. Before or within seven calendar days after the resident's date of occupancy, and*
- 2. As specified in R9-10-113.*

R9-10-819.A.11 Environmental Standards

A. A manager shall ensure that:

- 11. Poisonous or toxic materials stored by the assisted living facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents*

Common Deficiencies

R9-10-803.A.9 Administration

A. *A governing authority shall:*

9. Ensure compliance with A.R.S. § 36-411 (now HB 2049)

HB 2049 defines “direct supportive services,” which means:

- 1. Services other than home health services that provide direct individual care and that are not provided in a common area of a health care institution, including:*
 - 1. Assistance with ambulating, bathing, toileting, grooming, eating and getting in and out of a bed or chair.*
 - 2. Assistance with self-administration of medication.*
 - 3. Janitorial, maintenance, housekeeping or other services provided in a resident’s room.*
 - 4. Transportation services, including van services.*
- 2. Does not include services provided by persons contracted directly by a resident or the resident’s family in a health care institution*

Common Deficiencies

R9-10-816.B.3.b Medication Services

B. If an assisted living facility provides medication administration, a manager shall ensure that:

3. A medication administered to a resident:

- a. Is administered by an individual under direction of a medical practitioner,*
- b. Is administered in compliance with a medication order, and***
- c. Is documented in the resident's medical record*

R9-10-808.C.1.g Service Plans

C. A manager shall ensure that:

1. A caregiver or an assistant caregiver:

- g. Documents the services provided in the resident's medical record*

Common Deficiencies

R9-10-808.A.5.a-d Service Plans

A. Except as required in subsection (B), a manager shall ensure that a resident has a written service plan that:

5. When initially developed and when updated, is signed and dated by:

- a. The resident or resident's representative;*
- b. The manager;*
- c. If a review is required in subsection (A)(3)(d), the nurse or medical practitioner who reviewed the service plan; and*
- d. If a review is required in subsection (A)(3)(e)(ii), the medical practitioner or behavioral health professional who reviewed the service plan.*

Common Deficiencies

R9-10-806.A.1.b.i Personnel

A. *A manager shall ensure that:*

1. *A caregiver:*

b. Provides documentation of:

- i. Completion of a caregiver training program approved by the Department or the Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers

R9-10-806.A.10 Personnel

A. *A manager shall ensure that:*

10. *Before providing assisted living services to a resident, a manager or caregiver provides current documentation of first aid training and cardiopulmonary resuscitation training certification specific to adults*

Common Deficiencies

R9-10-818.A.4 Emergency and Safety Standards

A. *A manager shall ensure that:*

4. *A disaster drill for employees is conducted **on each shift** at least once every **three** months and documented*

R9-10-818.A.5.a Emergency and Safety Standards

A. *A manager shall ensure that:*

5. *An evacuation drill for employees and residents:*

a. *Is conducted at least once every **six** months*

Evacuation & Disaster Drills (“cheat sheet”)

- **Disaster Drills**

- Frequency: Conduct every 3 months on each shift and document
- Participants: Employees
- Examples: Power outage, flood, fire, active shooter, earthquake, tornado, etc...
- Purpose: Emergency preparedness in the event of any disaster (may require shelter in place or evacuation response)

- **Evacuation Drills**

- Frequency: Conduct every 6 months and document the following:
 - 1) date/time of drill;
 - 2) amount of time taken for each individual to evacuate;
 - 3) names of employee participants;
 - 4) identification of residents needing assistance;
 - 5) residents not evacuated;
 - 6) problems encountered; and
 - 7) recommendations for improvement
- Participants: Employees and residents
- Examples: On-site or off-site evacuations
- Purpose: Emergency preparedness in the event of an incident that requires the temporary or extended evacuation of the facility or facility grounds

ARE
YOU
READY?

The text 'ARE YOU READY?' is rendered in a bold, 3D, sans-serif font. The letters are light gray with dark gray shadows, giving them a three-dimensional appearance. The text is arranged in three lines: 'ARE' on top, 'YOU' in the middle, and 'READY?' on the bottom. A reflection of the text is visible on the surface below it, creating a sense of depth. The background is white with teal wavy borders at the top and bottom.

Helpful Resources

- Your AZ AHI team is here to support you & the communities you serve
 - Survey Readiness audits
 - Plan of Correction support
 - Policies & Procedures customization
 - Staff training
- **AZDHS website:** <https://www.azdhs.gov/licensing/residential-facilities/index.php>
 - Provider Resources
 - Provider Training

Questions?

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Thank you!