



HAPPY NURSES WEEK!!!

One quote that was seen during the beginning of nurses week was:

“When you are a nurse, you know that every day you will touch a life or a life will touch yours”

Take time to celebrate this week! Celebrate yourself as a leader and all you have done and continue to do each and every day for your team, your residents and your organization. Celebrate yourself as a nurse and all you know and all you have achieved in your career. Celebrate the lives you have touched and those that have touched yours; the shifts that seemed to never end and those that were filled with so much joy they flew by; the residents you will never forget and the co-workers who have left a mark on your career. Celebrate the mentors you have experienced in nursing and the pure love and joy they helped you to find in the profession of nursing. Celebrate those nurses whose lives you have touched and whose careers you have inspired and extended well beyond what they thought they could tolerate.

PADONA congratulates and celebrates each of YOU!

We are grateful, inspired and humbled by you, all you do and your support.

PADONA appreciates the opportunity to be your organization and to serve you!



Education Program Title: Falls Prevention and Management and impact on Quality Measures

DATE: May 13, 2022

TIME: 11:30 am – 12:30 pm

COST: \$35 for members and \$50 for non-members

Description of the Professional Practice Gap: The Pennsylvania Nursing Facility Quality Incentives Program has been initiated. One measure is the quality measure of long stay residents with falls with major injury. Of course, we are aware that if we can prevent and manage resident falls, falls with major injuries can also be prevented or managed. The path from policy to practice can be a tricky one to navigate. This session will look at a long-standing issue with in our communities of falls, and discuss ways that the processes we put into place can help mitigate the risk we share with our residents when this path is not well defined. We will incorporate a review of the Fall Quality Measure to ensure that publicly reported data is reflective of the true picture of our facilities as it relates to this hot button topic.

Learning Outcomes: At the completion of the education session:

1. 90% of learners will be able to define the process to identify risk and implement strategies to mitigate the risk.
2. 90% of learners will be able to understand the components required for comprehensive policies and documentation.
3. 90% of learners will be able to explain the correlation and impact of fall prevention and management from policy to quality measures.
4. 95% of learners will attend the full 60-minute education webinar and complete the evaluation following the education.

Presenter: Patty Austin is a Registered Nurse with 29 years' experience in the skilled nursing setting. She started her career as a nursing assistant and has held many positions within the skilled arena. She most recently held the position of Director of Nursing for a 120 bed SNF in Western Pennsylvania before accepting the position of Quality Improvement Specialist with Quality Insights in 2016. Patty is able to combine the global view of skilled nursing with creating teams to improve care in facilities.

Support Organization: As the Quality Improvement Network-Quality Improvement Organization (QIN-QIO) for Pennsylvania, Quality Insights is able to provide free assistance to Pennsylvania nursing homes. Our goal is to provide resources, education and expert individual assistance designed to improve quality of care for Medicare beneficiaries.

1.0 Nursing Continuing Professional Development contact hours will be awarded after completion of an online program evaluation which includes submission of your license number, attending the webinar for the entire 60 minutes and inclusion of the correct beginning and ending codes on the evaluation form. PADONA is an approved provider, with distinction, of Nursing Continuing Professional Development contact hours by the Pennsylvania State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Neither the presenter nor the planner has a relevant financial relationship.

Education Program Title: Dementia Friends Pennsylvania Information Session

DATE: June 2, 2022

TIME: 11:30 am – 12:30 pm

COST: \$35 for members and \$50 for non-members.

Description of the Professional Practice Gap: All long-term care providers admit or have residents in the facilities with the diagnosis of dementia. Providing a safe and comfortable environment for residents with dementia is a goal of all providers but finding a source for staff education has been a critical factor to achieving this goal. The goal of Dementia Friends is to help all community members understand five key messages about dementia and commit to their own personal action. To become a Dementia Friend, you join others in a one-hour Dementia Friends Information Session. The session will cover five key messages about dementia and touch on what it is like to live with dementia. As a Dementia Friend you will turn your understanding into a practical action that can help someone with dementia living in your community. The action can be as big or small as you choose, because every action counts!

Learning Outcomes: At the completion of the education session:

1. 95% of learners will be able to describe dementia.
2. 95% of learners will be able to identify the most common type of dementia.
3. 95% of learners will be able to recognize five key messages about dementia.
4. 95% of learners will be able to apply communication techniques with someone living with dementia.
5. 95% of learners will be able to list at least one personal action to commit to in the next year related to dementia.
6. 95% of learners will attend the full 60-minute education webinar and complete the evaluation following the education.

Presenters: Anneliese Perry & Stacie Bonenberger, Program Managers, Aging Initiatives, at the Jewish Healthcare Foundation (JHF).

Support Organization: Dementia Friends is a global social movement established with the goal of changing the way people think, act and talk about dementia. Developed by the Alzheimer's Society in the United Kingdom, the Dementia Friends initiative is underway in Pennsylvania. By helping everyone in a community understand what dementia is and how it affects people, each of us can make a difference for people touched by dementia.

1.0 Nursing Continuing Professional Development contact hours will be awarded after completion of an online program evaluation which includes submission of your license number, attending the webinar for the entire 60 minutes and inclusion of the correct beginning and ending codes on the evaluation form. PADONA is an approved provider, with distinction, of Nursing Continuing Professional Development contact hours by the Pennsylvania State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Neither the presenters nor the planner has a relevant financial relationship.

PADONA Education Recordings

If you have been unable to attend any PADONA education including webinars and the annual education convention (clinical track), the education is available in recorded format for you. PADONA records all educational events because we understand that nurse leaders are not always available or able to take the time for educational events. We also recognize that staff development is more necessary than ever for nursing team members but the budgets for these and the time is not always available.

Please go to the PADONA website within a week of each education event provided by PADONA for the recording. Each recording is available for purchase. The purchased education includes the power point materials used for the in-person education, the recording of the education and any additional materials provided. There are no nursing continuing professional development contact hours awarded as the result of listening to the recorded education. However, the recoded education can be used for education of team members in the facility.

Currently, all ten sessions included in the clinical track of the PADONA Annual Convention are available for purchase as individual education sessions, by the day of the convention or the full clinical track of the Annual Convention. Additionally, the most recent education webinar hosted by PADONA on the topic of Pressure Ulcer Overview from Prevention to Management and Quality Measures is also available for purchase.

Please go to the **PADONA website** to review the **educational recordings** that are available for purchase for your education and for use with your team members. Why pay for other educational webinars when there is so much great education available from PADONA?!

Let PADONA help you educate your staff while you reduce your workload related to education by using the recorded webinars for staff education.

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SAVE THE DATE

PADONA's annual Leadership Development Course is scheduled for Tuesday, September 27 through Friday, September 30.

The PADONA Leadership Development Course (previously called the DON certification course) is a four-day intense educational opportunity that reviews and provides information related to the various aspects of the role of director of nursing/director of nursing services. However, there are many aspects that are also applicable to the administrator of long-term care facilities.

The PADONA Leadership Development Course is also an opportunity for current nurse leaders to refresh their information and knowledge related to the various aspects of the nursing department within the long-term care facilities of Pennsylvania.

The 2022 PADONA Leadership Development Course will be provided virtually and will provide Nursing Continuing Professional Development contact hours as well as administrator credit hours.

Please watch your email for the registration information for the PADONA Leadership Development Course! PADONA hopes you will join us!

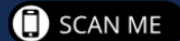
PADONA Posts Staff Needs to Website

If you are experiencing staffing needs, PADONA can assist. As a PADONA member, one of your benefits is that PADONA will post your ads for positions on our website without cost. If you are in need of a posting a staffing ad, please send the written ad to Candy Jones at cjones@padona.com and it will be posted on the PADONA website. The PADONA website is where Pennsylvania nurses and nurse leaders go to look for available positions. We are here to help you fill those needed positions.

Calling all Skilled Nursing Facilities to sign up before time runs out! Since May of 2021 the Bureau of Epidemiology within the Department of Health, in partnership with APIC Consulting Services, has been conducting onsite Infection Control Assessment and Response (ICAR) assessments in addition to onsite training and education as part of the ICAR project. Appointments for this opportunity will end in **July of 2022** so we urge you to schedule your visit today! The goal of this non-regulatory project is to improve outbreak response and general infection prevention and control (IPC) readiness in skilled nursing facilities throughout the Commonwealth. Participating facilities receive comprehensive consultation, education, and support to bolster their IPC programs, in addition to a personalized action plan to guide IPC improvement. Join the 330+ skilled nursing facilities that have taken part in this effective program. For more information and to sign up, visit the website below or scan the QR code.

Register for Your Free Facility On-Site Assessment & Training

Sign up at www.apicconsulting.com/pa-doh-link-tree or scan the QR code.



Nursing Home Workers in Pennsylvania Strike Over Staffing Standards

More than 2,000 Pennsylvania nursing home workers skipped work and protested Wednesday, May 4, in front of more than 32 facilities throughout Pennsylvania in an effort to address better wages, staffing and job standards.

Providers say the requests expressed by the nursing home workers would be difficult for operators without any additional Medicaid funding, which operators say is not in the near future.

“Years ago, long-term care competed against hospitals and other healthcare services,” Zach Shamberg, president and CEO of the Pennsylvania Health Care Association (PHCA) said. “Today we’re competing with Sheetz and Walmart and Wawa.”

The simultaneous protest was organized by the SEIU Healthcare PA, with another protest planned for May 25 at the state capitol building.

Survey data by the SEIU union shows that 96% of nursing home workers in the Pennsylvania say they don’t have the staffing necessary to provide the quality of care they would like to provide to their residents.

The union also reported that in some cases, workers are caring for more than 20 people on a worked shift, while at the same time staff turnover is increasing.

The group has called for no nursing home worker in the state to make less than \$16 an hour.

“Caregivers are burning out, getting hurt, and leaving these jobs. They’ve had enough, and it’s time for the legislature to pass the sustainable, accountable funding our seniors and workers need,” Matthew Yarnell, president of SEIU Healthcare PA, said in a statement Wednesday, May 4. <https://seihcpa.org/press-release-now-or-never-over-2000-nursing-home-workers-at-32-locations-across-pa-picket-to-demand-better-staffing-job-standards-and-accountability/>

Shamberg added that Medicaid reimbursement rates in the state haven’t increased since 2014 and that’s a main barrier toward improvements for both providers and workers. Medicaid information for Pennsylvania can be found: <https://www.abc27.com/news/local/strange-bedfellows-in-bedside-care-nursing-home-unions-picket-but-advocate-alongside-management/>

“That can’t happen anymore, especially after the last two years” of the COVID-19 pandemic, he said.

“Very Real Challenges” For Nursing Homes With the End of First Set of COVID Waivers

The first set of COVID Public Health Emergency (PHE) waivers will officially end May 7 and nursing home providers expect the changes will create “some very real challenges” with care access for residents.

“Nursing homes are still facing this pandemic, and now is not the time to let crucial supports and flexibilities necessary to combat the virus end,” the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) stated on Thursday, May 5.

“We are especially concerned to see these waivers ending while the sector continues to struggle with a historic workforce crisis,” the association added.

The Centers for Medicare & Medicaid Services first announced in an April 7 memo that it was eliminating 16 COVID-related waivers, some in 30 days and others in 60 days of the issuance of the memo. The first set of COVID waivers were terminated Saturday, May 7 and the second set will be terminated on June 7.

Waivers related to doctors being able to relinquish some obligations to nurse practitioners or other non-physicians are among the rescinded COVID waivers expiring this weekend. CMS is also returning some requirements for in-person physician visits that have resulted in increased telehealth capabilities. The termination of physician visits and physician delegation of tasks to a physician assistant, nurse practitioner, or clinical nurse specialist creates significant challenges, a LeadingAge spokeswoman stated on Thursday, May 5. “Eliminating telehealth, which can provide cost-effective, relatively time-efficient access to care, may result in an unintended consequence of delay in care,” the spokeswoman said.

Most nursing homes do not have full-time physicians on staff and the waiver (and subsequent use of telehealth) has permitted one physician to visit more residents in different places. This has been particularly beneficial in areas where physicians must drive double-digit miles between nursing homes, she argued.

Similarly, with the termination of the waiver that permits delegation of physician tasks, residents may now have to wait to receive care from a physician who may be logging more driving hours.

“A capable nurse practitioner, physician assistant, or clinical nurse specialist could have provided the care under supervision of the physician in a more timely manner,” the spokeswoman observed.

LeadingAge also reminded that nursing home providers must often arrange for and manage the appointment process, including transportation expenses. They are navigating operational issues including staffing challenges, as well as insufficient reimbursement that doesn’t cover costs.

“Ending telehealth, without providing needed resources, such as access to additional doctors or other staffing support or funds to cover travel, for instance, may well limit access to needed help,” the spokeswoman said.

The group has called for CMS and other federal health agencies to address long-term care workforce needs with an all-government approach, and draw on resources from other departments.

Observe '4 Ms' When Providing Care for Those Who Care for Residents

In taking care of staff members, long-term care providers must ensure that the “four Ms” are met: what matters most, medications, mobility and mind. That’s according to Emily Nicoli, MS, RN, chief nursing officer at UnitedHealthcare Retiree Solutions. She spoke Thursday, April 28, at a roundtable discussion presented by AMDA–The Society for Post-acute and Long-term Care Medicine.

“All of the ‘Ms’ really should be implemented together in your facilities, which will ultimately improve the care of the elderly in your facilities,” Nicoli said.

What matters most

Company culture and respect are at the forefront of this benchmark. Instead of having workers prefer a specific unit or floor because of a positive culture, “we need to make sure that culture is everywhere in that facility,” she said.

Being kind, Nicoli said, includes actions such as apologizing when wrong, regardless of intent, taking the time to remember staff members’ names and expressing appreciation. Diversity / equality / inclusion interdisciplinary workgroups also promote a culture of acceptance and well-being, she added.

Medications

Ensuring that staff members have the proper personal protective equipment is a starting point to a positive environment, and key to the second of these four Ms, Nicoli said, noting that early in the pandemic, healthcare workers often were found scrambling for PPE.

Additionally, she said, providers should provide good health and medical insurance for their workers, along with maternal / paternal leave, social meetings where workers can engage in activities such as book clubs or exercise classes, and healthier snack options on the job.

Mobility

The third of the four Ms is to provide opportunities for growth and career advancement, Nicoli said.

“Leadership does not have to equal management. There are people that are great leaders but they are not good managers. ...you can have leadership positions where people can really thrive,” she said.

She suggested tapping into the talents of nurses thriving in certain areas, such as wound care. Those nurses could serve as the go-to staff members to whom others turn when they need leadership in that area. Elicit feedback to understand the needs of the staff, Nicoli suggested.

Mind

The last of the four Ms is mind. Take care of your staff members’ mental health, she said.

One way is to check to see who is not taking paid time off and suggest that those who are not take a few days off, because “if you’re not taking time for yourself to rest and recharge, that’s ultimately going to lead to a problem,” Nicoli said. “Sometimes people just need a little nudge as a reminder to do that.”

Also, she suggested regular debriefing sessions following stressful or emotionally charged events, such as the death of a resident. Again, Nicoli said, this is a good topic on which to elicit feedback from staff members, to find out whether the employer can do better in showing compassion for its teams.

Test Twice? Antigen Tests Reach Peak Sensitivity 4 Days After Symptom Onset, study finds

A recent study found that it may be best to repeat an early COVID-19 antigen test a day or two after the first test for symptomatic individuals who have negative results.

Investigators from federal and state health agencies sought to examine how home antigen test efficacy might change over the course of a SARS-CoV-2 infection. More than 200 study participants took antigen tests for 15 days and also received at least one swab for a RT-PCR test, viral culture, and sequencing.

The sensitivity of these tests peaked at about four days after symptom onset, the researchers reported. On day six of illness, more than half of the participants had positive antigen test results. By day 11, that proportion had dropped to one-fifth of participants, the researchers reported.

“Sensitivity improved when a second antigen test was performed one to two days later, particularly early in the illness course,” they wrote. “These findings suggest that symptomatic individuals with an initial negative home antigen test result should test again one to two days after,” they concluded.

Overall antigen test performance was judged “moderate” when compared to confirmed RT-PCR test results.

The study took place before the omicron variant emerged. But another study from March 2022 comparing the effectiveness of BinaxNow antigen tests with that of RT-PCR tests found that antigen tests perform well with omicron infections, they noted. That study can be found at: <https://www.acpjournals.org/doi/10.7326/M22-0202>.

U.S. COVID-19 Deaths Rising Again in Oldest Americans

As the SARS-CoV-2 virus continues to mutate and vaccines become less effective, the oldest seniors are having a more difficult time fighting off severe illness, according to a new report from the Washington Post which is located here:

<https://www.washingtonpost.com/health/2022/04/29/covid-deaths-unvaccinated-boosters/>

The oldest Americans, especially those in long-term care facilities, were most affected by COVID-19 early in the pandemic. Vaccinations were positive in the fall, slashing the number of cases and deaths among these seniors. However, although most seniors are vaccinated, U.S. COVID-19 deaths among those aged 75 years and older are rising, according to the Post’s analysis of new data from the Centers for Disease Control and Prevention (CDC). This report is found here: <https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-by-Sex-and-Age/9bhg-hcku>

During the surge of the delta variant in 2021, patients aged 50 to 74 accounted for the highest number of COVID-19 deaths. But as omicron became the dominant variant in 2022, the 75-and-older group accounted for nearly two-thirds of overall deaths, compared to one third during the delta period, the Post determined.

The change has directly contributed to climbing rates of death among vaccinated Americans overall, experts told the news outlet. Vaccinated Americans accounted for 42% deaths during the recent surge of the omicron variant, compared with 23% in September, when delta was prominent, it reported. The CDC's recent data for nursing homes, meanwhile, shows an April increase in weekly, facility-reported COVID-19 cases among residents, although rates remain much lower than they were in January and February.

Stroke Patients Experience Survival Increase With Modified Cardiac Rehab

Medically complex stroke survivors who completed a comprehensive but modified cardiac rehabilitation program had a 76% lower chance of dying within a year than their peers who had usual care, investigators say.

Rehab recipients were enrolled in the ongoing Stroke-HEART trial at a rehabilitation institute in Edison, NJ. They received 36 sessions of medically supervised interval cardiovascular training and physician follow-up. They also received psychological, nutritional and educational support along with management for risk factors such as smoking, diet and exercise.

In a matched subgroup of nearly 500 stroke survivors, the 246 who completed the program had a fourfold reduction in all-cause mortality at one year when compared with non-participants. They also saw a 78% increase in their cardiac capacity, a special benefit considering that many stroke patients also have cardiovascular disease, the researchers noted.

The study also showed that stroke patients can exercise safely with modifications such as the use of recumbent bicycles, the researchers said. This was true even in cases of hemiplegia, where one half of the body was paralyzed by the prior stroke, they added.

The investigators plan to use their findings to encourage the Centers for Medicare & Medicaid Services (CMS) to cover comprehensive stroke rehabilitation.

"Stroke survivors deserve the same benefits that patients with cardiac disease receive," said study co-lead Talya Fleming, M.D. "We should enable stroke survivors to function in the community at the highest level possible."

Full findings were published in the Journal of Stroke & Cerebrovascular Diseases:
[https://www.strokejournal.org/article/S1052-3057\(22\)00019-2/fulltext](https://www.strokejournal.org/article/S1052-3057(22)00019-2/fulltext)

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Flu Vaccines Lower Risk of Cardiac Events by 34 Percent

A flu shot can offer significant protection to people at high risk for adverse cardiovascular events, the authors of a new study report.

Investigators conducted a meta-analysis of six clinical trials that included adults who were randomly given a flu shot, a matching placebo or standard care. Patients who received the flu vaccine had a 34% lower risk of major adverse cardiovascular events within 12 months when compared with the other cohorts.

The benefits were even greater in higher-risk patients with recent, acute coronary syndrome — conditions linked to sudden, reduced blood flow to the heart. These study participants had 45% reduced risk of experiencing cardiovascular events in the same time frame, the researchers reported.

Although patients with cardiovascular disease are known to have a relatively low immune response to flu vaccination (often due to the clinical effects of aging), the results show that the potential cardiovascular risk reduction remains “sizable,” they wrote. The investigators, including physician specialists, expect that the new vaccine technology currently in development, such as mRNA technology, will bump this level of protection up even further.

In the meantime, “we urge clinicians to continue counseling their high-risk patients on the cardiovascular benefits of seasonal influenza vaccination, especially given the historically low uptake of this low-cost and well-tolerated intervention,” they concluded. The study was published in *JAMA Network Open* at:

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2791733>

Top Ten Frequently Cited F-Tags of 2022

THIS INFORMATION WAS PROVIDED BY LEADINGAGE

LeadingAge analyzed the top ten (10) frequently cited deficiencies from January 2022 to present. LeadingAge found common areas of non-compliance on the 2567s.

The number one F-Tag that held steady for many months of the pandemic is F884 – Reporting to the National Health Safety Network (NHSN). Recall this is a federal tag cited off site, not reviewed or discussed during an exit conference as a finding. Your organization will receive notice post the weekly reporting. AND we know this comes with a dollar amount fine depending on different factors of non-reporting.

- **TIP:** Does your nursing home have a plan if the staff reporting to NHSN is out? Do you have security and registration for a backup person? If you do have missing data, do you have a check and balance process to obtain and report the data? What about internet outages or computer failures? Can your nursing home be prepared to present evidence for any issues with reporting? Knowing the answers to these questions and preparing in advance can help to avoid F884 and the fine(s) associated with the deficiency.

The number two F-Tag should not be a surprise as it is always in the top three. F880 – Infection Control and Prevention is a tag that nursing homes have been cited for way before the pandemic. However, when we review 2567s what stands out is the scope and severity of F880. Is this a widespread finding or did it occur one out of 25 instances reviewed? Either way F880 is cited, the tag rises to the top.

- **TIP:** Drilling down to findings for infection control 2567s cited nursing homes with non-compliance with gloves and hand hygiene. But as we looked at bit further, surveyors are watching non-clinical staff during observations as well as clinical staff. Environmental services staff pulling trash and going to the elevator with their gloves on, hitting elevator buttons with the same gloves still on and also walking the halls with gloves after leaving a dirty utility room. Findings also were from nursing staff caring for residents in their room and with gloves still on opening the drawers to pull out clothing. Take some time and complete observations on rounds. Use team meetings as reminders or even put up signs to help staff remember.

The number three F-Tag is a catchall for accidents, hazards, supervision, and devices. This tag is F689 and states a nursing home must be free of all of the above. Over the years, we have seen many incidents self-reported and/or documented for review of this citation. We are always asking, what could the staff have done, what policy should we have had in place, and now what performance improvement and education do we need to be compliant in the future. Those are difficult questions to answer but here are some TIPS from the current 2567s.

- **TIP:** Make sure residents in wheelchairs have the wheelchair pedals, armrests, and working brakes. Any part of the wheelchair that is not fully engaged or malfunctioning could cause an accident or incident and potentially harm a resident. Take time to review residents that have a bed in the low position. After cleaning or sheet changing check that the bed is back where it needs to be for safety. Verify floor mat positioning and trip hazards when the resident is not in bed. All of these should help your nursing home to review care plans and update interventions when a resident does fall out of bed. One consistent finding for this F-tag was hazardous chemicals found stored in resident bathrooms and unlocked in housekeeping carts. Think about this and add to the rounding checklist.

The fourth cited deficiency in nursing homes to date is F684 – Quality of Care. Another F-Tag, that is always in the top ten as frequently cited. Surveyors cite findings based on not providing care and services to a resident that the resident has declined.

- **TIPS:** With the pandemic, we know that residents have had a difficult time emotionally and physically. Assessments are key and clear communication by nursing assistants to charge nurses after performing activities of daily living is paramount. Review the diabetic residents and follow up on glucose testing, dietary and nutrition as well as snacks and hydration. One finding that has crept up in the last few months under F684 is staff not informing residents about the risks or benefits of not following their plan of care.

To round out the top five, F812 – Food Procurement – Store, Prepare, Serve, Sanitary focuses on not just the kitchen but any area in the building that has meal preparation, delivery, storage as well as the staff that performs all these duties. We know on a survey the first area a surveyor goes to is the kitchen, usually after breakfast. Findings can be from the tray line, dishroom, or even temperatures while carts are going up to neighborhoods. In addition, in the last few months, we have seen 2567 findings with more detail from surveyors combing into the pantry and refrigerator, and freezer walk-ins.

- **TIP:** Check the shelves in walk-ins; are there potentially hazardous foods next to ready or prepared foods? Were raw eggs in a bowl next to yogurts? Also, the freezer has food storage, but is it sealed and dated properly? Speaking of dated, there were findings under F812 about leftovers not being dated and no policy insight to help the staff figure out what to do with the leftovers. Take some time to round in the kitchen in more detail; create a checklist with these type of findings on it.

The sixth frequently cited F-Tag is F677 ADL Care for Dependent Residents. The intent of this tag reviews the ADL care needed for dependent residents such as eating, toileting, bathing, dressing, grooming, ambulating and transferring. Each ADL has components that could lead to non-compliance if the care is not received according to standards, care plan and resident choice and preference.

TIP: F677 was cited to providers for focused areas of grooming. Staff know the ADLs and what is needed to care for their residents but take a closer look. Are nails trimmed and clean? What about facial hair, neat and combed on men and don't forget women, unnecessary facial hair. How does the resident like to wear their hair or any makeup? Another check would be for bathing. Does the resident prefer a bath or shower? Look at their bathing record. What was given to the resident? Lastly, don't forget clothing. Clothing should be free of rips, tears or stains. But is it buttoned correctly or is the zipper working? Does the resident like to have a sweater or blanket with them while in the community?

The seventh F-Tag is F761 Label/Store Drugs – Biologicals. For the last year, this tag has crept into the top 10 and has made a place for a quick non-compliance leading to deficiencies.

TIP: Depending on the storage of the community's medication, this F-Tag may be cited from the medication carts or the medication room. Check to make sure all medications are labeled properly, the resident name, expiration date – follow professional standards. What about storage, is the medication stored according to the right temperature, light or humidity? Does the medication need to be in a secure, locked area? The intent of the F-tag is to ensure there are not medication errors – wrong labeling and not following professional standards and manufacturing guidelines could lead to a deficiency or worse a medication error.

The eighth frequently cited F Tag is F656 Develop Comprehensive Care Plans. A nursing home must develop and implement a comprehensive person-centered care plan for each resident consistent with resident rights that includes measurable objectives and timeframes to meet the needs identified in the comprehensive assessment.

TIP: Review care plans for measurable objectives as well as history of behaviors of the residents. Is the care plan up to date with resident behaviors and interventions and preferences? Have you reviewed incidents or resident to resident interaction and updated care plans? Take a look at documentation all across shifts. Is there evidence that care plan interventions are being implemented?

Number nine on the top ten is F755 Pharmacy Services/Procedures/Pharmacist Records. With the lockdown over the past few years, pharmacy consultants were unable to be in the nursing home working on pharmacy services. LeadingAge analysis of 2567 has shown that there needs to be a few quick performance improvement projects focused on pharmacy services.

TIP: Have the Administrator review the pharmacy contract for deliverables. Are there in-services that need to be performed? Is the pharmacy consultant attending the QI meeting and providing reports? What are the outcomes of the medication station IDs during rounds? What about the pharmacist signing off on records or reports? Lastly, take an inventory of the pharmacy procedures and are they being followed?

Last but not least number ten is F F686 Treatment/Services to Prevent/Heal Pressure Ulcer. A frequent F- tag for years, nursing homes need to stay vigilant in communication and documentation of pressure ulcers at all stages.

TIP: Pressure ulcers may be acquired in house on residents, but the documentation is the key to help reduce any non-compliance and further deficiencies. What is the process for identifying a pressure ulcer? Do all staff know who to report any changes in skin? Is there a documentation tool? Does the attending physician have a role? Have you reviewed the care plan or updated to treatment. CMS has informed LeadingAge that pressure ulcers are increasing in nursing homes. Have you reviewed your turning and positioning program? Take a look behind ears, the mask elastic is causing irritation and rubbing on the skin No matter a Stage 1 or a Stage 4, care, treatment and documentation done properly is the key to avoiding this F tag.

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(Sophie Campbell)

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Have you joined the PADONA forum yet?

Follow the link below and register your account today. One of our forum moderators will then approve your registration and you will be free to start using the service. You will have the ability to turn on/off notifications for discussions you are participating in. You will also have the ability to send each other private messages via the forum. Feel free to contact us if you have any questions.

<http://padona.com/forum>

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[Directed In-Service Providers 7-27-18.pdf](#)

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