

Table of Contents

Page 1	· National Influenza Vaccination Week · LLTCF Awards 10 Nursing Scholarships
Page 2	· Long Term Care Survey Process
Page 3	· 2017 AHCA Application Portal Now Open
Page 4	· CMS Releases Summary of MDS Surveys Results · LDH Issues New Licensing Standards for NFs · Save the Dates for 2017

National Influenza Vaccination Week



The Centers for Disease Control and Prevention (CDC) will be celebrating National Influenza Vaccination Week (NIVW) December 4-10, 2016. This observed week was established in order to highlight the importance of continuing flu vaccination awareness through the holiday season.

Many people do not know the importance and benefits of a flu vaccination. AHCA/NCAL has teamed up with other national health care organizations and the CDC to amplify the importance of flu vaccinations at the United Against the Flu partnership. Check out the [CDC website](#) for guidance to find out more.

LLTCF Awards 10 Nursing Scholarships to Improve Quality in Facilities across LA

The Louisiana Long Term Care Foundation (LLTCF) is pleased to award 10 nursing scholarships to recipients employed in Louisiana's long term care facilities. These scholarships support education and training to help improve the high-quality of clinical care provided in Louisiana's nursing facilities.

This year's recipients displayed an exemplary amount of drive to achieve academic excellence and dedication to providing high-quality care to Louisiana's elderly. The skills developed and learned will enable the recipients to advance in their careers in long term care and share these skills with other staff in their facilities.

The LLTCF is committed to providing annual scholarships to encourage nursing students of high academic and caregiving caliber to continue to pursue a career in the long-term care profession. This program is funded through the generosity of long term care providers and related organizations, supporting the Foundation's mission to promote the development of a skilled and quality-centered workforce.

The following nursing students are the recipients of the 2016 LLTCF scholarships:

- Natasha Cabarubio, Village Health Care at the Glen, Shreveport
- Bianca Cantu, Pontchartrain Health Care Centre, Mandeville
- Bryan Counts, Village Health Care at the Glen, Shreveport
- Tiffany Dubroc, Colfax Reunion Nursing and Rehabilitation Center, Colfax
- Brandi Ervin, Village Health Care at the Glen, Shreveport
- Brittany Evans, Village Health Care at the Glen, Shreveport
- Darryl Ford, Pontchartrain Health Care Centre, Mandeville
- Nikita Jones, Guest House of Slidell, Slidell
- Alicia Joseph, Chateau D'Ville Rehabilitation & Retirement, Donaldsonville
- Toni Streams, Metairie Healthcare Center, New Orleans

Long Term Care Survey Process: A Look Back and Ahead

Since 2007, the Centers for Medicare and Medicaid (CMS) and the states have utilized two vastly different survey processes for conducting the standard nursing home recertification survey. The two survey methods used to assess the quality of care and the quality of life for residents in long-term care facilities included the traditional paper-based survey and the software-based Quality Indicator Survey (QIS). The agency recognized that many aspects of this system were proving to be inefficient and complicated, requiring the maintenance of two surveyor training programs and the expectation of staff to be fluid in both systems.

The traditional nursing home survey refers to the earliest paper-based survey process employed in various versions of the current form since its initiation in 1995. Its two-phased protocol consists of Phase I which is a comprehensive assessment to select a sample derived from off-site quality measure reviews, facility file reviews, and from a detailed initial tour. Phase 2 is a focused review of any additional concerns identified in the first phase. Facility and environmental tasks are completed during the survey process. Surveyors rely on the survey protocol in the State Operations Manual to identify the number of residents to review, but have discretion in selecting resident sample, allocating survey time, and investigating possible deficient practices noted during the survey. CMS has long understood the need to improve the consistency, effectiveness and documentation of the traditional process. In 1998, CMS began to research other survey methodologies that would augment the traditional survey.

In 2005, the agency introduced a pilot study to test the newly-developed Quality Indicator Survey. The QIS uses customized software on tablet computers to guide surveyors through a structured investigation. It is also a two-staged process allowing the surveyors to systematically and objectively review an extensive choice of regulatory areas, and then concentrate on chosen areas for advanced review. Briefly, Phase 1 consists of both the compilation of off-site data such as the Minimum Data Set (MDS), as well as real time information obtained on-site via interviews, observations, and record reviews. The QIS includes a significantly larger random sample of residents. The information garnered through this process is expected to offer indications about the care provided to residents and the methods of care. It is used to develop and quantify a series of Quality of Care/Quality of Life Indicators (QCLIs), and identify areas of concern. In this segment residents in each of the care areas are chosen for assessment in the second phase. Phase 2 is a methodical examination of areas that triggered in the first phase. Required and triggered facility responsibilities are assessed throughout the QIS survey process. Surveyors found this survey method to be inflexible and hindered interviews and the observation of residents, staff and the facility.

In 2012, CMS realized that operational challenges identified in the QIS system needed to be resolved before continuing to move forward with the computer-based survey. The decision was made to refrain from adding any new states to the QIS survey process. The goal then became capturing the unique advantages of both systems into one survey process.

For more than three years, CMS has been developing and testing a new survey system that will take the place of both the traditional survey and the QIS Survey processes. The new survey process will be computer based and include sample selection and investigation elements. One of the main differences between the new survey process and the original QIS is the increased flexibility it will allow surveyors in determining sample size. In the new formula, 30% of the selected sample will take place on-site with the focus on newly admitted residents (30 days or less), high risk residents and recent complaints. The remaining 70% of the sample will be selected off-site prior to the survey. This sample will be generated from MDS algorithm criteria, taking into account specific conditions, high risk fields, and occurrence rates.

Ultimately, the new computer-based survey process will be fully incorporated with the new Reform of Requirements for Long-Term Care Facilities which went into effect November 28, 2016. The new regulatory language will be uploaded to ASPEN utilizing the current F-tags until the new LTC survey protocol is in place. CMS is devising a cross reference guide between the Reform of Requirements and the existing F-tags. An entirely new F-tag numbering system, as well as the related Interpretive Guidance will be rolled out with the new survey system by November 2017.

CMS anticipates a possible suspension of the Basic Long Term Care Surveyor Training Course (BLTCS) in 2017, with a new BLTCS training beginning in January 2018. CMS has stated this will not hamper the states' ability to hire new surveyors who can continue to advance through state training systems.



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2017 AHCA Application Portal for Quality Award Program Now Open



The application portal for the 2017 Quality Award Program cycle is now open. The application deadline for Bronze, Silver and Gold is January 26, 2017 at 7 p.m. CST. Applications and payments must be submitted using the [online application and payment portals](#). Late applications will not be accepted for any reason. Payments are also due by January 26, 2017, and are only accepted online via credit card.

- A successful application submission will immediately generate a confirmation email. The confirmation email is the only proof of submission that will be accepted after the deadline. If you do not receive a confirmation email, contact [Quality Award staff](#).
- Submit only one application. Only the first version of the application will be accepted.
- Exceptions will not be made for applicants who fail to submit their application by the deadline.

To learn more about the National Quality Award Program, click [here](#).

The advertisement features a black background with a portrait of a man in a suit and blue tie on the left. The text is white and centered. At the top, it reads 'WYNNE, GOUX & LOBELLO' in a large serif font, with 'ATTORNEYS AT LAW, LLC' in a smaller font below it. The main text says 'Serving Louisiana's Long Term Care Profession'. Below this is a bulleted list of services: Medical Malpractice, Regulatory Compliance, General Liability, Worker's Compensation, and Facility & Staff Support. At the bottom, the phone number '985.898.0504' and email 'jgoux@wgllawfirm.com' are listed.

**WYNNE, GOUX
& LOBELLO**
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MDS Focused Surveys Show That Facilities Need To Be More Accurate

In 2014, the Centers for Medicare & Medicaid Services (CMS) and five volunteer states piloted a new type of survey focused specifically on assessing Minimum Data Set (MDS) coding practices and their relationship to resident care in skilled nursing care facilities. CMS subsequently expanded the MDS-focused surveys to all states and added a review of nursing facility staffing. The surveys consist of a review of MDS 3.0 assessments and medical records, interviews with staff and residents, and resident observations conducted by specially trained surveyors. This enables surveyors to review the nursing facility resident assessment processes in-depth more so than during an annual survey.

CMS has released a [summary of the results](#) of MDS 3.0 Focused Surveys conducted during fiscal year 2015 (October 2014 to September 2015), highlighting the types of deficiencies and errors identified on the surveys. CMS notes that the majority of deficiencies were cited at a scope and severity level of "D." The most frequently cited deficiencies include:

- MDS Accuracy
- Posted Nursing Staffing Information
- Develop Comprehensive Care Plans
- Free from Unnecessary Drugs
- Treatment/Services to Prevent/Heal PUs
- No catheter/Prevent UTI/Restore Bladder
- Comprehensive Assessment after Significant Change

Common coding errors affecting MDS accuracy most often were related to antipsychotics, pressure ulcers, falls, and use of restraints. For deficiencies related to posted staffing, surveyors found that the most common reasons for noncompliance were that the staffing posted were not up to date, and staffing records were not retained for 18 months as required. CMS offers several resources to assist nursing facilities in achieving and improving compliance, including a review of [Chapter 3 of the Resident Assessment Instrument \(RAI\) Manual, training modules](#) for completing the MDS assessment, and [contact information for state RAI coordinators](#). CMS says it will continue to conduct the MDS 3.0 Focused Surveys through FY 2017.

LDH Issues New Licensing Standards for Nursing Facilities



The Louisiana Department of Health issued updated licensing standards in the November 20th edition of the *Louisiana Register*. Click [here](#) to review the ruling.

The *Louisiana Register* is a monthly publication which provides access to the certified regulations and legal notices issued by the executive branch of the state government.

All of these go through the formal rulemaking process. Proposed and final rules published in the *Louisiana Register* are codified for easy Louisiana Administrative Code research capabilities.

Save the Dates for 2017



LNHA Spring Conference
May 1-3, 2017
Baton Rouge Crowne Plaza

LNHA Annual Convention & Trade Show
September 6-8, 2017
New Orleans Marriott



The Lagniappe e-newsletter is published twice a month by the Louisiana Nursing Home Association. Lagniappe is provided as a membership benefit. If you have any questions about Lagniappe, contact LNHA Communications Director [Karen Miller](#).