



FOCUS POINT NEWSLETTER -- 4/9/2021



QSO-21-17-NH published 4/8/2021 -- Updates to Long-Term Care (LTC) Emergency Regulatory Waivers issued in response to COVID-19. **The four Emergency Blanket Waivers at 42 CFR §483.10(e)(6), §483.15(c)(4)(ii), §483.20 and §483.21(a)(1)(i), (a)(2)(i), and (b)(2)(i) will end effective May 10, 2021.** <https://www.cms.gov/files/document/qso-21-17-nh.pdf>.

Over the course of the public health emergency, nursing homes have developed policies or other practices that CMS believes mitigates the need for certain waivers.

- Therefore, **CMS is announcing it is ending:**
 - The emergency blanket waivers related to notification of Resident Room or Roommate changes, and Transfer and Discharge notification requirements; 42 CFR §483.10(e)(6), §483.15(c)(4)(ii),
 - The emergency blanket waiver for certain care planning requirements for residents transferred or discharged for cohorting purposes. §483.21(a)(1)(i), (a)(2)(i), and (b)(2)(i)
 - The emergency blanket waiver of the timeframe requirements for completing and transmitting resident assessment information (Minimum Data Set (MDS). §483.20
- CMS is **not ending** the waiver at 42 CFR §483.20(k) related to the Pre-Admission Screening and Annual Resident Review (PASARR) at this time
- CMS is providing clarification and recommendations for Nurse Aide Training and Competency Evaluation Programs (NATCEPs)
 - CHC encourages you to read this section carefully and coordinate with your state trade associations, survey agency, and state regulatory body for CNAs.



CHC Survey Focus -- F-609 Reporting of Alleged Violations

Over the past several weeks we have had questions regarding reporting of injuries of unknown etiology. F-609 includes the following definition of “injuries of unknown source”.

“Injuries of unknown source” – An injury should be classified as an “injury of unknown source” when both of the following criteria are met:

- *The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and*
- *The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time*

The regulation does not require that every injury of unknown etiology be reported to the state survey agency, however it is clearly expressed that the facility should investigate each injury, try to figure the causative factor[s], determine/rule out abuse or neglect and take action to minimize potential of recurrence.

If the 2nd criteria is not met, the facility should report the injury and the report should be submitted to the state survey agency and other required entities within 2 hours. If reported, the facility has 5 working days in which to complete the investigation and submit a final report to the state survey agency and other required entities. Your investigation will “tell the story” and in the final report you should clearly identify the conclusion of your investigation, such as:

- Causative factor[s] [known or that cause remains unknown]
- Presence or absence of abuse/neglect
- Actions taken to protect resident from recurrence
- Quality improvement initiatives
- Monitoring of resident response and monitoring of refined/developed systems to minimize recurrence

If you have an injury of unknown origin it is recommended that you clearly document your rationale for determining your reason to report or not report.



Note from Roy LeNeave:

I want to share a recent change in Fire Inspections for Nursing Homes in Virginia that will have an impact on "ALL" facilities. As many of you know; the Department of Health – Office of Licensure and Certification have now resumed annual surveys. There has been a big change for the Life-Safety Survey. In the past, this part of the survey was conducted by the State Fire Marshal's Office. There is a new department in the office of Licensure and Certification. Ron Reynolds (previously the Deputy State Fire Marshal) is now overseeing this new department. Currently there are four staff members that are conducting annual-life safety surveys. They are following the Clinical survey within a 14-day window.

Now facilities will get two inspections related to Fire and/or Life Safety. This not only concerns me because of the added inspections, but because of the possibility for a fee related to the second inspection. Not to mention, a second inspection could bring more violations. For clarification here is how it will work:

- Your Life Safety/CMS inspection for licensed beds will be conducted by The Department of Health – Office of Licensure and Certification. This is the inspection process we are familiar with; this will happen within 14 days after your clinical survey. This is where you will receive a 2567. The scope of the inspection will include NFPA code compliance and CMS regulations.
- The second inspection will be conducted annually by your Local Fire Authority or your State Fire Marshal when a local authority is not present in that area. The scope of this inspection will focus on the 2015 State Fire Prevention Code. You will receive violations instead of deficiencies. The length of correcting violations will be determined by the Fire Marshal or Local Fire Authority.

For more information contact Roy LeNeave rleneave@yahoo.com or 540-798-3441

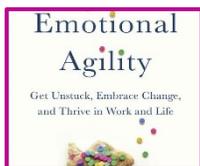


Assisted Living Update and Clinical and Operational Opportunities

April 20, 2021 | 2:00 – 3:00 pm - Tara Ragland will provide an update from the Virginia Department of Social Services and review of the top 10 assisted living deficiencies. Mary Chiles will discuss the outcomes and trends of an inspection and how those can provide new opportunities and form best practices going forward. Click [here](#) for Registration:



CHC is pleased to offer the **FOCUS POINT** newsletters at no charge to our clients and other interested parties. We have recently cleaned up our e-mail distribution list. If you are no longer receiving these e-mails check you "spam" folder or contact Mary. If you know of someone else who would like to receive the list, please let Mary know – mary@chileshealthcare.com. We hope you find these newsletters helpful.



Emotional Agility

Last year and this year (thus far) are proving to be years of difficult emotions brought on by the covid-10 pandemic. Most individuals share a common sense of fear, are tired of being in their home, a sense of guilt for having a job while others do not, and possibly feeling lost due to the inability to see family and friends. The world may feel a bit scary and out of our control. Emotions are running at new highs

and we must find ways to cope.

We all need a level of emotional agility to survive and thrive in our present covid-19 world. Emotion in humans has played a key role in our ability to adapt. Emotional agility helps us be with our emotions which is fundamental to our well-being during this covid-19 pandemic.

Key points to working through those emotions:

1. Face the pandemic with gentle acceptance. Gentle acceptance is realizing "it is what it is" and developing the ability "let go of what we cannot control."
2. Focus on what we can control and how we respond, how we connect, and how we serve others during this time.
3. Understand that difficult emotions are real and normal. These emotions are "signposts" that direct us to what we care about.

You have permission to have difficult emotions, it is normal. Identify the emotional "signpost". What is this emotion really about? Why is important, and how do you to move forward even if it feels uncomfortable. Discomfort is part of life. Discomfort is the price for a meaningful life.