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Investing for tomorrow, delivering today.

Nursing Home: Regulatory Update 2022

Presenters:

Christopher Burmeister, DHI Director

Maurella Sooh, District Operations Bureau Chief

Valerie Cordova, District 1 Manager

Bo Bostinto, District 2 Supervisor

Joseph Valverde, District 3 Manager

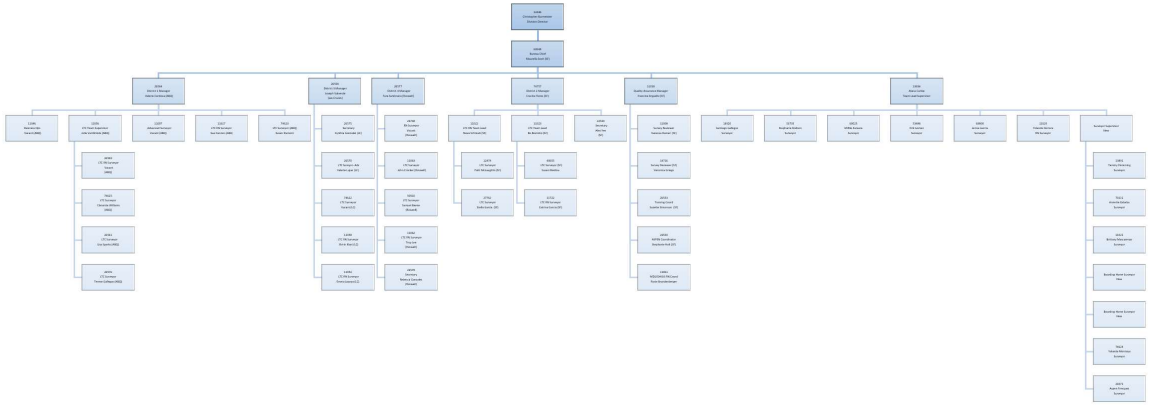
Rosie Brandenberger, MDS Coordinator

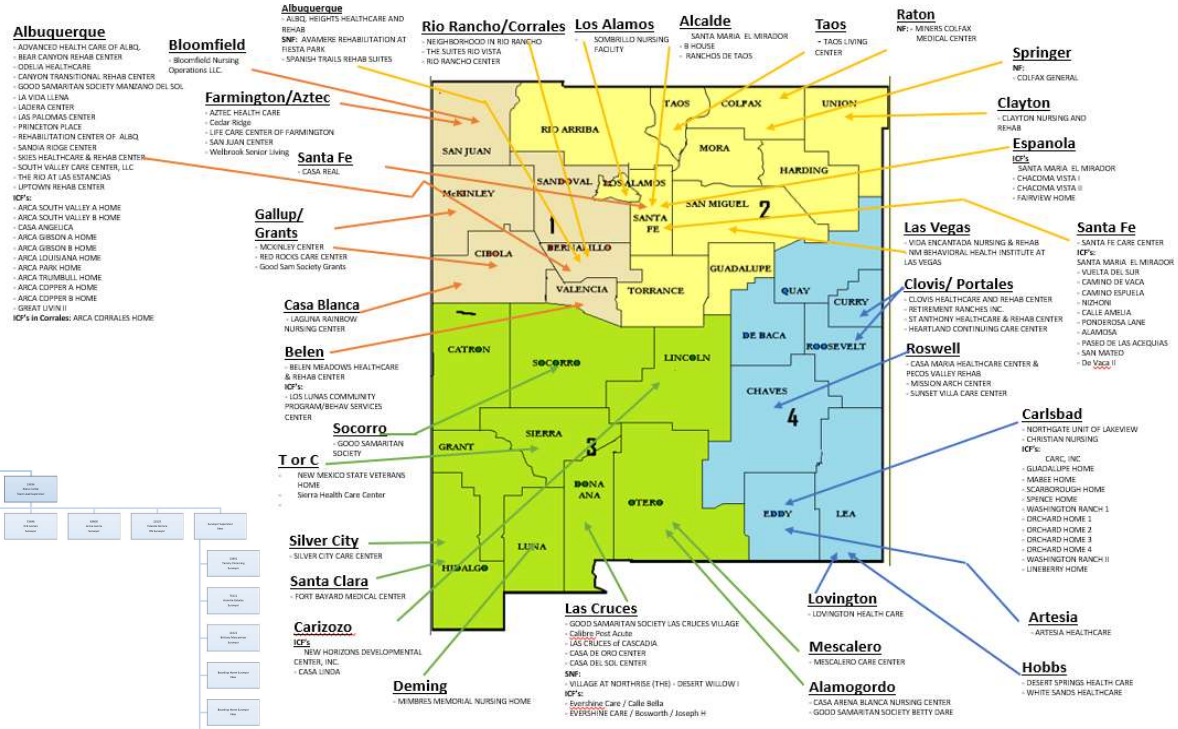
Natural Disasters and Response

- 899,453 acres across the state with 31 fires > 100 acres.
- Biggest fire in NM history (344k acres) result of prescribed burn.
- Approx. 300 residents between (2) Nursing Homes and (1) Assisted Living facility evacuated and transferred between 10 Nursing Homes
- Flooding across burn scar in one community:
  - Contaminated water shed < 30 days of water
  - (3) fatalities

Long Term Care

- 68 Nursing Homes
- 43 Immediate Care Facilities (ICF/IID)
- 26 LTC Surveyors (12 SMQT); 4 vacancies





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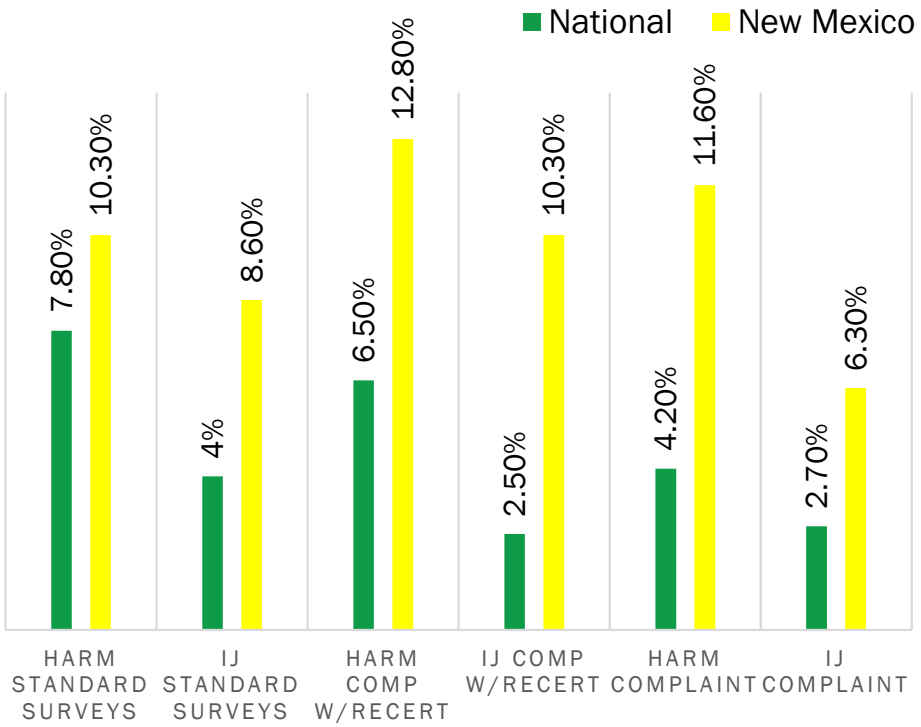
Nursing Home Workload

State	Number of facilities for which a recertification survey has not occurred for 15.9 months or more [FR1]	Avg. # of Deficiencies (Standard) [QS1] {<5/>95 Percentile}	Avg. # of Deficiencies (Complaint with Recerts) [QC2] {<0.33 or >1.5}	% of Deficiency-Free Surveys (Standard) [QS2] {>20%}	% of Deficiency-Free Surveys (Complaint with Recerts) [QC3] {>80%}	% of Surveys Identifying G, H or I Scope and Severity (Standard) [QS3] {0-2% or >25%}	% of Surveys Identifying G, H or I Scope and Severity (Complaint with Recerts) [QC4] {<1% or >15%}	% of Surveys Identifying G, H or I Scope and Severity (Standalone Complaint) [QK4] {<1% or >15%}	% of Surveys Identifying J, K or L Scope and Severity (Standard) [QS4] {0-2% or >10%}	% of Surveys Identifying J, K or L Scope and Severity (Complaint with Recerts) [QC5] {<1% or >5%}	% of Surveys Identifying J, K or L Scope and Severity (Standalone Complaint) [QK5] {<1% or >5%}	Percentage of Nursing Homes with a stand alone COVID Survey in FY2022 (Conducted by the State Agency only) [CO14] {<20%}	% of Investigations that Led to Citations [QS8] {+/- 1.5 SD}
National	4,492	6.46	1.87	4.7%	43.8%	7.8%	6.5%	4.2%	4.0%	2.5%	2.7%	18.3%	16.9%
New Mexico	0	11.78	2.26	1.7%	35.9%	10.3%	12.8%	11.6%	8.6%	10.3%	6.3%	29.4%	22.7%

Federal FY22:

Recertification Surveys	22
Recerts with Complaints	28
Complaint Surveys	92
Complaint Intakes	191
Total Citations	923
IJ Citations	18
Actual Harm Citations	25



District 1: Albuquerque

Valerie Cordova, District Manager

Valerie has a Masters' Degree in Business Administration and for the last 16 years has enjoyed working in various leadership capacities with home healthcare agencies, managed care organizations and the Department of Health. She has extensive experience in case management, process improvement and quality assurance. She joined the Department of Health as a Long-Term Care Healthcare Surveyor in March of 2019 and became the District 1 Manager in February of 2020.

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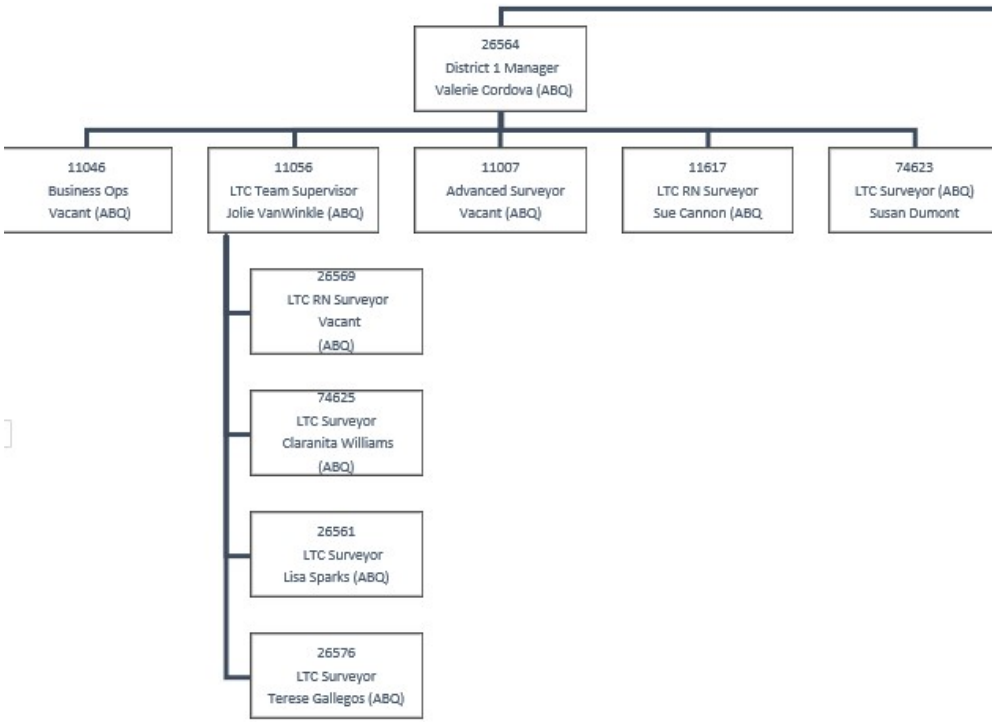
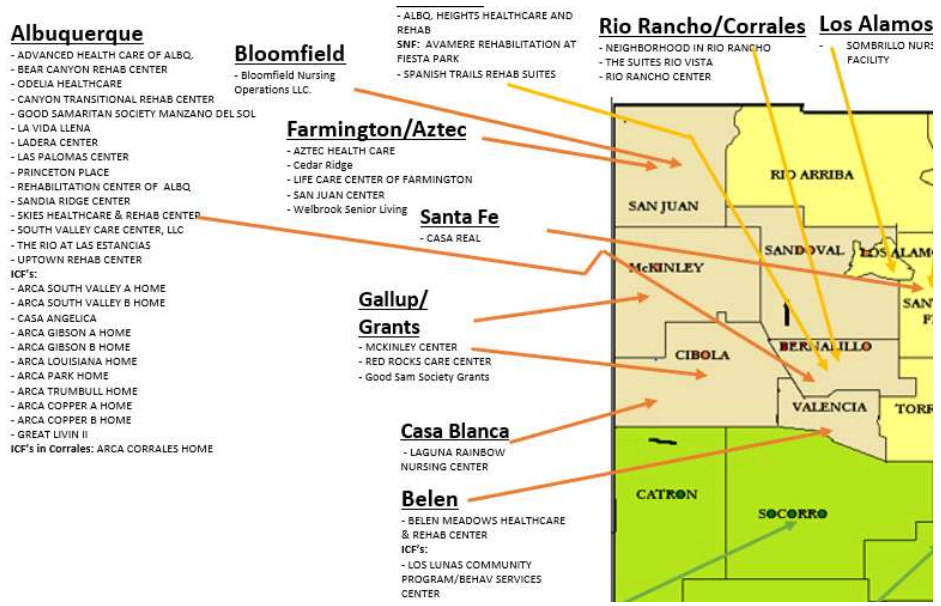
District 1- Albuquerque





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District 1 Stats

Onsite Surveys Conducted = 71
Recertification w/Complaint Surveys = 18
Recertification Only Surveys = 5
Complaint Only Surveys = 48

Deficiencies Cited = 419
Complaint Investigations Conducted = 190
Immediate Jeopardy's = 6
Actual Harms = 18

Onsite recertification hours: 174
Onsite recert with complaints hours: 194
Onsite complaint survey hours: 41

66% of 2567's issued within 10 days of the exit date

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Top Deficiencies

1. F880 - Infection Prevention & Control

- Failure to screen and monitor individuals coming into the building for signs, symptoms and exposure to COVID-19, keep resident room doors closed on the Admission Observation Unit and the COVID-19 Positive Unit, to change PPE before entering multiple resident rooms on these units, to wear N-95 facemasks appropriately, notify staff of a positive COVID-19 test result, perform hand hygiene while preparing hydration cups, maintain surveillance of all infections, process laundry so that dirty laundry was separated from clean laundry, keep clean dishes separated from dirty rags in the kitchen, maintain the appropriate PPM of bleach in sanitation buckets in the kitchen, maintain appropriate water temperatures while using the 3-step washing sink, replace Sharps containers when full, keep urinary catheter bag off of the floor and disinfect glucometer according to manufacturer's instructions

1. F658 - Services Provided Meet Professional Standards

- Failure to ensure medications were administered at the correct time of day, ensure medications were administered in accordance with physicians orders, maintain standard operating procedures for oxygen equipment, ensure medications were available for administration or accessed through the Omnicell, ensure correct calibration of blood glucose monitors, conduct neurological checks after an unwitnessed falls, date and/or label oxygen tubing and conduct weekly skin checks and skin evaluations

3. F842 - Resident Records - Identifiable Information

- Failure to ensure that medical records were complete and accurate

4. F600 - Free from Abuse and Neglect

- Failure to identify resident to resident abuse, prevent sexual abuse, provide a resident with the proper size adult brief, ensure that resident needs related to urinary incontinence were being met, provide sufficient and consistent monitoring of behaviors by leaving her alone in a room with the door closed and ensure a resident was dressed appropriately for the winter weather when attending appointments outside of the facility

5. F677 - ADL Care Provided for Dependent Residents

- Failure to provide assistance for baths/showers and according to residents preferences, provide assistance during meals and provide assistance with oral care

Actual Harm

F686 - Treatment/Svcs to Prevent/Heal Pressure Ulcer

- Failure to ensure residents received care needed to identify and treat pressure ulcers
- Failure to ensure a resident received the necessary treatment and services to prevent wound development, managing wound care and delaying in obtaining physician orders
- Failure to provide services needed to prevent development of and provide timely treatment for a pressure ulcer
- Failure to ensure that a resident received care needed to prevent the development and worsening of a pressure ulcer
- Failure to ensure that a resident noted to have multiple risk factors received all needed services to prevent development of and provide timely treatment of a pressure ulcer
- Failure to provide the necessary treatment and services for a residents' pressure ulcer identified on admission

F660 - Discharge Planning Process

- Failure to develop an effective discharge plan for a resident moving to rural NM

Actual Harm Cont'd

F600 - Free from Abuse and Neglect

- Failure to assess a resident for severe and painful constipation
- Failure to keep a resident free from neglect related to falls resulting in multiple fractures requiring hospitalization
- Failure to provide necessary wound care resulting in infection
- Failure to recognize and respond timely to a change in condition for a resident involving muscle weakness, numbness and slurred speech
- Failure to prevent resident to resident abuse by not providing enough supervision and implementing interventions for a resident with known sexually inappropriate behaviors

F689 - Free of Accident Hazards/Supervision/Devices

- Failure to prevent an accident for a resident requiring a Hoyer lift resulting in a fall when Hoyer lift was not used
- Failure to identify hot water as a hazard and implement interventions to prevent a resident from spilling a hot beverage in her lap causing severe burns

Actual Harm Cont'd

F697 - Pain Management

- Failure to provide effective pain management to a resident experiencing severe and painful constipation

F725 - Sufficient Nursing Staff

- Failure to provide a sufficient amount of nursing staff to meet residents shower needs and supervise residents on the secured unit

F580 - Notify of Changes (Injury/Decline/Room, etc.)

- Failure to notify the physician of the need to alter treatment related to edema
- Failure to notify the physician of signs and symptoms of severe and painful constipation, results of the X-ray and a delay in starting a laxative

Immediate Jeopardy

F689 - Free of Accident Hazards/Supervision/Devices

- Failure to provide adequate monitoring and supervision for a resident that was smoking while using oxygen
- Failure to assess residents for bed rails and supervision of an elopement risk

F580 - Notify of Changes (Injury/Decline/Room, Etc.)

- Failure to notify the on-call provider of multiple medication errors and keep the on-call provider notified of changes that were occurring with the resident

F600 - Free from Abuse and Neglect

- Failure to ensure that a resident admitted with a known history of decannulating himself was appropriately care for

F684 - Quality of Care

- Failure to notify the physician when extremely low oxygen level readings were identified for a resident and on the part of the physician to enter an order for a venous doppler test causing a delay in treatment

F760 - Residents are Free of Significant Med Errors

- Failure to ensure that residents were free from significant medication errors

District 2: Santa Fe

Bo Bostinto, Healthcare Surveyor Supervisor

Bo Bostinto has a Bachelors degree in Political Science and is currently pursuing a Master's in Health Administration. Bo has been working as a Healthcare Surveyor and Supervisor for the last 3 years. Bo's prior work experience includes 5 years as a Firefighter/EMT and 4.5 years as a NREMT Paramedic.

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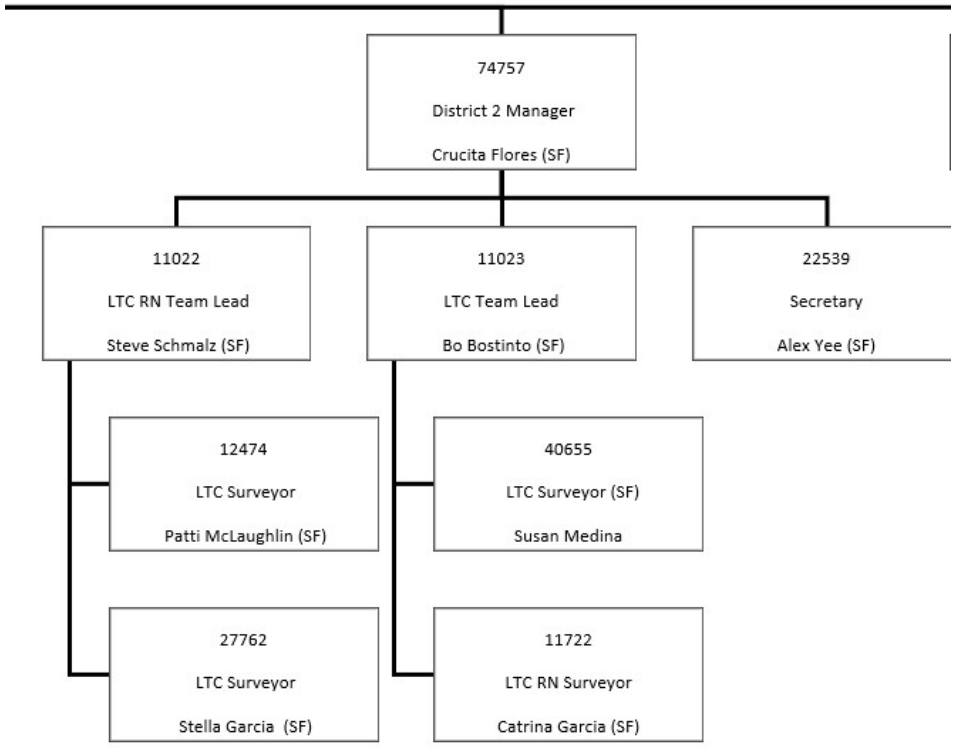
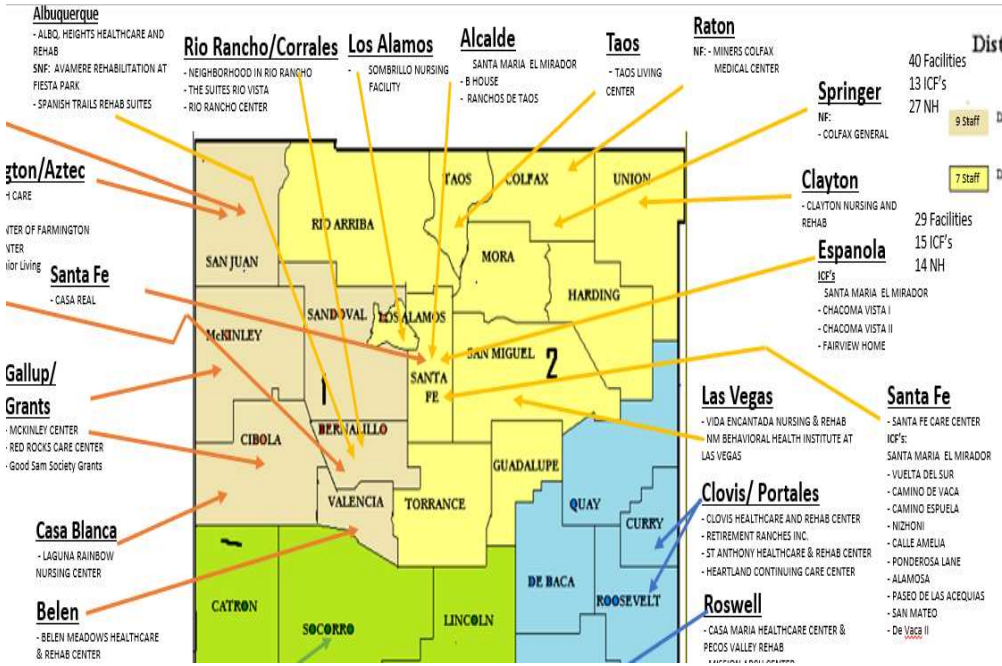
District 2: Santa Fe





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District 2 Stats

46 Surveys were conducted
6 recertifications
29 complaint only surveys
5 recertification/complaint surveys
3 Initial Surveys

246 Deficiencies were cited
6 IJ's
6 Actual Harm
114 Complaint investigations were conducted

96% 2567 reports submitted within 10 days

Onsite recertification hours: 149
Onsite recert with complaints hours: 239
Onsite complaint survey hours: 30

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Top Deficiencies

1. **F609 Reporting of Alleged Violations:** Failing to provide incident /follow-up reports to the State Agency.
2. **F657 Care Plan Timing & Revision:** Failure to ensure care plans were reviewed and revised in a timely manner
3. **F658 Services Provided Meet Professional Standards:** Administering medications/O2 without Physicians orders, Not completing weekly weights
4. **F880 Infection Control:** Not properly screening visitors when they enter facilities. Not properly wearing Personal Protective Equipment as required. (covering nose and mouth area). Not properly disposing of PPE. Not changing PPE when caring for different residents.
5. **F812 Food Storage:** Unlabeled/undated/uncovered food items, expired food items, overall kitchen cleanliness, ensuring dish sanitizer is readily available, thermometers present in nourishment room refrigerators, hair restraints, food delivery items put directly on the bare floor

Actual Harm

F658: Professional Standards

Failure to administer pain medication. Resident was grimacing in pain.

F684: Quality of Care

Resident complained of shoulder pain for several days was given pain medication. Resident requested to go to out for an x-ray prior to his pain becoming severe. Resident was complaining about not being able to perform his ADL's and was unable to sleep at night. Resident was taken to local hospital and x-ray revealed abnormal alignment at the chromic ligature joint consistent with Grade 3 AC.

686-Treatment/svcs To Prevent/heal/Heal Pressure Ulcer

Resident did not received care needed to prevent the development and worsening of a pressure ulcer. Facility failed to note a wound correctly and reference to the left heel in the Physicians evaluation/orders and TAR's was in error that Residents wound was on his right heel only.

F697: Pain Management

1. Resident had a surgical procedure and pain medication was not available for several hours after arrival at facility
2. Resident had a fall and facility did not obtain order for something to manage her pain. Resident was sent to ER. DC report stated she had a fracture. New orders for pain medications were sent by ER, Medical Director did not agree with order and resident was again sent out to ER with severe uncontrolled pain.
3. Resident was not provided pain medication after arriving at facility. Nursing staff failed to request access to the pyxis in time to receive next dose of pain medication.

Immediate Jeopardy

F558-Reasonable Accommodations/needs/preferences

Facility failed to ensure resident had adequate access to request staff assistance from resident ‘s room. Resident was unable to operate a call light, resident had an assistive device that would not always connect to nurse's station. Assistive device only connected to one nurses’ cell phone.

F580: Notify of Change

Resident began to require O2 more frequently after arriving at facility, neither the residents POA or the residents primary Physician was notified of use. Resident expressed to Physical Therapist that he was feeling dizzy and dopey. It was reported to nursing staff. There were no Physicians orders for O2 use. Resident was found in severe respiratory distress. Resident was placed on 5 L of O2 via nasal cannula. Resident was struggling to breathe resident was placed on a nonrebreather mask at 10L, 911 was called. Resident expired later that night in the hospital.

F600-Free From Abuse and Neglect

Facility failed to recognize and treat significant decline which resulted in resident’s inability to use call light.

F678: Cardio-Pulmonary Resuscitation (CPR)

Staff was unaware of Code Status- 2-Residents were FULL CODE and no life saving measures were attempted. Both residents expired.

F684:Quality of Care

Facility failed to notify Physician of High Blood Sugar (400-600) for over 30 days. Which prevented the Physician from being able to modify and monitor the treatment plan. Resident continued to have high blood sugar levels which were not controlled by sliding scale insulin. After 14 hours of elevated blood sugars facility received order to send resident to ER. Resident expired at facility parking lot prior to transfer.

F697: Pain Management

Staff was Repositioning a resident and providing wound care without administering a pain medication prior to providing those services. Resident was expressing pain (grimacing and moaning). Pain medications was ordered to be provided prior to treatments.

District 3: Las Cruces

Joseph Valverde, District Manager

Joseph has a Bachelor's Degree in Psychology. He has extensive experience providing emergency battlefield medicine, as well as routine inpatient, and outpatient clinical care. He started at Department of Health in April 2014 as a healthcare surveyor supervisor for District 3. He was promoted to the District Manager for District 3 in 2021.

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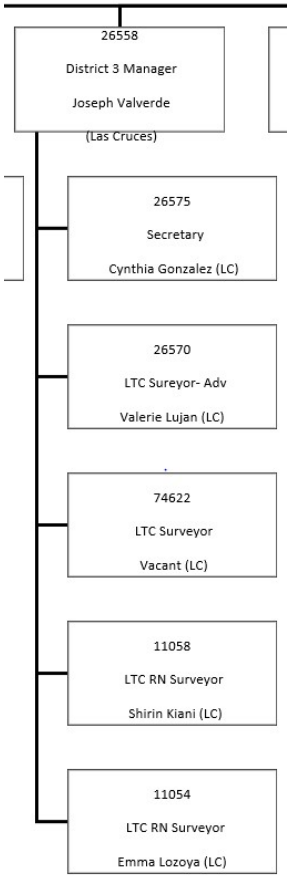
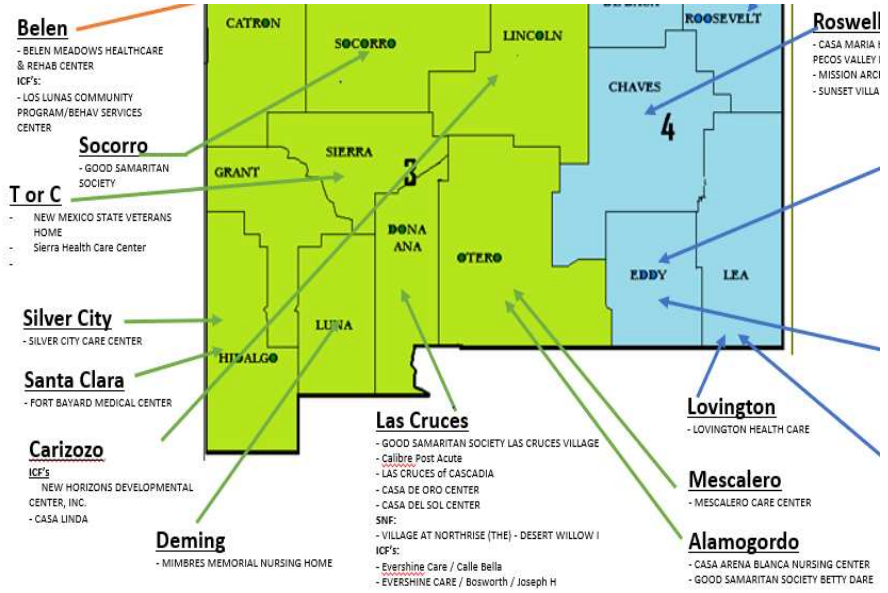
District 3: Las Cruces





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District 3 Stats

40 Surveys were conducted 14 recertifications

48 Complaint and 1 Initial

278 Deficiencies were cited

3 IJ's

4 Actual Harm

95% 2567s sent to Providers in 10 days

Onsite recertification hours: 108

Onsite recert with complaints hours: 130

Onsite complaint survey hours: 29

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Top Deficiencies

1. **F880 Infection Control:** failure to follow proper PPE Guidelines for Covid residents.
2. **F656 Develop/Implement Comprehensive Care Plans:** failure to include all health conditions like pressure wounds, special equipment, and medications with their side effects.
3. **F842 Resident Records:** failure to have documents complete i.e. advanced directives.
4. **F761 Label and Store Drugs:** medication carts left unlocked/medication loose in the medication cart.
5. **F758 Free from Unnecessary Psychotropic Medications:** 14-day limit for PRN Psychotropic medications with rational.

Actual Harm

F689: Free of Accident Hazards/Supervision

- Implement interventions to prevent falls after Resident had 12 falls in one year.

F740 - Behavioral Health Services

- The facility failed to offer pharmacological/nonpharmacological interventions to manage and control Resident's visual hallucinations and anxiety.

F600 - Free from Abuse and Neglect

- The facility failed to assess a resident following an unwitnessed fall.

Actual Harm

F686 - Treatment/Svcs to Prevent/Heal Pressure Ulcer

- Initiate wound care order for a resident's pressure wound upon admission to the facility,
- Start antibiotic treatment for a resident's pressure wound in a timely manner,
- Provide documentation consistently in accordance with wound care orders for a resident's pressure wound,
- Initiate a wound for a resident's pressure wound per Physician request,
- Obtain weekly wound assessment and measurements for a resident's pressure wound, and
- Place resident under contact precautions for MRSA.

Immediate Jeopardy

F880: Infection control

- No Process Surveillance or tracking and trending for the resident's infections.
- Repeated antibiotic use for resident with chronic UTI with no change in type pf antibiotic. Resident had 9 infections for 12 months (8 out of 9 same antibiotics used). No culture and sensitivity test performed to ensure infection is cleared after each treatment.
- Resident on contact precaution, facility is not following the contact precaution protocols.
    1. Staff not performing hand hygiene after contact with this resident. Staff not using PPEs getting in and out of the resident's room.
    2. Resident is allowed to come out of her room without proper PPEs and be in contact with another residents, including during meals.

Immediate Jeopardy

F684: Quality of Care

- Resident with uncontrolled diabetes and insulin dependent goes out on leave and is provided by the facility short acting insulin to self-administer but is not provided a glucometer to check blood sugar levels. Resident stated that he would take insulin if he had a glucometer, but without knowing his blood sugar level would be afraid of the health risks. Resident ended up in the Hospital while out on leave due to DKA.
- Residents that go out to appointments with facility transportation staff do not take insulin or a glucometer during transport and staff are unqualified to give insulin or check blood sugar levels when out on transport.

Immediate Jeopardy

F678: Cardo Pulmonary Resuscitation CPR

- Monitor the accuracy of resident's living will.
- System for staff to immediately recognize the resident's code status during an emergency.
- Ensure there was complete and ready to use crash cart equipment available for use in case of an emergency.
- Provide advanced directive to Emergency Medical Services personal at the time of transfer for a resident, resulting in resuscitation attempts against Residents wishes.

District 4: Roswell

Tara Sambrano, District Manager

Tara has a Bachelor Degree in Healthcare Administration. She began her employment with the Department of Health in 1986. She joined DHI in 1998 as a surveyor in the Las Cruces office. Tara has been surveying Long Term Care and non-LTC facilities for over 20 years. Tara managed the statewide Central Intake/Complaint program in Santa Fe for 7 years, 3 of those years included Waiver and Community Based providers. She became the District 4 Program Manager in Roswell in 2013.

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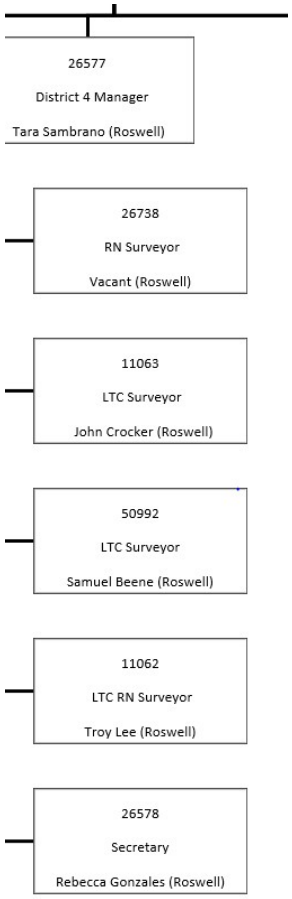
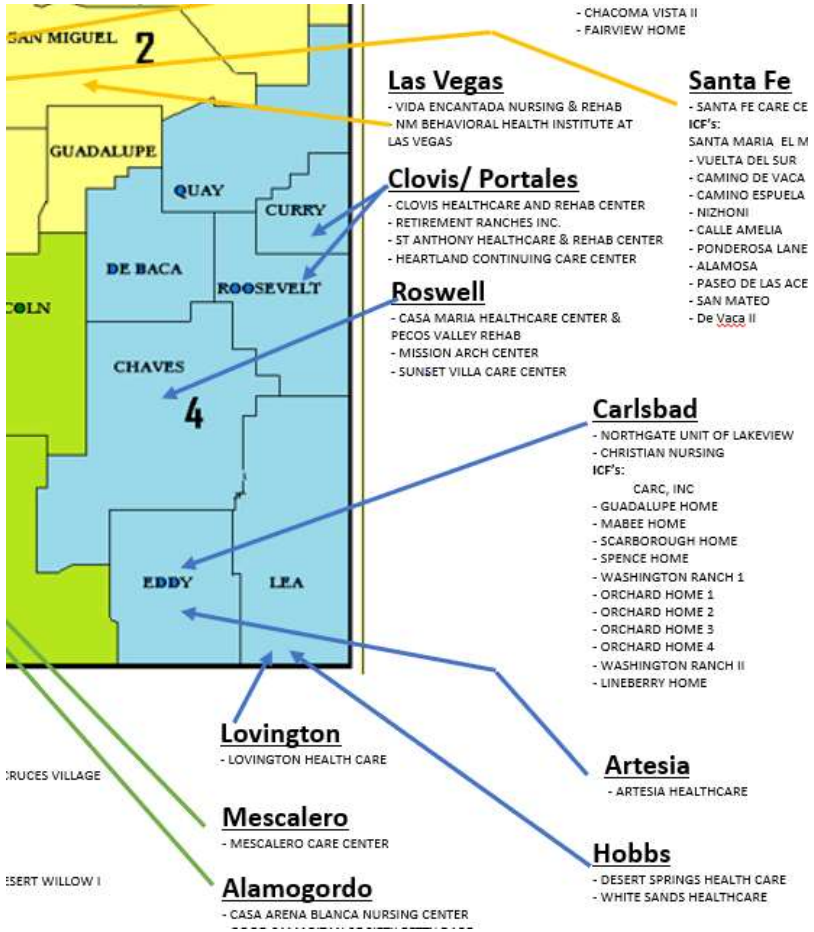
District 4: Roswell





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District 4 Stats

38 Surveys were conducted 9 recertifications

43 Complaint

192 Deficiencies were cited 5 Immediate Jeopardy

0 Actual Harm

Average of 7.8 days exit to provider-85% for 10 days or less

Onsite recertification hours: 110

Onsite recert with complaints hours: 113

Onsite complaint survey hours: 30

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Top Deficiencies

1. F 812: Food procurement, store, prepare, serve under sanitary condition: Failure to label and date food items in dry storage, refrigerators, walk-ins, and freezers, general cleanliness of the kitchen and preparation area, to cover trash cans, failure to follow facility policy on first in, first out procedures.

2. F 880: Infection Prevention and Control: Failure to follow infection control protocols, especially as related to Covid.

3. F 655 Baseline Care Plan: Failure to develop a baseline care plan within 48 hours of admission.

Top Deficiencies

4. F 730: Nurse Aide performance review-12 hours of in service: Failure to review nurse aide performance/competencies annually and failure to provide 12 hours of in service annually based on the nurse aide date of hire.

5. F 760: Residents are free from significant medication errors: Failure to administer medication timely and without error.

Immediate Jeopardy

F600: Free from Abuse/Neglect

- Failure to provide supervision and intervention of a known physically aggressive resident, resulting in a hip fracture for another resident.

F741: Sufficient/competent staff to meet behavioral needs of residents.

- Staff working in a dementia care unit did not have the necessary training to care for the behavioral needs of the residents, resulting in a fractured hip for one of the residents.

Immediate Jeopardy

F 600: Free from Abuse/Neglect

- Failure to supervise during medication administartion a resident with known hoarding behaviors, resulting in the resident not taking 29 medications prescribed for the resident. This resulted in a hypertensive situation and hospitalization of the resident.

F 600: Free from Abuse/Neglect.

- Failure to recognize a change in resident's condition which likely resulted in a urinary tract infection, sepsis, and death.

F684: Quality of Care

- Failure to timely recognize a change in condition, failure to notify physician of this change, likely resulting in delay of treatment and death of resident.

Defensible Citations

Informal Dispute Resolution (IDR)

- 15 Citations disputed
  - (1) Removed during IDR
  - (4) Removed before sending to committee
  - 66% of IDR citations supported
- IDR Committee provides feedback to surveyors and facilities

CMS Enforcement Review

(24) Surveys Resulting in

- IJ Citations 18
- Harm Citations 25

- 24/27 surveys supported with CMP; 88%
- Resulting in approximately $933k imposed CMPs
- CMS reviews resulting in Surveyor and Reviewer training

Civil Monetary Penalties (CMP) Grant

- CMP balance $2,167,516.00

- Covid Grants:
  - Visitation Aid: 38 facilities/$104k
  - Communication Devices: $145k
  - Air Filters: 28 facilities/$73k

Civil Money Penalty Reinvestment Projects Funded in Federal Year (FY) 2021-2022

NM Active CMP Funded Projects in FY 2021-2022: 3
NM CMP Total Amount of Funds in FY-2021-2022: $ 121,990

Project Title: HealthCare Interactives, Inc.'s CARES Online Dementia Training
Unique Identifier: 21-63 NM-0321-LCHS-757
Project Duration: 06/15/2021-06/30/2023
Total Amount of CMP Funds Approved for this Project: $5,999.00
Project Summary: HealthCare Interactives, Inc.'s CARES online dementia training. The training includes evidence-based strategies from the Alzheimer's Association and allows staff to lead themselves through the modules which utilize videos of real residents, CNAs, other staff members, and families. The program includes six (6) units consisting of various modules and will cover approximately 33 hours of training.
Funded Entity(ies): Northgate Unit of Lakeview Christian Home of the Southwest, Inc.

Project Title: New Mexico's Wound Care Excellence Program for Skilled Nursing Facilities
Unique Identifier: NM-0421-VWPM-765
Project Duration: 01/21/2021-01/31/2023
Total Amount of CMP Funds Approved for this Project: $39,978.00
Project Summary: The New Mexico Wound Care Excellence Program is designed specifically to provide preventive pressure ulcer and acute and chronic wound education to 37 facilities in New Mexico one nurse from each facility will improve the standard of care and close the existing knowledge gap in wound care provided across the state of New Mexico. The program is designed by physicians for the very care teams who are critical to improving the health of the fragile residents of nursing homes. The project will provide wound care online course and certification to nurses working in the 37 New Mexico certified skilled nursing facilities. The Vohra's educational program will achieve improved care across the participating nursing facilities. Implementing robu treatment of wounds and will also prepare them to make appropriate and potentially life-saving decisions regarding their residents.
Funded Entity(ies): Vohra Wound Physicians Management, LLC

Project Title: Interactive Support for Dementia and Other Cognitive Challenges in Long Term Care Setting
Unique Identifier: NM-0321-SRV-758
Project Duration: 01/20/2022-01/30/2023
Total Amount of CMP Funds Approved for this Project: $76,013.10
Project Summary: This project is to implement interactive tables to concentrate on improving the quality of life of dementia and other cognitively impaired residents by improving resident engagement through the use of interactive tables with technology in the area of recreational.
Funded Entity(ies):. The Suites Rio Vista

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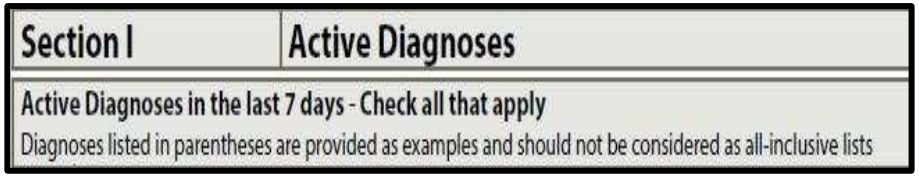
MDS/OASIS Coordinator

Rosie Brandenberger has been a registered nurse since 2010. Prior to joining DHI in March 2020, Rosie worked in hospice and home health. She previously worked as the nurse manager for large specialty clinic in Santa Fe, and she started her nursing career in an inpatient oncology unit. Before nursing, Rosie served as the Communications Director for a non-profit advocacy organization. She also taught high school English. In addition to her nursing degree, Rosie holds a Bachelor of Arts degree from St. John's College.

MDS 3.0 RAI User's Manual (v1.17.1R) Errata (v2) Effective July 15, 2022

M1040. Other Ulcers, Wounds and Skin Problems	
↓ Check all that apply	
	Foot Problems
☐	A. Infection of the foot (e.g., cellulitis, purulent drainage)
☐	B. Diabetic foot ulcer(s)
☐	C. Other open lesion(s) on the foot

1. The table in Chapter 6 (pages 6-30 and 6-31) for Non-Therapy Ancillary Comorbidity PDPM Score Calculation updated to add one point for the presence of any, a combination of, or all Items M1040A, M1040B, and M1040C. This is consistent with the PDPM Grouper and PDPM Technical Report.



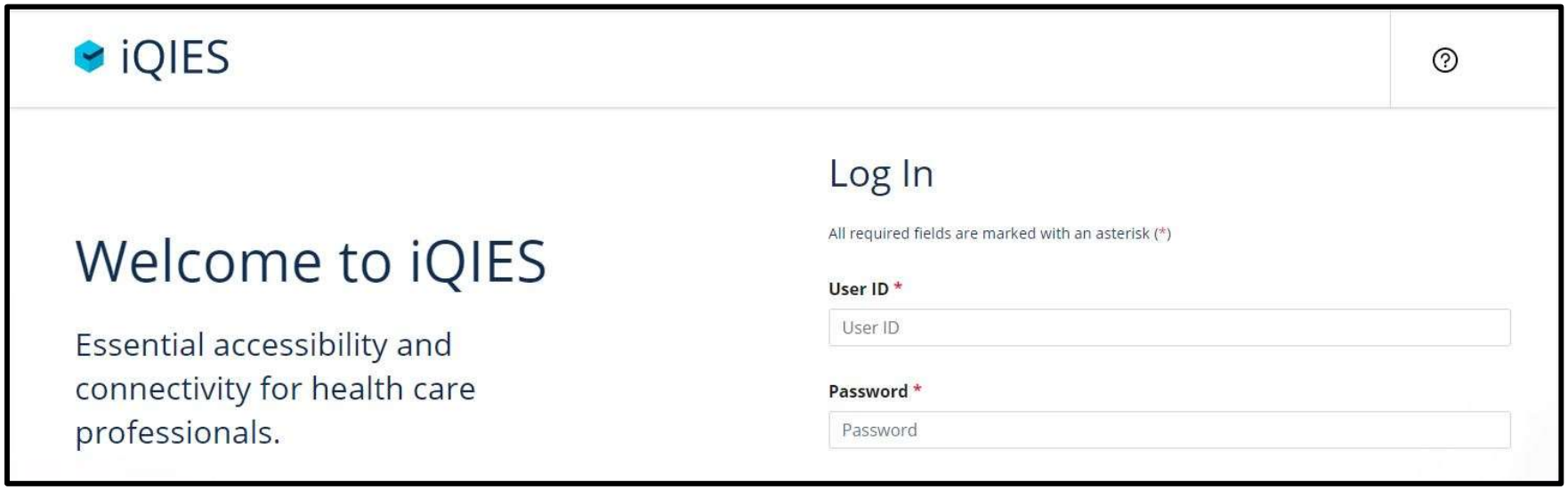
Section I	Active Diagnoses
Active Diagnoses in the last 7 days - Check all that apply	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	

2. In Section I: Active Diagnoses, CMS identified concerns regarding the assignment of a new diagnosis of schizophrenia to residents after admission.

Change to Section I: Active Diagnoses

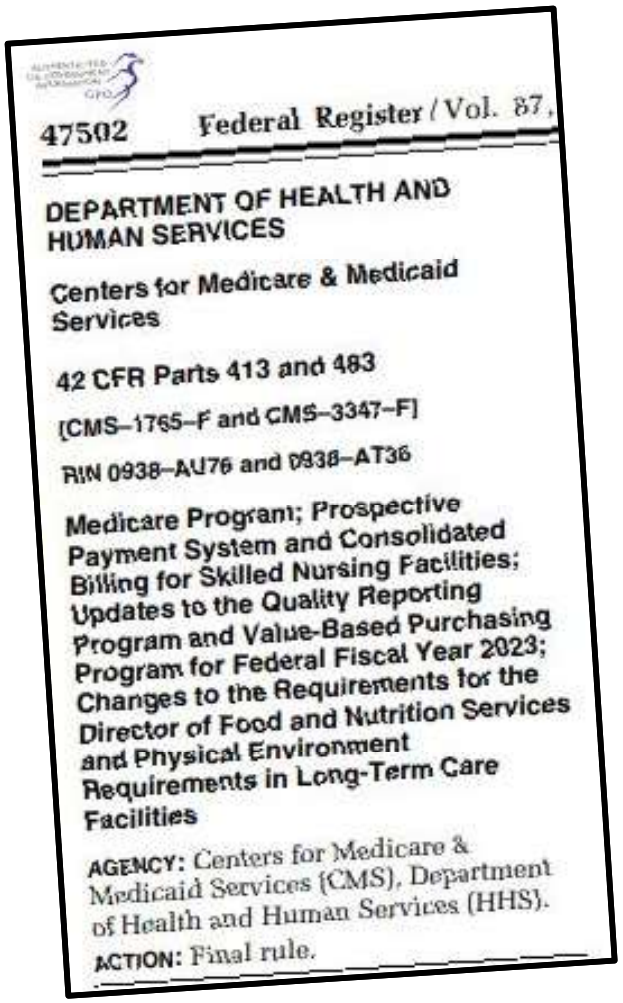
Issue ID	Issue	Resolution
2	In Section I: Active Diagnoses, CMS identified concerns regarding the assignment of a new diagnosis of schizophrenia to residents after admission.	On page I-12, added a bullet under Coding Tips clarifying what practitioners should do when they have potentially misdiagnosed residents. • In situations where practitioners have potentially misdiagnosed residents with a condition for which there is a lack of appropriate diagnostic information in the medical record, such as for a mental disorder, the corresponding diagnosis in Section I should not be coded, and a referral by the facility and/or the survey team to the State Medical Boards or Boards of Nursing may be necessary. On page I-16, added a supporting example. 4. *The resident was admitted without a diagnosis of schizophrenia. After admission, the resident is prescribed an antipsychotic medication for schizophrenia by the primary care physician. However, the resident's medical record includes no documentation of a detailed evaluation by an appropriate practitioner of the resident's mental, physical, psychosocial, and functional status (§483.45(e)) and persistent behaviors for six months prior to the start of the antipsychotic medication in accordance with professional standards.* ***Coding:** Schizophrenia item (I6000), would **not be checked**.* ***Rationale:** Although the resident has a physician diagnosis of schizophrenia and is receiving antipsychotic medications, coding the schizophrenia diagnosis would not be appropriate because of the lack of documentation of a detailed evaluation, in accordance with professional standards (§483.21(b)(3)(i)), of the resident's mental, physical, psychosocial, and functional status (§483.45(e)) and persistent behaviors for the time period required.*

Transition to iQIES



- Internet Quality Improvement and Evaluation System (iQIES) will replace QIES, CASPER, CMSNet for MDS submission and reporting in early 2023.
- CMS is expected to provide a timeline, FAQs, and training resources beginning in November.
- First step is to appoint Security Officials for each facility. CMS will approve the Security Officials, and Security Officials will be responsible for assisting other facility staff with creating new user IDs and onboarding.
    - Expected to begin in New Mexico on September 26, 2022.

New Version of MDS



47502 Federal Register / Vol. 87,

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 413 and 483

[CMS–1765–F and CMS–3347–F]

RIN 0938–AU76 and 0938–AT36

Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2023; Changes to the Requirements for the Director of Food and Nutrition Services and Physical Environment Requirements in Long-Term Care Facilities

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Final rule.

- Fiscal Year (FY) 2023 Skilled Nursing Facility Prospective Payment System Final Rule (CMS 1765-F) revised the compliance date for adoption of the new MDS.
- Implementation scheduled for October 1, 2023.
- New data set will include:
  - Collection of data to report on the new Transfer of Health Information (TOH) measures.
  - Certain standardized patient assessment data elements (SPADEs).
    - Race, ethnicity, preferred language, health literacy, social isolation.
- Aligns with Inpatient Rehabilitation Facilities and Long-Term Care Hospitals which will begin collecting this information on October 1, 2022, and Home Health Agencies, which will begin collecting this information on January 1, 2023.

Top 3 Fatal Error Messages

#1 Duplicate Assessment

Error Number	Error Description	Error Type
-1007	Duplicate Assessment: The submitted record is a duplicate of a previously accepted record.	FATAL

#2 Invalid MBI

Error Number	Error Description	Error Type
-3913	Incorrect Medicare Beneficiary Identifier (MBI): The MBI or Medicare Number format is invalid.	FATAL

#3 Modification Value

Error Number	Error Description	Error Type
-3783	Inconsistent X0800 Value: The submitted modification value submitted in X0800 is not incremented by one 1 from the previously submitted modification value for this record.	FATAL

Monthly MDS Trainings

10:00am-11:00am

Via WebEx

- August 25th
  - Section O: Special Treatments, Procedures, and Programs
- September 15th
  - Section P: Restraints and Alarms
  - Section Q: Participation in Assessment and Goal Setting
  - Section S: State-Defined Items
- October 20th
  - Section X: Correction Request
  - Chapter 5: Submission and Correction of the MDS Assessments
- November 17th
  - Section V: Care Area Assessment (CAA) Summary
  - Chapter 4: Care Area Assessment (CAA) Process and Care Planning
- December 15th
  - Section Z: Assessment Administration and Reports

Lessons Learned

Reporting of unexpected deaths

- NMAC 7.1.13: **"Reportable incident"** means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, **unexpected death**, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's order or an ISP, or any other incident which may evidence abuse, neglect, or exploitation
- SOM F609: Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

NATCEP Loss imposition

- Imposed when SQC is identified
- CMP exceeds $11,160.00

Gradual Dose Reductions (GDRs)

- Only a dose reduction that is implemented with planned and scheduled objective observations, and objectively evaluated will provide data to show the current dose is the best behavior treatment plan.

Lessons Learned Continued

Covid screening

Outcome does not equal non-compliance

Discharge/Transfer Notices Appeal Rights

- For Medicaid residents:
- Office of the Fair Hearing
  - Teleworking Cell (505) 490-5514
  - OFH email address of: hsd-fairhearings@state.nm.us
- Skilled Nursing residents: appeal to QIO Comagine

Reporting and 5 day follow ups

- (1) Hour Web-Ex Reporting Training
- Submit timely, include enough information to decrease onsite assignment

Revisits and outstanding complaints

- Pending complaint investigation will no longer extend enforcement action

Directed Plan of Correction (DPOC)

- F880 citations cited at a S/S of D or above require a DPOC
- Instructions are included with the enforcement.
- Each time you are recited for F880, the Tier level goes up as do the CMP's
- Please submit your training syllabus for approval as soon as possible so you can begin the training while working on the rest of the "Items" of your DPOC
- The F880 POC in the EPOC system is comprised of information listed in the letter (literally cut & paste the information)
- Please include a cover page for each "Item" (it makes the review process quicker)
- Do not include more than one "Item" on a page (this allows you to make specific revisions without disrupting the order of Items that are correct)
- Please label attachments with the corresponding "Item"
- Revisits cannot be scheduled until DPOC is approved.

Satisfaction Survey Results

- They were very professional and courteous at all times with staff, residents, and family members.
- One surveyor lied to staff to get the answer he wanted.
- Some interpretations were just that- interpretations not supported by CMS guides.
- I don't think they really let us know anything about the progress. It's not part of the protocol anymore.
- We are always looking for ways to improve so the learning experience is welcomed.
- It was a good experience in an unfortunate IJ situation. It was handed professionally and with grace.
- The five surveyors worked quickly and efficiently to get the information they needed and to get out timely.
- * 13 responses

DHI staff:

Professional/courteous	85% Agree/Strongly Agree
Fair/Unbiased	85% Agree/Strongly Agree
Trained/Knowledgeable	93% Agree/Strongly Agree
Team Leader kept you informed	61% Agree/Strongly Agree (23% disagree)