

QI Residency Program

Module B - Accreditation & Surveys

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February 21, 2020 Updates

- CAHs
 - Deleted multiple tags number
 - Renumbered all the tag numbers in 2020
 - Revised table of contents to include special requirement for CAH of LTC services
 - Revised the survey protocol
 - Grant immediate access or can terminate Medicare
 - Cannot refuse to permit copying of records or information by the surveyor

2020 Updates cont'd

- Other changes
 - No advance notice of survey
 - Will assess compliance with all areas under CCN
 - Surveyor must complete basic surveyor course
 - Will not withhold areas of concern until the end
 - Surveyor questions to the staff
 - Make sure surveyors have access to copiers and printers

How to Keep Up with Changes

- Confirm Current CoP
- Check the survey and certification website monthly
- If new manual-Check CMS transmittal page
- Have one person in your facility who has this responsibility

Keep Up With Changes

- <https://www.cms.gov/files/document/som107appendicestoc.pdf>
- <http://www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage>
- <http://www.cms.gov/Transmittals>

Who to involve

Leadership-Board

Supervisors/Managers

Department designees

Quality leader

Information shared

- Inform staff to state survey on-site
 - email
 - internal communication
- Fire Marshall
- Surveyor will not delay survey until staff arrive

Information shared

- Electronic medical record knowledge
- Fluid review of charts
- Protected information

Activity

- Draft survey setup checklist
- Continuous survey readiness activities

Welcome to Brown County Hospital

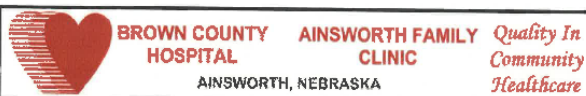
Enter our facility and discover the spirit of community. We care about you, and we appreciate you selecting Brown County Hospital as your medical center. Our health care team will work hard to exceed your expectations and to reinforce your decision to use our friendly medical services. The values of Brown County Hospital are integrity, compassion, unity, and excellence. You will see these values shine through in the service you receive.

Brown County Hospital is a non-profit, county-owned organization that is committed to provide outstanding and affordable medical care that keeps our community growing stronger. Our state-of-the-art facility, expanded and remodeled in 2008 & 2012, provides a safe and healing environment. Brown County Hospital is licensed and certified as a 23 bed critical access facility. Brown County Hospital is proud of our highly trained and caring medical staff, who are dedicated to providing accessible and affordable health care with the level of quality and compassion we want for our friends and families.

Thank you for choosing Brown County Hospital,
John Werner, Administrator

Mission: Brown County Hospital is dedicated to provide our patients and communities with the highest quality of comprehensive and compassionate healthcare.

Vision: Brown County Hospital will be an innovator and advocate in rural healthcare, provide exceptional, patient-centered care and be the preferred healthcare provider and employer in North Central Nebraska.



Immediate Jeopardy

- State Operations Manual Appendix Q – Core Guidelines for Determining Immediate Jeopardy Table of Contents (Rev. 187, Issued: 03-06-19)

IJ

- Represents a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death.

IJ

- Noncompliance cited at IJ is the most serious deficiency type, and carries the most serious sanctions for providers, suppliers, or laboratories (entities).

IJ

- The hospital must take immediate action to remove the systemic problems which contributed to, caused, or were a factor in causing the serious adverse outcome, or making such an outcome likely.

IJ

- Determination IJ exists:

Survey team must immediately:

- Notify the administrator IJ has been identified and provide a copy of the completed IJ template to the entity
- Request a written IJ removal plan.

Removing IJ

The removal plan is not required to completely correct all noncompliance associated with the IJ, but rather it must ensure serious harm will not occur or recur. The removal plan must include a date by which the entity asserts the likelihood for serious harm to any recipient no longer exists.

Plan of Corrections

- Statement of deficiencies (Form CMS-2567) will be mailed within 10 business days to the CAH.
- Written plan of correction (POC) must be submitted to the survey agency within 10 business days following receipt of the written statement of deficiencies.

Plan of Corrections

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF FACILITY 		STREET ADDRESS, CITY, STATE, ZIP CODE 		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

Plans of Corrections

- Ref: S&C: 17-34-ALL
- Guidance for the Formatting of the Plans of Correction

POC

The characteristics of an acceptable POC include:

- Separately addressing each citation if have more than one deficiency

POC

- A Quality Assessment and Performance Improvement (QAPI) methodology for each citation and address improvements in the hospital's systems in order to prevent the likelihood of the cited deficient practice from recurring;

POC

- A procedure for implementing each corrective action taken;

POC

- A procedure for monitoring the corrective actions taken for each citation. Providing the identity or position of the person who will monitor the corrective action and the frequency of monitoring;

POC

- Dates each corrective action for each citation was/will be completed;
- The administrator or appropriate individual must sign and date the Form CMS-2567 before returning it to the survey agency

POC

- The CMS Form 2567 and accompanying POC are publicly releasable documents, so providers are required to omit any Privacy Act or Protected Health Information.

High-Risk Areas

Low-volume, high-risk procedures

- Possible experience and competency shortcomings for bedside nurses given the demands of complex treatments they do not often provide.

Policy Review

- C-0241 §485.627(a) Standard: Governing Body or Responsible Individual
- The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

How to Find Deficiencies by Quarter

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospitals>



Downloads

[Patient's Rights Regulation published 12/8/2006 \(PDF, 335 KB\)](#) (PDF)

[EMTALA](#) (PDF)

[Chapter 2 - The Certification Process](#) (PDF)

[Full Text Statements of Deficiencies Hospital Surveys - 2021Q4](#) (ZIP)

[Full Text Statements of Deficiencies Transplant Surveys - 2021Q4](#) (ZIP)

U21301

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
	facility_name	hospital_type	facility_id	address	city	state	deficiency	missing_s	deficiency_def	defpref	inspection	EVENT_ID	inspection_text								
1	ST VINCENT	Critical Ac	011305	150 GILBRIDE	ONEONTA	AL	2400		COMPLIANCE		2/4/2021	X7KW11	Based on review of the facility policies and procedures, Medical Staff Bylaws and Rules and Regulations								
2	ST VINCENT	Critical Ac	011305	150 GILBRIDE	ONEONTA	AL	2406		MEDICAL STAFF		2/4/2021	X7KW11	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review								
3	ST VINCENT	Critical Ac	011305	150 GILBRIDE	ONEONTA	AL	2407		STABILIZATION		2/4/2021	X7KW11	Based on review of the facility policy and procedure, medical records (MRs), and staff interview								
4	PROVIDENCE	Critical Ac	021301	PO BOX 55	VALDEZ	AK	2400		COMPLIANCE		#####	F6YM11	Based on interview and record review the facility failed ensure a medical screening exam (MSI)								
5	PROVIDENCE	Critical Ac	021301	PO BOX 55	VALDEZ	AK	2405		EMERGENCY		#####	F6YM11	Based on record review and interview the facility failed to ensure all persons presenting on the								
6	PROVIDENCE	Critical Ac	021301	PO BOX 55	VALDEZ	AK	2406		MEDICAL STAFF		#####	F6YM11	Based on record review and interview the facility failed to ensure all patients who presented to								
7	SITKA COMMUNITY	Critical Ac	021303	209 MOLLY	SITKA	AK	2400		COMPLIANCE		#####	7DUE11	Based on record review the facility failed to: 1) define in the medical staff by-laws the educational								
8	SITKA COMMUNITY	Critical Ac	021303	209 MOLLY	SITKA	AK	2402		POSTING		#####	7DUE11	Based on observation the facility failed to ensure signage informing patients of the Emergency								
9	SITKA COMMUNITY	Critical Ac	021303	209 MOLLY	SITKA	AK	2406		MEDICAL STAFF		#####	7DUE11	Based on record review, interview and policy review the facility failed to ensure patients (#s 1-								
10	SITKA COMMUNITY	Critical Ac	021303	209 MOLLY	SITKA	AK	0812		COMPLIANCE		#####	ROQD11	Based on record review and interview the facility failed to ensure notice of advanced directive								

Top CAH Deficiencies

- Orders/entries dated and timed
- Verbal Orders
- Cluttered hallways and other Life Safety Code issues
- H&Ps
- EMTALA

Top CAH Deficiencies

- Medications
- Meeting Nutrition Needs of Patients
- Healthcare services P&P
- Timing of Medications
- Documentation Reflecting Nursing Process

Top Deficiencies

- Hand Hygiene and Gloving
- Restraint and Seclusion for Acute hospitals
- Suicide precautions
- Infection Control
- Informed Consent
- Privacy and Whiteboard

- Legibility
- No Orders
- Safe Injection Practices
- Equipment and supplies used in life saving procedure

Questions

