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 Little Neck Care Center Team!

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

Tips for Survey Success

Mary Gracey-White, RN, Director of Regulatory Compliance, reviews regulation F689 (Accidents/Supervision/Assistive Devices) and explains what facilities can implement to reduce the risk of citations under F689.

Life Safety Review

John Kerney, Life Safety Consultant, reviews the Medical Equipment Management Plan, which defines mechanisms for interactions/oversight of the equipment used in the diagnosis, treatment, and monitoring of patients.

HERO Act & OSHA Emergency Temporary Standard

Last month, Governor Cuomo signed the HERO Act into law. Additionally, the US Department of Labor's OSHA, issued an Emergency Temporary Standard. Please find an overview on pages 5 & 6.

Upcoming Webinar

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

Facility Recognition

Little Neck Care Center

Thank you, Josh Lowinger, Administrator, & Michelle Rosado, Director of Nursing, and the entire Little Neck Care Center team!

You continue to provide the upmost care for your residents, families, and employees.

Tips for Survey Success: F-Tag 689

Mary Gracey-White, RN, Director of Regulatory Compliance, GNYHCFA

Tips for Survey Success: Understanding F-Tag 689 Accidents/Supervision/Assistive Devices

Regulation: F689 §483.25(d) Accidents/Supervision/Assistive Devices. The facility must ensure that the resident environment remains as **free of accident hazards** as possible; and each resident receives **adequate supervision** and **assistive devices** to prevent accidents.

The intent of this requirement is to ensure the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. F689 continues to be one of the most frequently cited deficiencies. As you are aware the umbrella under this regulation includes elopement, accidents/incidents including occurrences related to equipment such as mechanical lifts, smoking, and providing adequate supervision and assistive devices.

There are actions facilities can implement to reduce the risk of citations under F689 that include:

- Establishing **consistent** Unit and Facility Rounds. This can include both RNS rounds on unit(s) observing and interacting with Direct Care Staff as well as IDT Team rounds that include Administration, DON, Infection Preventionist, Environmental, Social Work, Dietician and Rehab. Information shared and followed up on during Rounds improves quality of care and can reduce facility citations in many clinical and environmental areas.
- Conducting an interactive (not lengthy) Morning QA Meeting where IDT team comes prepared to discuss and provide follow up for resident issues/concerns. This should include having access to the EHR to review reports/progress notes.
- Individualized Care Planning for residents that include assessing risk factors and specific interventions such as frequency of monitoring, devices, and resident's customary routines. Interventions must be shared with direct care staff including documentation that interventions are in place including monitoring sheets and devices. Documentation by staff needs to be accurate and timely. Evaluating the effectiveness of the interventions and revising them are key to demonstrating facility competency and ensuring compliance with F689.
- Timely investigations of all accidents /incidents with reenactment of the reported event are key to identifying root cause, revisions to care plan needed as well as if reporting to NYSDOH is necessary. Summarizing reports in a clear concise fashion indicating abuse, neglect and mistreatment were ruled out, supports compliance if reports are reviewed by surveyors. Facilities must follow reporting guidelines in the NYSDOH Incident Reporting Manual (August 2016) accessible at this link: https://www.health.ny.gov/professionals/nursing_home_administrator/docs/incident_reporting_manual.pdf.

Please contact GNYHCFA if you need assistance with education and/or tools to promote compliance and improve quality care.

Life Safety Review

John Kerney, Life Safety Consultant, GNYHCFA

Medical Equipment Management Plan

The Medical Equipment Management Plan defines the mechanisms for interaction and oversight of the medical equipment used in the diagnosis, treatment, and monitoring of patients. The related policies and procedures govern activities from selection and acquisition to incoming inspection and maintenance of medical equipment. The mission is to ensure that equipment used in patient care is safe, available, accurate, and affordable.

The administration and oversight of medical equipment management is the responsibility of Engineering. Management of medical device incidents is the primary responsibility of Nursing/Risk Management.

The facility needs to maintain a database documenting all equipment identified in the medical equipment management plan. This includes owned equipment as well as loaner, demo, physician owned, etc. The database for any patient owned devices can be accessed from the medical record.

Administration should request that all medical equipment be delivered to Engineering with all manuals for adding to log. Engineering should assess the piece of equipment or system for inclusion in the equipment management program using risk-based criteria to determine high risk versus routine (non-high risk) equipment. Preventive and Corrective histories as well as equipment inventory, risk level, high risk information is kept in the equipment database. Equipment incident histories with patient information are kept in the Safety Reporting System. There should also be a method for reporting to the FDA any incidents with equipment.

What items do we address as medical equipment?

The FDA defines a medical device as:

- "an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part or accessory which is: recognized in the official National Formulary, or the United States Pharmacopoeia, or any supplement to them,
- intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals, or
- intended to affect the structure or any function of the body of man or other animals, and which does not achieve its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes."

The HERO Act & OSHA Emergency Temporary Standard

Last month Governor Cuomo signed the HERO Act into law, which requires all New York employers to implement safety standards and adopt a prevention plan to protect against the spread of COVID-19 and other airborne infectious diseases in the workplace. Unrelated, the US Department of Labor's OSHA issued an Emergency Temporary Standard (ETS) to protect health care workers from COVID-19. The ETS establishes new requirements for settings where employees provide healthcare or health care support services, including skilled nursing homes.

The HERO Act directed the NYS Department of Labor (NYSDOL), in consultation with the NYS Department of Health (NYSDOH) to create a model airborne infectious disease exposure prevention standard for all work sites, which will differ depending on the industry. All New York employers will be required to adopt a prevention plan and provide the plan to all employees. The DOL Standard and Model Plan can be reviewed at https://dol.ny.gov/ny-hero-act.

However, the DOL stated that the Standard **does not apply** to "any employee within the coverage of a temporary or permanent standard adopted by the Occupational Safety and Health Administration setting forth applicable standards regarding COVID-19 and/or airborne infectious agents and diseases."

Since your facility is covered by the Emergency Temporary Standard (ETS) issued by OSHA to protect healthcare workers from COVID-19, the HERO Act requirements do not apply to you at this time, and your facility does not need to adopt a HERO Act model plan at this time. Your facility should follow the OSHA guidance.

Many of the ETS regulations are already in place and can be found within existing Infection Control Policies, Pandemic Emergency Plan (PEP), and NY Forward Opening Plan. Facilities were directed to establish a COVID-19 log (if more than 10 employees) of all employee instances of COVID-19 without regard to occupational exposure and follow requirements for making records available to employees/representatives. The COVID-19 log must include:

- the employee's name;
- one form of contact information;
- occupation;
- the location where the employee worked;
- the date of the employee's last day at the workplace;
- the date of a positive COVID-19 test or diagnosis; and
- the date the employee first had one or more COVID-19 symptoms (if any were experienced).

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Facilities can utilize the OSHA template to ensure they have all components required for the Emergency Temporary Standard. Additionally, please note that OSHA says identify person, not title. OSHA provided a link and template, however, please refer to your manuals and ensure what OSHA outlined is added to current plans.

For ease, we have gone through the ETS legislation and located where the relevant plans will likely be found. You'll be able to access this information on our website: www.gnyhcfa.org (member center – tools and resources – OSHA Information). There you will also find the attached fact Sheets issued by OSHA, a power point, and a sample log.

Greater New York Health Care Facilities Association Team