

The following represents a summary of revisions/updates that have been made in the State Operating Manual during the period from October 2003 through May 2014. Although there has been a memo sent for each revision, the following summary will serve as a guide to ensure compliance in all areas.

F TAG	TITLE AND SUMMARY OF REVISIONS	RESPONSIBLE FOR COMPLIANCE COMMENTS
161	<b>ASSURANCE OF FINANCIAL SECURITY</b> 1. Each facility must ensure that all resident personal funds and any other funds entrusted to the facility are ensured by a Surety Bond. This bond must cover the total amount of resident personal funds.	Administrator Business Office
202	<b>DOCUMENTATION FOR TRANSFER AND DISCHARGE</b> 1. Documentation by the Physician for residents who transfer or are discharged to another facility must clearly indicate the reason for transfer/discharge. 2. The indication for transfer must not be related to the source of payment.	Medical Director Social Services Nursing
208	<b>ADMISSION POLICY</b> 1. The facility is responsible to inform the resident/significant other of charges covered and not covered by Medicaid insurance	Admission Office Social Services
222	<b>PHYSICAL RESTRAINTS</b> 1. Before the application of a restraint, the facility must determine the specific medical symptom that requires the use of a restraint. 2. The order must state how the use of this restraint will treat the medical symptom and assist the resident in attaining or maintaining the highest degree of wellness	Primary Care Physicians Nursing Social Services
278	<b>ACCURACY OF ASSESSMENTS COORDINATION/CERTIFICATION/PENALTY FOR FALSIFICATION</b> 1. Facilities may use electronic signatures on the MDS. Facilities must have a written policy in place to ensuring the security and protection of the document.	Administration MDS Coordinator
281	<b>SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</b> 1. Facility must ensure that each resident has a sufficient supply of medications and that staff adhere to the facility system for re-ordering medications.	Nursing Pharmacy Consultant <i>(Daily tracking of missed medications and medications not given will help monitor compliance)</i>

286	<p><b>MAINTAINING 15 MONTHS OF RESIDENT ASSESSMENTS</b></p> <ol style="list-style-type: none"> <li>1. Facilities may maintain MDS Data electronically regardless of whether the entire medical record is electronic.</li> <li>2. The MDS assessments must be readily and easily accessible at all times.</li> </ol>	<p>MDS Coordinator <i>(Electronic MDS assessments must be able to be downloaded easily and made available quickly to surveyors)</i></p>
332 333	<p><b>MEDICATION ERROR/FREE OF SIGNIFICANT MEDICATION ERRORS</b></p> <ol style="list-style-type: none"> <li>1. Significant and non-significant medication errors observed at a 5% or greater are cited under F332.</li> <li>2. When a significant medication error is observed during a medication administration observation it should be cited regardless of whether the facility rate is 5% or greater.</li> <li>3. Significant medication errors are also cited in F333</li> <li>4. Medications errors due to failure to follow manufacturers specifications or acceptable professional standards include but are not limited to: <ul style="list-style-type: none"> <li>• Failure to shake a medication that is labeled shake well</li> <li>• Crushing medications or capsules which the manufacturer instructs "do not crush"</li> <li>• Failure to administer the recommended amount of adequate fluid.</li> <li>• Failure to administer the medication with food or antacids when this is recommended by the manufacturer</li> <li>• Failure to ascertain placement of enteral feeding tube prior to administration</li> <li>• When administering medications via enteral feeding tubes, failure to administer each medication separately and failure to flush the tubing between each medication</li> </ul> </li> </ol>	<p>Nursing Medical Director Pharmacy Consultant <i>(The attached download of F332 and F333 goes into specific detail regarding significant versus non-significant medication errors and is a valuable resource.)</i></p>
371	<p><b>SANITARY CONDITIONS/PROCUREMENT OF FOOD</b></p> <ol style="list-style-type: none"> <li>1. The use of pasteurized eggs is recommended. When unpasteurized eggs are used they must be cooked until all parts of the egg are firm.</li> <li>2. Nursing Homes may grow vegetable gardens as long as the Nursing Home is compliant with the food procurement policy. Nursing Homes with a garden should have a policy and procedure in place for maintaining the garden.</li> </ol>	<p>Food Service Director Dietary Department</p>

<p>387 388 390</p>	<p><b>FREQUENCY OF PHYSICIAN VISITS/PERSONAL VISITS BY THE PHYSICIAN/PHYSICIAN DELEGATION OF TASKS</b></p> <ol style="list-style-type: none"> <li>1. In an SNF, only a PMD may conduct the initial physical exam and assessment.</li> <li>2. A Nurse Practitioner/Physician Assistant may conduct a monthly assessment every other month alternating with the PMD.</li> <li>3. The Nurse Practitioner/ Physician Assistant conducting the monthly assessments may not be employed by the facility.</li> </ol>	<p>Medical Director Nursing</p>
<p>425</p>	<p><b>PHARMACY SERVICES</b></p> <ol style="list-style-type: none"> <li>1. The facility must ensure that each resident has a sufficient supply of his or her medications.</li> <li>2. The facility must have a policy and procedure to follow when residents' medications are unavailable.</li> <li>3. Facilities must collaborate with pharmacists to ensure that all medication provided is obtained from an approved source and does not violate the FFDCa.</li> <li>4. Facilities must ensure that correct medicine is administered in the correct dose in accordance with the manufacturers' recommendation. This includes proton pump inhibitors, metered dose inhalers and medications given via enteral feeding tubes. Emphasis on the following areas with respect to medication administration is noted: <ul style="list-style-type: none"> <li>• Specific attention to site documentation</li> <li>• Adherence to the parameters for administration</li> <li>• Proper checking for enteral feeding tube placement</li> <li>• Proper preparation for administration of drugs via enteral feeding tube</li> </ul> </li> </ol>	<p>Nursing Pharmacy Consultant</p>
<p>428</p>	<p><b>DRUG REGIMEN REVIEW</b></p> <ol style="list-style-type: none"> <li>1. The resident's drug regimen review must be conducted at least monthly by a licensed pharmacist. This includes: <ul style="list-style-type: none"> <li>• Residents receiving Hospice Care</li> <li>• Have an anticipated stay of less than 30 days</li> <li>• Have experienced a significant change in condition</li> <li>• A complex resident during the transition from hospital to SNF</li> <li>• Residents receiving respite care</li> </ul> </li> </ol>	<p>Nursing Pharmacy Consultant <i>(Nursing must be in communication with the Pharmacy Consultant to alert them regarding drug regimen reviews that may need to be done outside the routine schedule)</i></p>

431	<p><b>SERVICE CONSULTATION</b>  <b>LABELING OF DRUGS AND BIOLOGICALS</b>  <b>STORAGE OF DRUGS AND BIOLOGICALS</b></p> <ol style="list-style-type: none"> <li>1. Facility must ensure that all staff adheres to the standards of professional practice re: the monitoring, storing, and counting of controlled substances.</li> <li>2. If the facility identifies that controlled substances have been diverted, the facility must notify the appropriate state and local agencies. (This includes but is not limited to the local law enforcement agency, Drug Enforcement Agency, Health Department, and Office of Professional Licensing)</li> </ol>	<p>Nursing  Pharmacy  Consultant  <i>(Yearly Competency check should be done on all licensed nurses to ensure compliance and best practices with regards to controlled substances)</i></p>
441	<p><b>INFECTION CONTROL</b></p> <ol style="list-style-type: none"> <li>1. Facilities must establish policies that when medication is administered from a multi-dose vial the vial must be labeled for a single resident only. Multi-dose vials should not be used for more than one resident. <i>WHEN POSSIBLE</i></li> <li>2. Facility must ensure that insulin pens are clearly labeled for each individual resident and that staff are in serviced on the safe use of such.</li> <li>3. Facility must ensure that when not in use, washing machines are open to air to allow machine to dry completely and prevent the growth of microorganisms.</li> <li>4. Facility that uses Ozone cleaning systems for laundry must have a written agreement with the laundry service and a policy and procedure in place</li> <li>5. Facilities must have written policies and procedures which include training for staff who handles linens and laundry.</li> </ol>	<p>Nursing  Pharmacy  Consultant  Director of Housekeeping  Director of Maintenance</p>
492	<p><b>COMPLIANCE WITH FEDERAL STATE AND LOCAL LAWS AND PROFESSIONAL STANDARDS</b></p> <ol style="list-style-type: none"> <li>1. Facility must be in compliance with Federal, State, and local laws regulations and codes relating to health, safety, and sanitation.</li> <li>2. The facility must follow professional standards and principles that apply to professionals providing services in facilities.</li> </ol>	<p>Administration  Nursing  Social Services  <i>(Routine checking of the non-Medicare/Medicaid provider list as well as systematic checking of licenses and certifications will assist with compliance)</i></p>

514	<p><b>CLINICAL RECORDS</b></p> <ol style="list-style-type: none"> <li>1. Electronic signatures are acceptable whether or not the record is entirely electronic, and when permitted to do so by state and local law.</li> <li>2. Facilities must have policies in place that identify those that are authorized to sign electronically and describe the safeguards to prevent unauthorized use of electronic signatures.</li> <li>3. Facilities must have a built in safeguard to minimize the possibility of fraud.</li> <li>4. Facilities must ensure that each staff member has an individualized identifier</li> <li>5. Facilities must be able to provide direct print capability of any part of the medical record in a time frame that does not impede the survey process</li> <li>6. Facilities must provide the surveyor with access to the electronic medical record as well as any needed education, and/or assistance in obtaining information from the electronic record.</li> <li>7. Facilities must ensure that data is backed up ,secure and access does not impede the survey process or the provision of care and services to the resident</li> </ol>	<p>Administration Nursing Medical Records Electronic Medical Records Company</p>
516	<p><b>RESIDENT IDENTIFIABLE INFORMATION/SAFEGUARD AGAINST LOSS, DESTRUCTION OR UNAUTHORIZED USE</b></p> <ol style="list-style-type: none"> <li>1. Facilities that utilize electronic Health Records are responsible for ensuring the necessary back up of data and security of information in the resident's medical record.</li> <li>2. Facilities using Electronic Health Records must ensure that computer screens showing clinical record information are not left unattended, and that they are not readily observable or accessible by other residents and visitors.</li> <li>3. Facilities using Electronic Health Records must ensure that there are no publicly posted passwords which would be evidence of noncompliance with confidentiality.</li> </ol>	