

**Welcome to Community
Based Care News Hour
Oct 2012**

Agenda

- Regulatory/Department Updates
- Compliance Trend Report
- Compliance Tips
- Hot Topics
- Manager's Corner
- Future Guest speakers

Regulatory/Department Updates

New rules update

Debbie Concidine



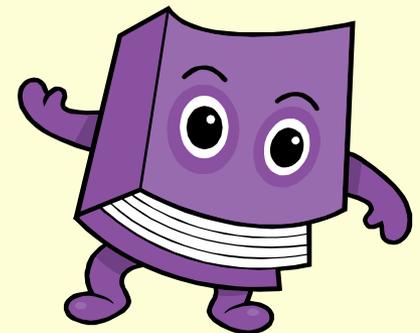
**Oregon Department of Human Services
Office of Licensing and Regulatory Oversight**

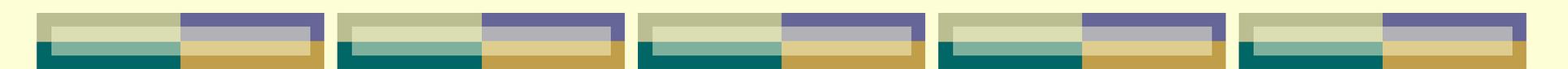
**Residential Care and Assisted Living
Rules 2012 update**



Why more rule changes?

- Respond to legislative or federal direction
- Update terminology
- Give further clarification to existing rules
- Additions to definitions



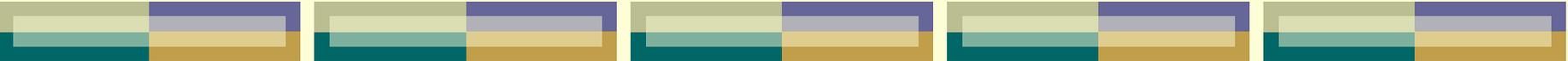


New Definitions

● 411-054-0005

● "Acute Sexual Assault" means any non-consensual or unwanted sexual contact that warrants medical treatment or forensic collection.

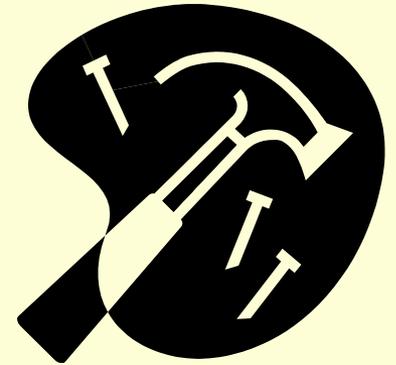




New Definitions

- “Change in Use” means altering the purpose of an existing room, within the facility, that requires structural changes.
 - “Renovate” means to restore to good condition or to repair
- 

New Definitions



● Major Alteration

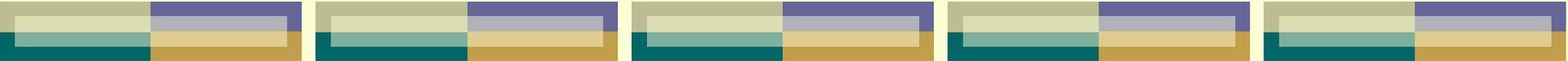
- (A) Any structural change to the foundation, floor, roof, exterior or load bearing wall of a building;
- (B) The addition of floor area to an existing building; or
- (C) The modification of an existing building that results in a change in use where such modification affects resident services or safety.

New Definitions

Remodel:

Means a renovation or conversion of a building that requires a building permit and meets the criteria for review by the Facilities Planning and Safety Program as described in OAR 333-675-0000.





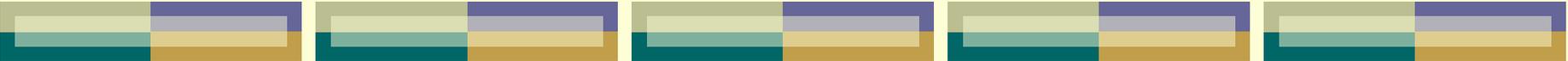
Resident Displacement Due to Remodeling

411-054-0010 (9)

Used to be called Voluntary Closure

Divided into non-emergent and emergent remodeling.

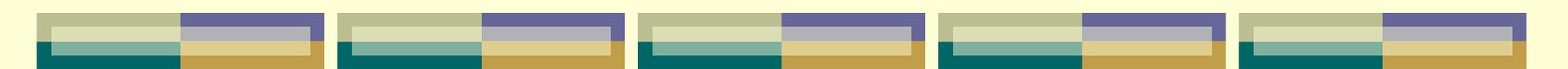




Non-Emergent Remodeling

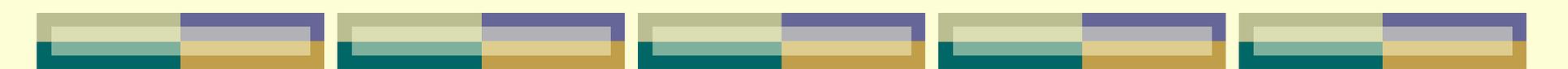
Non-emergent remodeling key points:

- Written proposal must be submitted to Department outlining the extended details of the remodeling
 - Where will the residents be housed in the existing building during remodel?
 - Need timeline for completion of remodel
- 



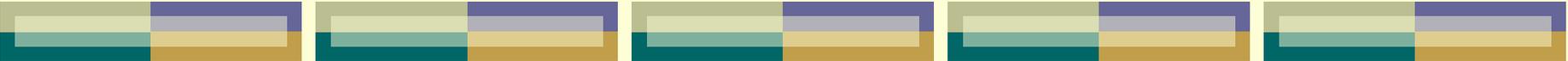
Non-Emergent Remodeling

- Must give residents 60 day written notice prior to remodel
 - Tell residents where they will be moved to and for how long.
 - Assurances they can return back to their room or apartment when remodel is completed.
- 



Non-Emergent Remodeling

- If the scope of work requires it, Facilities Planning and Safety (FPS) must receive an outline and construction documents for review.
 - Licensee must comply with any local building codes and all other structural requirements
- 



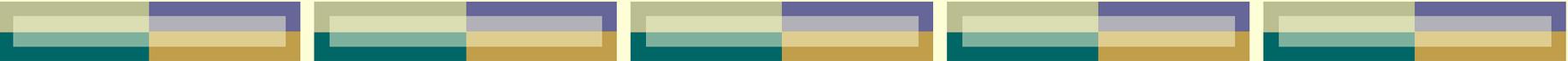
Emergent Remodel or Closure

- Provide the Department written details regarding the transfer of residents within two working days of the emergency or disaster.
 - Submit a plan to the Department regarding the details of the remodel or if unable to remodel, the permanent closure of the building within two weeks
- 



Emergent Remodel or Closure

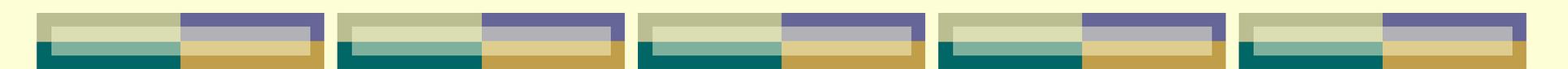
- Contact FPS to determine if drawings need to be submitted
 - Notify residents in writing as to when they can move back to the facility
 - The facility must ensure the safe transfer of residents from and back to the facility and bear all costs of the moves.
- 



Permanent Closure

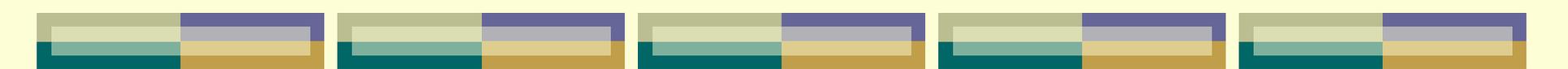
If the facility is closed and no residents are in the facility, the facility is considered unlicensed.





Notice of Bankruptcy or Foreclosure

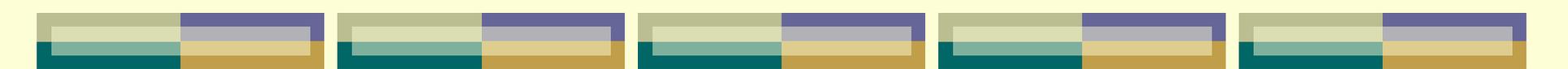
- 411-054-0100 (11)
 - Licensee must notify the Department in writing after receipt of notification of foreclosure.
 - Licensee must notify the Department and residents of any bankruptcy petition against licensee.
- 



Federal Direction re: Ownership

411-054-0013 and 054-0016

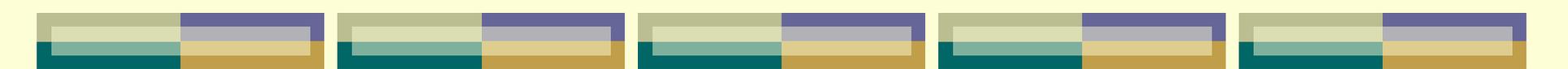
- Reporting requirement of all individuals who own at least 5% of the facility. This is only for those owners who serve the Medicaid population.
 - The reporting requirement is for both initial licensing and renewals.
- 



Change in Management or Ownership

411-054-0019

- Amended language regarding the process for submitting fees.
 - The prospective licensee must notify the residents in writing 30 days in advance of a change in ownership or management entity.
- 



New Required Postings

411-054-0025 (5)

- A copy of the most recent re-licensure survey, including all revisits and plans of correction as applicable
 - The Ombudsman Notification Poster
- 



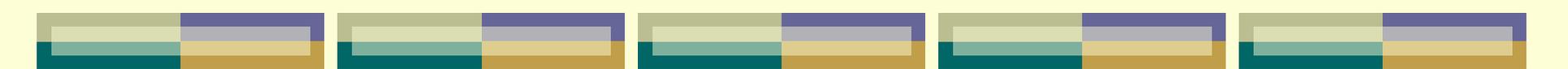
New Required Policies

- 411-054-0025 (7)

- Sexual Assault Policy

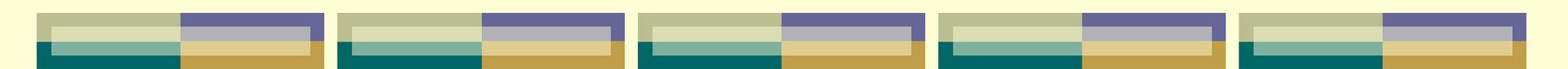
- A policy on facility employees not receiving gifts or money from residents





Sexual Assault Policy

- As a result of Senate Bill 557
 - Requires licensed Assisted Living and Residential Care facilities to adopt policies for the treatment or referral of acute sexual assault victims
 - Refers residents who may be victims of acute sexual assault to the nearest trained sexual assault examiner.
- 



Sexual Assault Policy

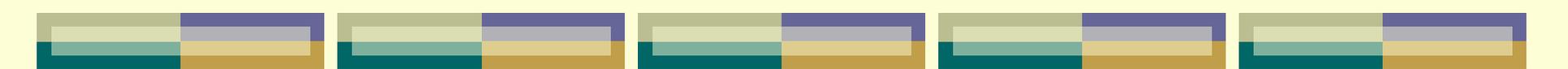
Policy should contain:

- Procedures for victim safety
 - Location and contact information for the nearest Sexual Assault Advocacy Agency.
 - Staff Education
 - <http://oregonsatf.org/resources/help-for-survivors/>
- 

Resident Rights

- 411-054-0027
- Licensees and facility personnel may not spend resident funds without the resident's consent.

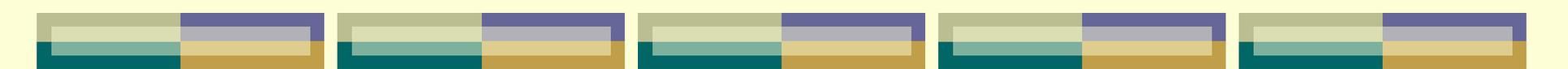




Move-In and Evaluation

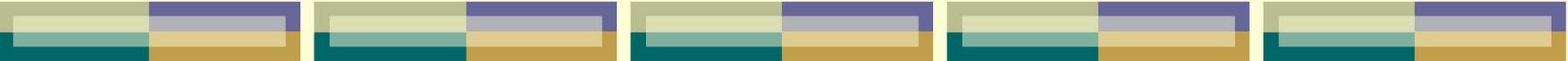
● 411-054-0034 (5)(m)(H,I)

- Smoking. Must evaluate and document the resident's ability to smoke safely.
 - Alcohol and drug use. The resident's use of alcohol or the use of drugs not prescribed by a physician must be evaluated and documented.
- 



Refunds and Financial Management

- 411-054-0085(8)
 - Addition of a section specific to Medicaid Personal Incidental Funds.
 - Removing the requirement to place funds over \$150.00 in an interest bearing account.
- 

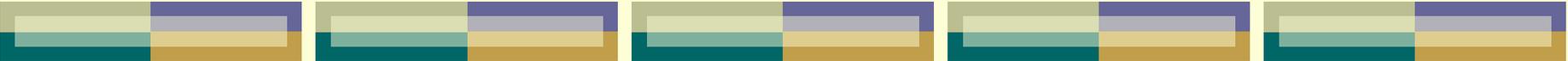


Emergency and Disaster Management

 411-054-0093

 Eliminated the requirement for facilities to submit a summary of the emergency preparedness plan to the Department annually on July 1st.





Contacts

Policy Analysts

Warren Bird – 503-945-5823 or
warren.d.bird@state.or.us

Debbie Concidine - 503-945-6404 or
debbie.concidine@state.or.us

Rebecca Mapes – 503-945-5839 or
rebecca.mapes@state.or.us



The End



Compliance Trend Report

Top Ten Citations 7/1/12-9/26/12

- 1: 260 Service Plan: (33)
- 2: 270 Change of Condition (29)
- 3: 370 Staff training (23)
- 4: 240 Food sanitation (20)
- 5: 253 Resident move in/evaluation (18)
- 6: 280 Resident health Services Rn (18)
- 7: 303 Systems treatment orders (17)
- 8: 310 Systems Medication Administration (17)
- 9: 330 Psychoactive Medications (12)
- 10: 160 Reasonable Precautions (11)
- 999: Technical assistance (39)

Compliance Tips

Service Plans 260

- 13% gain in weight in 6 months, no update on service plan
- The current service plan did not have instructions to staff regarding what to do if the resident exhibited the behavioral symptoms.
- Service plan did not include instructions to staff to ensure the transfer cane was attached to the bed in a safe manner.

Service Plans 260, con't

- *SERVICE PLAN. The service plan must reflect the resident's needs as identified in the evaluation and include resident preferences that support the principles of dignity, privacy, choice, individuality and independence.*

Service Plans, con't

- Service Plan and Evaluation :
Same document

Ok to do, however, each document has specific properties.

Service Plans, con't

- RESIDENT EVALUATION - GENERAL. The resident evaluation is the foundation that a facility uses to develop the service plan and reflects the resident's current health and mental status. The evaluation information may be collected using tools and protocols established by the facility, but must contain the elements stated in this rule.

Service Plans, con't

- (c) The service plan must include a written description of who will provide the services and what, when, how and how often the services will be provided.

Hot Topics

- Training

b) The facility is responsible to assure that caregivers have demonstrated satisfactory performance in any duty they are assigned. Knowledge and performance must be demonstrated in all areas within the first 30 days of hire,

Hot Topics, con't

Training

- First aid

(g) Staff must be trained in the use of the abdominal thrust and First Aid. Cardiopulmonary resuscitation (CPR) training is recommended, but not required.

Recent Citations

- **First aid training (X5)**
- **Determine performance (x5)**
- **Online ok, instructor must be certified**

Hot Topics

- Exceptions:
- Facility must have copy to show survey
- Exceptions are being reviewed at License renewal.



Manager's Corner

Dennett Taber



Future Guest speakers

July, 2013

Mike Bonetto, Health Policy Advisor
Office of Governor Kitzhaber



Thanks so much!

Next News hour:

Jan 9th, 2013

Questions????

CBCTeam@state.or.us