The RoPs Are Here!
Are You Ready for Phase 2?
AUG. 17, 2017

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What We’ll Cover Today

- CMS goals behind the updated regulations
- Implementation and timelines
  - Review of Phase 1 Focus Areas
  - Upcoming Phase 2 Focus Areas
  - 2 years down the road - Phase 3 Focus Areas
- Tips on working with these RoPs
- Valuable resources
BACKGROUND
Background – How We Got Here

- 1st major regulatory update since 1991
  - Remember OBRA ‘87?
- RoPs = Requirements of Participation
  - Health & safety standards to be met in order to participate in Medicare or Medicaid programs
  - 42 CFR 483 Subpart B
  - Additional guidance – Appendix PP of State Operations Manual (SOM)
- Proposed rule published July 16, 2015
  - More than 9,800 public comments received
  - Revisions to proposed rule made because of the number of comments
- Final rule published October 4, 2016
  - 713 pages (in case you’re counting)
CMS Goals/Themes

- Person-Centered Care
- Quality of Life, Quality of Care
- Facility Assessment
- Alignment with HHS Priorities
- Comprehensive Review and Modernization
- Implementation of Legislation
Let’s Break These Goals Down a Bit

- **Person-Centered Care**
  - Choice!
  - *Focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives*
  - Discharge planning
  - Pre-dispute arbitration agreements to be settled in court

- **Quality of Life, Quality of Care**
  - Restraints, pain management, trauma-informed care, bowel incontinence, dialysis services
  - Quality Assurance and Performance Improvement (QAPI)
Align with Current HHS Initiatives

- Reducing unnecessary hospital readmissions
- Reducing incidences of healthcare-acquired infections
- Improving behavioral healthcare
- Safeguarding NH residents from the use of unnecessary psychotropic medications
Comprehensive Review & Modernization

• Consistent with current health & safety knowledge
• Updated & reorganized
Implementation of Legislation

**Affordable Care Act (ACA)**
- March 23, 2010
- Compliance programs required by October 23, 2013; regulations not ready on time so CMS dropped this requirement into Final Rule
- Compliance & ethics program, QAPI, reporting suspicion of crimes to law enforcement, dementia & abuse training

**IMPACT Act of 2014**
- October 7, 2014
- Discharge planning requirements for SNFs
TIMELINE
RoP Implementation Timeline

Phase 1
November 28, 2016

Phase 2
November 28, 2017

Phase 3
November 28, 2019
# Phase 1 Focus Areas

<table>
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<th>Phase</th>
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(* this section is partially implemented in Phase 2 and/or 3) |
|        | • Resident Rights and Facility Responsibilities*  
  • Freedom from Abuse Neglect and Exploitation*  
  • Admission, Transfer and Discharge*  
  • Resident Assessment  
  • Comprehensive, Person-Centered Care Planning*  
  • Quality of Life  
  • Quality of Care*  
  • Physician Services  
  • Nursing Services*  
  • Pharmacy Services*  
  • Laboratory, radiology and other diagnostic services  
  • Dental Services*  
  • Food and Nutrition*  
  • Specialized Rehabilitation  
  • Administration (Facility Assessment – Phase 2)*  
  • Quality Assurance and Performance Improvement* – QAA Committee  
  • Infection Control – Program*  
  • Physical Environment* |
Resident Rights

• All pre-existing rights retained in addition to new rights
• Reorganizes/updates language
• Advances in electronic communication – cellphones, email, video
• Terminology changes – Resident Representative
• Same sex spouse rights
• Addresses roommate choice
• Fully informed in a language he/she can understand – total health status
• Self-determination through support of resident choice
• Grievances, identify Grievance Officer
• Facility responsibilities regarding resident rights
  • Promote & protect
Abuse, Neglect & Exploitation

- Right to be free from neglect & exploitation (additional new language)
- Clarification of abuse, neglect, exploitation, mistreatment
- Coordination with QAPI program
- Staff training, including feeding assistants

Abuse is the **willful** infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.
Transitions of Care

• Admission, Discharge, Transfer
• Provision of (minimum) information to the receiving entity upon discharge or transfer
  – Demographics, representative information, advance directives
  – HX of present illness, reason for transfer with PCP contact information
  – Past medical/surgical HX with procedures
  – Active diagnoses/current problem list & status
  – Lab tests/results of pertinent lab & diagnostics
  – Functional status
  – Psychosocial assessments including cognition
  – Behavioral health issues
  – Medications, allergies, immunizations
  – Smoking status
  – Vital signs
  – Unique identifiers for implanted devices
  – Comprehensive care plan goals, health concerns, preferences, interventions, efforts to meet resident needs
Comprehensive Resident Assessment & Care Planning

• Use of RAI/MDS process
• Assessment to include:
  • Needs
  • Strengths
  • Goals
  • Life history
  • Preferences
• IDT to include physician, RN, nursing assistant caring for resident, member of food & nutrition services, social services and resident/resident representative
• Resident-centered care plans; resident right to see & sign care plan after changes
• Discharge plan to be included in care plan along with goals for admission, desired outcomes, preferences and potential for future discharge to the community
• Clarified coordination of PASRR implemented in Phase 1
Discharge Planning & DC Summary

• Post-discharge plan of care
  – Focus on resident’s discharge goals
  – Prepare & encourage residents to be active partners in post-discharge care; IDT also involved in this plan
  – Effective transition from SNF to post-SNF
  – Reduce factors leading to preventable readmissions

• If discharge from facility not feasible, document why & note who made that decision

• Discharge summary to include medication reconciliation of all pre-discharge medications with the post-discharge medications, including OTC

• Facilities must provide prior written notice to resident, resident representative and LTC Ombudsman of all transfers and discharges (involuntary/voluntary; planned/unplanned)
Quality of Life & Care

• ADL abilities clarified

• Minimum requirements for Activity Director
  – Must have completed a training course approved by the state
  – Eligible for certification as activities professional or therapeutic specialist
  – 2 years experience in social or recreational program within past 5 years, 1 of which was FT in an activity program

• Unnecessary medications, med errors & immunizations moved to pharmacy services

• Hospice Coordinator

• Personnel must provide basic life support – including CPR – subject to the resident’s advance directives...no more No-CPR facilities

• Now called assisted nutrition & hydration
  – Enteral/parenteral tubes & fluids
Physician & Nursing Services

• Physician visit prior to transfer from LTC removed
• Physician can delegate dietary orders
  • Qualified dietitian or other qualified nutritional professional in accordance with state law
• Sufficient and competent nursing staff based on facility assessment (tied to Facility Assessment in Phase 2)
  • Capacity
  • Census
  • Acuity
  • Range of diagnoses
  • Care plan content
Miscellaneous Phase 1 Focus Areas

• Specialized rehab services – respiratory services added
• Qualified dietary staff – also sufficient and competent
• Education requirements for Dietitian & Food Service Manager – 5 year implementation for current employees; 1 year for new hires
• Reasonable efforts to address religious, ethnic & cultural needs of resident (i.e. menus reflect, eating at non-traditional times, etc.)
• Food brought in by family & visitors; use & storage of food
• FT Social Worker for 120+ beds/qualifications
• Incorporation of recent regs re: hospice, PBJ, facility closure
More Misc. Phase 1 Focus Areas

• Annual review of flu & pneumococcal vaccination programs
• Administrator’s accountability to the governing body
• Governing body responsible and accountable for QAPI
• QAPI Committee members
• Updated P&Ps re: infection control & prevention policies including handwashing, storage & processing of linens, immunizations, employees with communicable disease/infection
• New requirements for reconstruction as well as regular inspection of bedframes, bedrails & mattresses
• Visitation policies
PHASE 2
NOVEMBER 28, 2017
## Phase 2 Focus Areas

| Phase 2 | Behavioral Health Services*  
|         | Quality Assurance and Performance Improvement* - QAPI Plan  
|         | Infection Control – Facility Assessment and Antibiotic Stewardship **  
|         | Compliance and Ethics*  
|         | Physical Environment- smoking policies *  |

*This section is partially implemented in other phases*
Phase 2 – Specific Focus Areas

• Baseline care plan within 48 hours implemented here; also summary of baseline care plan provided to resident/representative

• Drug regimen review & reporting
  • Must include review of medical chart
  • Forwarding, review & action by physician, DON & Medical Director

• Behavioral health services
  • Highest practicable well-being, specialized rehabilitation & medical social services
  • Resident with dementia has treatment & services to meet his/her needs
  • Non-pharmacological interventions
  • Sufficient, competent staff
Baseline Care Plan

The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care.

• Be developed within 48 hours of a resident’s admission
• Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—
  – Initial goals based on admission orders
  – Physician orders
  – Dietary orders
  – Therapy services
  – Social services
  – PASARR recommendation, if applicable
Baseline Care Plan Summary

The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:

– The initial goals of the resident
– A summary of the resident’s medications and dietary instructions
– Any services and treatments to be administered by the facility and personnel acting on behalf of the facility
– Any updated information based on the details of the comprehensive care plan, as necessary
Drug Regimen Review

- The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist and must include a review of the resident’s medical chart.
- The pharmacist must report any irregularities to the attending physician and the facility’s medical director and director of nursing, and these reports must be acted upon.
- Develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.
- Irregularities include, but are not limited to, any drug that meets the criteria for an unnecessary drug.
DRR Irregularities

• Any irregularities noted by the pharmacist during this review must be **documented on a separate, written report** that is sent to the attending physician and the facility’s medical director and director of nursing and lists, at a minimum, the resident’s name, the relevant drug, and the irregularity the pharmacist identified.

• The attending physician must **document in the resident’s medical record** that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident’s medical record.
Facility Assessment and Competency-Based Approach

• Not one-size-fits-all
• Know your facility, your staff and your residents
• Focus on each resident achieving their highest practicable physical, mental and psychosocial well-being
• Account and allow for diversity in populations and facilities
Facility Assessment (F838)*

INTENT §483.70(e)...Facility to evaluate its resident population and identify the resources needed to provide the necessary care and services the residents require.

- Must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies
- Facility-based and community-based risk assessment, utilizing an all-hazards approach
- Competency = measurable pattern of knowledge, skills, abilities, behaviors and other characteristics in performing that an individual needs to perform work roles or occupational functions successfully
Purpose

The facility assessment will enable each nursing home to thoroughly assess the needs of its resident population and the required resources to provide the care and services the residents need. It should serve as a record for staff and management to understand the reasoning for decisions made regarding staffing and other resources, and may include the operating budget necessary to carry out facility functions.
Who is Involved?

- Administrator *
- Representative of the governing body *
- Medical Director *
- Director of Nursing *
- Environmental operations manager and other department heads (for example, the dietary manager, director of rehabilitation services, or other individuals including direct care staff should be involved as needed.
- Facility staff are strongly encouraged to seek input from the resident/family council, residents, their representative(s), or families and incorporate that information as appropriate when formulating their assessment.
How Often?

- Review and update the facility assessment, as necessary, and at least annually
- Review and update the assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment
What’s Included?

- Number of residents and the facility’s resident capacity
- Care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity and other pertinent facts that are present within that population
- Staff competencies that are necessary to provide the level and types of care needed for the resident population
- Physical environment, equipment, services and other physical plant considerations that are necessary to care for this population
- Any ethnic, cultural or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services

Resident Population
What’s Included?

• All buildings and/or other physical structures and vehicles
• Equipment (medical and non-medical)
• Services provided, such as physical therapy, pharmacy and specific rehabilitation therapies
• All personnel, including managers, staff (both employees and those who provide services under contract) and volunteers, as well as their education and/or training and any competencies related to resident care
• Contracts, memorandums of understanding or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies
• Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations

Facility’s Resources
Where Do I Start?

• Gather your team – review regulations and Interpretive Guidance
• Review your data – what does it say about you
  • MDS data
  • CASPER reports
  • PBJ submissions
  • Your best resources will include your data analytics software/company
• Attend educational sessions on facility assessment
• Start now and keep working at it!
Nursing Home Facility Assessment Tool and State Operations Manual Revisions Call

Thursday, September 7, 2017, from 1:30 to 3 pm ET

During this call, learn about the new Facility Assessment Tool to help identify and develop the specific assessment of your facility. Also, find out about frequently asked questions related to revision of the State Operations Manual Appendix PP for Phase 2 of the Reform of Requirements for Long-Term Care Facilities final rule. A question and answer session follows the presentation.

Register at: https://blh.ier.intercall.com/
Other Phase 2 Focus Areas

- New requirements for facility replacement of lost dentures
- Only thing left from Phase 1 – Resident Rights: providing contact info for Aging & Disability Resource Center and Medicaid Fraud Control Unit
- Transfer & discharge documentation requirements implemented here
- Smoking policies
- Antibiotic Stewardship
  - Monitoring of antibiotic use
Additional Phase 2 Focus Areas

• PRN usage of psychototropic medications
  • Limitation of PRN orders for psychotropic drugs – 14 days...cannot be continued unless/until the physician evaluates the resident for appropriateness and documents rationale for continuation
  • Verbiage changed from antipsychotic to psychotropic medications

• Compliance & Ethics program
  • C&E Officer
  • Annual review of C&E program
  • Responding to violations
  • Provisions for NH chains/corporations

• Provision of initial QAPI plan provided to Survey Team at annual survey
# Phase 3 Focus Areas

**Phase 3**

- Quality Assurance and Performance Improvement* - Implementation of QAPI
- Infection Control – Infection Control Preventionist *
- Compliance and Ethics*
- Physical Environment-call lights at resident bedside *
- Training *

*This section is partially implemented in other phases*
Phase 3 – Specific Focus Areas

• QAPI must be involved in review of allegations/incidences of abuse, neglect & exploitation
• Trauma-informed (includes PTSD) care implemented in this phase
• Infection Control Preventionist w/specialized training
  • Must be part of QAPI Committee in this phase
• Resident call next to bed
• Training requirements for all staff, contractors & volunteers
Trauma-Informed Care

F699

§483.25(m) Trauma-informed care. The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents’ experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.

[§483.25(m) will be implemented beginning November 28, 2019 (Phase 3)]
Infection Preventionist

• Person(s) designated by the facility to be responsible for the infection prevention and control program
  – Have primary professional training in nursing, medical technology, microbiology, epidemiology or other related field
  – Be qualified by education, training, experience or certification
  – Work at least part-time at the facility and
  – Have completed specialized training in infection prevention and control

• The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility’s quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.
Resident Call System

F919

§483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area –

• §483.90(g)(1) Each resident’s bedside; and [483.90(g)(1) will be implemented beginning November 28, 2019 (Phase 3)]
• §483.90(g)(2) Toilet and bathing facilities.
Training Requirements

F940
§483.95 Training Requirements A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment as specified at § 483.70(e). Training topics must include but are not limited to— [§483.95 will be implemented beginning November 28, 2019 (Phase 3)]

F941
§483.95(a) Communication.
A facility must include effective communications as mandatory training for direct care staff. [§483.95(a) will be implemented beginning November 28, 2019 (Phase 3)]

F942
§483.95(b) Resident's rights and facility responsibilities.
A facility must ensure that staff members are educated on the rights of the resident and the responsibilities of a facility to properly care for its residents as set forth at §483.10, respectively. [§483.95(b) will be implemented beginning November 28, 2019 (Phase 3)]
And...

F944
§483.95(d) Quality assurance and performance improvement.
A facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program as set forth at § 483.75. [§483.95(d) will be implemented beginning November 28, 2019 (Phase 3)]

F945
§483.95(e) Infection control.
A facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program as described at §483.80(a)(2). [§483.95(e) will be implemented beginning November 28, 2019 (Phase 3)]

F946
§483.95(f) Compliance and ethics.
The operating organization for each facility must include as part of its compliance and ethics program, as set forth at §483.85 -§483.95(f)(1) An effective way to communicate the program's standards, policies and procedures through a training program or in another practical manner which explains the requirements under the program.
§483.95(f)(2) Annual training if the operating organization operates five or more facilities. [§483.95(f), (f)(1) and (f)(2) will be implemented beginning November 28, 2019 (Phase 3)]
### Federal Regulatory Groups for Long Term Care Facilities

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<td>Definitions</td>
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<td>F50</td>
<td>Rights of Residents/Exercised Rights</td>
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### New F-Tags

- Freedom from Abuse, Neglect, Exploitation
- Quality of Life
- Care of the Patient
- Health Care Services
- Reimbursement

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| F791 | Waiver-licensed Nurses 24Hr/Day and RN Coverage |
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November 28, 2017

New Survey Process

Quality Indicator Survey

Traditional

Regulatory Changes

Data/Study/Test
TIPS ON WORKING WITH ROPS
Working with RoPs

• Start now if you haven’t already
• Review the Final Rule
• Appendix PP is your guide
• Use the chunk approach
• Attend education sessions to increase understanding
• Start training your staff – keep training (don’t stop!)
• Use consultants, state & national LTC associations & vendors for assistance in achieving compliance
Resources

Thank you for attending!

The webinar recording/slides and FAQs can be found at:

simpleltc.com/rop

For more info on SimpleLTC:

simpleltc.com
About Our Speaker

Mary Madison is a registered nurse with over 44 years of experience in the healthcare field, with 40 years in the long-term care industry. Mary has held positions of Director of Nursing in a 330-bed SNF, DON in two 60-bed SNFs, Reviewer with Telligen (Iowa QIO), Director of Continuing Education, Manager of Clinical Software Support, Clinical Software Implementer and Clinical Educator. Mary has conducted numerous MDS training and other LTC educational sessions across the country in the past 2+ decades. She joined Briggs Healthcare® as their LTC/Senior Care Clinical Consultant in July 2014.

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515.453.8874
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QRP and MDS Updates: 2017 and Beyond

Ron Orth, RN, CMAC, NHA

Tuesday, September 19, 2017 – 11am ET

Learn the details of the SNF QRP Review and Correct Reports, new SNF QRP measures and MDS changes under consideration, plus MDS 3.0 revisions and coding guidance updates for Oct. 1.
Beginning November 28, 2017, all states will see a different kind of survey – a computer-based survey process. We’ll cover the whys and how this new process will unfold and include tips, tools and resources you need to start preparing your facility for future surveys.

Mary Madison, RN, RAC-CT, CDP

Thursday, October 12, 2017 – 11am ET