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ALABAMA PUBLIC HEALTH

HEALTH PROVIDER STANDARDS UPDATE

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Director's Words

Effective July 1, several changes were made within the Department of Public Health which entailed changes in our Bureau. Dr. Geary assumed the role of Assistant State Health Officer for Regulatory Affairs which includes the Office of Radiation Control, the Office of Emergency Medical Services, and the Bureau of Health Provider Standards. Dr. Geary will continue to serve as medical consultant to BHPS.

I have been appointed as the Director of Health Provider Standards. I accepted this position knowing the challenges that lie ahead. While I am relatively new to Health Provider Standards, I am not new to regulatory functions or to the department. I have been employed by ADPH for 22 years. I started my career in the Office of General Counsel and have served as the vendor manager for the Women, Infants and Children's Program as well as the State EMS Director.

I guess I am a little old fashion when it comes to people. There was a time when people would sit on the front porch and greet and talk to friends and neighbors, but over the past several decades, we have seen individuals leave their front porches and move to the backyard. No longer are people sitting and talking. We now communicate through text, emails and phone, rarely do we sit down and have an honest conversation. I am a firm believer that most problems or issues can be solved by having an honest face-to-face conversation.

I believe my responsibility for regulatory oversight and your responsibility for providing quality medical services actually reflect a shared goal of doing what is best for the citizens we serve. As such, this does not make us adversaries and it is my sincere desire to have a respectful, honest relationship with each of you built on integrity. It is my hope you will join me in the endeavor as we continue to serve the healthcare needs of the public.

Dennis Blair
Director, Bureau of Health Provider Standards

How to Complete the Statement of Deficiencies and Plan of Correction: CLIA

By Jeff Meank

If your laboratory recently had a survey (inspection) by a CLIA surveyor and the surveyor found several areas of non-compliance with the CLIA regulations in your laboratory, the surveyor formally cites the deficiencies on the Form CMS-2567, Statement of Deficiencies and Plan of Correction.

Form CMS-2567 serves several important functions, including the following:

- Documents specific deficiencies were found, as well as documents when there are no citations;
- Documents the laboratory's receipt of the deficiency notice;
- Discloses to the public the laboratory's deficiencies and what is being done to remedy them;
- Provides an opportunity for the laboratory to refute survey findings and to furnish documentation that requirements are met; and
- Documents the laboratory's plans and time frames for correcting deficiencies.

The surveyor has 10 days from the survey date to complete and mail the Form CMS-2567 to the laboratory. If there are citations, except when immediate jeopardy is identified at the survey, the laboratory has 10 days to complete and return a plan of correction (PoC) or credible allegation of compliance (AoC).

After the laboratory receives the Statement of Deficiencies, Form CMS-2567, the laboratory enters its planned action to correct each deficiency and the expected completion date in the section opposite the appropriate data tag (D-tag) number. The D-tag number corresponds to the regulation being cited. If a deficiency has been corrected since the survey, the laboratory should indicate this on the form along with the date of correction and include evidence (i.e., documents, procedures, training records, etc.).

As the laboratory completes the plan of correction, the plan must be specific for the deficient practice and use realistic time frames for completion. The PoC must address each of the following:

- How the deficient practice will be corrected or how it was corrected;
- What corrective action(s) have been taken for patients found to have been affected by the deficient practice;
- How the laboratory has identified other patients having the potential to be affected by the deficient practice and what corrective action(s) has been taken;
- What measures have been put into place or systemic changes have been made to ensure that the deficient practice does not recur, and;
- How the corrective action(s) is being monitored to ensure the deficient practice does not recur.
- Indicate the individual that will be responsible for monitoring and ensuring that the correction prevents the recurrence of the deficiency. Do NOT use specific names.
- For each D-tag include a realistic date of correction by the month, day and year.
- The laboratory director or other authorized official must sign and date the Form CMS-2567 on which the laboratory's PoC is written.

IF THE ABOVE ITEMS ARE NOT INCLUDED ON YOUR PLAN OF CORRECTION, WE WILL BE UNABLE TO ACCEPT IT.

After completing the PoC, the laboratory should make a copy for its records and return the original to the Bureau of Health Provider Standards within 10 days of receipt.

The overall purpose of the Statement of Deficiencies and Plan of Correction is to ensure that the laboratory takes the steps necessary to resolve a deficient practice and maintain compliance. The goal is for the laboratory to provide accurate and reliable patient test results.

State Advisory Council on Palliative Care and Quality of Life: Medicare Other Unit

By Carter Sims

The State Advisory Council on Palliative Care and Quality of Life was created in 2015 to establish a palliative care consumer and professional information and education program. The Council holds quarterly meetings at the RSA Tower. For additional information about the Council, meetings, agendas and minutes please go to our website: http://adph.org/HEALTHCAREFACILITIES/index.asp?ID=7448

Reporting Abuse, Neglect and Misappropriation of Property Special Investigations

By Ray Gibson

In an effort to save nursing facilities' time and to facilitate the investigative review process, the Alabama Department of Public Health (ADPH), recommends that specific information be included in the facility's five-day report. In particular, ADPH requires specific information pertaining to the named suspect in the reporting of abuse, neglect or misappropriation of property as follows:

- **Alleged suspect's** full name
- Most current address known
- Social Security Number
- Date of birth
- Telephone number(s) (Note: If available, provide alternate telephone numbers such as cell phone and the name and telephone number of the person designated to contact in case of an emergency.)
- **Witness's** full name
- Most current address known
- Telephone number(s) (Note: If available, provide alternate telephone numbers such as cell phone and the name and telephone number of the person designated to contact in case of an emergency.)

Additionally, in the written narrative, ADPH requires that the facility should provide a conclusion in its investigation. The conclusion conveys the facility's decision about abuse, neglect or misappropriation of property based on the investigation. That judgment should be specific as to whether or not the facility was able to identify adequate proof that abuse, neglect or misappropriation of property occurred. For example, in many cases, the behavior of the named suspect is accurately established to be inappropriate, unprofessional, rude and/or in violation of the facility's policies and procedures and standards of care. However, the facility's administration may have decided that the suspect's behavior did not rise to the level of abuse as defined by CMS in the State Operations Manual. The conclusion should be incorporated in the five-day investigation report.

Providing all the requested and necessary information in the initial report eliminates need for additional time and expense incurred to provide missing information later, whether by telephone, mail or parcel service. Providing all the information at the outset helps prevent delays and enables ADPH to better expedite the investigation review process.

Facilities Should Purchase a 2012 Life Safety Code: Facilities Management

By Victor Hunt

The CMS adoption of newer fire codes will be enforced on surveys beginning July 5, 2016. We recommend that each facility purchase a copy of the 2012 Edition of NFPA 101 (Life Safety Code) for reference. The Code can be purchased at www.catalog.nfpa.org

Dementia Training For CNAs in the Nursing Home

Please be sure your nurse aide training programs include initial and annual dementia management and resident abuse prevention training for all nurse aides. Section 6121 of the Patient Protection and Affordable Care Act (PPACA) of 2010 amended Sections 1819(f)(2)(A)(i)(I)) and 1919(f)(2)(A)(i)(I) of the Social Security Act to require that nurse aide training must include initial and annual dementia management and patient abuse prevention training for all nurse aides.

In an effort to enhance communication between the Bureau of Health Provider Standards of the Alabama Department of Public Health and health care facilities in Alabama, we have begun publishing this quarterly newsletter. We intend to provide updates and information to assist you in your role as a health care provider in Alabama. After this first printed issue is distributed, this will become an e-newsletter that will be available on our website, adph.org. If you would like to continue receiving this newsletter, please send us your e-mail address(es) to be added to our subscription list and we will send you a link to our e-newsletter.

We welcome your input and suggestions on topics of interest to you as a health care facility leader. Please let us know what types of information you would like included in this newsletter by e-mailing rosemary.coggins@adph.state.al.us.

Portable Do Not Attempt Resuscitation Orders for Alabama

For nearly 20 years, many diverse organizations have been advocating for a DNAR order form that would be accepted and implemented on completion in one location and remain valid and accepted upon transfer to any new location. Nineteen states have endorsed through statute the POLST (Physician/ Practitioners Orders for Life Sustaining Treatment) Form and 25 other states are working on legalizing such a form.

This effort got really serious in Alabama about three years ago, combining the efforts of the Alabama Nursing Home Association, the Alabama Hospital Association, the Medical Association of the State of Alabama, the Alabama Medical Directors Association, the Alabama Department of Public Health and advocates from the hospice, home health and palliative care communities. Last year a statewide group of providers convened the TOPP (Transportable Orders for Patient Preferences) Alabama Coalition (alabamatopp.org). Through many hours of conference calls, meetings, and reviews and revisions of draft proposals, a final draft of amendments to the Alabama Natural Death Act was sponsored by State Senator J. T. Wagoner and many others, made it through the various committees and passed both chambers of the legislature in March of 2016. Act 2016-96 guarantees the recognition of the constitutional right of a citizen to have his/her healthcare decisions followed immediately on transfer from one care location to the next.

The Department of Public Health was given the task of developing the rules and form to implement this law. These were presented in draft form to the State Committee of Public Health at its June meeting and approved for public comment. A public hearing will be held on July 13, 2016, at 9:30 a.m., Suite 1554 at the Department offices at 201 Monroe St., Montgomery. Alabama is not adopting a POLST form but the Act, and the rule and form as proposed, rectify a long-standing problem relating to acceptance of DNAR orders coming into a facility from an outside physician. For further information and a copy of the proposed rule and form, please contact me at: wt.geary@adph.state.al.us.

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