



FOCUS POINT NEWSLETTER – June 2020

CHC is Here to Help!

Remember CHC is still available to assist YOU. Even though we are working from home and restrictions for long term care facilities are still in place for non-essential employees, we have the ability to do many things remotely. We have been very diligent in trying to stay abreast with all of the guidance and regulations changes and the directives you’ve been given. Do not feel like you are drowning, we are certainly available to help. If your EMR system is cloud based, we can do both comprehensive and focused medical record reviews. We can do multiple education sessions and discussions via PowerPoint conference line or secured Zoom presentation. Reach out to Mary@chileshealthcare.com if you need any assistance.

CNA Staffing




You ask any nursing home administrator or operator what their biggest obstacle is or what keeps them awake at night outside of COVID, and the answer you will overwhelmingly hear is, “CNA Staffing”. This is not a new problem and it appears that it has only gotten worse in the midst of the COVID-19 pandemic. Instead of trying to find new ways of explaining and offering excuses for the “why” the CNA staffing is at critical levels, be proactive instead of reactive. The CHC team is challenging you to make sure you’ve explored all options and be creative and think outside the box of normal operations. There are three things that CHC can offer for consideration NOW, these go away once the 1135 waiver is no longer effect:

- **Temporary Nurse Aide Program** - Under CMS Blanket Waiver of March 1, the temporary Nurse Aide Program was approved for an 8-hour course. AHCA/NCAL developed the course and will help provide aspects of resident care including:
 - Activities of Daily Living
 - Bathing
 - Oral Care
 - Feeding Residents
 - Grooming – Shaving and Nail Care
 - Dressing and Undressing
 - Infection Control and Prevention
 - Positioning, Moving and Restorative Care
 - Nutrition and Elimination
 - Comfort Care and End of Life Care



Employers should check with their state survey agencies and their state licensing agencies to ensure individuals trained under this program are permitted to assist with care in your location. Additional information can be found at <https://educate.ahcanceled.org/products/temporary-nurse-aide>

- **Personal Assistants – A Training and Task Guide** -In response to the COVID-19 pandemic, long term care facilities (nursing facilities and assisted living facilities) are using various non-clinical staff members to continue to provide the much needed services and care to their residents and patients, as well as sustain the operations of the facility. In collaboration with Chiles Healthcare Consulting, the Virginia Health Care Association – Virginia Center for Assisted Living  developed this guide as a tool for facilities which are hiring and training these additional staff members. This guide represents a compilation of resources that are intended to provide long term care facilities with the necessary education tools and some recommended tasks that are appropriate for a Personal Assistant. This guides is offered to all long term care facilities and free of charge. Additional information can be found at https://www.vhca.org/files/2020/03/Personal-Assistants-A-Training-and-Task-Guide_final.pdf

- **Paid Feeding Assistants Training Tool** – CHC developed a self-directed PowerPoint training tool in response to the CMS blanket 1135 waiver, training will take approximately an hour followed by a post-test for competency and understanding. OLC cannot pre-approve the package, each facility will have to submit to OLC, or your state licensing agency for approval, however OLC of Virginia was consulted for review and all of their recommendations were incorporated into the training. The cost for the educational tools is \$135, to purchase or for additional information please contact Mary at mary@chileshealthcare.com. If used in other states, we would encourage you to check with your state survey agency.

Administrative Policy Manual for Virginia Assisted Living Facilities

The CHC team has worked diligently to compile a comprehensive policy and resource manual that provides guidance to Virginia Assisted Living facilities for compliance with the current Virginia Standards. The 3-ring tabbed binder contains 14 different sections plus a comprehensive appendix with additional tools and resources and includes a “thumb drive” that has all of the policies and resources that can be downloaded for your review and modification.

- Section 1 – Administrative Policies
- Section 2 – Resident Electronic and Paper Records
- Section 3 – Personnel Policies
- Section 4 – UAI and ISP
- Section 5 – Resident Care and Services
- Section 6 – Medications
- Section 7 – Mental Health Services
- Section 8 – Meal Service and Nutrition
- Section 9 – Infection Control
- Section 10 – Resident Safety
- Section 11 – Emergency Procedures
- Section 12 – Incident Investigations and Reporting
- Section 13 – Special Needs Unit
- Section 14 – Quality Assurance and Performance Improvement
- Section 15 – Appendix



Cost of the manual is \$375 plus shipping. If you would like more information on the manual or would like to place an order, please contact Mary at mary@chileshealthcare.com.

Additional Resources

Advanced Directives have been a recent survey focus in many Virginia Regions. The reasons for citations vary from having not having copy of Advanced Directive on the medical record, to not having demonstration that AD has been reviewed and is still reflective of the resident’s preferences, to having inconsistent and/or incomplete documentation about code status, etc. CHC has finalized policy on Advanced Directive and our policy on Physician Order for Scope of Treatment (POST) and Durable Do Not Resuscitate (DDNR) orders; these can be purchased as a package of \$75. In addition, we have a power point presentation on Making Your Wishes Known: Advance Directives & DDNR/POST during which participants will:

- Identify the types of advance directives.
- Discuss the facility requirements related to advanced directives.
- Explore the differences between a DNR and DDNR.
- Review use of the POST form.
- Discuss surrogate decision making.

The power point presentation can be done through tele-conference and includes handouts plus a post test with key. Contact Mary at mary@chileshealthcare.com for additional information.

NEW COVID-19 POLICY Cohorting Residents - Policy provides guidance for cohorting residents during COVID-19 pandemic, cost is \$50, please contact Mary at mary@chileshealthcare.com to purchase.



ISP Training – Carey Peerman a Chiles Healthcare consultant and founder of Clear Edge Consulting is

offering ISP training for Assisted Living facilities in Virginia - **Individualized Service Plan: Meeting Resident Needs**- This curriculum is based upon section 22 VAC 40-73-450 of the Standards for Assisted Living Facilities which requires that, for facilities licensed for both residential and assisted living care, " a preliminary plan of care shall be developed to address the basic needs of the resident that adequately protects his health, safety, and welfare." The standard also states, "the licensee, administrator, or his designee, who has successfully completed the department-approved individualized service plan (ISP) training, provided by a licensed health care professional practicing within the scope of his profession, shall develop a comprehensive ISP to meet the resident's service needs." This curriculum meets the standards of 22 VAC 40-73-450, as the department-approved assisted living facility ISP training and is expected to take four hours to complete. The cost of the course is \$149, visit www.clearedgeconsulting.com for additional information.



Survey Focus – F761 Labeling & Storage of Drugs and Biologicals

The intent of this requirement is that the facility, in coordination with the licensed pharmacist, provides for:

- Accurate labeling to facilitate consideration of precautions and safe administration, of medications; and
- Safe and secure storage (including proper temperature controls, appropriate humidity and light controls, limited access, and mechanisms to minimize loss or diversion) of all medication.

In reviewing multiple 2567s for 2020 visits, this tag has become a primary focus and is in the top 5 most frequently cited citations. The number one reason for citation is the medications / biologicals were observed during the survey were not labelled or dated with open dates or the medication was accessible for use had an expired date. We encourage you to create systems that facilitates frequent:

- Reviewing of medication rooms, medication / treatment carts
- Monitoring expiration date on supplies such as vacutainers for blood draws
- Monitoring stored medications [i.e. IV bags, emergency/stat boxes and bulk medications]
- Coordinating with the pharmacy for timely disposal of meds that are no longer ordered or that have expired.

Pain and Opioid Use in the Elderly Population



The National Institute of Health (March, 2020) states the number one reason American's seek medical attention is due to pain. Moreover, pain is more common than diabetes, heart disease, and cancer combined. Many individuals, 65 years and older, report experiencing some type of pain within the past 30 days. Chronic pain can have last effects to include depression, anxiety, feeling isolated, and activity avoidance. Chronic pain can decrease an individual's quality of life.

There is a delicate balance with opioid use in the elderly, partially because of age-related renal function decline that prohibits their body from effectively clearing the medications from their systems. Although opioids may be the best treatment for some surgical procedures, they can also have unintended physical consequences of nausea, constipation, urinary retention, itching, respiratory depression, increased pain sensitivity, jerky muscle contractions, decreased bone density, and increase risk of falls. Decrease and discontinue opioids as soon as safely possible for your residents. Work with your physicians to prescribe non-opioid medications to address chronic pain issues.

How Leaders Show Gratitude to Their Team

Keeping an eye on the positive. Find an employee going above and beyond in an area that you would like to see noticed by others.

Start the meeting by sharing gratitude. This can be staff stating something they are grateful for, or something positive that happened, or a thank you to another person.

Write a note of gratitude. Write notes that express specific gratitude for actions taken on behalf of residents and fellow staff. Notes can have a lasting impact.

Give a surprise bonus to well-deserving staff. This could be a day off with pay, a gift card, or an item they collect. Recognizing their positive contribution can strengthen the team and build a culture focused on the positive.

Invest in employee growth. Send outstanding staff to conferences and offer opportunities for growth and development. Have them complete special projects that can impact the quality of care. Make their extra opportunity relevant to those they serve.



*Stay well and be safe.
Wishing you a happy
start to your summer!*