GREATER NEW YORK NEWS

Greater New York Health Care Facilities Association

FOR THE NEWS THAT MATTERS TO OUR MEMBERS

Facility Recognition

Thank you to the Bronx Park Rehabilitation & Nursing Team!

Your team continues to go goes above and beyond to provide the upmost care for your residents, families and staff.

Recent Survey Focus: Use of Bedrails

Mary Gracey-White, RN, BSN, GNYHCFA and Mary McGill, RN, MSN, discuss the survey focus of bedrails and the opportunity facilities have to promote compliance and resident safety in evaluating the need for them.

Life Safety Review

John Kerney, Life Safety Consultant, encourages facilities to review their use of Resident Lifts. Included are resources for sling inspection records as well as a program for establishing all aspects of resident lifter use.

May 26, 2021 Webinar Recap

Our latest webinar opened with a legislative & litigation update and explored several topics including a focus on CMS Star Rating, staffing and survey updates. Please find a summary of the topics on page 6.

Upcoming Webinar

Look out for details regarding our next webinar in June. Please be sure to visit our website at www.gnyhcfa.org for additional information.

Facility Recognition

Bronx Park Rehabilitation & Nursing

Thank you Steven L. Freifeld, MSHA, LNHA, Administrator, and the entire Bronx Park team!

You continue to combat this COVID-19 pandemic & provide the upmost care for your residents, families, and employees.

Survey Focus: Bedrails F700

Mary Gracey-White, RN, BSN, GNYHCFA & Mary McGill RN, MSN

§483.25(n) Bed Rails.
The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.

§483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.

§483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.

§483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.

§483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails.

INTENT 483.25(n)
The intent of this requirement is to ensure that prior to the installation of bed rails, the facility has attempted to use alternatives; if the alternatives that were attempted were not adequate to meet the resident's needs, the resident is assessed for the use of bed rails, which includes a review of risks including entrapment; and informed consent is obtained from the resident or if applicable, the resident representative. The facility must ensure the bed is appropriate for the resident and that bed rails are properly installed and maintained.

In recent recertification surveys, a surveyor focus has been on the use of bedrails. With cohorting during the pandemic, residents have been moved in the facility and may have changed rooms multiple times. Facilities should review resident's needs for devices involving support surfaces that include mattresses. Mattresses and bedframes need to be assessed to ensure they are in good condition and are appropriate for the individual resident. Some residents utilize quarter length "grab bars" that promote resident participation in bed mobility. Bed mobility is assessed and should be documented by Rehab Services and the IDT team. Bed mobility is coded on the MDS 3.0.

Residents that do not/cannot participate in bed mobility that are assessed by rehab and the IDT and provided with bedrails, may trigger as using a restraint as outlined in F700 above. If the individual resident requires the use of bedrails, an assessment must be done as well as informed consent and a physician order, which includes the medical symptom that necessitates the use of bedrails. The use must be reviewed at a minimum of quarterly to assess the possibility of a less restrictive alternative. All rails must be assessed by maintenance/engineering for any risk of entrapment utilizing the FDA Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment.

Facilities can promote compliance and resident safety with regards to evaluating the need for bedrails of any type:

1. Documentation regarding Bed Mobility i.e., a 3-day Bed Mobility Study for new admissions and residents experiencing falls from bed.

2. Review MDS data for bed mobility: Residents that are totally dependent in bed mobility, do not use partial rails, and usually need the support of two caregivers to perform bed mobility and turning and positioning in bed.
3. Documentation from nursing that use of a bedrail including “grab bars” to assist the resident with performing bed mobility and are not used prevent safe egress from bed.
4. Documentation from rehab that the side rails assist resident with bed mobility.
5. Documentation that the resident/representative has been informed with regards to the use of bedrails and are in agreement.
6. ADL Care Plan indicating that partial side rail usage assists resident with bed mobility that is reviewed and updated quarterly and as needed.
7. Physician order indicating the need for any type of bedrails including to assist with bed mobility.

Bedrails that are being used solely to prevent falls without a medical indication would constitute a restraint. Historically, the use of full or three-quarter rails has proven to increase the risk of serious injury should the resident attempt to exit the bed. The IDT needs to carefully review the risks benefits and alternatives available to provide a safe and protected environment. Safer alternatives include an ultra-low bed coupled with protective padding on each side.

For resources and sample policy/procedure please go to GNYHCFA website. Please contact us if you need additional information.

Life Safety Review

John Kerney, Life Safety Consultant, GNYHCFA

Resident Lifts

Resident Lifts are an important item for staff and resident safety. Lifts fall under the reportable medical device act. As such, this requires us to have well trained staff with competency in the use. Most facilities have a maintenance contract which covers annual and semiannual inspection; however, this may not be enough. Medical equipment must be maintained in accordance with manufacturers recommendations. Most medical equipment has weekly, monthly, and quarterly maintenance requirements in addition to the annual and semiannual. These should be recorded and maintained, for life of the lift, by serial number. Additionally, it is important to record ownership with manufacturer should they have a recall or medical device order on them.

The slings utilized with lifts are required to be inspected prior to use, and monthly, for any deterioration. Lift slings have serial numbers and can also be subject to FDA recall. Slings can also be specific to the Lift Model and certain types may be specific to individual residents with complex clinical needs such as amputations. Direct Care Staff need inservice and appropriately sized slings for residents with special needs. Please note, the sling inspection record should be part of your medical device plan.

Please utilize the following link to verify the status of all medical devices:
MedWatch: The FDA Safety Information and Adverse Event Reporting Program | FDA

If you are not familiar with the *BEVERLY LIFT PROGRAM GUIDE*, it was developed in conjunction with a lift manufacturer and is an excellent program for establishing all aspects of resident lifter use.

There is also a guide available from the CDC, which can be useful in training, this can be found:
Document layout (cdc.gov)

Guidance for 6-month Inspection of Slings found:
https://www.guldmann.com/media/1186/periodic-inspection_sling_gb.pdf

Webinar Recap
May 26, 2021

Surveys, Staff, and Stars

This month's webinar began with a discussion of recent legislation that seeks to dictate how nursing home funds are allocated and mandate new staffing requirements. In response to New York's Safe Staffing Bill, Michael Balboni referenced a billed passed in California in 2004 that required minimum staffing levels for all long-term care facilities. The legislation failed to take a realistic economic assessment of nursing home operations and to consider the lack of available staff for hire. As a result, the legislation was not adopted by over 65% of facilities in the state. Mr. Balboni cited the need to create a workforce development program and to educate legislators on the financial logistics of nursing homes. He highlighted that New York was the only state to cut funding during the pandemic. In his view, the pandemic was a missed opportunity to re-envision the relationship between the state and the residents, staff and leadership of the nursing home industry.

Neil Murray, Senior Partner at O'Connell and Aronowitz Law Firm, discussed legal approaches to the recent legislation. According to Mr. Murray, we are witnessing a legislative overreach that fails to provide a legal reason for the ends these new laws aim to achieve. He highlighted that there is no link to quality anywhere in the 70/40 legislation, which seeks to control facility spending, and that the Department of Health has even stated that they are not interested in the day-to-day operations of nursing homes, but rather overall outcomes. He pointed out the issues associated with the state taking back any profit that a facility makes in excess of five percent, stated that doing so would infringe upon collective bargaining agreements, and that Medicare is federally allocated money that the State of New York has no jurisdiction over. Further, both the State and Federal constitution state that if a facility is in conformance with minimum wage laws, collective bargaining agreements, and quality standards, the State cannot take money for a public purpose without just compensation.

Simon Pelman, Board President of Greater New York Health Care Facilities Association, spoke about how to recruit and retain staff. He emphasized that it is less costly to retain than to replace employees, and that leadership should spend time on staff education and training. Creating an environment wherein staff have a voice and feel respected is critical. He spoke of the importance of empowering staff to make them feel that they have a voice within the facility and that their work is important. To conclude, he highlighted the importance of focusing on both staff and resident satisfaction.

Mary Gracey-White discussed CMS 5 Star Ratings, surveys, and citations. She highlighted some of the most frequent citations from recent surveys including, comprehensive care, planning, physician visits and infection control citations. She urged facilities to increased involvement of their medical director and medical staff and to ensure physicians evaluate the plan of care with regular visits. She advised facilities have policies in regard to the re-opening of activities, dining, and other aspects of resident life. Lastly, she discussed the CMS Five Star rating system and how star ratings are calculated based on staffing data from PBJ reporting, state inspections and quality measures.

Greater New York Health Care Facilities Association would like to thank all attendees for joining us. All presentation slides will be made readily available.