

Hill and Workforce Updates

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Associate VP of Workforce & Constituency Services

September 25, 2024





State of the Industry

State

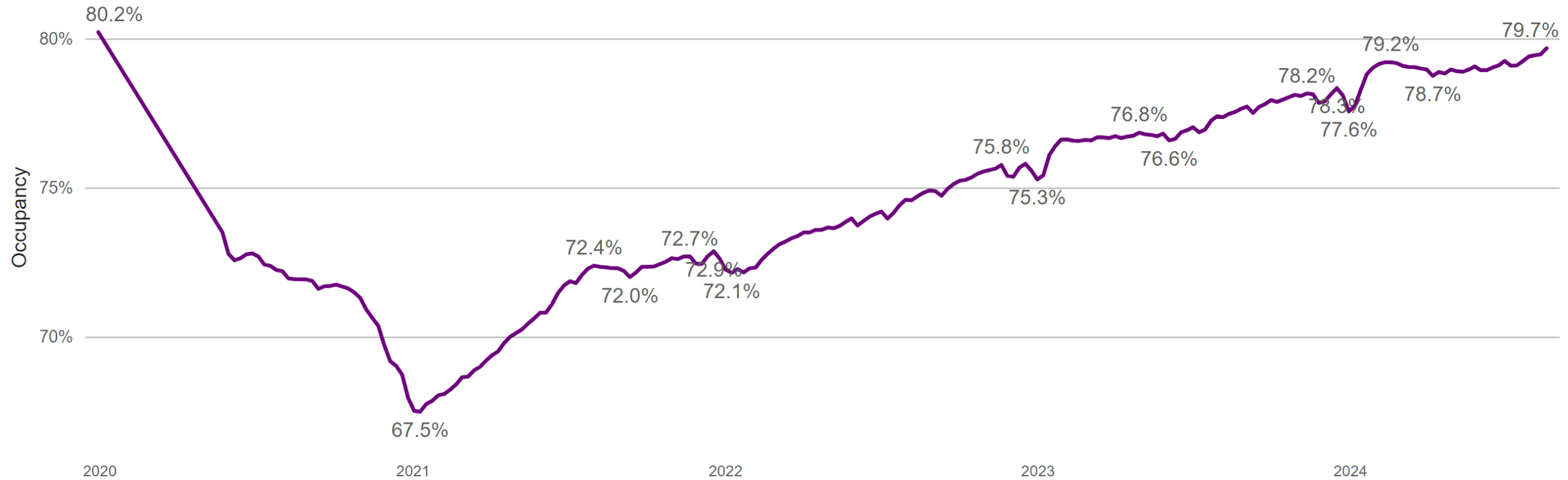
All

Nursing Home Occupancy

Current Average Occupancy

79.7%

Average Occupancy



Data Through Week Ending:

August 18, 2024

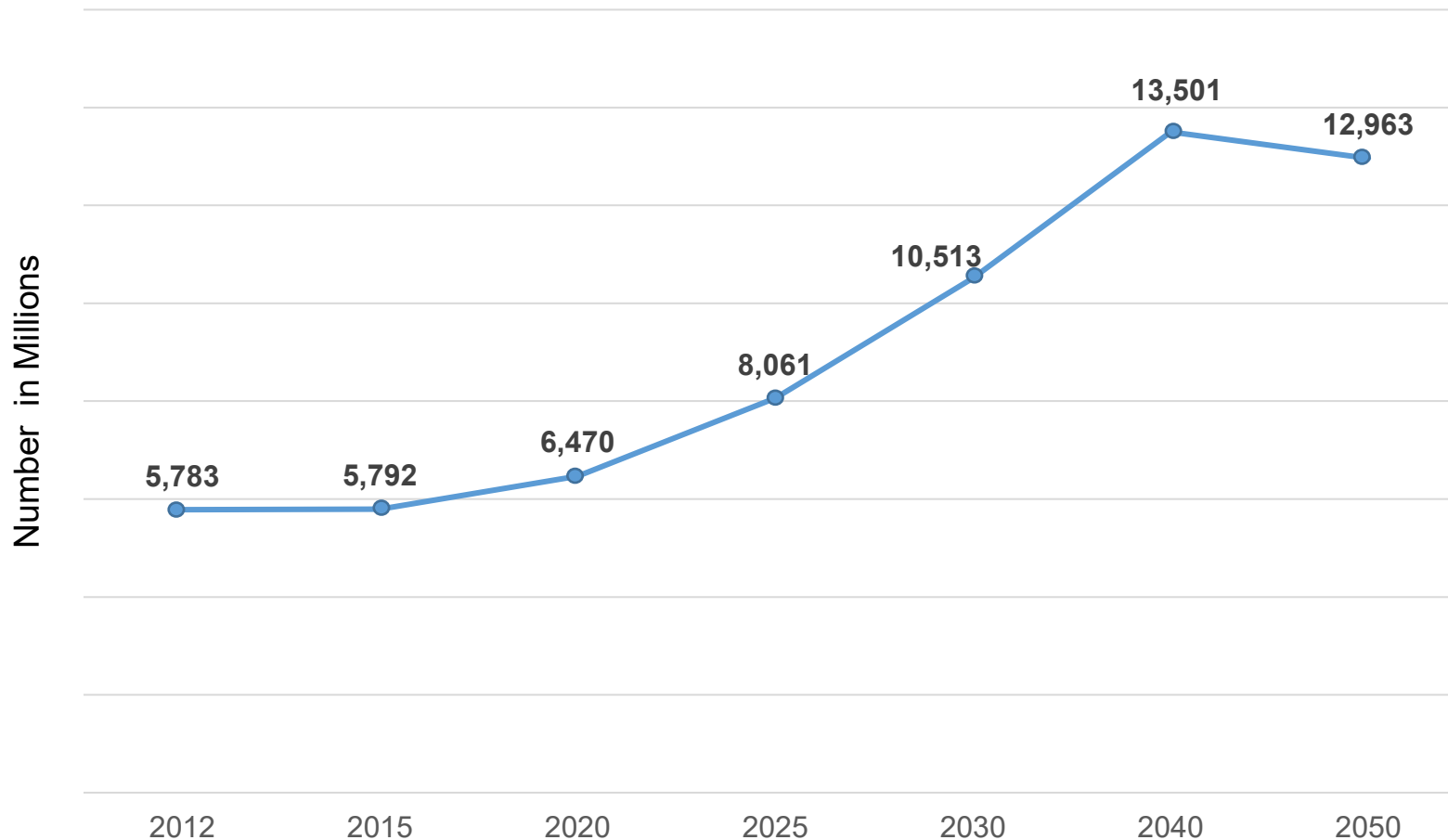
Source: Payroll-Based Journal (PBJ) and NHSN

Notes: PBJ data used to calculate 2019 average occupancy. All other occupancy data based on NHSN.



Aging of Population Is Still Occurring

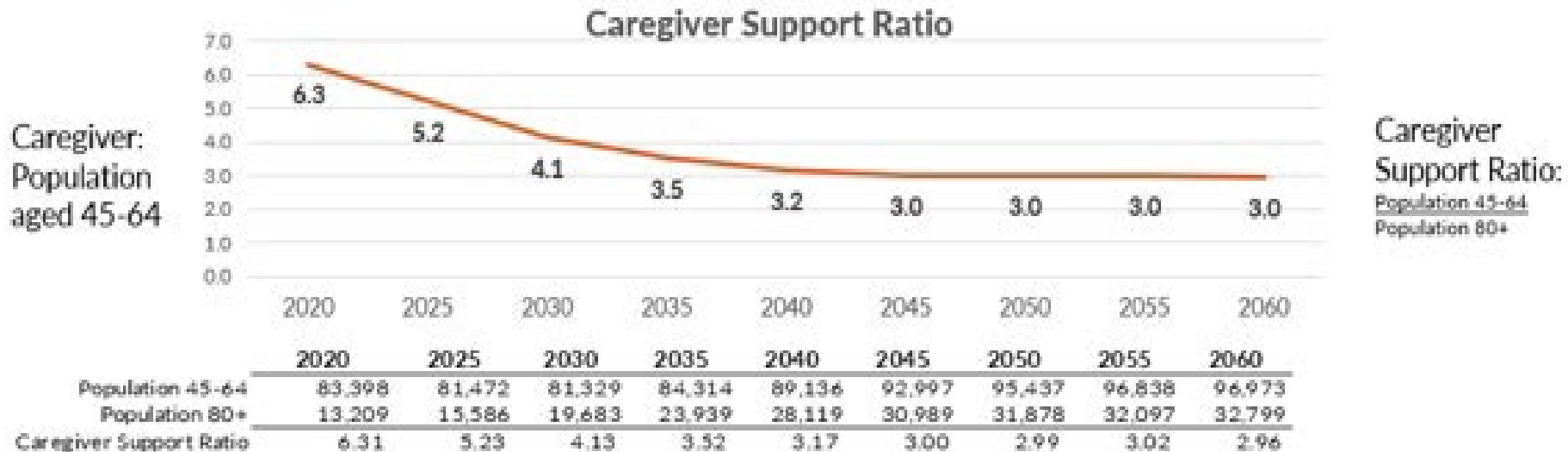
Population Growth – 80-84 Years





Number of Caregivers Will Decrease

- Caregiver support ratio represents the 45-64 population divided by the 80+ population. This means there will be less people to care for the 80+ population causing more seniors to seek housing and care outside of their home.
- At any point, 6 percent of adult children serve as caregivers, and 17 percent will take on this role at some point in their lives
- Those who do provide care devote an average of 77 hours per month, which can take a toll on both the finances and health of the caregiver.



Source: US Census Bureau



Workforce Status

SLOW JOB RECOVERY

Feb 2020
1,587,000

Nursing homes still need
119,000 workers
to return to pre-pandemic levels.

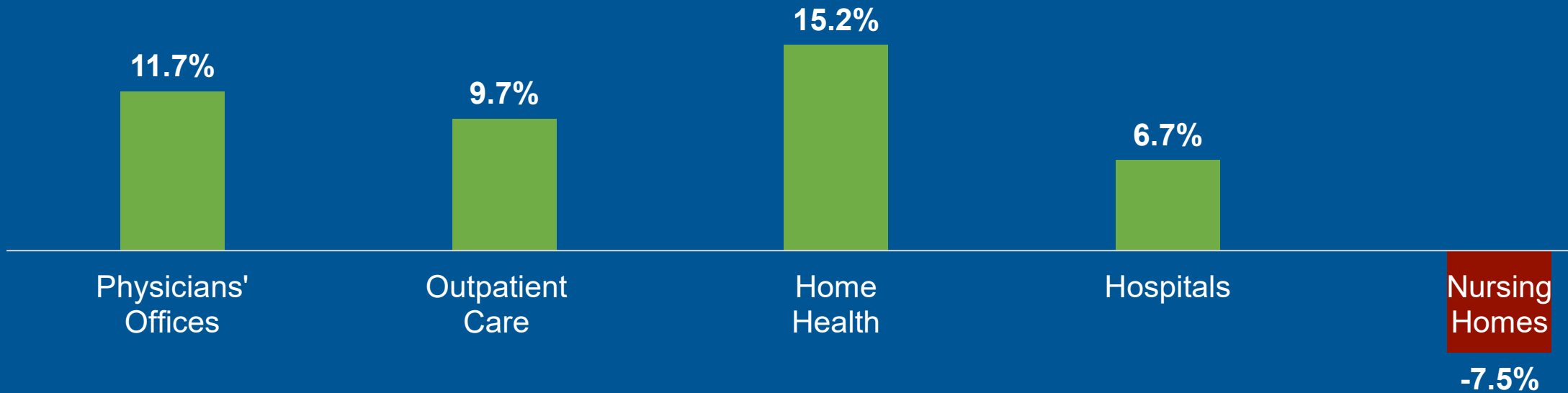
Aug 2024
1,468,000

Mar 2022
1,340,500



NURSING HOMES: WORST IMPACTED THAN ANY OTHER HEALTH CARE SECTOR

Percent Change in Health Care Sector Employment Since Feb 2020





Minimum Staffing Update



Minimum Staffing Final Rule Analysis

Key Takeaways:

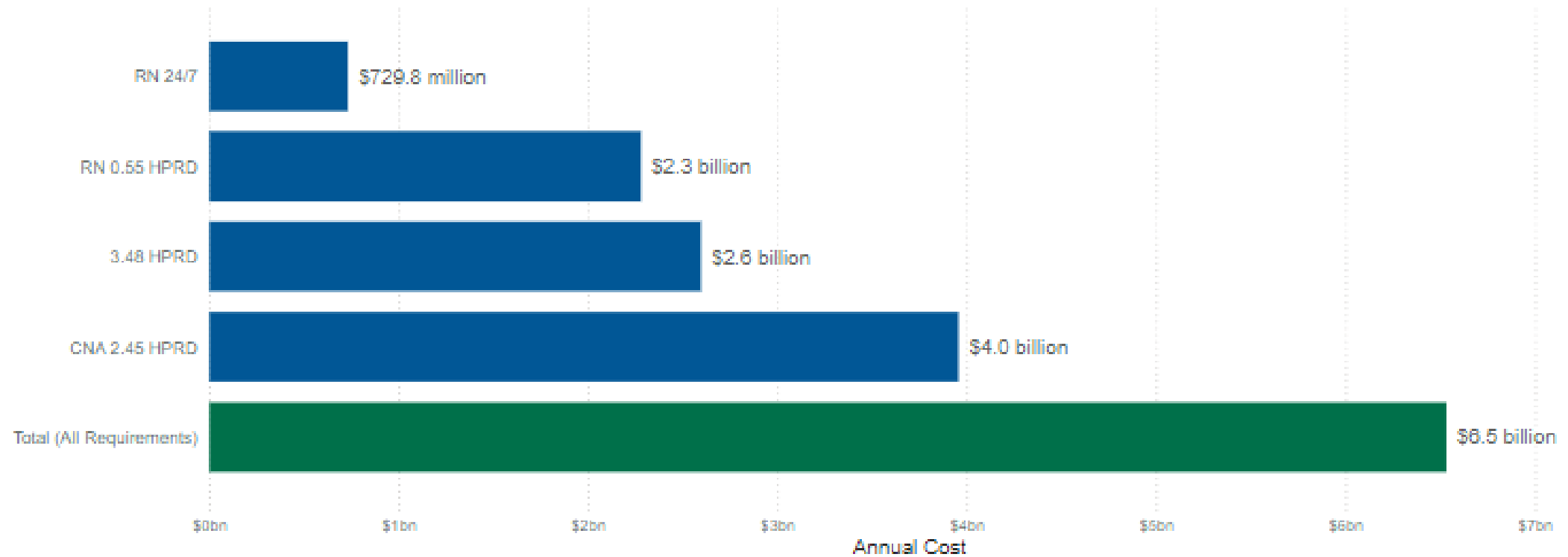
- Only **6%** of nursing homes currently meet all four requirements.
- **80%** of nursing homes will have to hire more RNs to meet the 24/7 RN requirement, including **92%** of rural facilities.
- Nursing homes will have to hire **an additional 102,000 nurses and nurse aides** to comply with the mandate.
- It will cost nursing homes an estimated **\$6.5 billion annually** to hire these additional caregivers.
- There is a strong correlation between Medicaid census and compliance; facilities that predominantly serve residents on Medicaid are less likely to meet each of the four requirements.
- **Nearly** $\frac{1}{4}$ of nursing home residents (more than 290,000) may be at risk for displacement.

Annual Cost

Click For Staff Needed

State

Nation



Total cost is not a direct sum of individual requirements. The total factors in how meeting one requirement will help meet another. For example, an RN for 24/7 requirement also helps meet the 0.55 HPRD requirement.

Sources: 2023q4 Payroll Based Journal (PBJ), April 24, 2024 Care Compare, FY 2022 and 2023 Medicare Cost Reports



Impossible Staffing Mandate

- No funding
- Required staff are simply not available
- No pipeline is being built to produce the number of RNs needed
 - Even if it were, RNs are in demand across all health care sectors



Implementation Timelines

	Urban Areas		Rural Areas	
Facility Assessment	90 Days after the publication date of this final rule.	August 8, 2024	90 Days after the publication date of this final rule.	August 8, 2024
3.48 HPRD and 24/7 RN Requirement	2 years after the publication date of this final rule.	May 10, 2026	3 years after the publication date of this final rule.	May 10, 2027
0.55 RN and 2.45 NA HPRD	3 years after the publication date of the final rule.	May 10, 2027	5 years after the publication date of the final rule.	May 10, 2029



Objective (How We Win)

- Gain Congressional Support to Change the Rule
 - Legislative fix (in play)
- Legal Options



Helpful Legislative Activity

[S. 3410/H.R. 7513](#) Protecting America's Seniors' Access to Care Act

- Introduced in Senate by Sen. Tester (D-MT) & Sen. Fischer (R-NE) [Article Letter](#)
- Introduced in House by Rep. Fischbach (R-MN-07) [Article](#)
- [Coalition Letter Urging Support For The Protecting Rural Seniors' Access To Care Act](#)
- Prohibits the Secretary of Health and Human Services from finalizing a proposed rule regarding minimum staffing for nursing facilities, and to establish an advisory panel on the nursing home workforce.



Helpful Legislative Activity

S. 3841 VA Report on Proposed CMS Staffing Ratios Act

- Introduced in Senate by Sen. Angus King (I-ME) & Sen. Cramer (R-ND)
[Article Letter](#)
- Requires the VA to study the risks to elderly veterans of a proposed rule by the CMS that would unsustainably change staffing ratios at nursing homes. The bill requires an assessment of the VA's ability to continue meeting the long-term care (LTC) needs of veterans at VA and VA affiliated nursing homes, with a focus on rural areas, if the rule were to be implemented as currently proposed. It would require the Secretary of Veterans Affairs to submit a report on the VA's findings to Congress within 60 days of the bill becoming law.



Helpful Legislative Activity

Bipartisan Letters Against the Proposed Staffing Mandate

- January 2023: Led by Sen. Tester (D-MT), Sen. Barrasso (R-WY), Sen. Daines (R-MT), & Sen. Hickenlooper (D-CO) [Letter](#)
- June 2023: Led by Sen. Tester (D-MT) [Letter](#)
- September 2023: Led by Sen. Tester (D-MT) & Sen. Lankford (R-OK) [Letter](#)
- October 2023: Led by Rep. Pence (R-IN-06), Rep. Guthrie (R-KY-02), Rep. Buchanan (R-FL-16), Rep. Fischbach (R-MN-07), Rep. Golden (D-ME-02), & Rep. Pappas (D-NH-01) [Letter](#)
- July 2024: Alaskan Congressional Delegation Letter (flexibility concerns)



Workforce Related Policies & Efforts We Support

- Healthcare Workforce Resilience Act (S. 3211/H.R. 6205)
- CNA Lockout Bill (S. 1749/H.R. 8244)
- Building America's Health Care Workforce Act (H.R. 9067)
- Care for Our Seniors Act
- Train More Nurses Act (S. 2853/H.R. 6122)
- Safeguarding Elderly Needs for Innovation and Occupational Resources (SENIOR) Act (H.R. 7605)



Workforce Resources

- [2024 LTC Workforce Webinar Series](#)
 - Building the Path: Creating Careers in Long Term Care
 - Refugee Workforce Partnerships in Long Term Care
 - Career Upskilling: Creating Opportunities to Level Up
 - Key Strategies for Retaining Your LTC Workforce
- Apprenticeships – [Equus Workforce Solutions](#) Partnership

Quality and Regulatory Trends Nationally and in Alaska

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Sr. Vice President, Quality, Regulatory & Clinical Services





Survey Trends Nationally and in Alaska



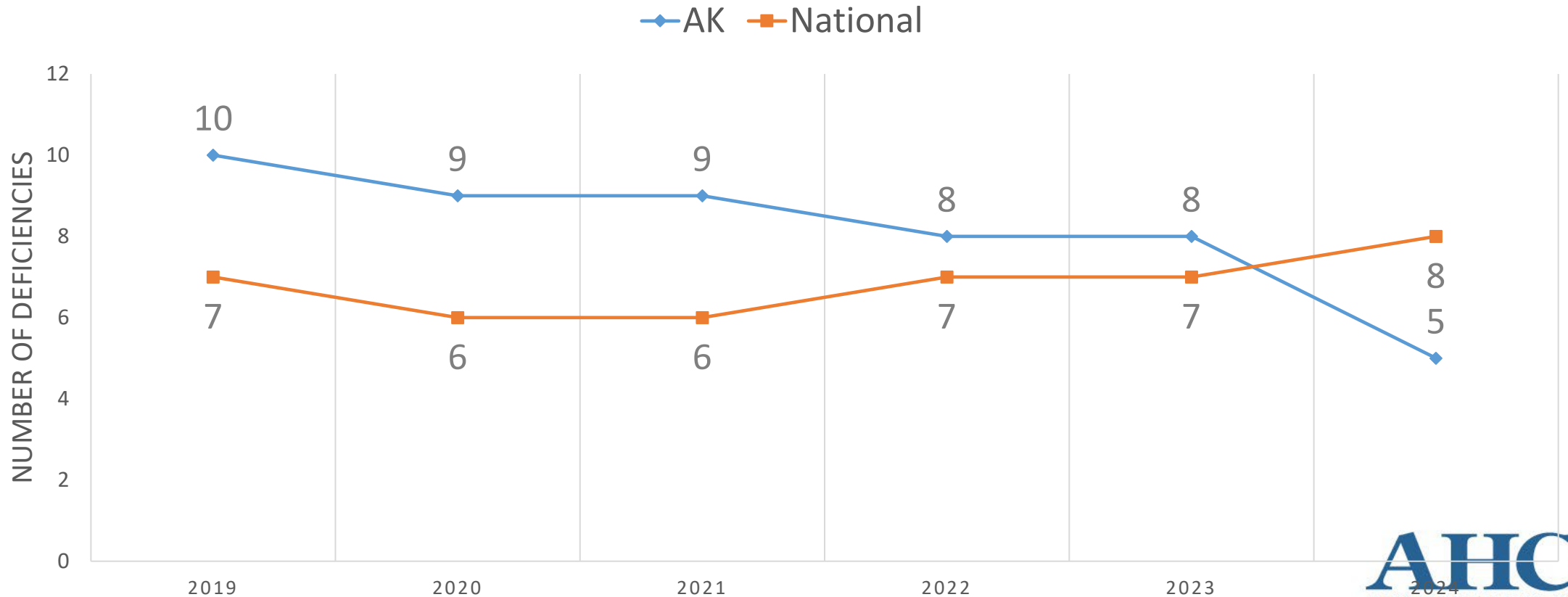
Alaska: Survey Trends

5 Facilities in Alaska have not had a survey in the last 15 months (25% of facilities).

Year	Complaint Surveys		Standard Surveys	
	# surveys	% facilities	# surveys	% facilities
2019	20	58%	12	63%
2020	25	75%	8	40%
2021	25	95%	20	100%
2022	16	65%	12	60%
2023	18	50%	17	85%
2024	7	35%	7	30%



Average Number of Deficiencies Standard Survey



Top Citations in Alaska

	2020	2021	2022	2023	2024 YTD
1	F880- Infection Control	F884- NHSN	F884- NHSN	F812- Food Procurement	F884- NHSN
2	F689- Free from Accidents	F689- Free from Accidents	F880- Infection Control	F880- Infection Control	F689- Free from Accidents
3	F656- Develop Care Plan	F610- Investigate Abuse Allegations	F812- Food Procurement	F884- NHSN	F851- PBJ
4	F585- Grievances	F880- Infection Control	F656- Develop Care Plan	F656- Develop Care Plan	F656- Develop Care Plan
5	F609- Reporting of Alleged Violations	F657- CP Timing and Revisions	F550- Resident Rights	F761- Label/Store Drugs	F756- Drug Regimen Review
6	F607- Development Abuse Policies	F757- Free of Unnecessary Drugs	F657- CP Timing and Revisions	F689- Free from Accidents	F812- Food Procurement
7	F756- Drug Regimen Review	F812- Food Procurement	F757- Free of Unnecessary Drugs	F623- Notice Before Transfer/Discharge	F880- Infection Control
8	F610- Investigate Abuse Allegations	F758- Free of Psychotropics	F689- Free from Accidents	F757- Free of Unnecessary Drugs	F761- Label/Store Drugs
9	F623- Notice Before Transfer/Discharge	F641- Accuracy of Assessments	F610- Investigate Abuse Allegations	F641- Accuracy of Assessments	F684- Quality of Care
10	F684- Quality of Care	F656- Develop Care Plan	F641- Accuracy of Assessments	F677- ADL Care for Dep. Residents	F679- Activities Meet Interest/Needs



What's Being Cited this Year in Alaska?

Elopement from facility

Fall using sling

Resident smoking in area not designated for smoking

PBJ citation related to improper coding of RN hours

Failure to submit PBJ data

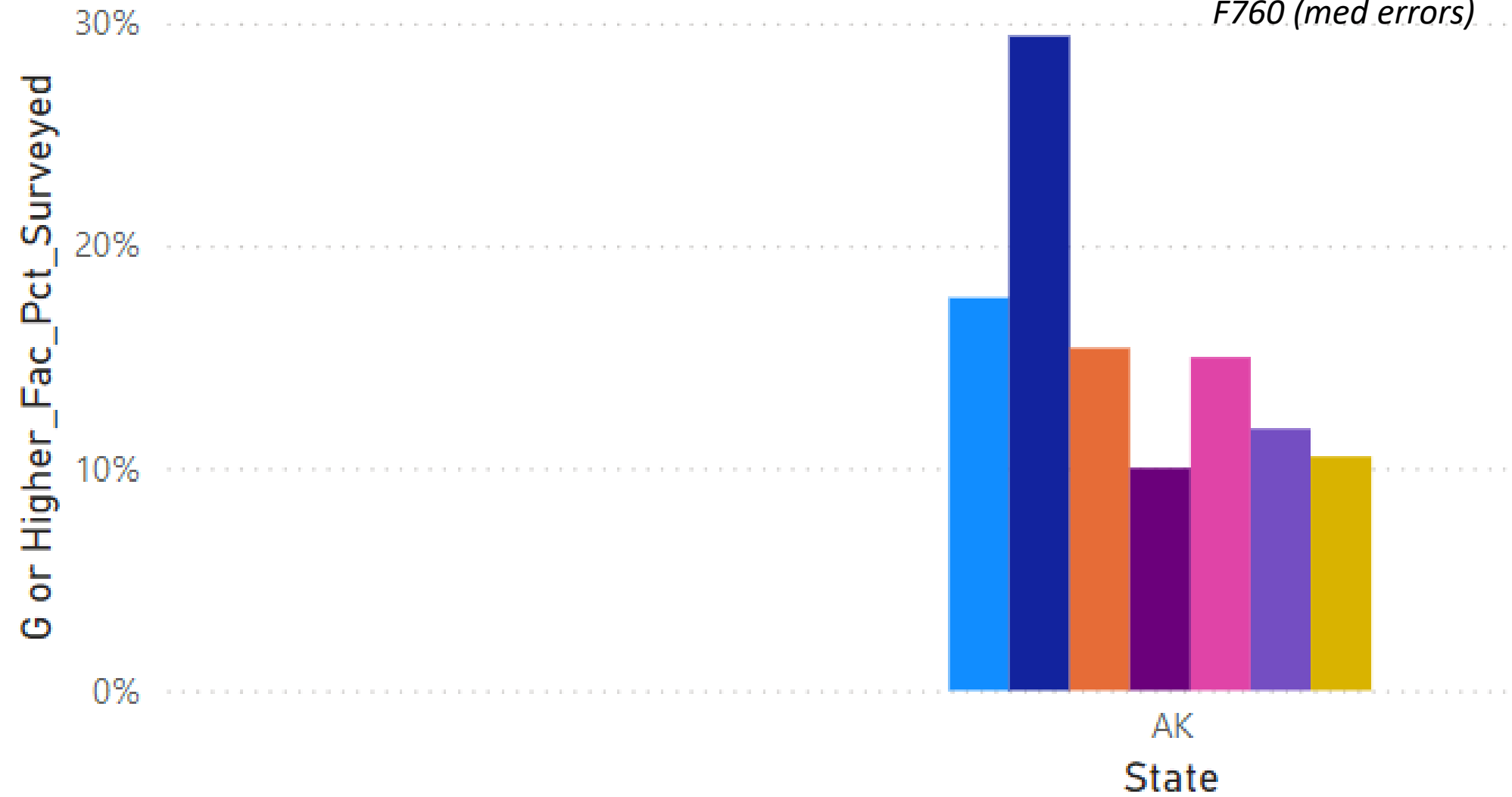
Food storage – not labeled in fridge and dry storage

Hand hygiene in kitchen

SNFs with \geq G (%) by State

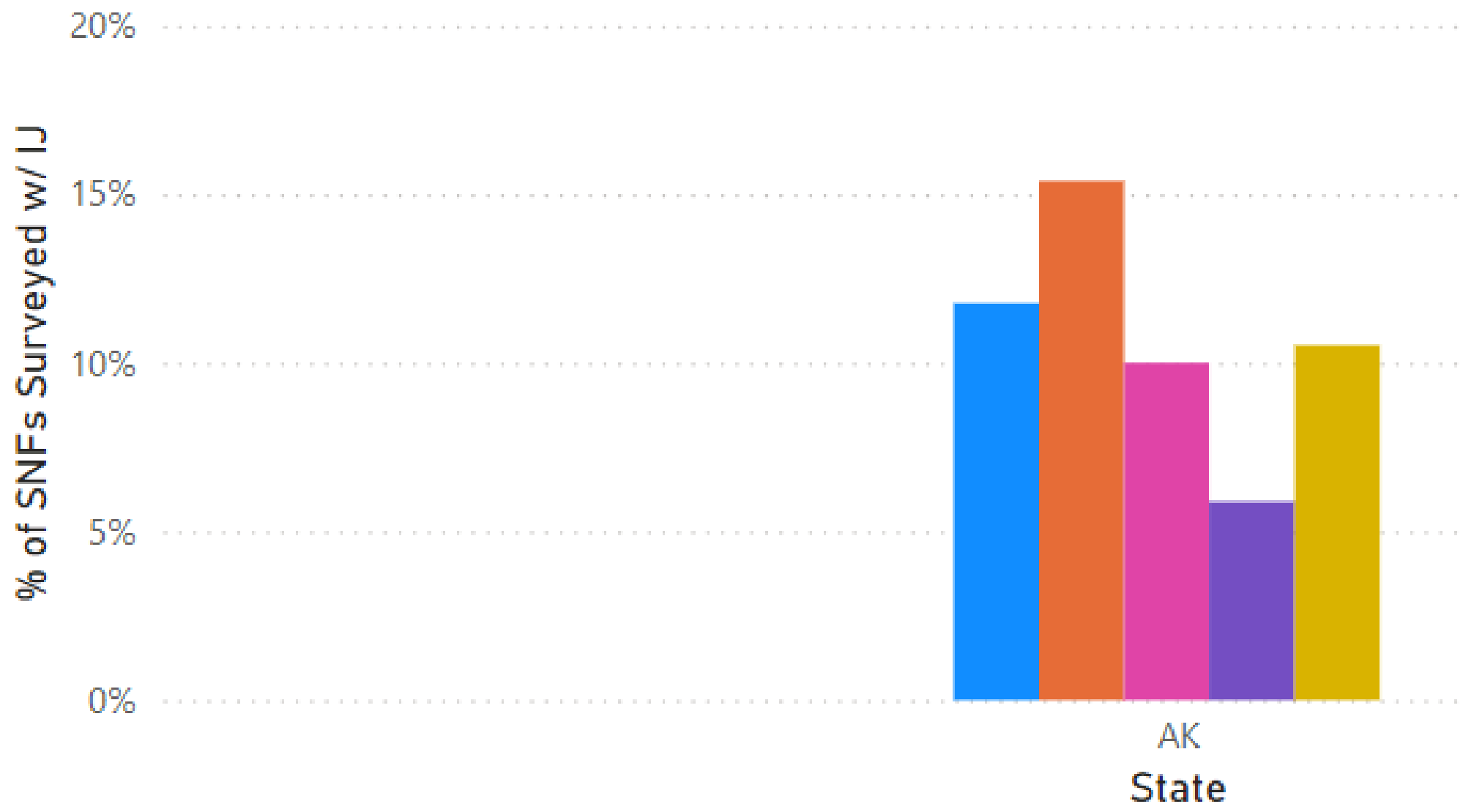
Year ● 2017 ● 2018 ● 2019 ● 2020 ● 2021 ● 2022 ● 2023

*Top in 2023:
F689 (accidents)
F755 (pharmacy)
F760 (med errors)*



SNFs with IJ (%) by State

Year ● 2017 ● 2019 ● 2021 ● 2022 ● 2023



Top IJ Citations in Alaska

	2020	2021	2022	2023	2024
1	None	F689- Free from Accidents	F726- Competent Nursing	F689- Free from Accidents	None to date
2		F835- Administration		F755- Pharmacy Services	
3		F837- Governing Body		F760- Residents Free of Sig Med Errors	
4		F865- QAPI			
5		F867- QAA			
6		F686- Treatment of Pressure Ulcers			

What was
cited at an
IJ?
In 2023

F689- Van incident
that resulted in a
fracture.

F755 and F760-
Medication error
with Heparin.

CMS Guidance for FMS

- [Guidance for Federal Monitoring Surveys \(FMS\)](#)
- FMS are required to be completed in at least 5% of skilled nursing facilities in each state (but no less than 5 total skilled nursing facilities in the state), including Washington D.C. and Puerto Rico.
- For FY 2024 & 2025, CMS identified 3 long-term care (LTC) Health National Concern Areas, as follows:
 - Nurse Staffing (F851, F725, F727)
 - Unnecessary Psychotropic Medications (F641, F658, F758)
 - Facility-Initiated Discharge (F622, F624, F626)

#	Focus Concern	Regulatory Grouping(s)	F-Tags	Critical Element Pathways
1 st	Nurse Staffing	Administration (§483.70)	<ul style="list-style-type: none"> • F851: Payroll Based Journal 	Sufficient and Competent Nurse Staffing
		Nursing Services (§483.35)	<ul style="list-style-type: none"> • F725: Sufficient Nurse Staffing • F727: RN 8 Hrs/7 days/WK, Full Time DON 	
2 nd	Unnecessary Psychotropic Medication	Resident Assessments (§483.20)	<ul style="list-style-type: none"> • F641: Accuracy of Assessments 	<ul style="list-style-type: none"> • Unnecessary Medications • Psychotropic Medications • Medication Regimen Review
		Comprehensive Resident Centered Care Plan (§483.21)	<ul style="list-style-type: none"> • F658: Services Provided Meet Professional Standards 	
		Pharmacy Services (§483.45)	<ul style="list-style-type: none"> • F758: Free from Unnecessary Psychotropic Meds/PRN Use 	
3 rd	Facility-Initiated Discharge	Admission, Transfer, and Discharge (§483.15)	<ul style="list-style-type: none"> • F622: Transfer and Discharge Requirements • F624: Preparation for Safe/ Orderly Transfer/ Discharge • F626: Permitting Residents to Return to Facility 	Discharge



CMP Reinvestment Program (CMPRP)



CMPRP

- In September 2023, CMS released [QSO-23-23-NH](#), which updated the Civil Monetary Penalty Reimbursement Program.
- The updates included very specific categories facilities could apply for funding. These areas are:
 - Training to Improve Quality Care
 - Activities to Improve Quality of Life
- AHCA recently released a [webinar](#) that walks through the application process and provides examples of projects facilities could apply for funding for.



CMP Reinvestment Program Recommendations

- ✓ Increase oversight of State run CMPRP
 - CMS should centralize their review instead of the current process where applications bounce between states, regions, and CMS Central.
 - Transparency about how much is in state accounts, and how money is spent.
- ✓ Allow workforce grants to be included
- ✓ Increase limits (currently \$5,000 per project, per facility)
 - A cap to projects should not be provided.
 - However, if a cap is necessary, we recommended more acceptable options.



Regulatory Resources



Top Cited F-tags & Correlating AHCA Resources

F-tag	Correlating Resources
F884-Reporting - National Health Safety Network	NHSN Tip Sheet , NHSN Support Reference Guide , NHSN Help Desk Job Aide
F689-Free of Accident Hazards/Supervision/Devices	Effective Team Huddles , Accident Tags , Elopement Prevention and Management Toolkit , Screening and Prevention: Tools for Reducing Older Adult Falls , Accidents- How to Stay Ahead of F689 and Keep Your Residents Safe , Falls Prevention
F880-Infection Prevention & Control	Infection Preventionist Specialized Training – IPCO , §483.80-Infection Control , Tool: Infection Preventionist Role , Prioritizing IC in a Post-COVID World , Water Management Training
F812-Food Procurement, Store/Prepare/Serve Sanitary	Best Practices for Food Safety , COVID-19 - Nutrition & Dining: Lessons Learned , Regulatory Updates and CMS Initiatives related to Food, Nutrition and Dining , Survey Tip- F812
F684-Quality of Care	Trauma-Informed Care Training , Restorative Care , CARES Dementia Training , Gero Nurse Prep
F656-Develop/Implement Comprehensive Care Plan	TOOL: Care Planning §483.21 , ACTION BRIEF: § 483.21 Learnings from Comprehensive Care Plan Deficiencies
F761-Label/Store Drugs and Biologicals	§483.45-Pharmacy Services
F609-Reporting of Alleged Violations	Abuse, Neglect, and Misappropriation , F609 Tip Sheet
F600-Free from Abuse and Neglect	Abuse, Neglect, and Misappropriation , §483.12- Freedom from Abuse, Neglect, and Exploitation , Tip Sheet for F602-605 , Tip Sheet for F606 , Tip Sheet for F610 , Tip Sheet for F607
F580- Notify of Changes	F580 Tip Sheet
F686- Care of Pressure Ulcers	Pressure Injury Prevention and Wound Management in LTC

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Upcoming Webinars

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Survey, Regulatory & Legal

Every skilled nursing center certified to provide care to Medicare and Medicaid beneficiaries must comply with the Federal Requirements of Participation. These requirements are contained in the [Federal Regulations for Nursing Facilities](#), which also state each center must comply with all applicable Federal, State, and local laws, regulations, and codes with accepted professional standards.

Here you will find helpful resources needed to understand and develop systems to meet requirements and regulations that fall under the Requirements of Participation, survey preparedness, emergency preparedness, fire, and life safety, payroll-based journal (PBJ), and the CMS Five-Star Quality Rating System on Nursing Home Compare.

F-TAG ACTION BRIEFS, TOOLS & MORE ON ROP

Discover action briefs and tools to help you better understand the Phase 2 updates and Phase 3 new guidance, including F-Tag Action Briefs, which complement weekly Focus F-Tag summaries and feature implementation strategies and tips.

REVIEW ACTION BRIEFS

REVIEW TOOLS

- ACTION BRIEFS - Feature implementation strategies and tips.
- TOOLS - Instruments to help you implement the ROP

Be Survey Ready! Avoid Common Citations With These Courses

- Infection Preventionist Specialized Training - IPCO
- AHCA's RoP eCompetencies®
- QAPI Prep
- Trauma-Informed Care Training
- Accidents- How to Stay Ahead of F689 and Keep Your Residents Safe
- Creating Inclusive Communities for LGBTQI and HIV+ Older Adults

Survey Preparedness

Skilled nursing centers and nursing facilities are required to follow extensive rules in the Requirements of Participation (ROP) to receive payment under the CMS Medicare or Medicaid programs. These requirements are contained in the Federal Regulations for Nursing Facilities, which also state each center must comply with all applicable Federal, State, and local laws, regulations, and codes with accepted professional standards. The AHCA regulatory team provides members with guidance and resources to help them understand the survey process and implement the requirements.

FOCUS F-TAGS: GUIDANCE FOR ROP PHASE 2 AND 3

On June 29, 2022, CMS released new guidance for Requirements of Participation Phase 3. Each week through October, AHCA will highlight a particular F-tag(s) to help providers better understand the Phase 2 updates and Phase 3 new guidance. Providers can find Focus F-Tag weekly summaries on this page.

Please refer to [Appendix PP Guidance to Surveyor for Long Term Care Facilities](#) for the most up to date regulations and guidance.

FOCUS F-TAG WEEKLY SUMMARIES

[§483.12- Freedom from Abuse, Neglect, and Exploitation](#) 🔒

[§483.15-Admission, Transfer, and Discharge](#) 🔒

[§483.21\(b\)\(3\)- Comprehensive Care Plans](#) 🔒

[§483.24 Activities of Daily Living](#) 🔒

[§483.30-Physician Services and §483.35 – Nursing Services](#) 🔒

[§483.40-Behavioral Health Services](#) 🔒

REGULATORY RESOURCES

Skilled nursing and long-term care facilities are required to follow extensive rules in the Requirements of Participation (ROP) to receive payment under the CMS Medicare or Medicaid programs. These requirements are contained in the [Federal Regulations for Nursing Facilities](#), which also state each center must comply with all applicable Federal, State, and local laws, regulations, and codes with accepted professional standards. AHCA provides members guidance and resources to help understand the survey process and implement the requirements.

Newly added resources are in orange text.

§483.10 Resident Rights

- [F-Tag Focus §483.10 – Resident Rights](#)
- [Tips for Meeting Requirements for Notifications of a Change in Condition in Skilled Nursing Facilities](#) (Tips for Meeting F580 Failure to Notify)
- [Turning Complaints into Compliments Toolkit](#)
 - [Turning Complaints into Compliments Guide](#)

§483.12 Freedom from Abuse, Neglect, and Exploitation

- [Action Brief: §483.12 Freedom from Abuse, Neglect, and Exploitation](#)
- [F-Tag Focus §483.12 Freedom from Abuse, Neglect, and Exploitation](#)
- [Provider Self-Assessment and Mitigation Tools for Resident to Resident Occurrences](#)
- Abuse and Neglect:
 - [Webinar](#)
 - [Tip Sheets](#)
- [Survey Tip – Abuse Neglect and Misappropriation of Resident Property](#)
- [Survey Tip – Documenting Protection on Abuse Reporting](#)
- [Survey Tip – Reporting Resident to Resident Altercations](#)

§483.15 Admission, Transfer, and Discharge

- [F-Tag Focus §483.15 – Admission, Transfer, and Discharge](#)
- [Discharges – Making the Safest Transition for Your Residents](#)
- [Tool: Information Accompanying Resident at Discharge or Transfer – §483.15\(c\)\(2\)](#)

REGULATORY RESOURCES

§483.21 Comprehensive Resident Centered Care Plan

- [§483.21\(b\)\(3\) - Comprehensive Care Plans F656 Culturally Competent and/or Trauma Informed](#)
- [Tool: Care Planning §483.21](#)

§483.24 Quality of Life

- [F-Tag Focus §483.24 – Activities of Daily Living](#)
- [Tips for Meeting the Cardiopulmonary Resuscitation Requirements in Skilled Nursing Facilities](#)

§483.25 Quality of Care

- [Accident – How to Stay Ahead of F689 and Keep Your Residents Safe](#)
- Action Briefs:
 - [Accident Tags: F689 Learning from Common “Accident” Deficiencies](#)
 - [Trauma-Informed Care §483.25\(m\)](#)
- [Behavioral Health and Trauma Informed Care](#)
- [Building Prevention in Every Day Practice: A Framework for Successful Clinical Outcomes](#)
- [ESRD Tip Sheet](#)
- [Falls Prevention Guide](#)
- [Nursing Centers Action Plan Response for Adverse Events](#)
- [Opioid Use: What Do We Do & How?](#)
- [Pressure Injury Prevention and Wound Management in LTC](#)
- [Screening and Prevention: Tools for Reducing Older Adult Falls](#)
- [Survey Tips – F689 and Past Noncompliance](#)

§483.30 Physician Services / §483.35 Nursing Services

- [Action Brief: §483.35 Nursing Services](#)
- [F-Tag Focus – §483.30 Physician Services and §483.35 Nursing Services](#)
- [Medical Director Toolkit](#)



NHSN Resources

- [QIO NHSN Support Resource Reference](#)- this guide provides you with a contact and individualized information, for each QIO, regarding NHSN support.
- [User Support Help Desk Job Aid](#)- this resource provides step-by-step information on how to use the NHSN support help desk.
- [NHSN Tip Sheet](#)- the tip sheet goes through important information about how to submit and other tips to remain compliant.

NHSN Tip Sheet

NHSN Reporting Information



Nursing Home are required to report COVID-19 data elements to NHSN weekly by Sunday at 11:59 p.m. To ensure reporting compliance, consider these helpful tips and reminders.



- ***Ensure more than one person has access to NHSN to complete mandatory reporting and is trained in data collection and reporting.***
 - Develop a plan for back-up reporting in the event the primary reporting person is absent, so there are no gaps in reporting by the facility.
 - If turnover is anticipated, to get another staff member [access](#) ASAP to NHSN as this process can be lengthy (may take up to four weeks).



- ***Avoid waiting until Saturday or Sunday to report.***
 - For consistent data submission, identify a day of the week to submit.
 - Consider reporting twice a week.



- AHCA/NCAL's Infection Preventionist Specialized Training (IPCOT) is recommended for individuals responsible for infection prevention and control in all long-term care settings and is specifically tailored to train Infection Preventionists (IPs) in nursing facilities.

The comprehensive IPCOT training covers:

- COVID-19
- Other common pathogens
- Multidrug-resistant organisms
- Antibiotic stewardship
- Water management and more

Cost: AHCA/NCAL members for \$450 and non-members for \$650.



- The [Accidents Webinar](#) will review regulations related to supervision to avoid accidents. It also pulls together various resources available on ahcancaLED, as well as external resources. The Webinar provides resources for development of policies to remain compliant with accident regulations. Finally, real-life case studies will be reviewed with explanations for what facilities should do if similar events occur.
- **Registration is \$40 AHCA/NCAL Members | \$80 Non-members**
- **1.25 NAB approved CEs are available upon completion and 1.0 contact hours for nurses through the Iowa Board of Nursing.**
- **Audience: Facility leadership, DONs, and Administrators, Regional Staff**
- [Blog post about Electronic Cigarettes](#)

HealthCap
Elopement
Prevention and
Management
Toolkit



2022

Elopement Prevention
& Management Toolkit

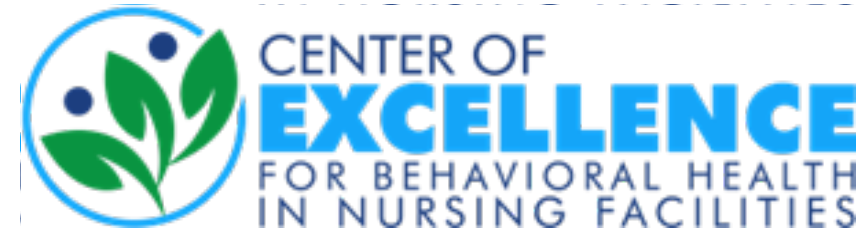
★ Falls Prevention Guide

- The purpose of this guide is to help long term care providers develop, implement and sustain an effective falls prevention program.
 - Developed by members of the AHCA Clinical Practice Committee, who have expertise and experience in building successful Fall Prevention programs.
- To best meet each providers unique needs, the program is built around six distinct modules, each focusing on a key component of an effective Falls Prevention program.
 - Regulatory Requirements
 - Creating a Culture of Safety
 - Falls Education
 - Maintaining Function
 - Post-Falls Management
 - Falls QAPI

Center of Excellence for Behavioral Health In Nursing Facilities (COE-NF)

The COE-NF focuses on increasing the knowledge, competency and confidence of nursing facility staff to care for residents with behavioral health conditions.

- Provides mental health and substance use trainings, 1:1 customized technical assistance and resources at no cost
- Services are available to all CMS certified nursing facilities throughout United States
- Established by the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with the Centers for Medicare and Medicaid Services



For assistance, submit a request at
nursinghomebehavioralhealth.org

Contact us:

National Call Center: **1-844-314-1433**

Email: coeinfo@allianthealth.org



Additional Regulatory Resources

Member Resources- Facility Assessment

AHCA has developed three resources on the facility assessment requirements that are available on [ahcancaLED](http://ahcancaLED.com).

[Strengthening Facility Assessments to Adapt to Regulatory Changes](#)

[Facility Assessment Action Brief](#)

[Facility Assessment Checklist](#)

[Facility Assessment Template Letter](#)



PBJ Resources

- AHCA Resources
 - [Payroll-Based Journal: Best Practices for Submitting Data](#)
 - [Payroll-Based Journal FAQs](#)
 - Questions: staffdatacollection@ahca.org
- CMS Resources
 - [PBJ Policy Manual](#)
 - [PBJ Policy Manual FAQ](#)
 - [General User, Registration and Submission FAQ](#)
 - [PBJ User Manual](#)
 - PBJ Policy Questions: Nhstaffing@cms.hhs.gov
 - QTSO Help Desk Hours: 8am - 8pm EST
 - Phone: 800-339-9313
 - E-mail: iqies@cms.hhs.gov



Abuse and Neglect

- This three-part webinar reviews regulations related to abuse, neglect, and misappropriation of resident property, how and when to report abuse, how to complete an abuse investigation, and helpful tips for achieving past noncompliance (PNC) for these deficiencies. The webinars also include real life scenarios, how to avoid deficiencies in these scenarios, and tools for achieving PNC.
- Added recently are [tip sheets](#) for each of the abuse F-tags.



Antipsychotic Medication Management Toolkit

- Refresh of the 2012 Quality Initiative Toolkit
- A clinically focused resource containing steps and objectives, tools, and resources to assist facilities in meeting performance expectations and outcomes using the Nursing Process.
- Structured to allow providers to engage with the content they feel meets their individual needs.
 - Toolkit
 - Fact Sheets
 - Case Study



Dining Resource

- [Regulatory Updates and CMS Initiatives related to Food, Nutrition, and Dining](#)- The survey process has been in place since November 2017 and encompassed extensive changes to survey procedures, survey forms, F-tags, and survey guidance for food, nutrition and dining. This webinar will present the most current revisions to the LTC requirements of participation and survey process related to food, nutrition and dining. In addition, recent “hot topics” emerging from LTC Surveys related to Food, Nutrition and Dining and a general overview of the Patient Driven Payment Model (PDPM) effective will be presented. Learn how to be prepared for successful management of Food, Nutrition and Dining with CMS initiatives.
- [F812 Tip Sheet](#)



Survey Tips

- Recently added tips include:
 - [Preparing Before your Survey](#)
 - [F689 and Past Noncompliance](#)
 - [Abuse Neglect and Misappropriation of Resident Property](#)
 - [Food Procurement, Storage, Preparation, and Sanitation](#)
 - [Documenting Protection on Abuse Reporting](#)
 - [Reporting Resident to Resident Altercations](#)
 - [Grievance Resolution](#)
 - [Using Tools in your Toolkit](#)
 - [Transfer and Discharge- Part 1, Part 2, Part 3](#)



Additional Tip Sheets/Resources Available

- [Tips for Meeting F580- Failure to Notify](#)
- CMPRP [Toolkit](#) and [Webinar](#)
- NATCEP Ban Waiver [Tip Sheet](#) and [Request Form](#)
- [Past Noncompliance Webinar](#)
- [CMP Analytical Tool](#)
- [Pressure Injury Prevention and Wound Management in LTC](#)
- [Tips for Meeting the CPR Requirements in Skilled Nursing](#)

2025 National Quality Award Program



2025 Program Dates



Application Packets and Criteria Series Launch: Now available!



Quality Award Portal and Intent to Apply Launch: Now open!



Intent to Apply Deadline: November 14, 2024



Application Deadline: January 23, 2025

All deadlines close at 8pm EST

Intent to Apply – Now Open!

- Intent to Apply (ITA) Deadline: Thursday, November 14, 2024 - 8PM EST
- Applicants that submit an ITA:
 - save money on their overall application fee
 - receive deadline reminders and application best practices
 - gain access to additional resources from the Quality Award Program

Questions?

Throughout the 2025 award cycle, contact the Quality Award Program with questions or for any clarifications.

The Quality Award Program team is here to supporting your Quality Award journey!



qualityaward@ahca.org



[Ahcancal.org/QualityAward](https://ahcancal.org/QualityAward)



What Drives Your Staff



Making progress

Providers start to expand visitor access to residents
For more coronavirus coverage, see pages 3, 4, 6, 16, 22, 35

House probes SNFs and CMS

By Danielle Brown
The House Select Subcommittee on the Coronavirus Crisis has held an inquiry into the federal government and role of the largest nursing home operators in their operations during the pandemic.
The investigation was directed to look into and report the Centers for Medicare & Medicaid Services, along with Centers for Disease Control and Prevention, American Society on Aging, and the American Health Care Association. The subcommittee will release its findings regarding various information in regard to their respective roles in the pandemic.
The letters call on the operators to provide information about their ownership and management of services, as well as standards of long-term care facilities. They also call for an investigation into the role of the subcommittee, including its requests for information, compliance with the law, and other matters.
The subcommittee is also seeking information regarding the role of the subcommittee and its impact on the industry.

2020 LEADERS/SOFTWARE SOURCES
Executive guides
Pages 20-34

- Executive guides
- Software sources
- Pages 20-34



A dog kept escaping a shelter to sleep in a nursing home

The staff adopted him

Photos by Melissa Brody, Medical Care Facility

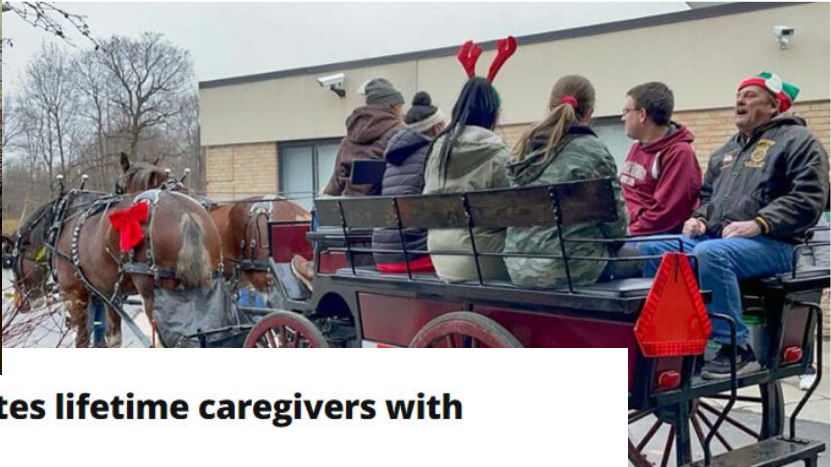
BRIGHTER SIDE

Clydesdales bring Christmas cheer and carriage rides to nursing home residents, families

ASH HENRECKSON

DECEMBER 20, 2023

SHARE



Arkansas Nurses Honor Guard celebrates lifetime caregivers with emotional living tribute

← Blog

Nurturing Love Across the Miles: Thanksgiving for Loved Ones in Nursing Homes

NOVEMBER 21, 2023



nurse in the 1940s. While preparing for her living tribute, Coppock says they learned of another unique resident named Jan Stackhouse. (Photo KATV)

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START

HOW GREAT LEADERS INSPIRE
EVERYONE TO TAKE ACTION

WITH

SIMON SINEK

WHY

WITH A NEW
PREFACE
AND
AFTERWORD



Three Key Takeaways from Start With Why

1. Always Start with Why-
 - Why should describe the thought behind why you/your facility have chosen to care for residents in long term care.
2. Great leaders create strong company cultures where everyone works toward the same goal. They inspire employees to believe and pursue WHY instead of WHAT. This is why it starts with why.
3. The difference between Achievement and Success
 - Achievement is something you reach or attain like a goal. Success, in contrast, is a feeling or a state of being. "Achievements comes when you pursue and attain WHAT you want. Success comes when you are clear in pursuit of WHY you want it."



Exercise: Share Your Why



Thank you for all that you do every day to make a difference in the lives of those you serve!





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