
CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 102

Date: February 14, 2014

NOTE: Transmittal 102, dated February 14, 2014, is being re-issued to include revision information in the affected sections that was erroneously omitted. All other information remains the same.

SUBJECT: State Operations Manual (SOM) Appendix Q revisions for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

I. SUMMARY OF CHANGES: Revisions have been made to Appendix Q, Guidelines for Determining Immediate Jeopardy – Attachments A and C, to reflect the federally mandated ICF/IID nomenclature (the nomenclature is no longer ICF/MR).

NEW/REVISED MATERIAL - EFFECTIVE DATE: February 14, 2014
IMPLEMENTATION DATE: February 14, 2014

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix Q-Guidelines for Determining Immediate Jeopardy/VIII-Enforcement/ A-Termination for Title XIX-Only NFs, ICFs/IID
R	Appendix Q-Guidelines for Determining Immediate Jeopardy/Attachment A
R	Appendix Q-Guidelines for Determining Immediate Jeopardy/Attachment C-Overview Recommended Key Components of Systemic Approach to Prevent Abuse and Neglect

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements

	One-Time Notification
	One-Time Notification -Confidential
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

State Operations Manual

Appendix Q - Guidelines for Determining Immediate Jeopardy –

(Rev.102, Issued: 02-14-14)

VIII - Enforcement

(Rev.102, Issued: 02-14-14, Effective: 02-14-14, Implementation: 02-14-14)

A - Termination for Title XIX-Only NFs, ICFs/**IID**

Refer to SOM §3005 E for specific instructions.

Attachment A

(Rev.102, Issued: 02-14-14, Effective: 02-14-14, Implementation: 02-14-14)

The jeopardy situations that follow are actual citations that have been upheld.

IMMEDIATE JEOPARDY NOT REMOVED BEFORE EXIT

ICF/**IID** Failed Practice

Condition of Participation - The facility failed to assure medical services were provided to a client with an emergency medical condition.

Summary - At 4:30 a.m. on x/x/x, the nursing staff was notified that Client #1 had not slept during their shift and had three to four liquid stools that night. Nursing staff assessed the client, found his bed smeared with feces (color and consistency not described), his color slightly pale, abdomen slightly distended, and dried blood around his mouth. Assessed vital signs were blood pressure 100/60, heart rate 70 beats per minute, temperature 100.5 degrees Fahrenheit. His treatment consisted of Tylenol (given orally) at 5:10 a.m.

At approximately 5:45 a.m., Client #1 became unsteady while exiting the bathroom and was lowered to the floor with staff assistance. At 6:00 a.m., the client was described as, “skin cold, clammy - color pale.” His blood pressure had dropped to 88/50, heart rate 85 beats per minute, oxygen saturation 93%. The client was placed on oxygen at 5 liters per minute and preparations were initiated to transfer the client to the infirmary.

At 6:25 a.m., Client #1 was still on the floor outside of the bathroom and the records indicated he was unresponsive. His blood pressure was 80/50, and his heart rate dropped to 67 beats per minute. The client tried to remove the nasal cannula that supplied him with oxygen and “insisted on sitting up.” After sitting up, his skin was documented as

decreased in color and “sallow.” He had coffee ground drooling coming from both corners of his mouth.

At 6:40 a.m., the community emergency response number (911) was called. At 6:45 a.m., Client #1 was documented as being unresponsive with absent blood pressure, pulse, and respirations. Cardiopulmonary Resuscitation (CPR) was initiated. At 6:49 a.m., the community 911-response team arrived and took over CPR. The client expired at 7:00 a.m..

The Superintendent stated that staff were expected to use their own judgment as to when to access 911 emergency services. Review of facility Procedure #X revealed a lack of clear guidelines to facility staff on when to call for community 911 emergency response.

Issue - Failure to protect from neglect.

Trigger - Failure to adequately monitor and intervene for serious medical/surgical conditions.

Decision Making:

- Has actual harm occurred? Yes
- Does the harm meet the definition of Immediate Jeopardy, e.g., serious injury, harm, impairment, or death to an individual? Yes
- Is the harm likely to recur in the very near future, if no immediate action is taken? Yes
- Did the entity have knowledge of the situation? Yes If so, when did the entity first become aware? On the night shift.
- Did they thoroughly investigate the circumstances? No
- Did they implement corrective measures? No
- Does this meet the definition of Immediate Jeopardy? Yes
- Which is the most appropriate tag to define the failed practice? Cite the most appropriate tag at the Condition of Participation level for Immediate Jeopardy.

Outcome - The team cited the Condition of Participation, Health Care Services (Tag W318). The facility implemented a corrective action plan after receiving written notice. Onsite revisit confirmed correction.

Attachment C - Overview - Recommended Key Components of Systemic Approach to Prevent Abuse and Neglect

(Rev.102, Issued: 02-14-14, Effective: 02-14-14, Implementation: 02-14-14)

Examples--Key Components applied to the following provider types:

Key Components Applicable To All Providers

1. Prevent

The facility or system has the capacity to prevent the occurrence of abuse and neglect and reviews specific incidents for “lessons learned” which form a feedback loop for necessary policy changes.

Nursing Homes

Regulation Authority: 483.13(b), 483.13(c), 483.13(c)(3)

Survey Guidance - Surveyors determine if:

The facility must develop and implement written policies and procedures that include the seven key components: screening, training, prevention, identification, investigation, protection and reporting/response; the facility identifies, corrects and intervenes in situations in which abuse or neglect is more likely to occur, and the facility identifies characteristics of physical environment and deployment of staff and residents (e.g., those with aggressive behaviors) likely to precipitate abuse or neglect.

ICFs/ID

Regulation Authority: 483.420(a)(5), 483.420(d)(1), 483.420(d)(1)(I)

Survey Guidance - Surveyors determine if:

The facility has and implements abuse prevention policies and procedures; and the facility organizes itself in such a manner that individuals are free from threat to their health and safety.

2. Screen

The facility or system provides evidence and maintains efforts to determine if persons hired have records of abuse or neglect.

Nursing Homes

Regulation Authority - 483.13(c)(1)(ii) (A)&(B)

Survey Guidance - Surveyors determine if: The facility screens potential employees for a history of abuse, neglect, or mistreating residents as defined by the applicable requirements.

ICFs/IDD

Regulation Authority - 483.420(c)(1)(iii)

Survey Guidance - Surveyors determine if: The facility screens potential employees to prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect, or mistreatment.

3. Identify

The facility or system creates and maintains a proactive approach to identify events and occurrences that may constitute or contribute to abuse and neglect.

Nursing Homes

Regulation Authority - 483.13(c)(2)

Survey Guidance - Surveyors determine if: The facility identifies events such as suspicious bruising of residents, occurrences, patterns and trends that may constitute abuse; and determine the direction of the investigation.

ICFs/IDD

Regulation Authority - 483.420(a)(5)

Survey Guidance - Surveyors determine if: The facility identifies patterns or isolated incidents of unexplained functional regression, or other evidence of physical, verbal, sexual or psychological abuse or punishment posing a serious and immediate threat to individuals.

Train

The facility or system, during its orientation program, and through an ongoing training program, provides all employees with information regarding abuse and neglect and related reporting requirements, including prevention, intervention and detection.

Nursing Homes

Regulation Authority - 483.74(e)

Survey Guidance - Surveyors determine if: The facility has procedures to train employees, through orientation and on-going sessions, on issues related to abuse prohibition practices.

ICFs/ID

Regulation Authority - 483.420(d)(1), 483.430(e)(1)

Survey Guidance - Surveyors determine if: Facility ensures that staff can define what constitutes abuse and punishment and actively promotes respect for individuals; and facility assures that staff have received training, both upon hiring and on an ongoing basis, which results in the competencies needed to do their job.

5. Protect

The facility or system must protect individuals from abuse and neglect during investigation of any allegations of abuse or neglect.

Nursing Homes

Regulation Authority - 483.13(c)(3)

Survey Guidance - Surveyors determine if: The facility has procedures to protect residents from harm during an investigation.

ICFs/ID

Regulation Authority - 483.430(d)(3)

Survey Guidance - Surveyors determine if: The facility prevents further potential abuse while the investigation is in progress.

6. Investigate

The facility or system ensures, in a timely and thorough manner, objective investigation of all allegations of abuse, neglect, or mistreatment.

Nursing Homes

Regulation Authority - 483.13(c)(2)(3)&(4)

Survey Guidance - Surveyors determine if: The facility has procedures to investigate different types of abuse; and identify staff member responsible for the initial reporting of results to the proper authorities.

ICFs/ID

Regulation Authority - 483.420(d)(3)

Survey Guidance - Surveyors determine if: The facility investigates all injuries of unknown origin and allegations of mistreatment, neglect, or abuse.

7. Report/ Respond

The facility or system must assure that any incidents of substantiated abuse and neglect are reported and analyzed, and the appropriate corrective, remedial or disciplinary action occurs, in accordance with applicable local, State or Federal law.

Nursing Homes

Regulation Authority - 483.13(c)(1)(iii), 483.13(c)(2), 483.13(c)(4)

Survey Guidance - Surveyors determine if: The facility has procedures to report all alleged violations and substantiated incidents to the State agency and to all other agencies, as required, and to take all necessary corrective actions, depending on the results of the investigation; report to State nurse aide registry or licensing authorities any knowledge it has of any action by a court of law which would indicate an employee is unfit for service, and analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.

ICFs/ID

Regulation Authority - 483.420(1)(6), 483.420(d)(2), 483.420(d)(4)

Survey Guidance - Surveyors determine if: The results of all investigations are reported to the administrator or designated representative or to other officials in accordance with State law within 5 working days of the incident and, if the alleged violation is verified, appropriate corrective action is taken.