

Susan Williamson Question/Answer

PADONA Convention Friday, April 6, 2018:

1. We are getting referrals for a much younger resident who have an addiction (recent) of drugs and/or alcohol with no discharge plan (mostly due to homelessness). Many are prescribed Methadone for addiction and go to a clinic for their medication. Sadly, these residents are both a compliance and regulatory nightmare for the facility as they often go AMA while at the Methadone Clinic. What is the DOH stance on both the admitting this type of resident as well as the practice of transporting to Methadone clinics?

Answer: If the resident is prescribed Methadone as treatment for narcotic addiction, then the Methadone must be administered at the Methadone clinic. However, there are times when residents are prescribed Methadone for treatment of non-addiction related disorders, such as osteoarthritis. Methadone prescribed for non-addiction related health conditions can be administered at the nursing facility. The Department intends to disseminate additional guidance on this issue in the near future.

2. Is it legal to perform background checks on potential admissions? I ask because on several occasions, we have unknowingly admitted residents on parole from both state and federal prison systems which was never disclosed to the facility by the referring hospital.

Answer: There is no regulation that neither requires nor prohibits a nursing facility from performing background checks on prospective or current residents. A nursing facility should base their screening of prospective residents on their internal facility policy. It may be helpful to consult your legal counsel for further assistance.

3. Why does the reporting requirement vary from field office to field office? Example: Johnstown field office must report every time the parole officer visits a resident in the facility and must report if a police officer serves a subpoena to a resident in the facility. This does not occur in other field offices.

Answer: The same reporting requirements apply across the state to all field offices. To clarify the above example, the Department does expect that when a resident receives a visit from a parole officer or is involved in a police matter, that the nursing facility will report this situation to their respective field office through the ERS System. This applies to all nursing facilities across all field offices.

The Department's position is that any time a parole officer or member of law enforcement enters the facility on behalf of a resident that it could seriously compromise patient safety per the reporting requirement noted below:

PA Code § 51.3. Notification (f) If a health care facility is aware of a situation or the occurrence of an event at the facility which could seriously compromise quality assurance or patient safety, the facility shall immediately notify the Department in writing. The notification shall include sufficient detail and information to alert the Department as to the reason for its occurrence and the steps which the health care facility shall take to rectify the situation.

When you have situations, such as the ones described above, you are encouraged to call your field office for direction.

Additionally, if members have specific examples of inconsistencies between field offices, they are encouraged to report those to Susan Williamson.

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4. I'd like clarification on the notification time frame required by the regs for abuse / neglect. Obviously, cases that qualify with Act 13 guidelines require notification of DOH, OOA, PDA, Police, within 2 hours but for non-Act 13 cases, such as a resident makes an allegation, there is no evidence of harm and resident has baseline confusion, allegation is not of rape or anything that qualifies as act 13, or minor injury (skin protecting sleeve not on, resident gets a skin tear), can those still be reported to OOA and DOH w/in 24 time frame as opposed to 2 hour time frame?

Answer:

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(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.12(b) The facility must develop and implement written policies and procedures that:

§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.

(i)(B)Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.

In short, if the suspicion of abuse causes serious bodily injury, it must be reported within 2 hours. If the suspicion of abuse does NOT involve serious bodily injury, it must be reported within 24 hours.

5. Please explain the process related to provisional licenses. How is the next survey reviewed and how does it change the calendar for surveys? What would prevent a provider from clearing a provisional license?

Answer: A provisional license can be issued as a state imposed sanction. A nursing facility may be given up to 4 consecutive provisional licenses. Each provisional license can last up to 6 months. In some cases, a 3 month provisional may be issued.

A nursing facility operating under a provisional license will undergo a re-licensure survey before the expiration of the 3 or 6 month provisional license. The purpose of the re-licensure survey is to determine whether

the nursing facility has demonstrated enough improvements in the operations of the facility to return to regular licensure status.

The Department does not require a deficiency free re-licensure survey to return a provider to regular licensure status. However, they do expect the provider to show improvement in the areas that contributed to the provisional license and/or the overall facility operations.

Temporary Management is another sanction that can be imposed as either a federal or state level remedy. Circumstances that may cause the Department to issue this sanction, include but are not limited to; failures in multiple clinical or operational programs, situations where resident care may be or feel threatened, or a lack of financial backing.

In a temporary management situation, the Department contracts with a third party operator to operate the nursing facility. The use of a temporary manager serves one of two purposes, to fix the identified issues or to assist in closing the current facility operations. The temporary manager is paid for with state civil monetary penalty funds.

6. **Please review items that have and would result in immediate jeopardy for providers.**

Answer: Recent examples of Immediate Jeopardy include:

- a. A resident seriously burned by hot coffee and the nursing facility did not have proper monitoring systems in place.*
- b. Hydrocollator accessible to unsupervised residents.
 - a. Residents not assessed appropriately for assistive devices.*
 - b. Residents not receiving physician-ordered adaptive equipment.**
- c. Medications from pharmacy not available for residents.*
- d. Pests and rodents—lack of effective pest control program.*

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