



Division of Health Improvement

Presented by:

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District Operations Bureau

71 Nursing Homes (1 NH closing)

Approx. 7000 bed capacity

52 Immediate Care Facilities

4 Districts Managers

15 Surveyors (5 vacancies)

16 SMQT staff

2020 Nursing Home Data

- 37 Full Federal recertification surveys
- 200 Onsite complaint investigations
- 376 Deficiencies Cited
- 11 Immediate Jeopardy deficiencies cited
- During the Federal and State suspension of onsite survey activity:
 - DHI conducted 1100+ offsite video surveillance reviews.

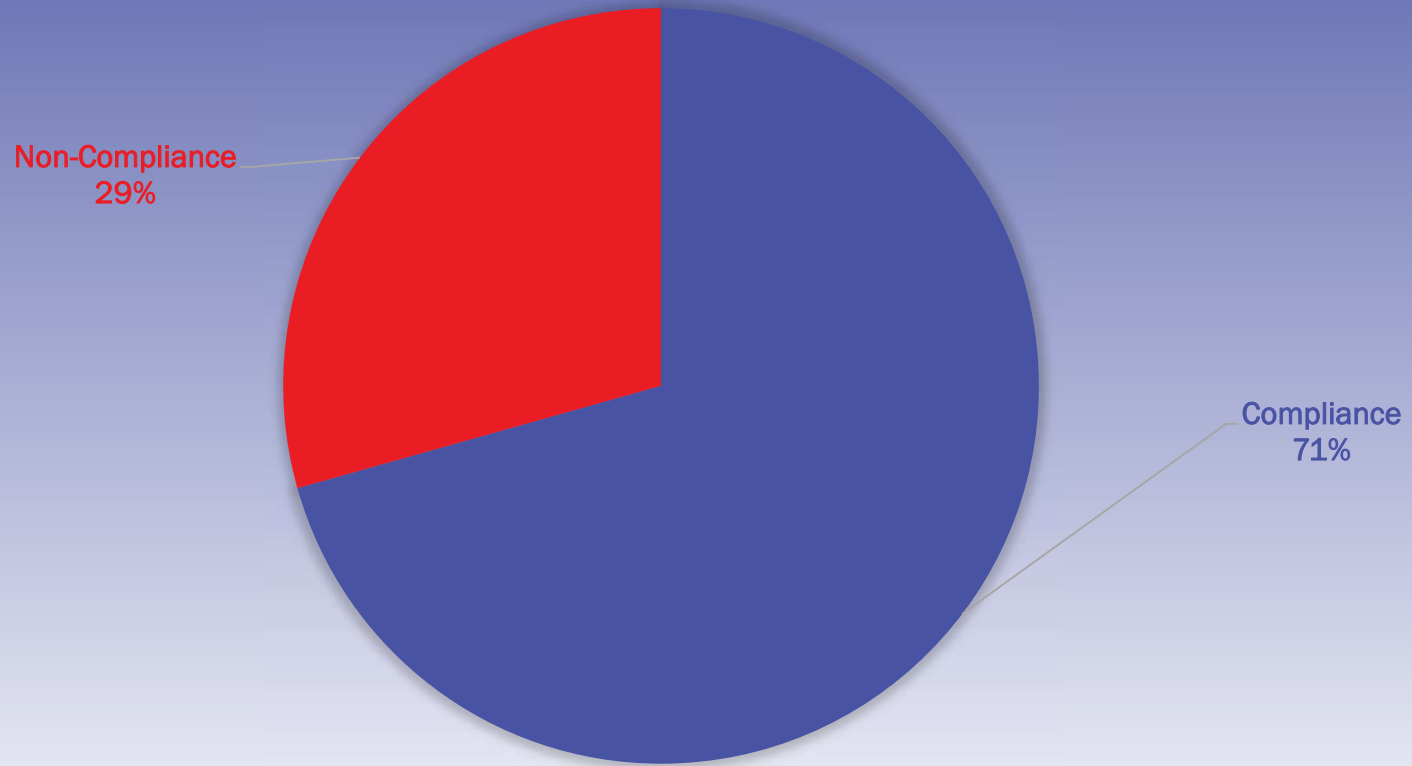
Survey Prioritization

1. 3-5 Day Covid 19 Surveys
IJ only (if last recert conducted in 2020)
Facilities with IJ complaint assignments (2 day) in order of oldest last recert
2. Non-IJ High only (if last recert conducted in 2020)
Facilities with Non-IJ High complaint assignments (10 day) in order of oldest last recert
3. Exceeded 15 months since last recertification survey
4. Required onsite revisits to confirm compliance
5. Special Focus Facility
6. Non-IJ Medium only (if last recert conducted in 2020)
Facilities with Non-IJ Medium complaint assignments (45 day) in order of oldest last recert
7. Federal Initial surveys
8. Facilities with no outstanding complaint/or next onsite complaint assignments (Non-IJ Low) in order of oldest last recert

CMS Covid 19 Focus Infection Control Surveys

- 171 Covid 19 Nursing Home surveys conducted (2020)
 - NM cited F880 15% (National average 13%)
 - NM cited IJ 16% (National average was 8%)
 - Time spent onsite 6.7 hours (National average was 6.7 hours)
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- NM Nursing Homes with outbreak: 60 for 84.5%
 - Nationally: Nursing Homes with outbreak 12,505 for 81%
- * Last 16 weeks

COVID 19 FOCUS INFECTION CONTROL SURVEY RESULTS



F880 Non-compliance IJ

- Staff unaware of isolation/quarantine units and PPE required
- Staff not changing PPE
- Availability of Disinfectant supplies
- Staff Working while Covid positive/symptomatic
- Covid positive staff working with non-covid positive residents
- Quarantine residents not in quarantine and smoking with others without social distancing
- Cohorting covid positive with covid negative/pending residents

F880 Non-compliance- Non- IJ

- Not wearing/changing appropriate PPE for unit
- Not social distancing
- Not screening surveyors
- Cohorting residents in quarantine units without precautions
- Staff not wearing masks upon facility entrance
- Laundry transportation

2020 Nursing Home Deficiencies

1. (44) F884: Reporting- National Health Safety
2. (40) F880: Infection Control
3. (23) F761: Label/Store Drugs and biologicals
4. (22) F657: Care Plan Timing and Revisions
5. (17) F656: Develop/Implement Care Plan
6. (15) F812: Food Procure/Store/Prepare/Serve
7. (10) F609: Reporting of Alleged Violations
8. (10) F689: Free from Accident Hazards
9. (9) F842: Resident records
10. (9) F695: Respiratory/Trach Care and Suctioning

Immediate Jeopardy Citations

- Accidents: Serving wrong food consistency
- F684- Quality of Care:
 - Not monitoring after Narcan administered likely resulting in resident's death
- CPR: Staff not knowing resident's code status
- F600-Neglect: Not notifying physician of change in condition nor seeking treatment likely resulted in resident's death
- F686- Pressure Ulcers:
 - Not recognizing an infection that became septic likely resulting in resident's death
 - Did not identify wound until unstageable

Actual Harm Citations

- F684- Quality of Care:
 - Not taking action on lab work when identified potential for infection
 - Not initiating neuro checks after fall and not initiating interventions after multiple falls likely resulting in brain bleed and broken ribs
- F686- Pressure Ulcer:
 - Not identifying, assessing, initiating/delaying tx
 - Development of facility inquired pressure ulcers
- F678- CPR: Staff was wrong about resident's code status when found unresponsive. CPR not initiated when should have been (past non-compliance)
- F658- Professional Standards: not changing wound vac per physician order and foam. Foam had to be surgically debrided.
- F689- Accidents:
 - wander guard alarm was not detectable throughout facility
 - Not providing supervision which likely result in fall and brain bleed
 - Fall with head injury likely due to transfer pad being left on resident's bed
- F600- Neglect
 - Delaying in providing wound care for Pressure ulcers identified by Hospice
 - Elopement

Informal Dispute Resolution (IDR)

Requests for IDR must be submitted in writing along with an explanation of the specific deficiencies that are being disputed. The request must be made within the same 10-day calendar period the facility has for submitting an acceptable plan of correction to the State Agency. Must still submit POC.

- Facilities can request during the IDR process that deficiencies cited be deleted.
- Facilities can request during the IDR process that scope and severity be lowered; only for deficiencies that constitute substandard quality of care or immediate jeopardy.

All supporting evidence must be submitted with the IDR request within the 10-day calendar period. The facility will be required to submit one (1) copy of all supporting documents that have been properly redacted (with coded identifiers replacing actual resident and facility identifiers) and one (1) copy of all supporting documents unredacted.

IDR Committee

- Review/Rotate IDR membership on an annual (State Fiscal Year- July 1st) basis
- If there is a conflict of interest, then committee member will excuse themselves from the IDR review.
- Requirement for attendance
- Inclusion on non-voting members at the discretion of DHI
- If interested in being a member of the IDR Committee, please email:
Maurella.sooH@state.nm.us

Survey Enforcement Changes

- State Agency no longer recommends Civil Monetary Penalties (CMPs)
- Directed Plan Of Correction (DPOC) requirement for all F880s citations
- Discretionary Denial of Payment for New Admissions (DDPNA) for F880 non-compliance; 30 days from date of enforcement
- Automatic revisit for F880 when next Covid 19 survey is deficiency free

CMP Grant Application Process

- Submit applications to
Maurella.sooH@state.nm.us
Francine.arguello12@state.nm.us
- Application, process and resources can found <https://nmhealth.org/>

Once CMP Grant application has been approved,

- Submit a W9 and invoice to State Agency for payment.

2020 CMP Grants

- Total amount collected: \$4,981,863
- Balance as of (01/01/21): \$2,461,087
- Emergency reserve: \$1,000,000
- Available funds: \$1,253,959

NMHCA	Bladder Scanner	\$483k
San Juan Center	Gerontological Nursing Certificate	\$12k
Skies Healthcare	End of Life	\$3k
ICCNM	Fundamentals of IC	\$120k
San Juan Center	Perfect Pet	\$600
Abq Heights	Screening Kiosk	\$10k

Covid 19 Communicative Technology

Recognizing that visitor restrictions may be difficult for residents and families, CMS has developed this application template for requests for the use of Civil Money Penalty (CMP) Reinvestment funds to provide residents with adaptive communicative technologies.

Restrictions included: (1) device per (7-10) residents
\$3000/facility

To date:

- 553 Tablets purchased
- \$158k issued



Covid 19 Visitation Aides

- By following a person-centered approach and adhering to the core principles of COVID-19 infection prevention, visitation can occur safely based on this guidance. Recognizing that considerations allowing for visitation in each phase of re-opening may be difficult for residents and their families, CMS is allowing funds to provide nursing homes with in-person visitation aids (i.e., tents or other shelter for outdoor visitation and/or clear dividers (e.g., Plexiglas or similar product)).

Restrictions included: \$3000/facility

To date:

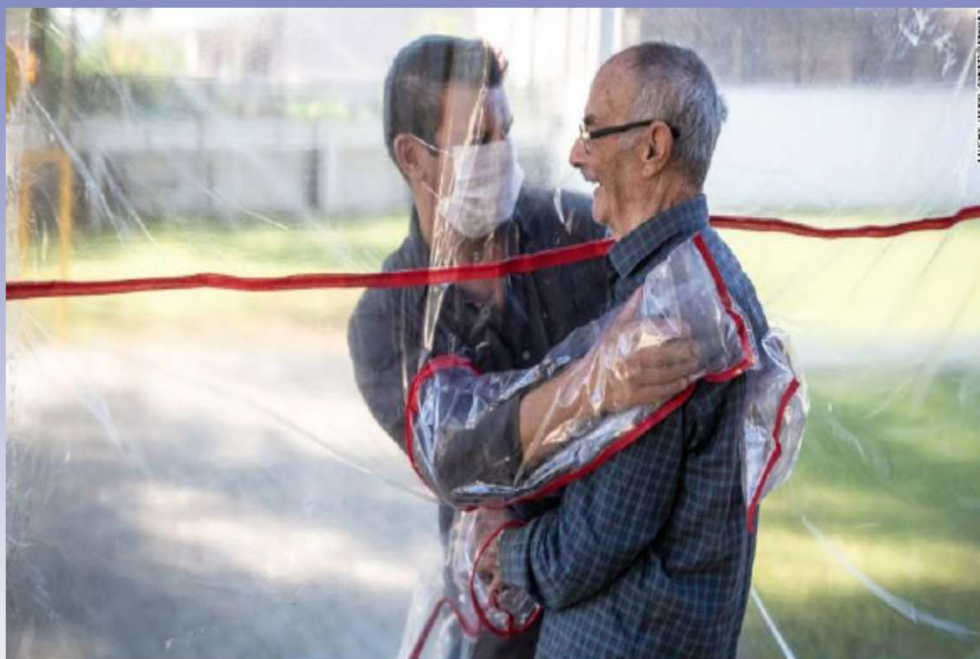
- 33 facilities have applied for funds
- \$96k issued



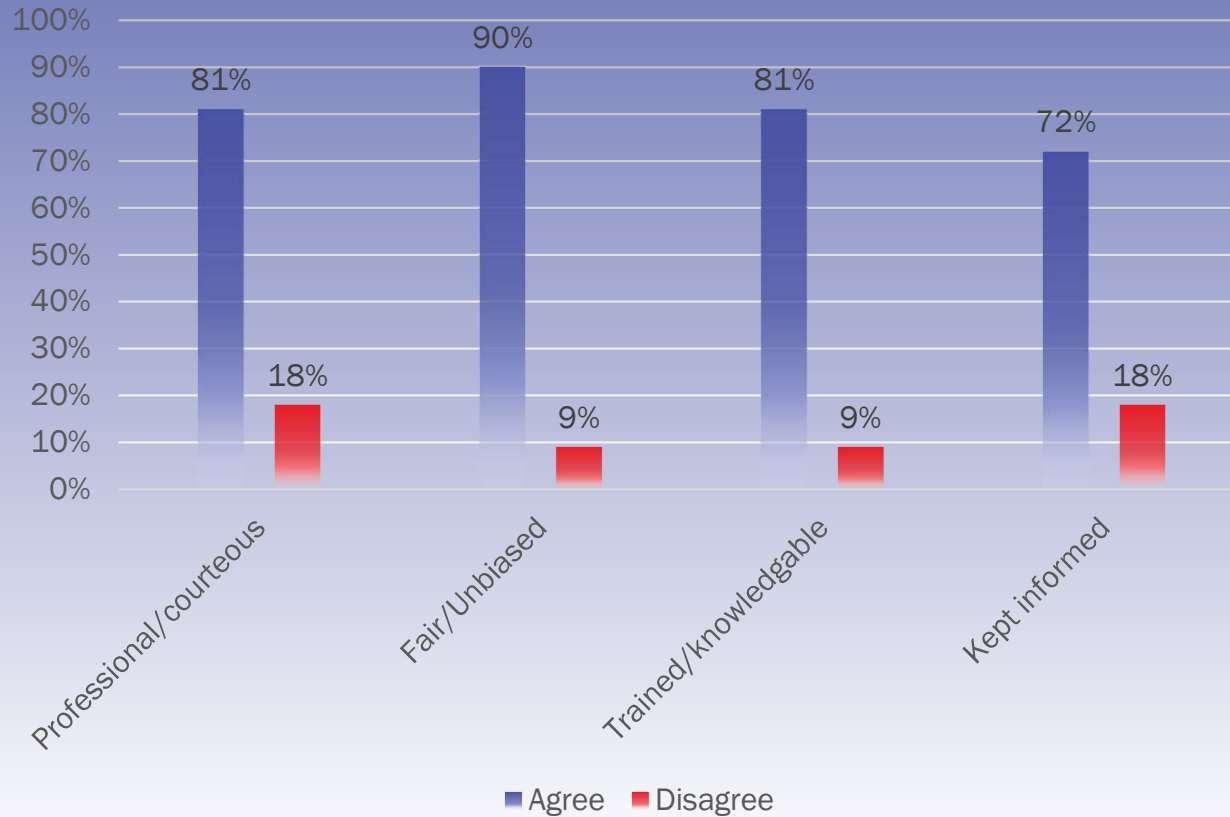
Visitation Aide Option: Hug Tunnel

[Stay Safely Connected with Loved Ones in the Nursing Home: Build a Hug Tunnel - Telligen QIN-QIO](#)

How to Build your own:
[The Hug Tunnel Manual \(telligenqinqio.com\)](#)



Satisfaction Survey Results 2020



*12 Nursing Home responses



Change in Administrator

NMAC 7.9.2

- When a change of administrator occurs, the Department shall be notified within ten (10) days in writing by the licensee.
- Every nursing home shall be supervised full-time by an administrator licensed under the Nursing Home Administrators Act
- A replacement shall be employed or designated as soon as possible within one-hundred twenty (120) days of vacancy.
- During any vacancy in the position of administrator, the licensee shall employ or designate a person competent to fulfill the functions of an administrator immediately

NEW MEXICO DEPARTMENT OF HEALTH

