



CMS REQUIREMENTS OF PARTICIPATION: PHASE THREE NOVEMBER 28, 2019

TOPIC	REGULATORY GUIDANCE <b>*Please note as of 11/22/19 CMS has indicated Guidance for Phase 3 will be released in the 2<sup>nd</sup> Quarter of 2020</b>	POLICY AND PROCEDURE(S)CCCP	TRAINING/COMPETENCY GUIDANCE	AREAS THAT STILL NEED TO BE ADDRESSED	<u>SUCCESSFUL COMPLETION</u>
<p><b>F 699</b> 483.25(m) <b>F741</b> 483.25(m) <b>F 742</b> 483.25(m) <b>Residents must be assessed for past life experiences of Trauma.</b></p> <p><b>Care givers must be competent in providing care for residents with mental health issues.</b></p> <p><b>New or worsening behaviors exhibited by a resident must be reviewed and analyzed by the IDT including non-pharmacological interventions and resident response</b></p> <p><b>KEY POINTS:</b></p>	<p>The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.</p> <p>The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population. These competencies and skills set include, but are not limited to,</p> <ul style="list-style-type: none"> <li>• knowledge of and appropriate training and supervision for the care of residents with mental and psychosocial disorders,</li> <li>• Knowledge of and appropriate training and supervision for the care of residents with a history of trauma and/or post-traumatic stress disorder that have been identified in the facility assessment.</li> </ul> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial wellbeing.</p> <p><b>Policy and Procedure on Trauma Informed care</b> <b>Education on Trauma Informed Care</b> <b>Documentation on Screening for Trauma Informed Care</b> <b>Care Planning for Residents that have experienced past life trauma</b></p>	<p><b>Sample Policy Available</b></p>	<p><b>Sample Lesson Plan Available</b> Assess Staff Competency to provide care to residents with Behavioral Health Issues and Dementia management</p>		



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<p><b>F 865- F886</b></p> <p><b>Established QAPI program. Governing Body is responsible for program. Program includes feedback, data, systems, and monitoring.</b></p> <p><b>KEY POINTS:</b></p>	<p>Maintain documentation and demonstrate evidence of the ongoing QAPI program. This includes but is not limited to systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities.</p> <p>Demonstrate participation of the governing body and/or executive leadership in the ongoing QAPI program including the assurance of adequate staff resources and training.</p> <p>The QAPI program identifies and prioritizes problems that reflect organizational process, functions, and services provided to residents based on performance indicator data, as well as resident and staff input.</p> <ul style="list-style-type: none"> <li>• <i>How the facility will maintain effective systems used to collect and use data from all departments</i></li> <li>• <i>How the facility will develop, monitor, and evaluate performance indicators, including the methodology and frequency.</i></li> <li>• <i>How the facility will monitor performance improvement activities and ensure improvements are sustained.</i></li> <li>• <i>How the facility will maintain effective systems to obtain and use feedback and input from direct care staff, residents, and resident representatives.</i></li> <li>• <i>How the facility will conduct adverse event monitoring, including the methods by which the facility will identify, report, track, investigate, analyze, and use data relating to adverse events to develop strategies to prevent any future adverse events.</i></li> </ul> <p><b>QAPI Program is Data Driven</b>  <b>The Governing Board and Operator attests to all QAPI information and signs minutes of same</b>  <b>QAPI Program is directly related to the Facility Assessment</b>  <b>QAPI changes are reflected in the Facility Assessment</b>  <b>T QAA committee reports to the facility’s governing body regarding implementation of the QAPI program and performance improvement activities.</b></p>	<p><b>Sample Policy Available</b></p>	<p><b>Sample Lesson Plan Available</b></p>		



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<p><b>F 895</b> <b>483.85</b></p> <p><b>Compliance and Ethics Program</b> <b>Program must be:</b> <b>Well designed</b> <b>Applied earnestly and in good faith with evidence that it is being carried out.</b></p> <p><b>KEY POINTS:</b></p>	<p><i>Established written compliance and ethics standards, policies, and procedures to follow that are reasonably capable of reducing the prospect of criminal, civil, and administrative violations, and promote quality care. These standards include but are not limited to those which designate:</i></p> <ul style="list-style-type: none"> <li>• <i>A designated contact person to which individuals may report suspected violations</i></li> <li>• <i>A method of reporting suspected violations anonymously without fear of retribution.</i></li> <li>• <i>Disciplinary standards must set out the consequences for committing violations for the operating organization's entire staff, individuals providing services under a contractual arrangement, and volunteers consistent with the volunteers/ expected roles.</i></li> </ul> <p><i>Designated contact person: _____</i></p> <p><i>Assignment of specific individuals within the high-level personnel of the operating organization with -</i></p> <ul style="list-style-type: none"> <li>• <i>The overall responsibility to oversee compliance with the organization's compliance and ethics program's standards, policies, and procedures.</i></li> </ul> <p><i>Person(s) Responsible: _____</i></p> <p><i>Communicate the standards, policies, and procedures in the operating organization's compliance and ethics program to the operating organization's entire staff, individuals providing services under a contractual arrangement, and volunteers, consistent with the volunteers' expected roles. This includes but is not limited to:</i></p> <ul style="list-style-type: none"> <li>• <i>Mandatory participation in training or orientation programs</i></li> <li>• <i>Disseminating information that explains in a practical manner what is required under the program.</i></li> </ul> <p><i>Monitoring and auditing systems reasonably designed to detect criminal, civil, and administrative violations</i></p> <p><i>A reporting system whereby individuals can report violations anonymously without fear of retribution</i></p> <p><i>Consistent enforcement of the operating organization's standards, policies, and procedures through appropriate disciplinary mechanisms, including as appropriate, discipline of individuals responsible for the failure to detect and report a violation.</i></p> <p><i>The operating organization for each facility must review its compliance and ethics program annually and revise its program as needed to reflect changes in:</i></p> <ul style="list-style-type: none"> <li>• <i>Applicable laws or regulations</i></li> <li>• <i>The operating organization and its facilities</i></li> </ul> <p><i>Performance improvement in deterring, reducing, and detecting violations as well as the promotion of quality care.</i></p> <p><b>Minutes from meetings to be logged and signed</b> <b>Minutes signed by Governing Board and Operator</b> <b>Evidence that Facility Assessment is taken into account</b> <b>Evidence that QAA and QAPI programs are taken into account</b></p>				







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<p><b>F 941</b> 483.95(a) <b>Communication</b></p> <p><b>KEY POINTS:</b></p>	<p><i>A facility must include effective communications as mandatory training for direct care staff.</i></p> <p>There must be a Policy and Procedure in place to identify how changes in resident condition and/or changes in the Resident’s plan of care is effectively communicated to all staff. This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Written documentation,</li> <li>• Change of shift reporting</li> <li>• Huddling</li> <li>• Systems of reporting changes in ambulation, transfer and ADL’s</li> </ul> <p>There must be yearly education for all staff on facility Policy on Communication of Change in Resident Condition</p>	<p><b>Sample Policy Available</b></p>	<p><b>Sample Lesson Plan Available</b></p>		
<p><b>F 942</b> 483.95(b) <b>Resident's rights and facility responsibilities.</b></p> <p><b>KEY POINTS:</b></p>	<p><i>A facility must ensure that staff members are educated on the rights of the resident and the responsibilities of a facility to properly care for its residents.</i></p> <p>All staff must be educated on the resident’s bill of rights on initial orientation, yearly and as indicated. This education must include but is not limited to</p> <ul style="list-style-type: none"> <li>• The right to be discharged to the least restrictive environment.</li> </ul>				