

# THE QUARTERLY CONNECTION

Quarterly from Pharma-Care, Inc. / Creative Care Consulting / The Rasa Group

Third Quarter 2023

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## CMS INCREASES FOCUS ON INFECTION PREVENTION



Infection control has been and will continue to be a major focus of CMS surveillance in skilled nursing facilities. CMS Requirements of Participation (ROP) place high expectations on skilled nursing facilities in this area and during annual surveys increased scrutiny has been noted.

F880—Infection Control, continues to be the #2 most frequent CMS citation during recent state surveys. CMS has indicated that there will be a special focus this year on F-Tag 881, addressing Prevention and Control programs (Antibiotic stewardship programs) and F 882, covering infection preventionist qualifications and training.

CMS mandates that nursing facilities have a designated and specially trained IP who is responsible for implementing a comprehensive infection prevention and control program. "AHCA recommends that all nursing facilities train at least two clinical staff members to serve as IPs should one IP leave the facility or be unavailable." CMS ROP guidance actually states that facilities should consider a backup IP for when the primary IP is not available.

The designated RNs and LPNs/LVNs must have the professional training necessary to serve as a SNF IP and must provide evidence of additional specialized training per CMS regulation. These individuals must be employed at least part-time and on-site by SNFs and must actively participate in each SNF's Quality Assessment and Assurance (QAA) committee.

**Through a grant from the New Jersey Department of Health, HCANJ is pleased to be able to provide infection control training to healthcare personnel reach out to : [Mackenzie@hcanj.org](mailto:Mackenzie@hcanj.org)**

It is recommended that you review and familiarize your team with these regulations and the guidance notes that accompany them. Policies should be discussed at team meetings and updated as necessary.

### **F881: Antibiotic stewardship program:**

The intent of this regulation is to ensure that the facility:

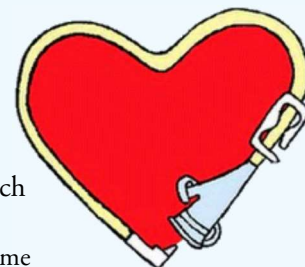
- Develops and implements protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic, are prescribed the appropriate antibiotic;
- Reduces the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use; and
- Develops, promotes, and implements a facility-wide system to monitor the use of antibiotics.

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## CHECK AND UPDATE YOUR FEEDING TUBE POLICY

### **Monitoring the feeding tube**

How to verify that the tube is functioning before beginning a feeding and before administering medications, which may include:



- ▶ Checking gastric residual volume (GRV)
  - Not recommended for individuals who are alert and able to report symptoms that indicate a feeding is not well tolerated.
  - May be appropriate when initiating tube feedings or for individuals who are unable to report symptoms such as bloating, nausea, or abdominal pain.
  - Actions to take based upon the amount of GRV vary depending on the individual and the clinical condition.
  - pH of GRV may indicate correct placement i.e. pH < 5 generally indicates gastric contents versus intestinal contents but medications and feeding formulas can alter pH levels.
  - Changes in GRV appearance may also be helpful in confirming placement but should not be used in isolation.
- ▶ Observing changes in external length of tubing may indicate a change in position but can only be used if the exit site was marked upon initial placement; this method does not apply to low profile G tubes (tube that sits at skin level).

**NOTE:** Auscultation is no longer recommended for checking placement of the feeding tube. Movement of air would likely be heard whether the tube was in the correct or incorrect location. X-ray confirmation is the most accurate method for verification of tube placement when concerns arise regarding dislodgement or placement. Additional information regarding monitoring of feeding tubes may be found at, <https://www.ismp.org/tools/articles/ASPEN.pdf>

**NOTE:** References to non-CMS/HHS sources or sites on the Internet included above or later in this document are provided as a services and do not constitute or imply endorsement of these organizations or their programs by CMS or the U.S. Department of Health and Human Services. CMS is not responsible for the content of pages found at these sites. URL addresses were current at the date of this publication.

## F637 Significant Changes

- Failed to ensure significant change assessment was completed

## F641 MDS Assessment

- Failure to accurately assess behavioral status
- Failure to accurately enter DX

## F656 Care Plans

- Missing or incomplete Care Plans

## F658 Professional standards of Practice

- Failed to ensure that labs were being drawn as per MD orders .
- Failed to clarify pain management orders; sequence or differentiate

## F689 Environment is Free of Accident Hazards

- Floor mats not provided as order by MD, leading to accidents
- Failure to keep hallways free from potential accidents and hazards
- Not providing complete ABT course due to unavailable initial doses (order should have been re-plotted)

## F690 Incontinence Care

- Catheter on the floor

## F693 G-tube feeding-

- On 1/30 feeding bag with 1/27 found still hanging

## F698 Dialysis.

- Failure to institute fluid restrictions
- Failure to complete communication log upon return to facility
- Failure to appropriately time medications

## F756 DRR

- Failure of facility to act on consultant pharmacist reports in a timely manner.

## F757 Unnecessary medications

- Continued use of an antipsychotic agent with no history to support the DX of Schizophrenia (on- site survey)
- Off-site survey are being done and if documentation does not support coded DX for Schizophrenia facilities are being penalized .
- Not providing complete course of ABT due to unavailable dose
- Unacceptable target behaviors for antipsychotics( agitation)

## F759 Med Pass

- (comments) Medications left in room unattended.
- Narcotic declining sheet not signed when medication was pulled.

## F812 Food Procurement

- Kitchen sanitation-expired food
- Inadequate dishwasher temperature

## F880 Infection control

- Catheter on the floor.
- Incomplete vaccination records
- Failure to comply with vaccination policies
- Failed to procure medical exemptions forms for staff declining flu vaccines
- Failed to preform adequate handwashing and follow facility policy
- Incorrect direction for wound cleaning
- Not providing appropriate pneumonia vaccines and documentation of which vaccine was last administered.
- Failure by nurse to wear PPE when entering a Covid positive room

## F881 Antibiotic Stewardship

- No antibiotic stewardship in place

## F886 Covid testing.

- Failure to test new residents for Covid per facility policy.

## F922 Emergency supplies

- Failed to maintain adequate emergency supply of water.

## F929 Resident call system-nonfunctional call light and S560 Mandatory Access to care-

- Multiple citations for inadequate staffing



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**F882: (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)**

### **§483.80(b) Infection preventionist**

*The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP.*

The intent of this regulation is to ensure that the facility designates a qualified individual(s) onsite, who is responsible for implementing programs and activities to prevent and control infections.

Nursing facilities will be required to have one or more staff members who have been designated as the Infection Preventionist (IP) and who is/are responsible for the facility's Infection Prevention and Control Plan. The regulatory requirement generally focuses on the qualifications of someone who will be designated as the IP and provides you with a minimum set of requirements for that role, including:

- The Infection Preventionist must have primary professional training in one of the following: nursing, epidemiology, microbiology, medical technology or a related field
- The IP must be qualified for this role through education, training, certification or experience
- The IP must have completed specialized training in Infection Prevention and Control
- The IP needs to work at least part-time at the facility.

The designated Infection Preventionist must be a member of the facility's QAA Committee. The IP must routinely report to the QAA Committee on the facility's IPCP.

## Pharma-Care opens office in Manalapan, NJ



Pharma-Care has relocated the Corporate Office to 500 Craig Road in Manalapan Township. The Operations Division will remain at the current location in Clark. This will make it easier to support our clients in the southern part of New Jersey

## EPIC Corner

ELECTRONIC PHARMACIST INFORMATION CONSULTANT  
(MEDICATION REVIEWS WITHIN 48 BUSINESS HOURS)

**EPIC Phone: 732-943-3573**

**EPIC Fax: 732-574-3469 or 3926**

**Email: [epic@pharmacareinc.com](mailto:epic@pharmacareinc.com)**

### **FACILITY RESPONSIBILITY UPON RECEIPT OF EPIC**

- ♦ Upon receipt of the EPIC review, the facility is responsible for initiating nursing recommendations in a timely manner according to facility policy except for Clinically Significant recommendations that need to be addressed by midnight of the following day. The nurse should sign and date the EPIC review after the necessary changes and/or adjustments are made.
- ♦ Upon receipt of the EPIC review, the facility is responsible for contacting the physician for review of EPIC concerns directed to the physician in a timely manner according to facility policy except for Clinically Significant recommendations that need to be addressed by midnight of the following day. The physician either accepts the recommendation and makes the necessary changes and/or adjustments or does not accept and needs to document clinical rationale for continuing on the EPIC review and/or in the resident's medical record. The EPIC needs to be signed and dated when all concerns are addressed.
- ♦ Upon completion of both tasks, the facility is responsible for placing the EPIC review in a readily retrievable location. The completed EPIC review is ideally placed in the resident's chart or if the facility is chart-less scanned into their EMAR system.

**If EPIC Services has access to your facility's EMAR, please remind the staff Do NOT FAX IN A REQUESTS FOR NEW ADMISSIONS AND/OR READMISSIONS, only for Change of Status and Antibiotic Stewardship (if your facility utilizes these types of EPICs.)**

Please make sure your fax machine is sending over legible information. Many times, EPIC receives requests with blank lines going through the pages which makes it difficult to read. If your not sure, send a fax from one device to another device at your facility and review.

EPIC has 4 fax numbers:  
732-574-3469  
732-574-3926  
732-943-3571  
732-943-3572

If one of those numbers is busy, please go to the next. We have multiple facilities faxing in throughout the day.

Please reach out to the EPIC Department with any concerns or questions about services at 732-943-3573.



