

**BREAKING**

**NEWS**

**PADONA IS LAUNCHING A MEMBERS ONLY PAGE ON THE WEBSITE!**

PADONA is proud to announce that starting TODAY you have the opportunity to be part of another strategic initiative that is a member benefit from PADONA!

The members only page of the PADONA website is specifically designed to assist you – our valued members – to quickly and easily access resources. Items that have been previously sent in the daily email updates, education tools, audit tools, manuals, federal and state information and updates and many other items will be available to you on the members only page.

Anyone can access the PADONA website....**BUT ONLY PADONA MEMBERS CAN ACCESS THE MEMBERS ONLY PAGE!**

How can you access the members only page of the PADONA website?

- 1) Go to [www.PADONA.com](http://www.PADONA.com)
- 2) The add to the end of that URL – membersonly (no space)
- 3) When you get to the page asking for a password – use p@don@!
- 4) The password is the same for all members
- 5) You will not be asked for another password
- 6) Please do not share this password – this is a members only benefit

PADONA will be constantly updating the members only page as items are updated, changed and revised. It is a work in progress.

We hope this members only page of the website assists you in your roles and meets your need for information and education!

**THANK YOU FOR THE OPPORTUNITY TO SERVE AND SUPPORT YOU!**

## **PADONA HOSTED EDUCATION WEBINARS**

- **Legionella – Prevention, Recognition and Management in Long Term Care.**  
**Date:** April 18, 2024,  
**Time:** 11:30 am until 12:30 pm  
**Educator:** Dr Kristina Zwolenik of the Pennsylvania Department of Health Bureau of Epidemiology.  
**Topic:** Addressing the preventative steps from water management and treatment through the recognition of signs and symptoms and management of residents who have been diagnosed.  
**Registration Fee:** no registration fee for this webinar education based on the partnership between PADONA and the PA DOH Bureau of Epidemiology. (Registration is required).  
**There will be both nursing and nursing home administrator continuing education hours for this education provided by the PA DOH through PA TRAIN**
- **Ready for Enhanced Barrier Precautions? Let Live Data Analytics Guide You**  
**Date:** April 25, 2024  
**Time:** 11:30 am until 12:30 pm  
**Educator:** Cheryl Scalzo, RN infection preventionist with RealTime Medical Systems  
**Topic:** Break down the new guidance on the use of EBPs and discuss policies and procedures facilities can implement, that include education to facility staff, residents, and families and how care teams can leverage the data already found in their resident EHRs to help identify when EBPs are needed.  
**Registration Fee:** \$35 for members and \$50 for non-members
- **Sepsis in the Long-Term Care Setting – Prevention, Recognition and Treatment**  
**Date:** May 1, 2024  
**Time:** 11:30 am until 12:30 pm  
**Educator:** Carolyn Pandolfo, RN Infection Preventionist with Project FirstLine  
**Topic:** identification and treatment of sepsis in the geriatric resident  
**Registration Fee:** no registration fee for this webinar education based on the partnership between PADONA and the PA DOH Bureau of Epidemiology. (Registration is required).  
**There will be both nursing and nursing home administrator continuing education hours for this education provided by the PA DOH through PA TRAIN**
- **Preventing, Identifying and Managing C-Diff in the Long-Term Care Setting**  
**Date:** May 21, 2024  
**Time:** 11:30 am until 12:30 pm  
**Educator:** Dr. David Nace, Associate Professor of Geriatric Medicine at the University of Pittsburgh and Clinical Chief of Geriatric Medicine, and Chief of Medical Affairs for UPMC Senior Communities.  
**Topic:** Focus on C-Diff in the long-term care resident to prevent it, identify it, know when to isolate and treat to maintain resident and staff safety from illness.  
**Registration Fee:** \$35 members and \$50 non-members

**Registration for all webinars closes at 9 am on the day of the webinar.**

- **Infection Preventionist leadership boot camp – June 4 and 5, 2024**
  - In collaboration with the Quality Insights Organization
  - Education and network for the infection preventionist to know what to do and when and how often to maintain compliance, be prepared, manage outbreaks and provide guidance.
  - More information to come in the next PADONA Updates

**PADONA Education Recordings**

If you have been unable to attend PADONA hosted webinars but want the education, information, **AND** Nursing Continuing Professional Development continuing education hours –

**PADONA EDUCATION RECORDINGS PROVIDE NURSING CONTINUING PROFESSIONAL DEVELOPMENT CONTINUING EDUCATION HOURS!**

**PADONA also provides the following education:**

- DON Education and Mentoring: This education is a series of educational sessions to assist the new DON with the areas critical to being effective in the role of DON. It is also a great refresher for the experienced DON as well as for the ADONs.
  - Education sessions are scheduled weekly for 90 minutes sessions
  - Education is virtual eliminating travel time for the DON and costs to the provider
  - Sessions can be menu selected from the list of topics for the experienced DON
  - Mentoring through discussion and addressing facility specific situations is included
  
- Directed In-Service Education: PADONA is an approved provider of directed in-service education by the Pennsylvania Department of Health
  - Fees are reasonable
  - Recordings are completed for those staff unable to attend
  
- Nursing specific or Interdisciplinary team education
  - Root cause analysis
  - Medical record documentation
  - Medicaid Case Mix Index
  - Care Planning
  - Regulatory compliance

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**NOTE: When you register for a PADONA webinar or course you will always receive a receipt from PADONA. This demonstrates that PADONA has received payment and that you are registered. If you have not received your receipt within a few hours of payment – please reach out to LuAnn White, PADONA Administrative Assistant at [luann@padona.com](mailto:luann@padona.com) to check.**

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**INFECTION PREVENTIONIST BOOTCAMP**

**June 4 and 5, 2024 – 4 hours each day in the morning**

**Educator is QIO Infection Preventionist Jennifer Brown, RN**

**Provided in collaboration between PADONA and the QIO (Quality Insights Organization)**

**Registration Fee: \$80**

**Following the Bootcamp, 3 additional monitoring and mentoring sessions will be scheduled with registered attendees and Jennifer Brown, RN**

**Check the Thursday Education Email Updates for information and registration form**

**PADONA is a proud partner of the teaching Nursing Home Collaborative**



The Collaborative is a dynamic and evolving network of nursing homes, schools of nursing, and advocates dedicated to advancing excellence in nursing home care through education and workforce support.

Website: [www.patnhc.org](http://www.patnhc.org)

Email: [info@patnhc.org](mailto:info@patnhc.org)

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**PADONA is a proud partner of the AMI RISE DON Resiliency program in the Southwest, North Central and Northeast regions**

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**MARK YOUR CALENDARS! TWO PADONA EDUCATION EVENTS HAVE BEEN SCHEDULED!!**

**PADONA ANNUAL SUMMER SYMPOSIUM ON QUALITY**

**JULY 10 AND 11, 2024**

**VIRTUAL EDUCATION**

**2 DAYS OF EDUCATION PROVIDED BY INDUSTRY EXPERTS ON RESIDENT QUALITY OF CARE ARES INCLUDING:**

- **PREVENTION OF READMISSIONS**
- **RESPIRATORY CARE**
- **FALLS PREVENTION AND MANAGEMENT**
- **AND MANY OTHERS!**

**PADONA ANNUAL LEADERSHIP DEVELOPMENT COURSE**

**SEPTEMBER 24 – 27, 2024**

**VIRTUAL EDUCATION**

**OPPORTUNITY TO COMPLETE THE DON CERTIFICATION EXAM AT THE**

## Leadership Snippets

## **Texas Nursing Home Sued after Resident Allegedly Dies from Pressure Ulcer**

A Texas nursing home is being sued by a family that claims it neglected their loved one, causing his wrongful death. Three of the deceased resident's family members filed a complaint on August 25, 2023, against the facility.

According to the complaint, the deceased had been a resident of the nursing home from July 21, 2022, to Oct. 5, 2022, and the facility had violated the standard of care and neglected him. The complaint alleges this neglect caused a "deep and infected Stage IV left buttock/sacral pressure ulcer."

The complaint states that the September 27, 2022, medical records describe the pressure ulcer as measuring 7.6 centimeters x 5.8 centimeters x 2.4 centimeters, with an undermining of 2.5 centimeters and exposed bone. It also says that "sacral decubitus ulcer" was given as the immediate cause of death on his death certificate.

According to the plaintiffs, the facility committed negligence, violation of resident rights, and gross negligence and malice. The plaintiffs seek damages for the deceased resident's endured pain, torment, destruction of dignity, mental anguish, physical impairment, loss of enjoyment of life, and reasonable medical expenses. The suit also seeks damages for his family for past and future grief, bereavement, torment, and mental anguish. The plaintiffs are seeking economic and non-economic damages, exemplary damages, interest, attorney's fees, court costs, and all other just relief.

### **Compliance Considerations:**

- 1) Review policies and procedures related to preventing, treating and managing pressure injuries and ulcers and ensure they adhere to standards of practice and current regulations at F686.
- 2) Provide regular education for team members regarding the policy, procedure and protocols with evidence of understanding.
- 3) Complete routine audits of pressure injury/ulcer preventative care and treatment.
- 4) Evaluate documentation to ensure skin audits are being completed and documented.
- 5) Complete audits of weekly wound and skin rounds to ensure completion and compliance.
- 6) Ensure team members are aware that not addressing the skin and not providing ordered care and treatment is considered resident neglect.

## **IMPORTANT NEWS – FROM CMS TO LONG TERM CARE NURSES**

PADONA Members,

Contractors of CMS support a Health IT Work Group (HITWG) to better understand health data exchange across the spectrum of care.

CMS, or contractors of CMS, would like to hear current realities and have a candid discussion about enabling timely data exchange with long-term and post-acute care (LTPAC) providers, vendors and patients/consumers. CMS, or contractors of CMS, seek to hear from all interested parties across the spectrum of care to convey their current experiences exchanging data. CMS, or contractors of CMS, and health information technology (IT) subject matter experts will facilitate a dynamic dialogue about best practices and barriers that healthcare stakeholders experience during care transitions with LTPAC settings. Please let us know if you and your organization would be interested in engaging in this discussion to help CMS better understand and prioritize requirements for easing the process of data exchange across multiple care settings.

Please contact Michele Galioto, DNP, RN, CNS via email ([michele.galioto@pocp.com](mailto:michele.galioto@pocp.com)) if you're interested in discussing data exchange successes and challenges in your work setting, including data to support transitions of care, care planning, documenting standardized assessments, quality reporting and more.

## ***Nightingale Awards of PA Scholarship Applications Are Now OPEN!***

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Nightingale Awards of Pennsylvania was established in 1989 to support and recognize excellence in nursing. Our primary mission is to encourage the future of nursing by providing educational scholarships for all degree levels.

Are you a nursing student - or do you know one - who needs some extra money for school? Apply for a Nightingale Awards of PA scholarship!

### **Scholarships will be awarded in the following eight categories:**

- ~ Diploma
- ~ Licensed Practical Nursing (LPN)
- ~ Associate Degree (ADN)
- ~ Bachelor of Science in Nursing (BSN)
- ~ Bachelor of Science in Nursing Completion
- ~ Advanced Degree - Masters (includes CNS, CNM, CRNA, CRNP, etc.)
- ~ Advanced Degree - Doctoral (includes DNP, DNS, EdD, etc.)
- ~ PhD

### ***Application Deadline:***

***April 15, 2023***



**SAVE the DATE**



The Patient Safety Authority is offering five regional Long -Term Care Infection Prevention Symposia in 2024. Don't miss out on infection prevention topics specifically focused on long -term care and presented by the infection prevention experts!

Save these dates to your calendars then look out for the invitations in your region which will be coming soon.

We look forward to seeing you there!

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1

## Long-Term Care Infection Prevention Symposia 2024

**Northeast Region:** Carpenters Union  
314 Pear Street  
Scranton, PA 18505  
**March 26th, 2024**

**Southeast Region:** Philly Expo Center  
100 Station Avenue  
Oaks, PA 19456  
**March 28th, 2024**

**Central Region:** Carpenters Union  
261 Patch Way Road  
Duncansville, PA 16635  
**April 9th, 2024**

**Central Region:** Carpenters Union  
1718 Heilmandale Road  
Lebanon, PA 17046  
**April 11th, 2024**

**Western Region:** Carpenters Union  
652 Ridge Road  
Pittsburgh, PA 15205  
**April 25th, 2024**



**More Than Half of Nursing Home Workers in 'Vicious Cycle' of Workplace Violence/Burnout**

Nearly one out of every two nurses experienced workplace violence last year, according to a healthcare workforce survey recently released by Vivian Health. That number is even higher at 55% among long-term care nurses and nurse aids, according to further analysis of the survey data. In comparison, workplace violence is experienced by an 8% larger share of the long-term care workforce than by healthcare workers overall.

The underlying effects of these mental challenges can directly feed into a majority of nursing home workforce violence incidents. Care providers in long-term care overwhelmingly reported experiencing workplace violence from residents (67%) or their families (29%).

Beyond the immediately painful and distressing effects of such an event, workplace violence in nursing homes is a key contributor to a “vicious cycle” of burnout and reduced quality of care. Workplace violence contributes to burnout and burnout contributes to reduced quality of resident care due to emotional exhaustion.

On average, the nearly 150 nursing home direct care workers surveyed rated their state of burnout at 3.5 out of 5 and nearly half reported experiencing symptoms of clinical depression in 2023.

According to the workforce report ([The Vivian Healthcare Workforce Report 2024](#)), almost half of healthcare workers overall reported that their employers had not implemented safety measures to protect them. Failing to take proactive steps to address and prevent workplace violence is a detriment to both the employees and the residents. If staff see that care is not provided in the way that should be and nothing is being done, they will leave.

The caregiver training should involve real interfacing with trainers, engagement with de-escalation training and use of practical, real-world scenarios. Studies suggest that another key way of combating burnout for nurse aids and support staff is giving them more education and more involvement in the daily care process. Doing so can make them feel invested, trusted and equipped to handle developing situations.

Education of team members helps them to feel in control of situations and know what to do rather than being helpless. They need to know what they are and are not permitted by law and by facility policy to do and they need to understand de-escalation techniques. Workplace violence occurs with families, visitors, other staff, residents, vendors and physicians. Risk managers are asking for regulations that require training for staff as part of orientation and annual facility education.

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**Medication-Dispensing Workarounds and Inexperienced Nurses Top Safety Concerns for 2024**

ECRI, a national nonprofit organization dedicated to patient safety, identified workarounds with barcode medication administration systems as one of its two most urgent safety concerns for 2024.

The use of electronic medication carts and other pharmacy technologies in long-term care has increased in recent years, but a new report illustrates ongoing safety worries about the ability to quickly scan and deliver resident prescribed medications. The systems, in which nurses use an electronic scanner to sync packaged medications with resident and electronic medication administration records, are designed to put more safeguards around medication delivery. But complications with technology or labeling mistakes reduce the value of the systems, ECRI reported.

“Scanning or labeling errors may lead staff to develop workarounds, which can compromise patient safety and have serious or even deadly consequences,” the 2024 report said. “Staff may employ workarounds when a barcode cannot be scanned or is difficult to scan; when the barcode is missing, hidden, or damaged; or when a medication has not yet been added to the system.” The systems have been used in hospitals for years, but their relatively high cost has limited their use in nursing homes. That has changed, especially in larger facilities that see the carts as a way to make multiple daily medication passes more efficient.

A study published in the *Journal of the American Pharmacists Association* this month ([Impact of Automated Dispensing Solutions in Long-Term Care Facilities and Closed-Door Pharmacies: A Mixed Methods Study of Medication Management - Journal of the American Pharmacists Association \(japha.org\)](#)) found replacing manual emergency medication kits with an automated dispensing cabinet “improved workflow efficiency” in both a long-term care pharmacy and two studied long-term care facilities. It also significantly reduced unscheduled drug deliveries and increased the availability of medications commonly used by residents.

A 96% reduction in the cost of unscheduled medication deliveries saved \$8,900 and reduced medication retrieval time by 71% across the two nursing homes over a 90-day period. The ECRI study called the electronic management systems “valuable tools that reduce medication administration errors, but only when used correctly. Staff must be trained in proper use of the system, and procedures must be established to quickly address problems,” the report said.

Workarounds may indicate that an individual system is not configured to support a safe clinical workflow or that staff members “do not appreciate the safety value of the technology, or that they do not understand that BCMA workarounds can cause medication errors and compromise patient safety.” Whether it’s due to lack of experience or willful neglect of best practices, the human element must be consistently better, authors stated. They discussed unsafe practices such as administering a medication even if a barcode won’t scan, back-charting medications, and not understanding a system alert but administering a medication anyway.

The only safety concern to rise above the use of the medication technology for 2024 was related to onboarding new clinical staff — including some 400,000 new nurses — whose training may have been disrupted by the pandemic.

“Without sufficient preparation, support and training throughout the transition into practice, new clinicians can experience loss of confidence, burnout, and reduced mindfulness around culture of safety,” the report said. “The coalescence of these factors may lead to a failure to recognize and rescue patients from preventable harm, and/or contribute directly to patient harm events.”

**[PA Nursing Home Forced to Close, Evacuate With Staffing Shortage Following Missed Payroll](#)**

A western Pennsylvania nursing home was forced to close after a cyberattack that impacted nursing homes across the US, and the evacuation of its 45 residents was required. Residents were successfully placed in several other facilities in the Pittsburgh area.

The emergency shutdown took place March 1 after employees of Jefferson Hills Healthcare and Rehabilitation learned their paychecks would be delayed after a missed February 23 payday, causing many to walk off the job. Following the missed payroll and with few direct care workers left to provide care for residents, the Pennsylvania Department of Health cited the facility for “Immediate Jeopardy” to residents.

In a March 3 statement posted on Jefferson Hills’ website, the facility states that a recent cyberattack on Change Healthcare stopped its cash flow and they were forced to miss the scheduled payroll cycle. The cyberattack, identified on February 21, shut down the largest healthcare billing clearinghouse in the US, severely hampering many long-term care providers’ ability to submit billing claims.

Jefferson Hills also attributed its financial troubles on overzealous regulatory oversight stemming from violations committed before ownership of the facility changed to Bonamour Health Group in June 2022, including temporary admissions ban.

“The February 23 missed payroll was directly due to the cash flow challenges faced because of Change’s refusal to process our payments,” the statement reads. “This was just the last of a string of multiple restrictions and bans placed upon the facility since change of ownership.... the facility has been victim to “G” level deficiencies resulting from incidents occurring under the prior owners’ time frame. We have continuously been burdened with fines and threats from DOH who have been a constant presence in our facility, resulting in a chaotic environment for both our residents and staff.”

Jefferson Hills was cited for more than 20 deficiencies ([Jefferson Hills Healthcare And Rehabilitation Cent in Pennsylvania | Nursing Home Records | ProPublica](#)) in 2023 and fined more than \$110,000. A deficiency report stemming from an October survey found that many residents were subject to Immediate Jeopardy because the facility was months behind on payments to vendors and dangerously low on necessary medical supplies, such as alcohol swabs, acetaminophen, wound care supplies and briefs ([Find Healthcare Providers: Compare Care Near You | Medicare](#)).

Jefferson Hills’ residents have been admitted to other nearby facilities, and at least 20 former care workers were able to find new jobs at nearby Southwestern Nursing and Rehabilitation ([Jefferson Hills nursing home blames cyberattack, Health Dept. \(wtae.com\)](#)).

According to the Jefferson Hills statement, the “decision was made to temporarily close... to give the sister facilities a chance to succeed.” Bonamour operates six other skilled nursing and senior living facilities near Pittsburgh and in rural Pennsylvania.

**Two-Thirds of Nursing Home Providers Fear Closure Without Staffing Relief**

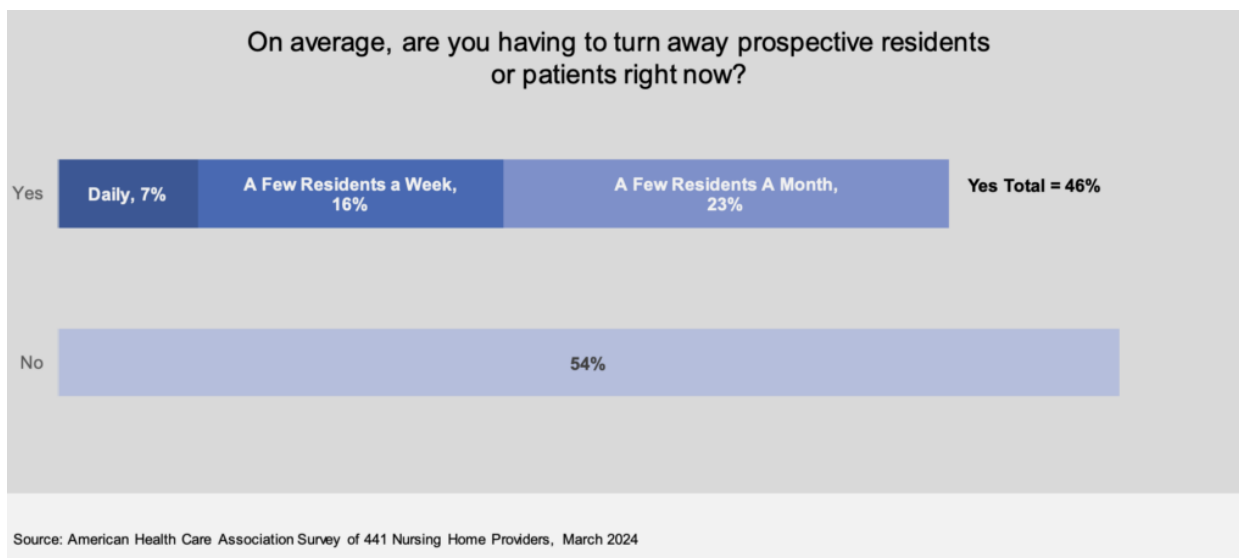
The long-term care sector is still struggling to rebuild to pre-pandemic staffing levels while also bracing for negative effects of new federal staffing regulations, according to the “State of the Sector” report released Tuesday, March 5 by the American Health Care Association (AHCA).

Of nearly 450 nursing home providers surveyed, two-thirds are concerned that escalating workforce challenges may force them to close their facility. More than 70% of nursing homes reported staffing levels lower than before the COVID-19 pandemic, with 99% saying they are hiring for open positions.

The report was released amid final deliberations on a final federal nursing home staffing mandate from the Centers for Medicare & Medicaid Services (CMS). President Biden has called for toughened nursing home regulations ([FACT SHEET: The Biden Economic Plan Is Working | The White House](#)).

Nursing homes want the same increased staffing levels as federal regulators, but need help achieving those goals, said Mark Parkinson, president and CEO of AHCA. According to [the survey \(AHCA State of the Sector 2024.pdf \(ahcancal.org\)\)](#), nursing homes have tried numerous tactics to increase interest in their open positions, such as raising wages (90%), offering signing bonuses (78%) and paying for staff’s education (69%). Despite these measures, 65% of facilities report needing 1 to 6 months to fill positions, while 15% say even 6 months is not enough.

The inability to secure more staff contributes to 46% of nursing homes limiting admissions and 20% have closed a unit or wing entirely. These actions reduce care accessibility to the most vulnerable population. As a result of the estimated \$7 billion price tag of the CMS staffing mandate, more than 280,000 residents could be displaced by skilled nursing facility closures, according to AHCA estimates.



## **‘Holistic’ Nursing Home Approach: Attracting New Nurses, Countering CMS Regulations**

As the skilled nursing industry continues to evolve, efforts towards collaboration, innovation and advocacy will be paramount in addressing the challenges and opportunities ahead – along with making the industry “sexier” to potential nurses and healthcare professionals.

The industry can help address the staffing crises by creating training programs similar to those at hospitals. As well as initiatives such as tuition reimbursement and comprehensive preceptorship programs that allow for experienced nurses to support new nurses in transition.

There’s a great need to make the skilled nursing industry more appealing to new nurses and SNFs need to draw lessons from other health care settings by providing opportunities for hands-on training and mentorship. SNFs need to mimic the hospitals to attract the same nurses in terms of benefits. This includes preceptorship programs and not a 2–3-day orientation. But the opportunity for the new nursing team member to have someone to ask questions of, learn from and not just check off a box on a form.

Industry leaders are emphasizing synergy among departments in each facility and among facilities. This synergy can assist in aligning facility goals and ensuring that everyone is doing all that they can for the residents and to assist when there are staffing concerns. Facilities talking with each other to determine where each can focus rather than a full menu of services at each individual facility may assist with staffing needs as well.

Industry experts stress the need for specialized training and education in order to meet the unique needs and demands of the long-term care setting and residents. This education can assist new nurses coming into long term care to feel comfortable and ready to stay in long term care. This education can assist with educating new nurses from school or transitioning from other care levels and developing them into the nurses that long term care is looking for.

It is important for providers to offer continuing education opportunities to all staff, from administrators to housekeepers. Not necessarily to change careers to another department – such as housekeeper to nurse – but in areas that they are interested in and that they can use in their daily work and work relationships. Staff who believe they are invested in feel respected and appreciated and want to stay and assist the provider.

Industry experts also note that it is important for providers to engage in speaking with legislators and industry leaders, so they know the situation in their facility and the industry. This is considered by staff to be a form of support and trying to make change happen, which is respected by staff.

**Providers Are Increasingly Being Held Liable With Employees’ Drug Thefts**



Violations of the Controlled Substance Act, including staff who divert resident medications for themselves/others, may result in providers being found liable under the False Claims Act. This has been noted by attorneys who have been monitoring the federal government's shift on enforcement.

The federal government is no longer only focusing on the diverting employee when there is a controlled substance diversion in a healthcare organization. Instead, the government is demanding answers about how the diversion could have occurred, and when it should have been discovered, focusing on the organization's record keeping, security and reporting practices. This is reported in Healthcare Fraud & Abuse Review 2023 ([Fraud in Healthcare | Bass, Berry & Sims PLC \(bassberry.com\)](#)).

Prosecutors aren't necessarily waiting to find out about diversions. Regulators are focusing on pharmacy audits to pursue administrative resolutions or other types of enforcement. In the right circumstances, drug compliance failures also could be connected to False Claims allegations and become even more expensive for providers.

Skilled nursing providers and their pharmacists must meet strict standards about securing controlled substances. Drug diversion cases in nursing homes are typically isolated, with an individual who has access to medications taking the drugs for personal use or resale. But with the number of opioids being ordered in long term care, these are increasing in frequency.

A study last year ([Theft of Controlled Substances in Long-Term Care Homes: An Exploratory Study - PubMed \(nih.gov\)](#)) reviewed 107 reported diversions at long-term care facilities in Minnesota alone. The authors called the theft of controlled substances by staff members "a largely overlooked form of elder mistreatment" that needs more attention. Researchers found that an average of more than 30 tablets per resident were stolen, most commonly oxycodone, hydrocodone, tramadol, hydromorphone and morphine.

The Review cites a "paradigm shift" in how those diversions will be handled moving forward. It's one that makes the provider or practitioner who employed the drug diverter a party to the enforcement action, rather than a wronged partner supporting the prosecution.

In addition to a drug diverter being jailed or fined for taking resident medications, providers are under increasing threat of being sued for hundreds of thousands of dollars for failing to follow regulations that allow them to bill the Medicare and Medicaid programs.

The risk has grown with the introduction of medication techs in more states, possibly increasing the number of staff who have access to medications in a facility. This may result in increased opportunities for diversion because medication access is no longer limited. But providers must monitor and audit their safeguards to ensure they are being followed and remain sufficient. Providers that are proactive about controlled substance compliance will be in the best position to withstand inevitable government scrutiny.

Major diversion cases are moving closer to the skilled nursing sector. The Review highlights the [August 2023 case](#) against Clarest ([District of Connecticut | Health Care Company and Cheshire Pharmacy Pay \\$500K to Resolve Controlled Substances Act Allegations | United States Department of Justice](#)), a pharmacy chain that serves long-term care, skilled nursing, assisted living and rehab facilities in the Northeast and Midwest. The company paid nearly \$500,000 and entered into a three-year corrective action plan to settle allegations that it violated the Controlled Substance Act.

**CDC Report: Health Facilities Had Over 50 % of Water Pathogens Between 2015-2020**

A Centers for Disease Control and Prevention (CDC) [report \(Surveillance of Waterborne Disease Outbreaks Associated with Drinking Water — United States, 2015–2020 | MMWR \(cdc.gov\)\)](#) published Thursday revealed that pathogens including *Legionella* ([Legionella Toolkit-Version 1.1-June 24, 2021 \(cdc.gov\)](#)) and nontuberculous mycobacteria are the top causes of waterborne disease outbreaks in the United States — and most originate from public water systems that reach nursing homes and assisted living communities.

Pathogens in the water are responsible for approximately 7.15 million illnesses, 118,000 hospitalizations and 6,630 deaths annually in the country. The report said that Exposure to *Legionella* and NTM in drinking water has been linked to 40% of hospitalizations and 50% of deaths, the report said.

A total of 214 outbreaks associated with drinking water were reported in the document and came from 28 states between 2015 and 2020. In total, there were at least 2,140 cases of illness from contaminated drinking water as well as 563 hospitalizations and 88 deaths. The team noted that the outbreaks are largely linked to wells and represented more than half of all cases.

The reporting system specified where outbreaks hit as well. Healthcare facilities such as nursing homes and hospitals, as well as assisted living communities and rehabilitation facilities, were associated with 53% of outbreaks, 21% of cases, 66% of hospitalizations and 87% of deaths. Specifically, *Legionella* was the culprit in 52% of outbreaks, 21% of cases, 65% of hospitalizations and 85% of deaths.

Of the outbreaks, 87% were linked to pathogen biofilms, and 80% involved contaminated water from public water systems. *Legionella* thrives with the aquatic bacteria on the surface of biofilms, which give protection from water disinfection. Biofilms colonize drinking water distribution systems, where they form a habitat for *Legionella* growth in potable water — that can lead to human exposure.

*Legionella* was associated with 98% of biofilm-related outbreaks and was responsible for 92% of public water system outbreaks, 97% of hospitalizations and 98% of deaths. It also was tied to 98% of biofilm-related outbreaks in healthcare facilities, which resulted in 65% of hospitalizations and 85% of deaths reported during the study period.

Preventing outbreaks through biofilm control and water management remains critical in health and non-health settings, authors of the report wrote.





## Pennsylvania Nursing Home Administrator Online Program

### Philadelphia College of Osteopathic Medicine PA-State Approved 120 Hour Nursing Home Administrators Online Program

Take your skills and knowledge of older adults a step further through PCOM's 120 Hour Nursing Home Administrators online program. This Pennsylvania State Board of Examiners of Nursing Home Administrators-approved program is designed to provide the knowledge for those interested in pursuing a career in the long-term care administration field. The faculty of PCOM NHA program are leaders in long-term care who will share their experiences in the clinical and managerial aspects of skilled nursing care.

This 120-hour program is offered completely online and runs from **August 27 – December 17, 2024**. Each week, participants will complete online course requirements asynchronously with an option to engage in live interactive webinars each Tuesday. For those unable to attend the Tuesday webinar, on-demand recorded sessions will be made available.

**For more detailed information or to register, please follow this link:**

<https://conted.pcom.edu/public-catalog/products/303>

If you have any questions, please reach out to [Tinach@pcom.edu](mailto:Tinach@pcom.edu)

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### **PADONA Posts Position Openings to Website**

*PADONA can assist with your recruitment efforts. As a PADONA member, one of your benefits is that PADONA will post your ads for open positions on our website without cost. If you need posting a staffing ad, please send the written ad to Sophie Campbell at [scampbell@padona.com](mailto:scampbell@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.*

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## **YOUR PADONA ASSOCIATION CONTACTS:**

**Executive Director and Board Chair:**

**[cmcmullen@padona.com](mailto:cmcmullen@padona.com)** (Candace McMullen)

**Executive Director Educational Programming and Services:**

**[scampbell@padona.com](mailto:scampbell@padona.com)** (Sophie Campbell)

**Administrative Assistant:**

**[lu@padona.com](mailto:lu@padona.com)** (LuAnn White)

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PADONA is on LinkedIn! Follow us at:  
**[linkedin.com/company/padona](https://www.linkedin.com/company/padona)**

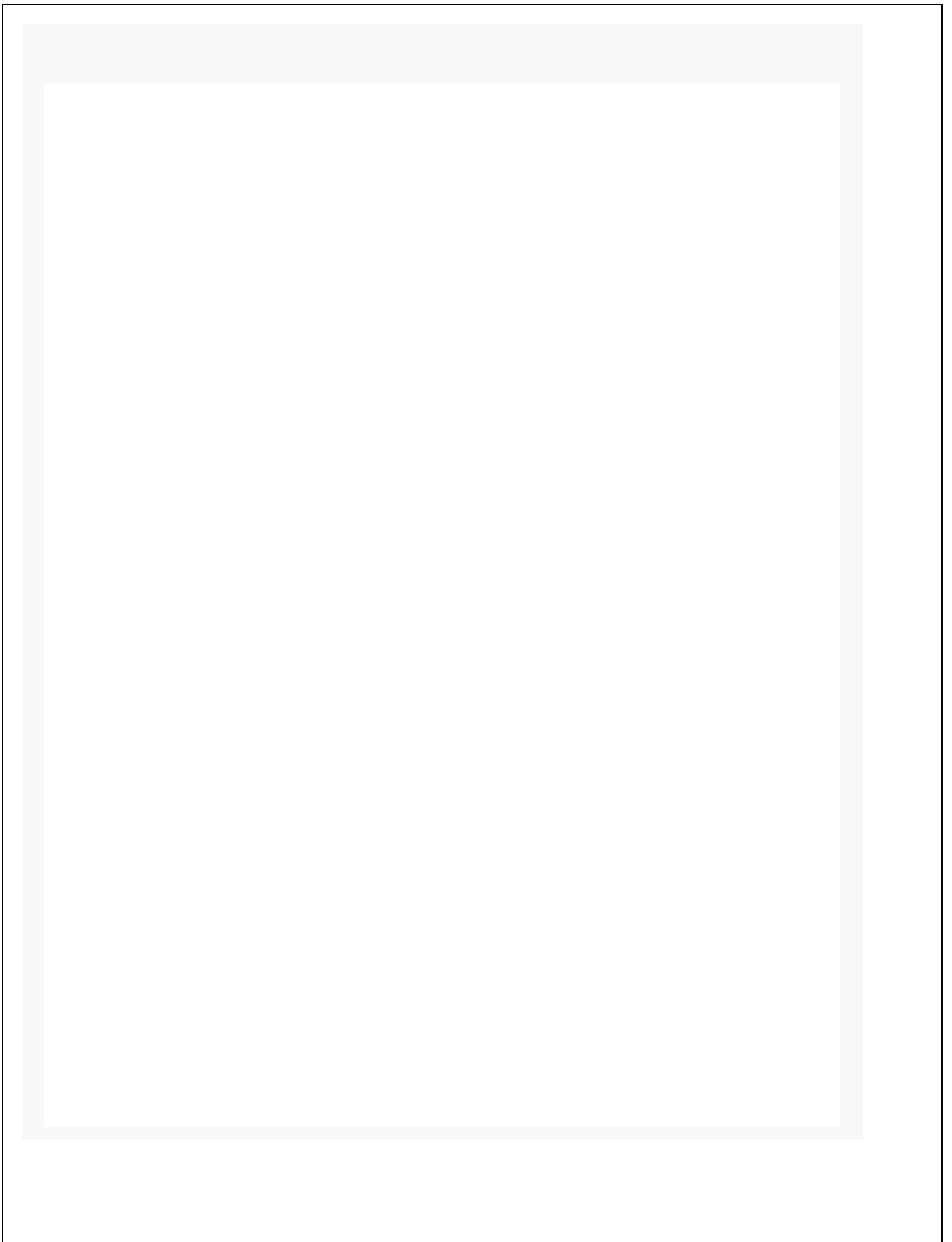
***PADONA is an approved Directed Inservice Training Provider!!***

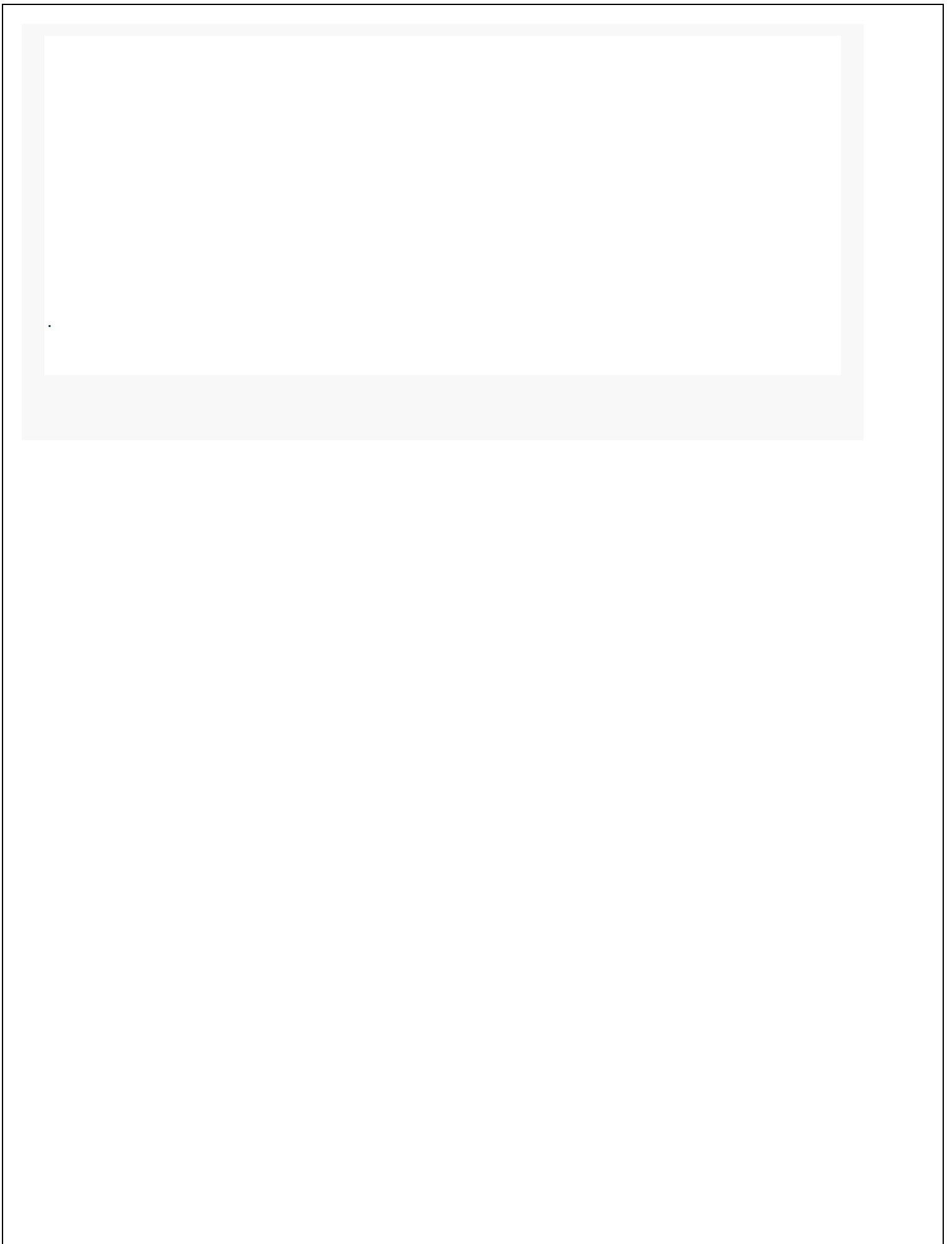
**We offer a Discounted fee with our Directed In-services and all education for providers with at least one PADONA member!**

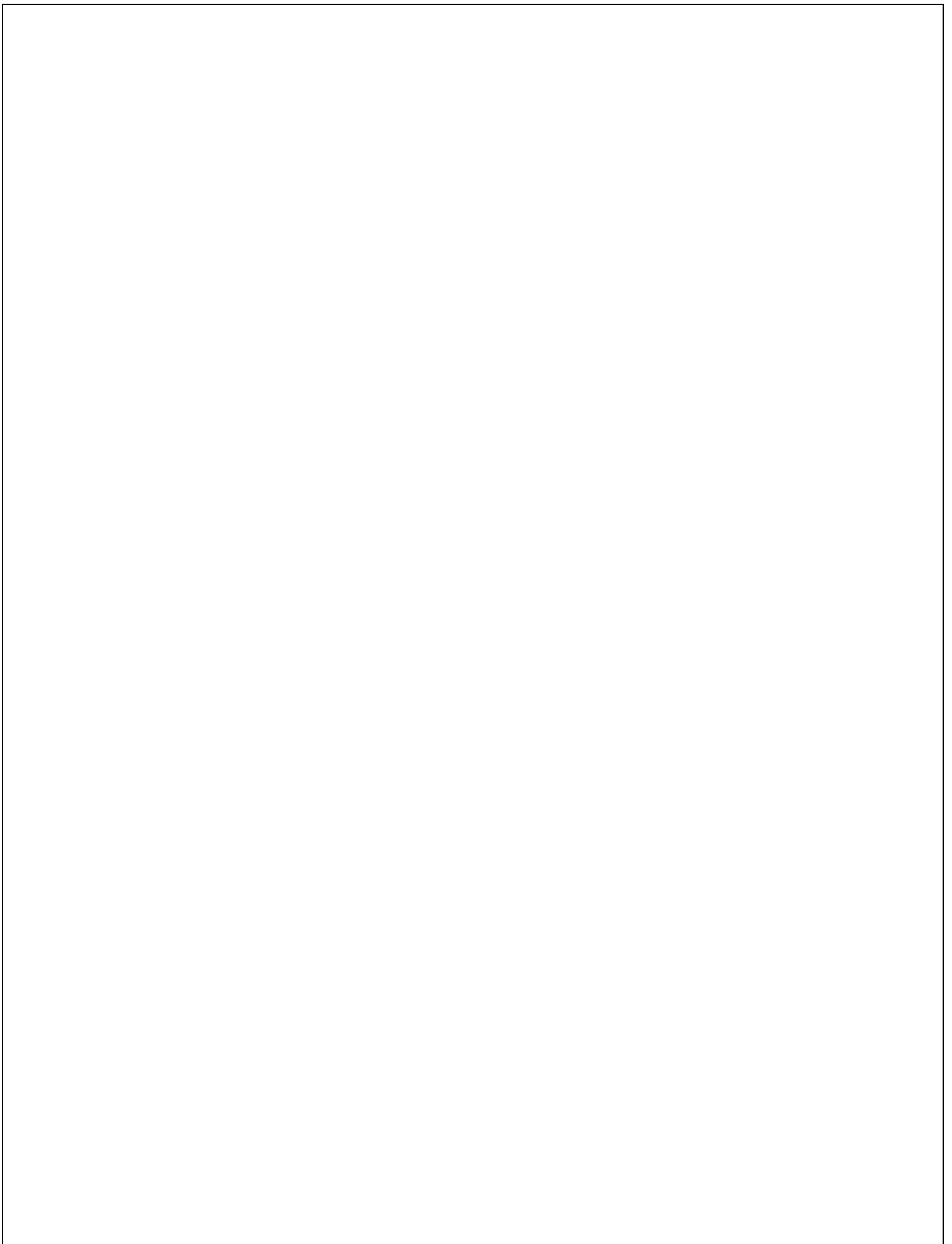
**PADONA provides education for member facilities!**  
**Contact PADONA for your education needs!**

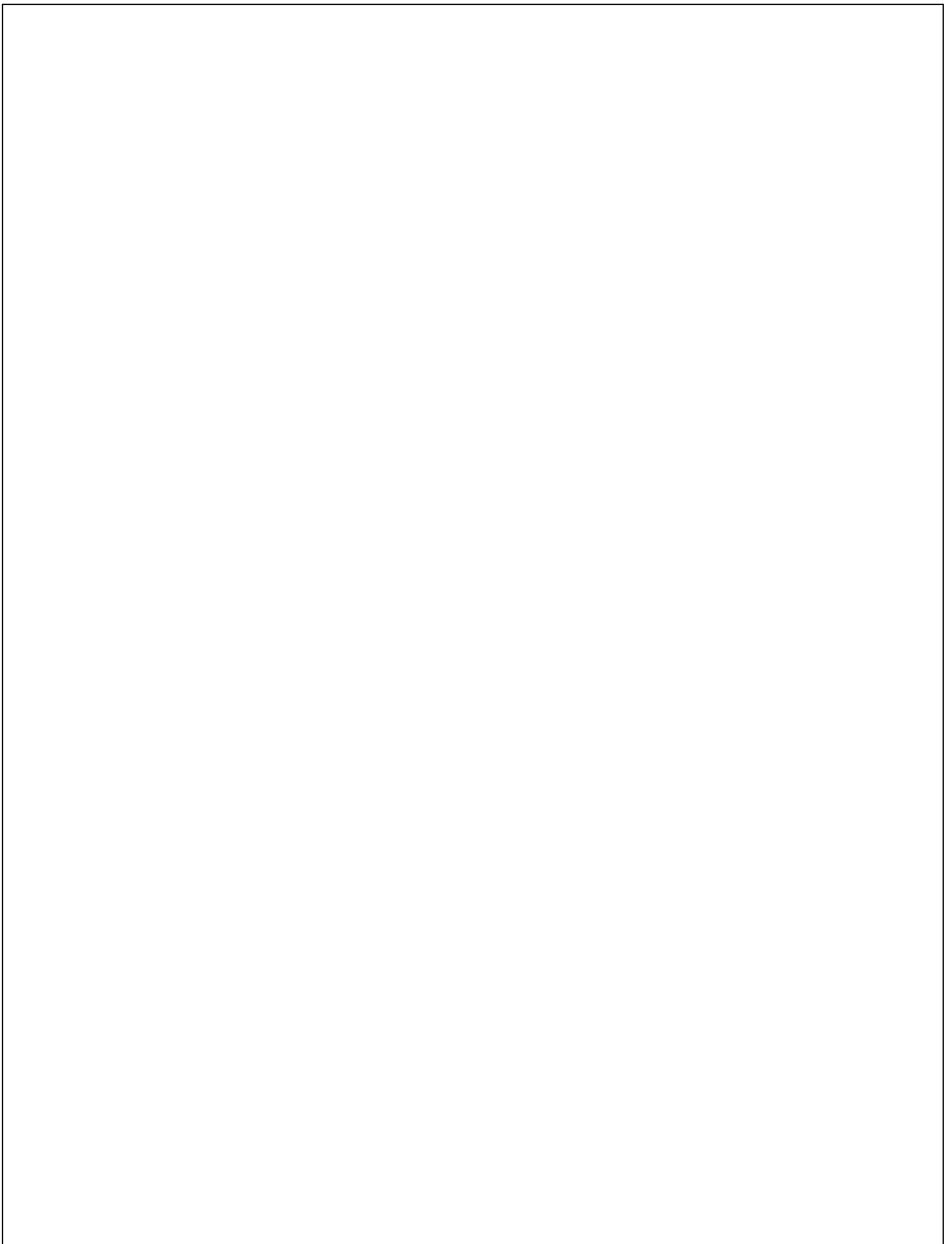
**[scampbell@padona.com](mailto:scampbell@padona.com)**

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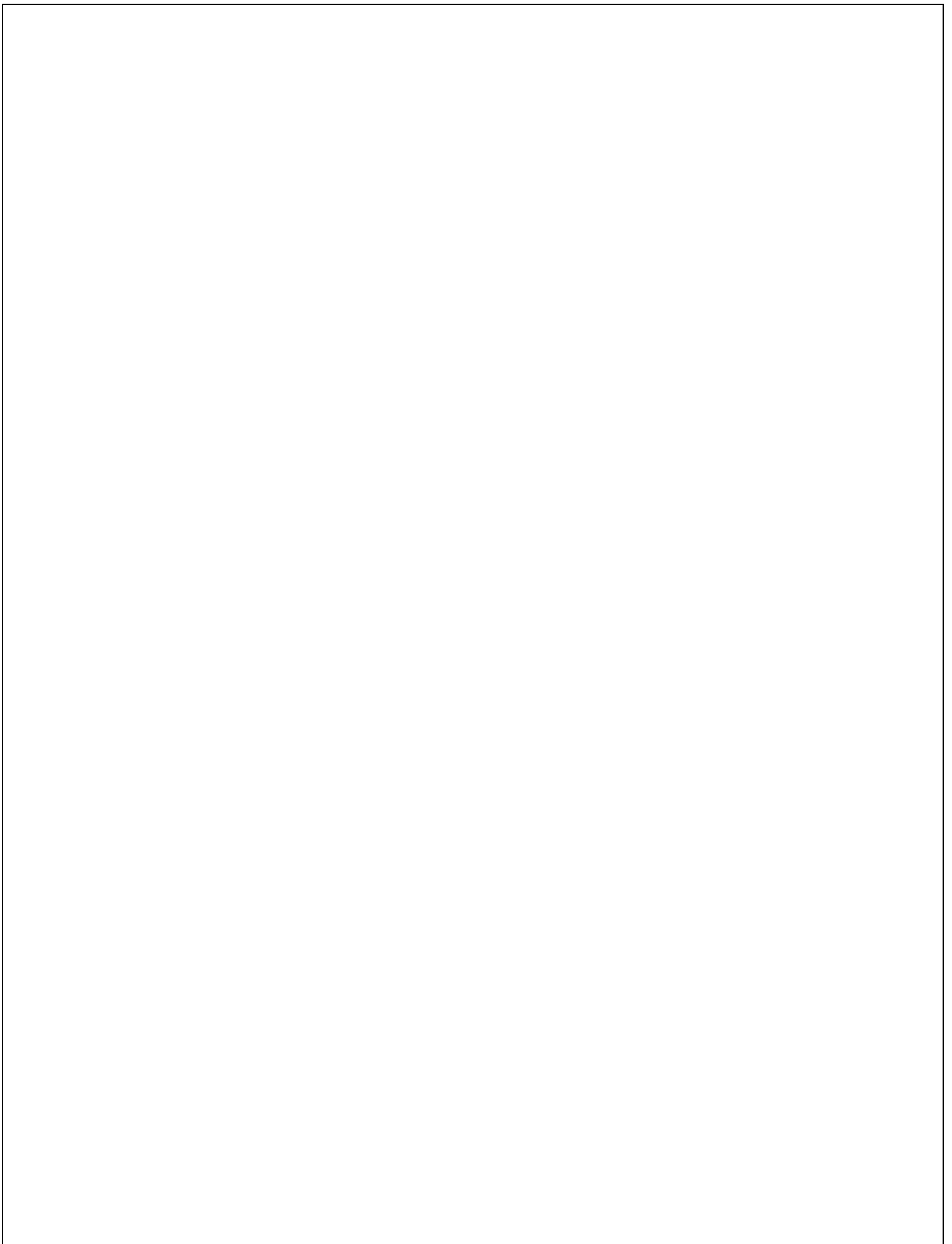






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