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 Eastchester Rehabilitation & Health Care Center Team!

You continue to go above and beyond to provide the upmost care for your residents, families, and staff.

Survey Success Updates from the Field

Mary Gracey-White, RN, Director of Regulatory Compliance, and Laura Brick, Legal Assistant / Paralegal, GNYHCFA, highlight requirements for each Comprehensive Care Plan, emphasizing professional standards of quality.

Life Safety Review

John Kerney, Life Safety Consultant, encourages facilities to perform competency training with staff utilizing the PCREE Patient Care Electrical Equipment and perform quarterly inspections for Fire Sprinkler Systems.

June 24, 2021 Webinar Recap

Our latest webinar explored updated information relating to the Nursing Home Industry including a focus on staffing, reimbursement & regulation. Please find a summary of the topics discussed on page 6.

Upcoming Webinar

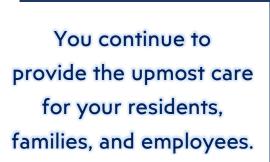
Save the date for our next webinar in July 2021. Please be sure to visit our website at www.gnyhcfa.org for additional information.

June 2021

Facility Recognition

Eastchester Rehabilitation and Health Care Center

Thank you, Nathaniel Gordon, LNHA, Administrator, and the entire Eastchester team!





Pictured:

Ms. Shampa working on speech with Mr. Pagan (top right). Ms. Padilla enjoying a video call with her family and friends (middle left). Mr. Mely shows his pet turtle during the Show & Tell Program (bottom right).

June 2021

Care Planning Regulations

Mary Gracey-White, Director of Regulatory Compliance, GNYHCFA Laura Brick, Legal Assistant/Paralegal, GNYHCFA

Survey Success: Updates from the Field

GNYHCFA Facilities should ensure that comprehensive care plans are developed, reviewed, and revised as needed prior to Survey.

As directed within F655 each facility must develop and implement a baseline care plan for each resident. The instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care must be included. The baseline care plan must—

- (i) Be developed within 48 hours of a resident's admission.
- (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—
 - (A) Initial goals based on admission orders.
 - (B) Physician orders.
 - (C) Dietary orders.
 - (D) Therapy services.
 - (E) Social services.
 - (F) PASARR recommendation, if applicable.

Pursuant to F657, a comprehensive care plan must be-

- (i) Developed within 7 days after completion of the comprehensive assessment.
- (ii) Prepared by an interdisciplinary team, that includes but is not limited to--
 - (A) The attending physician.
 - (B) A registered nurse with responsibility for the resident.
 - (C) A nurse aide with responsibility for the resident.
 - (D) A member of food and nutrition services staff.
 - (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.
 - (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.
- (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.

Pursuant to F553, residents have the right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:

(i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.

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- (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.
- (iii) The right to be informed, in advance, of changes to the plan of care.
- (iv) The right to receive the services and/or items included in the plan of care.
- (v) The right to see the care plan, including the right to sign after significant changes to the plan of care.

Facilities must inform the resident of the right to participate in their treatment and shall support the resident as determined by the planning process needs to facilitate the inclusion of the resident and/or resident representative and include an assessment of the resident's strengths and needs. Additionally, the facility must incorporate the resident's personal and cultural preferences in developing goals of care.

Please contact the Association if you need additional information.

Life Safety Review John Kerney, Life Safety Consultant, GNYHCFA

Electrical Equipment & Fire Sprinklers

PCREE Patient Care Related Electrical Equipment

As we all are aware, there is a requirement for the annual testing of these items. Most facilities utilize an outside contractor for this purpose and sometimes we utilize contracted leased equipment. This equipment also falls under our control of PCREE and should documented in our equipment log. Additionally, the facility is responsible to keep records of its inspections.

There is, however, another part of this requirement in addition to the annual inspection. We are required to have the manufacturers instruction manual onsite and readily available. This manual will provide the PM guidance for the equipment and routine services, which must be performed. Additional notable information below:

- Items such as filter replacement, alarm testing, and general cleaning needs to be done
- Some items such as nebulizers state only to plug in when in use
- Resident slings should have a monthly inspection just like fire extinguishers.

Please review your logs and manuals, perform competency training with staff utilizing the equipment.

Fire Sprinklers

Since August 2013, facilities have been required to be fully sprinklered for some time now. The inspections required for this system are designated in NFPA 25 and the installation requirements are in NFPA 13 of 2012. There have been issues arising of the sprinkler clearance from objects and the installation locations of heads, such as the minimum distance to a wall.

Another requirement for the type of head installed in any given smoke compartment is they must be of the same type. Fast response must be installed with fast response, and a problem will arise when an older system is updated, and new heads are installed. Facilities must also be aware of the 50-year test rule. When heads are removed for testing at that time, they may be replaced with newer fast response, which will now make the system non-compliant. During your sprinkler quarterly inspections, please have the inspector review these aspects.

If you need more information, please contact Greater New York Health Care Facilities Association.

Journey Back to Normalcy: Do you have the tools?

On June 24, 2021, Greater New York Health Care Facilities Association put forward a webinar to provide updates on the latest information relating to Skilled Nursing Facilities. Hosted by Hon. Michael Balboni, Executive Director, GNYHCFA, the webinar included Joseph Martello, Brian Lee, Mary Gracey-White, Arlette A. Drigpaul, Sandi Vito, and Faith Wiggins. Hon. Michael Balboni, Executive Director, GNYHCA, opened the webinar discussing the news of the Governor's announcement a day earlier. Executive Orders 202 & 205, associated with the COVID-19 Pandemic, are no longer necessary.

Joseph Martello, CPA, HMM, CPAs LLP and Brian Lee, CPA, discussed Provider Relief Funding Reporting, NYS Medicaid Case Mix Updates, and PPP Loan Forgiveness Consideration. Also addressed was the NYS Minimum Direct Resident Care Legislation, which is effective January 1, 2022. This has been dubbed the "70/40/5 Rule," with 70% of revenues to be spent on Direct Resident Facing Staffing, 40% of revenue to be spent on Resident Facing Staffing, and total operating revenues may exceed total operating expenses by no more than 5%. Joseph and Brian emphasized the need to comply with these provisions, or else failure to do so will result in a penalty equal to the amount reported which is in excess of the applicable requirements. All penalty amounts will be deposited into the Nursing Home Quality Pool fund.

Mary Gracey-White, RN, BSN, QCP, Director of Regulatory Compliance, GNYHCFA and Arlette A. Drigpaul, MSN, RN, Infection Preventionist/Education Coordinator, GNYHCFA, focused on Personal and Compassionate Caregiving Visitation in Nursing Homes. During the Public Health Emergency (PHE), many residents experienced negative consequences from isolation and these regulations were enacted to limit isolation on residents in the event of another PHE. With Personal Caregiving defined as care and support of a resident to benefit such resident's mental, physical, or social well-being during a PHE, Mary and Arlette reviewed what personal caregivers should and should not be responsible for. Compassionate Caregiving is different from Personal Caregiving as it is permitted at all times, regardless of restrictions on regular visitation, during a declared PHE. Emphasized was the responsibility facilities have to ensure Personal and Compassionate Caregivers follow all Infection Control Practices and policies established by the facility.

Sandi Vito, Executive Director, and Faith Wiggins, Director, 1199SEIU Training and Education Funds focused on staffing. They acknowledged that Long-Term Care staffing is a challenge, and funding is available for additional training opportunities for those interested in entering the Long-Term Care Industry. Sandi and Faith explained the availability of grant funding, which can help work through current issues as well as CNA & LPN Training opportunities and apprenticeships.

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