

# A Lot Can Happen in a Year!

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## LTC Newsletter Update – May 2023

CMS released memo QSO-23-13-ALL on **May 1**.

Social Security Act Section 1135 emergency waivers for health care providers were terminated with the end of the COVID-19 Public Health Emergency (PHE) **on May 11**.



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## LTC Newsletter Update – May 2023



### Nurse Aide Findings Email Listserv Sign-up

All administrators and designated individuals not already receiving emails with up-to-date nurse aide findings should contact [SRSHelpDesk@health.in.gov](mailto:SRSHelpDesk@health.in.gov) to be added to the email listserv.

The email will contain certified nurse aides (CNA), qualified medication aides (QMA) and home health aides (HHA) **who have had new findings for abuse, neglect, or misappropriation placed on the Indiana Aides Registry.**



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## LTC Newsletter Update – May 2023

An **abuse or misappropriation** finding means that the aide is **permanently prohibited from working as a CNA, QMA, or HHA.**

A **neglect** finding means that the aide is **prohibited from working as a CNA, QMA, or HHA for at least one year.**

The aide may then request to have his or her certification reinstated.

By signing up for the email listserv, you will be included on the most up-to-date findings placed on nurse aides potentially working in your facility. As always, you may also check the registration status of an aide online at <https://www.in.gov/pla/license/>.



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**Neglect:**

Neglect is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to **avoid physical harm, pain, mental anguish, or emotional distress.**

Neglect means:

- a. An act or omission that places a resident in a situation that may endanger the resident's life or health
- b. Abandoning or cruelly confining the resident
- c. Depriving the resident of necessary support, including food, clothing, shelter, and medical care
- d. Depriving the resident of education as required by statute

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## LTC Newsletter Update – May 2023

### New Aides Training Programs Newsletter

IDOH established a new newsletter to better communicate with Indiana CNA, QMA and HHA training programs and provide important updates in a timely manner. The newsletter is planned to be sent out **at least quarterly** and more often as necessary.

The first issue of the newsletter was sent out on April 27th using the email list IDOH currently had for training programs. Please share the link to subscribe to the Aides Training Programs Newsletter with others who would like to receive it.

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## LTC Newsletter Update – May 2023

Link to subscribe to IDOH Aides Training Programs Newsletter:

[https://public.govdelivery.com/accounts/INSDH/subscriber/new?topic\\_id=INSDH\\_921](https://public.govdelivery.com/accounts/INSDH/subscriber/new?topic_id=INSDH_921)



## LTC Newsletter Update – May 2023

**IDOH Guidance Regarding the Use of Enhanced Barrier Precautions to Prevent MDRO Transmission**

The Indiana Department of Health and CMS require nursing homes to utilize enhanced barrier precautions (EBP) **when engaging in high-contact resident care activities with residents who have been infected with or have a colonized targeted multidrug-resistant organism (MDRO).**



## LTC Newsletter Update – May 2023

These include:

- Pan-resistant organisms;
- Carbapenemase-producing carbapenem-resistant Enterobacterales;
- Carbapenemase-producing carbapenem-resistant Pseudomonas spp.;
- Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii; and
- Candida auris

## LTC Newsletter Update – May 2023

Centers for Medicare and Medicaid Services (CMS) released QSO-20-39-NH  
**REVISED on May 8th.**

The memo reflects the end of the public health emergency (PHE) and adds that  
**visitation is allowed for all residents at all times.**

The Core Principles of COVID-19 Infection Prevention and Control (IPC) include  
**placing visual alerts at the entrances and other strategic places to include instructions about current IPC recommendations.**

Testing of residents and staff is to be done according to nationally accepted standards: those with symptoms, close contacts and those with high risk exposures.

## LTC Newsletter Update – May 2023

### Alcohol-based Hand Sanitizer and Fire Safety

The Centers for Disease Control and Prevention (CDC) has guidance available for healthcare facilities to ensure fire safety when alcohol-based hand sanitizer is used.



## LTC Newsletter Update – May 2023

### Alcohol-based Hand Sanitizer and Fire Safety

The Centers for Disease Control and Prevention (CDC) has guidance available for healthcare facilities to ensure fire safety when alcohol-based hand sanitizer is used.

*“Healthcare facilities must ensure fire safety when alcohol-based hand sanitizer is used.*

*ABHS contains ethyl alcohol, which readily evaporates at room temperature into an ignitable vapor, and is considered a flammable liquid. Although the incidence of fires related to ABHS is very low, it is vital that ABHS is stored safely and that dispensers are installed and maintained correctly.”*

Criteria	Requirement
Hand rub solution	Must not exceed 95% alcohol content by volume. (The Centers for Disease Control and Prevention recommends that ABHS contain at least 60% alcohol.)
Maximum dispenser fluid capacity	1.2 liters (41 ounces, 0.32 gal) for dispensers in rooms, corridors, and areas open to corridors. 2.0 liters (67 ounces, 0.53 gal) for dispensers in suites of rooms separated from corridors.
Maximum quantity in aerosol containers	18 oz., limited to Level 1 aerosols as defined by NPFA 30 B.
Maximum quantity of ABHS allowed in-use (i.e., in dispensers)	Ten gallons (37.8 L) in-use outside of a storage cabinet within a single smoke compartment.* One dispenser per room off corridors is NOT included in the calculation.
Minimum corridor width	Six feet (1830 mm) wide
ABHS dispenser distance from ignition sources	One-inch (25 mm) distance (horizontal or vertical) above, to the side, or beneath an ignition source** Note: While one-inch is acceptable, a more conservative approach is to ensure a distance of no less than 6 inches (12.7 mm; horizontal or vertical, measured from the center of the dispenser) between ABHR dispensers and source of ignition.
ABHS dispenser separation	Horizontal spacing not less than 48 inches (1220 mm).
Carpeted areas	The smoke compartment must be equipped throughout with an approved automatic sprinkler system.
Operation of the dispenser	The dispenser shall: <ul style="list-style-type: none"> <li>• Not release its contents except when the dispenser is activated, either manually or automatically by touch-free activation.</li> <li>• Not dispense more solution than the amount required for hand hygiene consistent with label instructions.</li> <li>• Be designed, constructed and operated in a manner that ensures accidental or malicious activation is minimized.</li> <li>• Be tested in accordance with the manufacturer's care and use instructions each time a new refill is installed.</li> </ul> Any activation of the dispenser shall only occur when an object is placed within 4 inches (100mm) of the sensor.  An object placed within the activation zone and left in place shall not cause more than one activation.
Storage outside of dispensers	In each smoke compartment, do not store outside of dispensers more than 5 gal (18.9 L) or an amount of ABHR that exceeds that which is necessary for normal maintenance of the area, whichever is less.
Maximum quantity for storage in a warehouse	Up to 120 gal (460 L). If need to exceed storage of 120 gal (460 L), consult with fire official. <sup>4</sup>

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## Healthcare Worker Vaccination Requirement

CMS issued on **May 31st** a final rule regarding the healthcare worker vaccination requirement. Since facilities are no longer operating under a PHE and considering the lower policy priority of enforcement, surveyors will not review or cite to the healthcare worker vaccination requirements from this point forward. Tag F888 has been removed from the long-term care survey process (LTCSP), and the entrance conference form and infection control pathway have been updated for surveyors.

You may view the final rule here:

<https://public-inspection.federalregister.gov/2023-11449.pdf>

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## LTC Newsletter Update – June 2023

### Reminder: Long-Term Care Pre-Employment Background Checks

A facility is required to have completed a limited criminal history background check for all unlicensed staff.

Visit the Indiana State Police (ISP) website for the requirements on how to complete the limited criminal history background check.



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## LTC Newsletter Update – June 2023

Surveyors will request evidence that a limited criminal history background check, per ISP requirement, has been completed.

The ultimate source of information for the limited criminal history background check must be ISP.

A search of the **applicable professional registry** should be completed for any staff member with a professional **certification or licensure** to determine if there are any findings or disciplinary action against the individual.



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## LTC Newsletter Update – July 2023

### Updated POST Form

The POST form (Physician Orders for Scope of Treatment form) has been updated and is linked on the IDOH advance directives resource center webpage:

<https://www.in.gov/health/cshcr/indianahealth-care-quality-resource-center/advance-directives-resource-center/>



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## LTC Newsletter Update – July 2023

### Updated POST Form

HEA 1458 made several changes to the POST form, including:

- Provides that a declarant may include a person for whom a proxy has executed an out of hospital do not resuscitate (DNR) declaration.
- Defines "incapacitated" as related to an out of hospital DNR declaration.
- Defines "proxy" as related to an out of hospital DNR declaration and a physician order for scope of treatment (POST).



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## LTC Newsletter Update – July 2023

### Updated POST Form

- Provides that a person's proxy may execute an out of hospital DNR declaration if certain conditions are met. Creates a declaration and order form to be used by hospitals if the declarant is incapacitated or incompetent.
- Allows a qualified person's proxy to complete a POST form if the person is incapable of making health care decisions and no representative is able and available to act.



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[Reset Form](#)

**INDIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST)**

State Form 55317 (R6 / 6-23)

Indiana Department of Health – IC 16-36-6

*INSTRUCTIONS: This form is a physician's order for scope of treatment. It should be filled out based on a discussion about the patient's current medical condition and preferences. It is voluntary and a patient may not be required to complete a POST form. The POST should be reviewed whenever the patient's condition changes. A patient may ask the health care provider to void the POST form at any time. If the patient lacks decisional capacity, the legal representative or proxy (if there is no legal representative) may complete POST on behalf of the patient and/or ask the health care provider to void POST. Any section left blank implies full treatment for that section. HIPAA permits disclosure to health care professionals as necessary for treatment. The original form is personal property of the patient. A facsimile, paper, or electronic copy of this form is a valid form.*

Patient Last Name (required)		Patient First Name (required)		Middle Initial
Birth Date (mm/dd/yyyy)		Medical Record Number		Date Prepared (mm/dd/yyyy)
<b>DESIGNATION OF PATIENT'S PREFERENCES:</b> The following sections (A through D) are the patient's current preferences for scope of treatment.				
<b>A</b>	<b>CARDIOPULMONARY RESUSCITATION (CPR):</b> Patient has no pulse AND is not breathing. (required)			
Check One	<input type="checkbox"/> Attempt Resuscitation / CPR <input type="checkbox"/> Do Not Attempt Resuscitation / DNR			
When not in cardiopulmonary arrest, follow orders in <b>B</b> , <b>C</b> and <b>D</b> .				
<b>B</b>	<b>MEDICAL INTERVENTIONS:</b> If patient has pulse AND is breathing OR has pulse and is NOT breathing.			

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Reset Form

**INDIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST)**  
State Form 32017 (Rev. 10-20)  
Indiana Department of Health - IC 16-36-6

**INSTRUCTIONS:** This form is a physician's order for scope of treatment. It should be filled out based on a discussion about the patient's current medical condition and preferences. It is voluntary and a patient may not be required to complete a POST form. The POST should be reviewed whenever the patient's condition changes. A patient may ask the health care provider to void the POST form at any time. If the patient lacks decisional capacity, the legal representative or proxy (if there is no legal representative) may complete POST on behalf of the patient and/or ask the health care provider to void POST. Any section left blank implies full treatment for that section. HPAIA permits disclosure to health care professionals as necessary for treatment. The original form is a personal property of the patient. A facsimile, paper, or electronic copy of this form is a valid form.

Patient Last Name (required) Patient First Name (required) Middle Initial  
Birth Date (mm/dd/yyyy) Medical Record Number Date Prepared (mm/dd/yyyy)

**DESIGNATION OF PATIENT'S PREFERENCES:** The following sections (A through D) are the patient's current preferences for scope of treatment.

**A CARDIOPULMONARY RESUSCITATION (CPR):** Patient has no pulse AND is not breathing. (required)  
Check One  
☐ Attempt Resuscitation / CPR ☐ Do Not Attempt Resuscitation / DNR  
When not in cardiopulmonary arrest, follow orders in B, C and D.

**B MEDICAL INTERVENTIONS:** If patient has pulse AND is breathing OR has pulse and is NOT breathing.  
Check One  
☐ Comfort Measures (Allow Natural Death): Treatment Goal: Maximize comfort through symptom management. Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer to hospital only if comfort needs cannot be met in current location.  
☐ Limited Additional Interventions: Treatment Goal: Stabilization of medical condition. In addition to care described in Comfort Measures above, use medical treatment for stabilization, IV fluids (hydration) and cardiac monitor as indicated to stabilize medical condition. May use basic airway management techniques and non-invasive positive-airway pressure. Do not intubate. Transfer to hospital if indicated to manage medical needs or comfort. Avoid intensive care if possible.  
☐ Full Intervention: Treatment Goal: Full interventions including life support measures in the intensive care unit. In addition to care described in Comfort Measures and Limited Additional Interventions above, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated to meet medical needs.

**C ANTIBIOTICS:**  
Check One  
☐ Use antibiotics for infection only if comfort cannot be achieved fully through other means.  
☐ Use antibiotics consistent with treatment goals.

**D ARTIFICIALLY ADMINISTERED NUTRITION:** Always offer food and fluid by mouth if feasible.  
Check One  
☐ No artificial nutrition.  
☐ Defined trial period of artificial nutrition by tube. (Length of trial: \_\_\_\_\_ Goal: \_\_\_\_\_)  
☐ Long-term artificial nutrition.

**OPTIONAL ADDITIONAL ORDERS:**

**SIGNATURE PAGE:** This form consists of two (2) pages. Both pages must be present. The following page includes signatures required for the POST form to be effective.

Page 1 of 2

Patient Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

**SIGNATURE OF PATIENT, LEGAL REPRESENTATIVE, OR PROXY:** In order for the POST form to be effective, the patient, legal representative, or proxy must sign and date the form below.

**E SIGNATURE OF PATIENT, LEGAL REPRESENTATIVE, OR PROXY**  
My signature below indicates that the physician, advanced practice registered nurse, or physician assistant (or their designee) discussed with me the above orders and the selected orders correctly represent the decisions made during this discussion.  
Signature (required) Print Name (required) Date (mm/dd/yyyy) (required)

**F CONTACT INFORMATION FOR LEGAL REPRESENTATIVE OR PROXY IN SECTION E (IF APPLICABLE):** If the signature above is other than patient's, add contact information for the representative or proxy.  
Relationship of representative or proxy identified in Section E, if patient does not have capacity Address number and street, city, state, and ZIP code Telephone Number

**PHYSICIAN ORDER:**  
A POST form may be executed only by an individual's treating physician, advanced practice registered nurse, or physician assistant, and only if:  
(1) the treating physician, advanced practice registered nurse, or physician assistant has determined that:  
(a) the individual is a qualified person; and  
(b) the medical orders contained in the individual's POST form are reasonable and medically appropriate for the individual; and  
(2) the qualified person, representative, or proxy has signed and dated the POST form.  
A qualified person is an individual who has at least one (1) of the following:  
(1) An advanced chronic degenerative illness.  
(2) An advanced chronic progressive illness.  
(3) A condition caused by injury, disease, or illness from which, to a reasonable degree of medical certainty:  
(A) there can be no recovery; and  
(B) death will occur from the condition within a short period without the provision of life prolonging procedures.  
(4) A medical condition that, if the person were to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful or within a short period the person would experience repeated cardiac or pulmonary failure resulting in death.

**G DOCUMENTATION OF DISCUSSION: Orders discussed with (check one):**  
☐ Patient (patient has capacity) ☐ Health Care Representative ☐ Legal Guardian  
☐ Parent of Minor ☐ Health Care Power of Attorney ☐ Proxy

**H SIGNATURE OF TREATING PHYSICIAN / ADVANCED PRACTICE REGISTERED NURSE / PHYSICIAN ASSISTANT**  
My signature below indicates that I or my designee have discussed with the patient, patient's representative, or proxy the patient's goals and treatment options available to the patient based on the patient's health. My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.  
Signature of Treating Physician / APRN / PA (required) Print Treating Physician / APRN / PA Name (required) Date (mm/dd/yyyy) (required)  
Physician / APRN / PA office telephone number Physician / APRN / PA License Number Health Care Professional preparing form if other than the physician / APRN / PA

**I APPOINTMENT OF HEALTH CARE REPRESENTATIVE:** As a patient you have the option to appoint a representative to serve as your health care representative pursuant to IC 16-36-7. You are not required to

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## Updated POST Form

The [POST form](https://www.in.gov/health/cshcr/indiana-health-care-quality-resource-center/advance-directives-resource-center/) (Physician Orders for Scope of Treatment form) has been updated and is linked on the IDOH advance directives resource center webpage: <https://www.in.gov/health/cshcr/indiana-health-care-quality-resource-center/advance-directives-resource-center/>

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- Defines "incapacitated" as related to an out of hospital DNR declaration.
- Defines "proxy" as related to an out of hospital DNR declaration and a physician order for scope of treatment (POST).
- Provides that a person's proxy may execute an out of hospital DNR declaration if certain conditions are met. Creates a declaration and order form to be used by hospitals if the declarant is incapacitated or incompetent.
- Allows a qualified person's proxy to complete a POST form if the person is incapable of making health care decisions and no representative is able and available to act.

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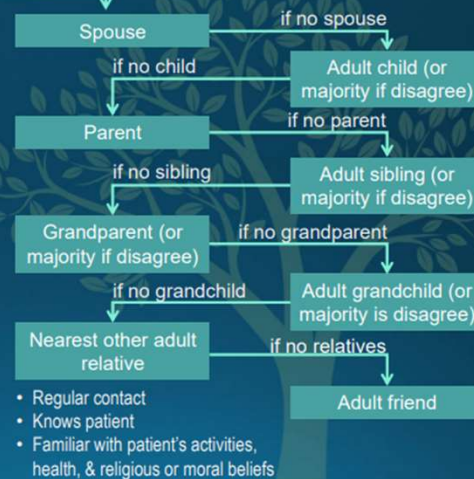
- Allows a proxy to revoke a POST form or request alternative treatment. Provides that if alternative treatment is requested, the treating medical provider shall review the POST form with the declarant, the declarant's representative, or the proxy who has priority to act for the declarant.

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## Proxy Decision-Makers

Proxy = person who can consent to health care on behalf of an individual who does NOT have a legally appointed health care representative

Proxies in  
order of  
priority



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## When the resident is Incapacitated or incompetent....

### Legally Appointed Health Care Representative

- Consent to health care
- Receive and access patient's medical records
- Authorize an autopsy
- Complete anatomical gifts (i.e. organ donation)
- Authorize burial or cremation after patient's death
- Consent to mental health treatment if patient loses decisional capacity
- Apply for public benefits (e.g., Medicaid/CHOICE); access patient's financial records and assets to prepare applications.

### Proxy Decision-Makers

- Consent to health care

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## HCR and Proxy Responsibilities

- Be "reasonably available"
  - able to be contacted without undue effort; and
  - willing and able to act in a timely manner considering the urgency of that individual's health care needs or health decisions.
- Provides informed consent to healthcare treatment on behalf of the patient if the patient loses decision-making capacity.

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## HCR and Proxy Standards of Conduct

- If the patient is unable to independently make healthcare decisions:
  - HCR must always act in good faith
  - Make health care decisions believes the patient would make
  - Decisions must closely align with the patient's express or implied intentions (if known) or in best interest
  - Attempt to comply with with instructions, desires, preferences stated by patient, or POST signed by patient

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## Best Interest

- Promotion of the individual's welfare, based on consideration of material factors, including relief of suffering, preservation or restoration of function, and quality of life.

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**INDIANA  
ADVANCE  
DIRECTIVE**

**INDIANA HEALTH CARE REPRESENTATIVE**  
A Health Care Representative is a person chosen by you to make healthcare decisions, including end-of-life decisions, if you are unable to make your own. It is a good idea to talk with this person about your preferences ahead of time. A doctor will determine if you are unable to make your own decisions.

**My name (Full Legal Name - also known as "declarant")** \_\_\_\_\_ **Date of Birth (MM/DD/YYYY)** \_\_\_\_\_

My Health Care Representative can make decisions for me if I cannot make and share my own health care decisions. My Health Care Representative must follow my wishes and values. My values include my ideas about dignity and quality of life. If my Health Care Representative does not know my wishes, my Health Care Representative must act in good faith and make decisions in my best interests. These decisions include but are not limited to:

- Agreeing to medical treatment
- Refusing medical treatment
- Stopping medical treatment
- Arranging comfort care

**I want the following person to be my Health Care Representative (HCR):**

HCR Name \_\_\_\_\_ HCR Phone Number \_\_\_\_\_

**If my primary HCR named above is not able or available to act for me, I want the following person to be my backup Health Care Representative:**

Backup HCR Name \_\_\_\_\_ Backup HCR Phone Number \_\_\_\_\_

**OPTIONAL STATEMENT OF PREFERENCES:**  
I would like to provide some additional guidance for my Health Care Representative on my end of life preferences. (Please select only one option below).

☐ The **quality of my life** is more important than the length of my life. If I am unable to make my own decisions and my attending physician believes that I will not recover, I do not want treatments to prolong my life or delay my death. Instead, I would want treatment or care to make me comfortable and to relieve me of pain.

☐ **Staying alive** is more important to me, no matter how sick I am or how unlikely my chances for recovery are. I want my life to be prolonged to the greatest extent possible, in accordance with reasonable medical standards.

☐ I choose to NOT complete this section at this time.

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**REQUIRED SIGNATURES:**  
By signing this form, I cancel and revoke every health care power of attorney I signed in the past.

Declarant Name: \_\_\_\_\_

Signature (Declarant) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name (Declarant) \_\_\_\_\_

**This form must be either signed by 2 adult witnesses (below left) or notarized (below right) to be legally valid.**

**SIGNATURE OF 2 ADULT WITNESSES**

Each of the undersigned Witnesses confirms that he or she has received satisfactory proof of the identity of the Declarant and is satisfied that the Declarant is of sound mind and has the capacity to sign the above Advance Directive. **At least one of the undersigned Witnesses is not a spouse or other relative of the Declarant.**

Signature of Adult Witness 1 \_\_\_\_\_

Printed Name of Adult Witness 1 \_\_\_\_\_

Date \_\_\_\_\_

Signature of Adult Witness 2 \_\_\_\_\_

Printed Name of Adult Witness 2 \_\_\_\_\_

Date \_\_\_\_\_

Initial here if the Witnesses participated by phone. \_\_\_\_\_

This advance directive was created by the Indiana Patient Preferences Coalition and is freely available. See [www.Indianaadvance.org](http://www.Indianaadvance.org) for more information.

**NOTARIZATION**

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ ) SS:

Before me, a Notary Public, personally appeared \_\_\_\_\_ [name of signing Declarant], who acknowledged the execution of the foregoing Advance Directive as his or her voluntary act, and who, having been duly sworn, stated that any representations therein are true.

Witness my hand and Notarial Seal on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

Notary's Printed Name (if not on seal) \_\_\_\_\_

Commission Number (if not on seal) \_\_\_\_\_

Commission Expires (if not on seal) \_\_\_\_\_

Notary's County of Residence \_\_\_\_\_

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## OOHDNR order form

- Advanced practice registered nurses (APRNs) and Physician Assistant's may sign OHDNR
- Remote signing option if unable to physically be in same room
- Proxy may sign if no Legally Appointed Representative (NEW!)

**STATE OF INDIANA  
OUT OF HOSPITAL DO NOT RESUSCITATE DECLARATION AND ORDER**

(New Form 00000-01-19-17)

Revised 7/04

**This declaration and order is effective on the date of execution and remains in effect until the death of the declarant or revocation.**

**OUT OF HOSPITAL DO NOT RESUSCITATE DECLARATION**

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, being of sound mind and at least eighteen (18) years of age, with full and voluntary make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below:

**I declare:**  
My attending physician has certified that I am a qualified person, meaning that I have a terminal condition or a medical condition such that, if I suffer cardiac or pulmonary failure, resuscitation would be unsuccessful or within a short period I would experience repeated cardiac or pulmonary failure resulting in death.

I direct that, if I experience cardiac or pulmonary failure in a location other than an acute care hospital, cardiopulmonary resuscitation procedures be withheld or withdrawn and that I be permitted to die naturally. My medical care may include any medical procedure necessary to provide me with comfort care or to alleviate pain.

I understand that I may revoke this Out of Hospital Do Not Resuscitate Declaration at any time by a signed and dated writing, by destroying or canceling this document, or by communicating to health care providers at the scene the desire to revoke this declaration.

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## Indiana Declarations – Mandatory Language

### Indiana Living Will Declaration

If at any time my physician certifies that I am suffering that: (a) I have an incurable and irreversible condition, or illness; (b) death will occur within a short time; and (c) the use of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the comfort and provision of any medical procedure or medication that may be necessary to provide me with comfort care or to relieve pain, and, as indicated below, the provision of artificially applied nutrition and hydration.

### Indiana Life-Prolonging Procedure Declaration

I, \_\_\_\_\_, being at least eighteen (18) years old and of sound mind, will voluntarily make known my desire that if at any time I have a serious and irreversible injury, disease, or illness determined to be terminal, or if I am suffering from a life-prolonging procedure that I do not intend to accept. This includes appropriate nutrition and hydration, administration of medication, and the use of all other medical procedures necessary to prolong my life, to provide comfort care, and to relieve pain. In the absence of my ability to give directions, the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to request medical or surgical treatment and accept the consequences of the request.

I understand the full importance of this declaration.

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ISDH Documents:  
Some Are No Longer  
Available



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**INDIANA HEALTH CARE REPRESENTATIVE APPOINTMENT**  
 Form HCR 001-11-16  
 Indiana State Department of Health - IC 16-36-1, IC 16-36-6

**INSTRUCTIONS:** See instructions on back.

Patient / Appointor Information		
Patient Last Name	Patient First Name	Patient Middle Initial
Patient Birthday (mm/dd/yyyy)	Medical Record Number of Healthcare Facility or Provider (optional)	Healthcare Facility or Provider (optional)

**Appointment of Health Care Representative**

I, being at least eighteen (18) years of age, of sound mind, and capable of consenting to my health care, hereby appoint the person(s) named below as my lawful health care representative in all matters affecting my health care, including but not limited to providing consent or refusing to provide consent to medical care, surgery, and/or placement in health care facilities, including extended care facilities, unless otherwise provided in this appointment. This appointment shall become effective at such time and from time to time as my attending physician determines that I am incapable of consenting to my health care. I understand that if I have previously named a health care representative the designation below supersedes (replaces) any prior named Health Care Representative(s).

I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time based on my previously expressed preferences and the diagnosis and prognosis my health care representative is satisfied that certain health care is not or would not be beneficial or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result. My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others to the extent they are available.

I specify the following terms and conditions (if any):

Name of Representative Appointed	Address of Representative (number and street, city, state, and ZIP code)	Telephone Number of Representative
Signature of Patient / Appointor or Designee (must be signed in the appointor's presence)	Printed Name of Patient / Appointor or Designee	Date of Appointment (mm/dd/yyyy)
Signature of Witness	Printed Name of Witness	Date (mm/dd/yyyy)

No Longer Available  
on the ISDH Website

Health Care  
Representative  
Appointment

This form can be completed until December 31, 2022. New ones created are not valid after this date but previously completed versions will remain valid.

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**LIVING WILL DECLARATION**

Declaration made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I, \_\_\_\_\_, being at least eighteen (18) years old and of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare:

If at any time my attending physician certifies in writing that: (1) I have an incurable injury, disease or illness; (2) my death will occur within a short period of time; and (3) the use of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to provide me with comfort care or to alleviate pain, and if I have so indicated below, the provision of artificially supplied nutrition and hydration. (Indicate your choice by initialing or making your mark before signing this declaration):

☐ I wish to receive artificially supplied nutrition and hydration even if the effort to sustain life is futile or excessively burdensome to me.

☐ I do not wish to receive artificially supplied nutrition and hydration if the effort to sustain life is futile or excessively burdensome to me.

☐ I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my healthcare representative appointed under I.C. 16-36-1-7, or my attorney in fact with healthcare powers under I.C. 30-6-5.

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal.

I understand the full importance of this declaration.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

The declarant has been personally known to me, and I believe (him/her) to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not a parent, spouse, or child of the declarant. I am not entitled to any part of the declarant's estate or directly financially responsible for the declarant's medical care. I am competent and at least eighteen (18) years old.

Signature of Witness #1 \_\_\_\_\_ Printed Name \_\_\_\_\_  
 Witness #1 Address / Telephone Number \_\_\_\_\_ / \_\_\_\_\_

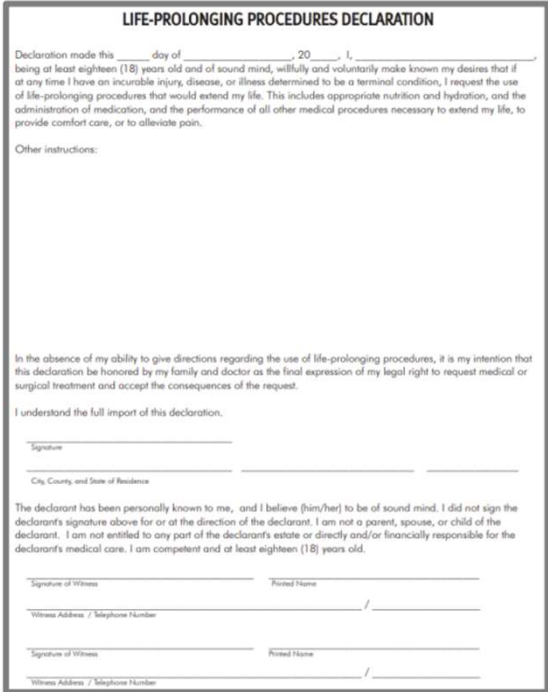
Signature of Witness #2 \_\_\_\_\_ Printed Name \_\_\_\_\_  
 Witness #2 Address / Telephone Number \_\_\_\_\_ / \_\_\_\_\_

No Longer Available  
on the ISDH Website

Living Will Declaration

This form can be completed until December 31, 2022. New ones created are not valid after this date but previously completed versions will remain valid.

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**LIFE-PROLONGING PROCEDURES DECLARATION**

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_, being at least eighteen (18) years old and of sound mind, willfully and voluntarily make known my desires that if at any time I have an incurable injury, disease, or illness determined to be a terminal condition, I request the use of life-prolonging procedures that would extend my life. This includes appropriate nutrition and hydration, and the administration of medication, and the performance of all other medical procedures necessary to extend my life, to provide comfort care, or to alleviate pain.

Other instructions:

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and doctor as the final expression of my legal right to request medical or surgical treatment and accept the consequences of the request.

I understand the full import of this declaration.

Signature \_\_\_\_\_  
City, County, and State of Residence \_\_\_\_\_

The declarant has been personally known to me, and I believe (him/her) to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not a parent, spouse, or child of the declarant. I am not entitled to any part of the declarant's estate or directly and/or financially responsible for the declarant's medical care. I am competent and at least eighteen (18) years old.

Signature of Witness \_\_\_\_\_ Printed Name \_\_\_\_\_  
Witness Address / Telephone Number \_\_\_\_\_ / \_\_\_\_\_

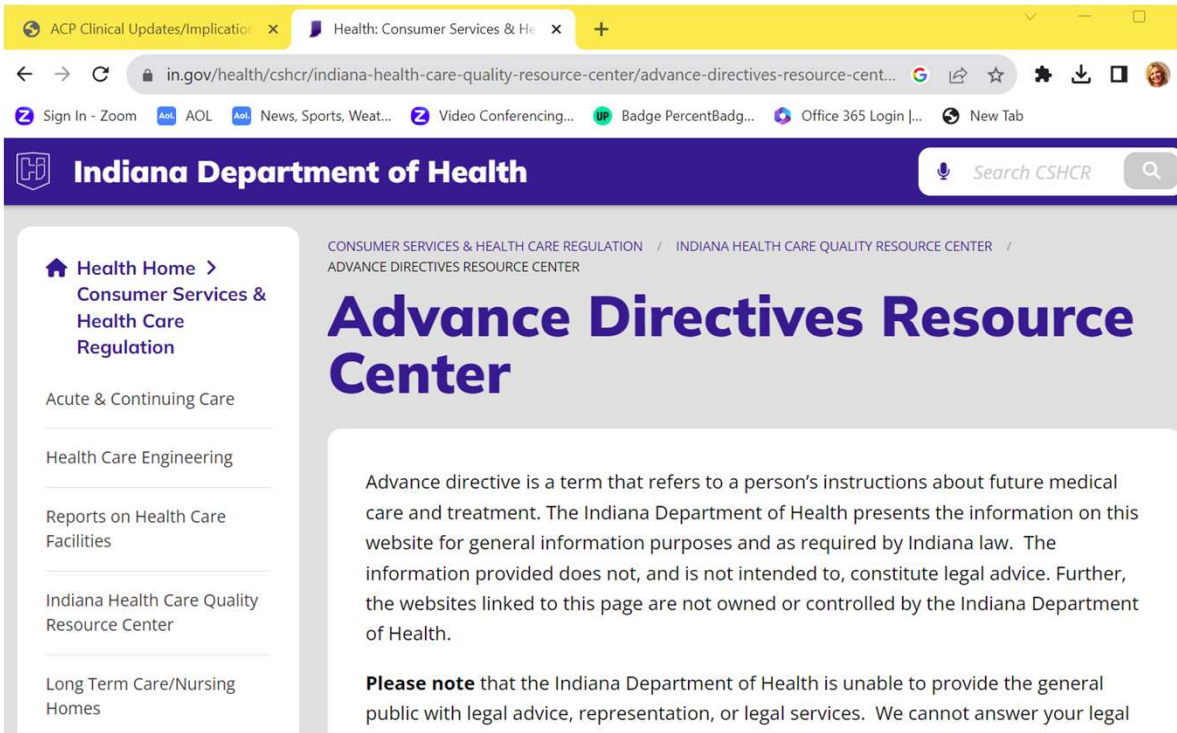
Signature of Witness \_\_\_\_\_ Printed Name \_\_\_\_\_  
Witness Address / Telephone Number \_\_\_\_\_ / \_\_\_\_\_

**No Longer Available  
on the ISDH Website**

**Life-Prolonging  
Procedures Declaration**

This form can be  
completed until December  
31, 2022. New ones created  
are not valid after this date  
but previously completed  
versions will remain valid.

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ACP Clinical Updates/Implication x Health: Consumer Services & He x +

in.gov/health/cshcr/indiana-health-care-quality-resource-center/advance-directives-resource-cent...

Sign In - Zoom AOL News, Sports, Weat... Video Conferencing... Badge PercentBadg... Office 365 Login [...] New Tab

**Indiana Department of Health** Search CSHCR

CONSUMER SERVICES & HEALTH CARE REGULATION / INDIANA HEALTH CARE QUALITY RESOURCE CENTER / ADVANCE DIRECTIVES RESOURCE CENTER

## Advance Directives Resource Center

**Health Home > Consumer Services & Health Care Regulation**

- Acute & Continuing Care
- Health Care Engineering
- Reports on Health Care Facilities
- Indiana Health Care Quality Resource Center
- Long Term Care/Nursing Homes

Advance directive is a term that refers to a person's instructions about future medical care and treatment. The Indiana Department of Health presents the information on this website for general information purposes and as required by Indiana law. The information provided does not, and is not intended to, constitute legal advice. Further, the websites linked to this page are not owned or controlled by the Indiana Department of Health.

**Please note** that the Indiana Department of Health is unable to provide the general public with legal advice, representation, or legal services. We cannot answer your legal

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**Please note** that the Indiana Department of Health is unable to provide the general public with legal advice, representation, or legal services. We cannot answer your legal questions or provide direct advocacy for advance directives. If you have additional questions about advance directives, please contact an attorney.

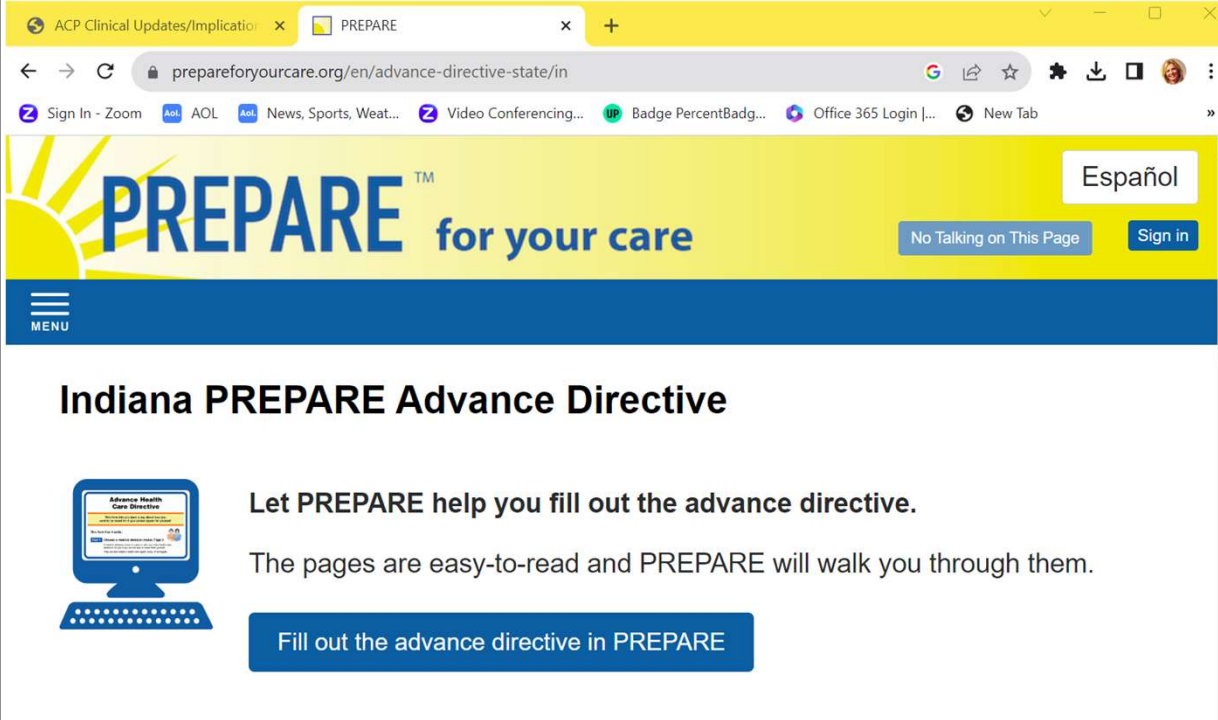
There is no official or mandatory advance directive form that must be followed, but the advance directive must meet the requirements of Indiana law to be valid. The health care advance directives chapter is IC 16-36-7, located in the Indiana Code linked at the bottom of this page under "Laws and Regulations." Additionally, the following sample advance directive forms posted on third-party websites are current as of May 3, 2023:

[Indiana Advance Directive - Representative Appointment Only](#)

[Indiana Advance Directive - Preferences and Representative Appointment](#)

[Prepare for your Care Advance Health Care Directive](#)

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The screenshot shows a web browser window with the URL [prepareforyourcare.org/en/advance-directive-state/in](http://prepareforyourcare.org/en/advance-directive-state/in). The page features a yellow header with the PREPARE logo and the text "for your care". A blue navigation bar contains a "MENU" button. The main content area is titled "Indiana PREPARE Advance Directive" and includes an illustration of a computer monitor displaying a sample advance directive form. The text on the page reads: "Let PREPARE help you fill out the advance directive. The pages are easy-to-read and PREPARE will walk you through them." Below this text is a blue button that says "Fill out the advance directive in PREPARE".

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# LTC Newsletter Update – July 2023

## New Temporary Health Care Services Agency Registry

The Indiana Department of Health is now responsible for establishing and maintaining a temporary healthcare services agency registry. This was passed under HEA 1461 (2023), effective July 1, and is codified at Indiana Code § 16-52 et seq.



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Division of  
Long Term Care

### COVID-19 Long-term Care Reporting Summary

Event	Where and when to report		
	Certified SNF/NF	RCF (Licensed AL)	Assisted Living (Unlicensed)
<b>NEW</b> Positive COVID-19 — test <b>either</b> by PCR or POC. Resident cases only	Long-term Care Gateway Application/ Within 24 hours of the result if the number of cases meets the outbreak reporting threshold*	Long-term Care Gateway Application/ Within 24 hours of the result if the number of cases meets the outbreak reporting threshold*	N/A
Positive COVID-19 Point-of-Care test – Staff or Resident	NHSN Covid Module / Weekly per CMS instructions	N/A	N/A
Positive COVID-19 Lab Result (PCR Not Point-of-Care) – Staff or Resident	NHSN Covid Module / Weekly per CMS instructions	N/A	N/A
COVID-19 Related Death – Staff or Resident	Complete a Confidential Report of Communicable Disease Form. Enter "COVID-19" for the Disease section, fax to 317-234-2812.	Complete a Confidential Report of Communicable Disease Form. Enter "COVID-19" for the Disease section, fax to 317-234-2812	Complete a Confidential Report of Communicable Disease Form. Enter "COVID-19" for the Disease section, fax to 317-234-2812.



\*Outbreak Reporting Threshold: **three cases of COVID-19 occur in residents in one defined area (such as hall, unit, neighborhood, street, pod, secured unit, vent unit) in a 48-hour period; or 10% or more of the current building census has COVID-19.**

\*\*Effective April 4, 2022, reporting of negative results, either individual test results or in aggregate, is optional, but can be reported to NHSN

\*\*\* Effective July 12, 2023, reporting COVID-19 POC results into the IDOH REDCap is no longer required

Long-Term Care Gateway Application: <https://gateway.isdh.in.gov/>

COVID-19 Death: Complete [Confidential Report of Communicable Disease Form \(https://forms.in.gov/Download.aspx?id=5082\)](https://forms.in.gov/Download.aspx?id=5082) and fax to: 317-234-2812



Last updated: 7.12.23

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## LTC Newsletter Update – September 2023

### CMS “Proposed” Minimum Staffing Standards

The first we were hearing of the discussions.....



On September 1, 2023, CMS issued a nursing home staffing mandate proposal. If finalized, the proposal calls for Medicare- and Medicaid-certified nursing homes to provide, at a minimum:

- A Registered Nurse (RN) on site 24/7.
- At least 0.55 hours (33 minutes) per resident day (HPRD) of care from a Registered Nurse. For example, a facility with 100 residents would be required to provide a total of 55 RN hours over the course of a day.
- At least 2.45 (2 hours and 27 minutes) HPRD of care from nurse aides. This means a nursing home with 100 residents would need roughly 10 nurse aides per 8-hour shift.

## LTC Newsletter Update – September 2023

### Updated COVID-19 Vaccine

Vaccination remains the best protection against COVID-19-related hospitalization and death. Vaccination also reduces the chance of suffering the effects of Long COVID, which can develop during or following acute infection and last for an extended duration.

The CDC’s recommendation is that anyone who has not received a COVID-19 vaccine in the past 2 months get an updated COVID-19 vaccine. Please review the CDC’s Interim Clinical Considerations for use of COVID-19 Vaccines for detailed clinical recommendations in the coming days.

## LTC Newsletter Update – September 2023

### Updated COVID-19 Vaccine

Preliminary COVID-19 vaccine recommendations presented at the ACIP meeting (slide 130) include:

- Everyone 5 years of age and older is recommended to receive 1 dose of an updated mRNA vaccine (Moderna or Pfizer-BioNTech), regardless of prior vaccination history
- People who are moderately or severely immunocompromised should complete a 3-dose initial series with at least one dose of the updated COVID-19 vaccine, and may receive additional updated vaccine doses



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## LTC Newsletter Update – September 2023

### Updated COVID-19 Vaccine

The CDC's recommendation follows the U.S. Food and Drug Administration's vaccine approval earlier this week. Please note that the updated mRNA vaccines are each approved for individuals 12 years of age and older.



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## LTC Newsletter Update – September 2023

### Aides Training Programs Clinical Sites – Reminder

IDOH has been receiving feedback from Ivy Tech indicating when it reviews NAT and QMAT test applications, there are many clinical sites listed on the applications **that are not approved for that training program.**

Each training program must have every clinical site approved **prior to** sending any student into that facility for clinicals.

The training program must allow ample amount of time (at least one week) for IDOH to review and to approve (or deny) the request. Please do not wait until the last minute to submit the request for approval, or the process may not be completed in time for the student to begin clinicals on the expected date.



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## LTC Newsletter Update – September 2023

### Aides Training Programs Clinical Sites – Reminder

The training program will receive an approval (or denial) via email for every clinical and classroom site request.

If the program has not received either approval or denial via email two weeks post the request, the person who submitted the request should follow up by emailing the IDOH training email box at:

[IDOHLtctrainingprograms@health.in.gov](mailto:IDOHLtctrainingprograms@health.in.gov).

If you do not have an approval email or letter, the site is not considered to be approved by IDOH.



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## LTC Newsletter Update – September 2023

### Aides Training Programs Clinical Sites – Reminder

Also, the training program must have clinical sites approved for NAT and QMAT separately.

Just because a clinical site has been approved for the NAT program does not mean it can be used for the QMAT program.

Please ensure you are submitting a separate application for NAT and QMAT requests.



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## Nursing Home Compare

### Updates to Nursing Home Care Compare Staffing and Quality Measures

The Centers for Medicare and Medicaid Services (CMS) announced updates to the Nursing Home Care Compare staffing and quality measures in [QSO-23-21-NH](#) memo, dated Sept. 20.

In summary:

- Adjustment to Staffing and Quality Measures: CMS will update the staffing level case-mix adjustment methodology and replace some of the Quality Measures (QMs) used on Nursing Home Care Compare, to accommodate changes to the Minimum Data Set (MDS). Additionally, CMS will discontinue the CMS-672 form since the section G MDS data used to populate this form is being eliminated.
- Penalty for Providers Who Fail to Submit Staffing Data: To incentivize providers to submit accurate staffing data, CMS will revise the staffing rating methodology so providers that fail to submit staffing data or submit erroneous data receive the lowest score possible for corresponding staffing turnover measures.

More information is available at the CMS website: "[Updates to Nursing Home Care Compare Staffing and Quality Measures](#)."



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## LTC Newsletter Update – October 2023

### Dietary Manager Qualifications

Effective Oct. 1, the Centers for Medicare and Medicaid Services requires the following qualifications for the director of food and nutrition services under F801 of the State Operations Manual, §483.60(a)(2).

"If a qualified dietitian or other clinically qualified nutrition professional is not employed fulltime, **the facility must designate a person to serve as the director of food and nutrition services.**



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## LTC Newsletter Update – October 2023

### Dietary Manager Qualifications

(i) The director of food and nutrition services must at a minimum meet one of the following qualifications—

- (A) A certified dietary manager; or
- (B) A certified food service manager; or
- (C) **Has similar national certification for food service management and safety from a national certifying body; or**



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## LTC Newsletter Update – October 2023

### Dietary Manager Qualifications

(D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or  
 (E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving"



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## LTC Newsletter Update – October 2023

### Dietary Manager Qualifications

Certification from ServSafe, or similar national certification for food service management and safety from a national certifying body, meets the requirement for option C, §483.60(a)(2)(i)(C).

Successful completion of the ServSafe food manager program (or other nationally recognized course of study in food safety and management) by Oct. 1 AND two or more years of experience as a director of food and nutrition services in a nursing facility setting, meets the regulatory requirement of the option E, described in §483.60(a)(2)(i)(E).



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## LTC Newsletter Update – December 2023

The Long-term Care division is pleased to announce the following addition to our staff.

- Amy Winger is filling the role of long-term care provider liaison. Questions about federal regulations and state rules can be directed to Amy at [LTCRulesandRegulations@health.IN.gov](mailto:LTCRulesandRegulations@health.IN.gov).
- Ashley Hudson is our state's Resident Assessment Instrument (RAI) Coordinator. You can direct questions about the RAI or Minimum Data Set (MDS) assessments to her at 317-233-7002 or [MDSQuestions@health.in.gov](mailto:MDSQuestions@health.in.gov)



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## LTC Newsletter Update – January 2024

### Updated QMA Curriculum

IDOH is pleased to release the updated and revised QMA Basic Curriculum. This has been a long process with a comprehensive review of the old curriculum, several revisions, and reviews by long-term care provider associations, training programs, and clinical review by the IDOH Chief Medical Officer and Long-term Care Medical Director.

The curriculum follows a similar format and content as the previous curriculum, but outdated lessons, procedures and medications have been removed and replaced with updated information.

The curriculum is not required to be used for training until **May 2024**



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## LTC Newsletter Update – January 2024

### Updated QMA Curriculum

The student and instructor QMA curriculum manuals can be accessed at the following links, for a limited time.

Then, approved instructors and program directors can email [IDOHLtctrainingprograms@health.in.gov](mailto:IDOHLtctrainingprograms@health.in.gov) for an electronic copy of the revised QMA curriculum manuals.

Any new training instructors and program directors will receive the curriculum during their train-the-trainer class.

## LTC Newsletter Update – January 2024

IDOH has updated the **QMA-Insulin Administration Education Module** to include the pictures and illustrations that were previously missing as well as a few other updates.



## LTC Newsletter Update – January 2024

### Ivy Tech CNA/QMA Testing Online Application Update

Ivy Tech Community College Testing Services has fully launched an online application process for CNA, QMA and QMA-Insulin testing **as of Jan. 1.** More information on this and other updates related to aide training, testing and certification can be found in the Aides Training Programs newsletter, accessible at the bottom of this website: Certified Nurse Aide: Certification and Recertification.

Link to subscribe to IDOH Aides Training Programs newsletter:

[https://public.govdelivery.com/accounts/INSDH/subscriber/new?topic\\_id=INSDH\\_921](https://public.govdelivery.com/accounts/INSDH/subscriber/new?topic_id=INSDH_921)



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## LTC Newsletter Update – January 2024

### New Platform for CNA/QMA Certification Renewals

New for January 2024, **Nurse Aide Certificate Holders and/or Registrants (CNA, QMA, QMA-I, HHA)** will utilize the new **MyLicense One platform** to **renew, update contact information, and to submit any additional documentation to update their certificate.**

In this new platform, QMAs **will be required to upload documentation of the required six hours of annual inservice training** in order to renew their QMA certification.



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## LTC Newsletter Update – January 2024

### New Platform for CNA/QMA Certification Renewals

To access this new platform, individuals will login or register for an Access Indiana account at [mylicense.in.gov/eGov/ML1PLA.html](http://mylicense.in.gov/eGov/ML1PLA.html)



The new platform will require individuals to link their certificates and/or registrations by using their Certification/Registration Number and their Registration Code which will be provided on their renewal notices.

## LTC Newsletter Update – February 2024

### QMA Inservices and Certification Renewals on the New MyLicense One Platform

#### *Let's say it again.....*

In this new platform, QMAs are required to upload documentation of the required six hours of annual inservice training to renew their QMA certification. **Facilities are encouraged to remind their QMAs of this requirement, provide them with any inservice documentation that has been provided by the facility, and reiterate the importance of keeping their own copies of inservice documentation for when it is time to renew their certification.**

## LTC Newsletter Update – March 2024

### QSO-24-08-NH Enhanced Barrier Precautions to Prevent Spread of Multidrug-resistant Organisms (MDROs)

CMS has issued **new guidance on the use of enhanced barrier precautions (EBP)** to align with nationally accepted standards.

EBP recommendations now include the use of EBP for residents **with chronic wounds or indwelling medical devices during high-contact resident care activities, regardless of their MDRO status.** The new guidance is being incorporated into F880, Infection Prevention and Control.



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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



#### Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-24-08-NH

**DATE:** March 20, 2024  
**TO:** State Survey Agency Directors  
**FROM:** Director, Quality, Safety & Oversight Group (QSOG)  
**SUBJECT:** Enhanced Barrier Precautions in Nursing Homes

#### Memorandum Summary

- CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards.
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their

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**F880****§483.80 Infection Control**

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

**§483.80(a) Infection prevention and control program.**

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

**§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;**

\* \* \* \* \*

**GUIDANCE**

**“Enhanced Barrier Precautions” (EBP)** refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities.

EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.

EBP are indicated for residents with any of the following:

- Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or
- Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.



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This table only applies to MDROs, not all pathogens that may require use of transmission-based precautions.

<b>Resident Status</b>	<b>Contact Precautions</b>	<b>Use EBP</b>
Infected or colonized with any MDRO and has secretions or excretions that are unable to be covered or contained.	Yes	No
Infected or colonized with a CDC-targeted MDRO <b>without</b> a wound, indwelling medical device or secretions or excretions that are unable to be covered or contained.	No	Yes
Infected or colonized with a non-CDC targeted MDRO <b>without</b> a wound, indwelling medical device, or secretions or excretions that are unable to be covered or contained.	No	At the discretion of the facility
Has a wound or indwelling medical device, <b>and</b> secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	Yes, unless/until a specific organism is identified.	Yes, if they do not meet the criteria for contact precautions.
Has a wound or indwelling medical device, <b>without</b> secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	No	Yes

Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen.

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## Healthcare-Associated Infections (HAIs)

CDC > Healthcare-associated Infections (HAI) > MDRO Guides > PPE in Nursing Homes

### Healthcare-associated Infections (HAI)

HAI Data +

Types of Infections +

Diseases and Organisms +

Preventing HAIs +

MDRO Guides -

## Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes

[Print](#)

These FAQs were created to address questions about Enhanced Barrier Precautions as defined in the CDC guidance

["Implementation of Personal Protective Equipment \(PPE\) in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\)"](#)

### On this Page

Definition and scope of Enhanced Barrier Precautions

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Contact Precautions should be used for All residents infected or colonized with an MDRO who also have:

- Presence of acute diarrhea
- Draining wounds or other sites of secretions or excretions that are unable to be covered or contained
- For a limited time period on units or in facilities during an investigation of a suspected or confirmed MDRO outbreak

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## Differences Between Contact Precautions and Enhanced Barrier Precautions

Contact Precautions	Enhanced Barrier Precautions
<ul style="list-style-type: none"> <li>• Gown and gloves for all room entries and for all activities</li> <li>• Private room ideal</li> <li>• Room restriction except for medically necessary care</li> <li>• Recommended to be time limited</li> </ul>	<ul style="list-style-type: none"> <li>• Gown and gloves only for high-contact resident care activities</li> <li>• No private room</li> <li>• No room restriction and may participate in communal activities</li> <li>• Recommended for duration of stay</li> </ul>

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## Enhanced Barrier Precautions (EBP)

Use EBP when performing high-contact resident care activities and for residents who meet criteria for the use of EBP

- Includes the use of gown and gloves
- Resident does not need a private room
- Resident may participate in communal activities and is not restricted to room
- Intended to be used for the resident's entire length of stay in the facility

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## LTC Newsletter 2024-07 March 28, 2024



LTC Newsletter 2024-07 March 28, 2024

### Project Firstline Interactive Toolkit

#### Attention CNA Programs

The University of Indianapolis Center for Aging and Community has developed additional resources for your infection control instruction. The Project Firstline Interactive Toolkit is [here](#).

This toolkit provides new and fresh interactive resources to understand how to apply basic infection control solutions that can save patients' lives. Furthermore, this toolkit will not only generate excitement about infection control practices, but will encourage students to share stories of practical application outside of the classroom. These resources will support all healthcare workers' infection control actions, correctly every day.

#### What's in it for me?

- **Pre/Post Assessments**
- **Office Hours** - Get your Project Firstline questions answered every other Tuesday from 12-1 p.m. ET. Visit the [web page](#) for dates and the link to join.
- **Word Searches**
- **Crosswords**
- **And More**

These resources are tools that will enhance your instruction in infection control and practice.

For more information, contact Stacie Clay, project coordinator, at [clays@uindy.edu](mailto:clays@uindy.edu) or 317-791-5934.

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# What are we talking about right now?

*LeadingAge*  
Indiana

**INALA**  
Indiana Assisted Living Association

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#### FSSA announces claims submission testing period for PathWays program

In compliance with Indiana Senate Enrolled Act 132 (2024), the Office of Medicaid Policy and Planning and the managed care entities selected to participate in the PathWays program (Anthem, Humana, UnitedHealthcare) will conduct claims submission testing before implementation of the PathWays program on July 1, 2024.

All providers planning to participate in the PathWays program may participate in claims submission testing. Providers new to managed Medicaid are highly encouraged to participate, particularly current Aged and Disabled Waiver providers, long term care nursing facilities, home healthcare providers, and hospice providers.



#### LeadingAge Indiana PathWays Frequently Asked Questions

\*\* The following FAQs are in not necessarily in any particular order and represent an ongoing dialogue with members, regulators and MCEs. Accordingly, these FAQs will be updated routinely and re-posted.

Q: What are a good couple of resources to refer to for general information?

A: LeadingAge Indiana website dedicated to the Pathways program - <https://www.leadingageindiana.org/aws/LAIN/pt/sp/mmc>.

Pathways for Aging website - <https://www.in.gov/pathways/>

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## Medicare and Medicaid Programs: Minimum Staffing Standards for Long-Term Care Facilities

The rule is expected to be published on May 10, and the **new facility assessment standards will go into effect on August 9<sup>th</sup>.**

The implementation of the staffing mandate will be staggered, with the first phase beginning within 90 days of the final rule's official publication, whereby facilities will be required to meet the facility assessment requirements.



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LTC facilities are already required to conduct, document, and review, annually and as necessary, a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.

To ensure that facilities are utilizing the assessment as intended by making thoughtful, person-centered staffing plans, and decisions focused on meeting resident needs, including staffing at levels above the finalized minimums as indicated by resident acuity, CMS is finalizing the following:

*•Facilities must use evidence-based methods when care planning for their residents, including consideration for those residents with behavioral health needs.*

*•Facilities must use the facility assessment to assess the specific needs of each resident in the facility and to adjust as necessary based on any significant changes in the resident population.*



•Facilities must include the input of the nursing home leadership, including but not limited to, a member of the governing body and the medical director; management, including but not limited to, an administrator and the director of nursing; and direct care staff, including but not limited to, RNs, LPNs/LVNs, and NAs, and representatives of direct care staff as applicable. The LTC facility must also solicit and consider input received from residents, resident representatives, and family members.

•Facilities are required to develop a staffing plan to maximize recruitment and retention of staff

•Jean Moody-Williams, deputy center director at CMS' Center for Clinical Standards and Quality, said a **template on how to do the facility assessment is forthcoming.**

The rule mandates a minimum of **3.48 hours per resident per day (HPRD)** of total staffing, with specific allocations for registered nurses (RN) and nurse aides.

This standard encompasses **0.55 HPRD of direct RN care** and **2.45 HPRD of direct nurse aide care.** CMS said that facilities can use a mix of nurse staff, including RNs, LPNs/LVNs, or nurse aides, to meet this standard.

## Minimum Per Resident Per Day Staffing Requirements

*Effective within 2 years of the final rule publication for **non-rural** facilities and within 3 years of the final rule publication for **rural** facilities.*

- . Total nurse staffing standard of 3.48 hours per resident day using any combination of nurse staff (RN, licensed practical nurse [LPN] and licensed vocational nurse [LVN], or nurse aide).

*Effective within 3 years of the final rule publication for **non-rural** facilities and within 5 years of the final rule publication for **rural** facilities.*

- 0.55 Hours Per Resident Day of direct registered nurse (RN)
- . 2.45 Hours Per Resident Day of direct nurse aide care.
- . *NOTE\* Urban counties are defined as those that have a population of 50,000 or more people."*

## RN Onsite 24 Hours a Day, Seven Days a Week

The 24/7 RN onsite can be the Director of Nursing (DON); however, they must be available to provide direct resident care.

## Exemptions?

*LTC facilities may qualify for a temporary hardship exemption from the minimum nurse staffing HPRD standards and the 24/7 RN requirement only if they meet the following criterion for geographic staffing unavailability, financial commitment to staffing, and good faith efforts to hire:*

- The facility is located in an area where the supply of RN, NA, or total nurse staff is not sufficient to meet area needs as evidenced by the applicable provider-to-population ratio for nursing workforce (RN, NA, or combined licensed nurse and nurse aide), which is a minimum of 20% below the national average, as calculated by CMS using data from the U.S. Bureau of Labor Statistics and the U.S. Census Bureau.*

- The facility may receive an exemption from the total nurse staffing requirement of 3.48 HPRD if the combined licensed nurse and nurse aide to population ratio in its area is a minimum of 20% below the national average.*
- The facility may receive an exemption from the 0.55 RN HPRD requirement, and an exemption of eight hours a day from the RN on-site 24 hours per day for seven days a week requirement, if the RN to population ratio in its area is a minimum of 20% below the national average.*
- The facility may receive an exemption from the 2.45 NA HPRD requirement if the NA to population ratio in its area is a minimum of 20% below the national average.*



*Eligible LTC facilities that meet the criteria will receive a temporary hardship exemption by completing the following:*

- The facility provides documentation of good faith efforts to hire and retain staff, such as through job postings, the number and duration of vacancies, job offers made, and competitive wage offerings.*
- The facility provides documentation of the facility's financial commitment to staffing, including the amount the facility expends on nurse staffing relative to revenue.*

*“A long term care facility must post their exemption status within the facility and must also provide residents, prospective residents and the state ombudsman with an individual notice of the exemption status including the degree to which they do not meet the staffing requirements.”*

*Certain types of facilities will not be able to receive these exemptions under the final rule, regardless of the challenges they face, he said. These include facilities that fail to submit data to the Payroll-Based Journal (PBJ) system, are identified as a special focus facility, or have shown within the preceding 12 months a widespread pattern of insufficient staffing that has resulted in serious harm or death to a resident.*

To give LTC facilities time to achieve compliance with the proposed minimum staffing requirements, CMS is implementing the minimum nurse staffing requirements to occur in **three phases** over a three-year period for all non-rural facilities. Specifically, we are finalizing the following for **non-rural** facilities:

- **Phase 1** — Within 90 days of the final rule publication, facilities must meet the **facility assessment** requirements.
- **Phase 2** — Within two years of the final rule publication, facilities must meet the **3.48 HPRD total nurse staffing** requirement and the 24/7 RN requirement.
- **Phase 3** — Within three years of the final rule publication, facilities must meet the **0.55 RN and 2.45 NA HPRD** requirements.

# SB 132

**Clarifications and Updates to  
the Role of Administrator  
(since 7/1/23)**

**Effective 7/1/24**

## Reminder- RCA Requirements as of 7/1/23

### IC 25-19-1-2.5 Requirements and continuing education for licensure as an RCA

(a) An individual seeking licensure as a residential care administrator must:

- (1) be at least twenty-one (21) years of age;
- (2) have obtained at least a high school diploma or its equivalent;
- (3) submit to a national criminal history background check, as required by IC 25-0.5-1-8;
- (4) achieve a passing score, as prescribed by the board, on the state jurisprudence examination; and



(5) meet one (1) of the following:

- (A) Be a licensed health facility administrator or a registered, certified, or licensed health care practitioner under IC 16 or IC 25.
- (B) Have at least one (1) year of management experience:
  - (i) in health care;
  - (ii) in housing;
  - (iii) in hospitality; or
  - (iv) providing services that are similar to services described in items (i) through (iii) to individuals who are elderly.
- (C) Possess an associate's degree in gerontology or health care.
- (D) Possess a bachelor's degree or higher degree from an accredited postsecondary educational institution.
- (E) Complete a one hundred (100) hour specialized course in residential care facility administration that is approved by the board.

SECTION 7. IC 25-19-1-3, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2024 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2024]:  
Sec. 3. (a) The board may issue licenses to qualified persons as health facility administrators.

(b) A person who applies to the board to practice as a health facility administrator must:

- (1) not have been convicted of a crime that has a direct bearing on the person's ability to practice competently in accordance with ~~IC 25-1-21~~; **IC 25-1-1.1**;
- (2) successfully complete an administrator in training **internship** program **described in section 18 of this chapter**;
- (3) achieve a passing score, as determined by the board, on a state jurisprudence examination described in section 3.2 of this chapter; **and**
- (4) successfully complete the national examination. ~~and~~
- ~~(5) meet one (1) of the following:~~

- ~~(A) Possess a bachelor's degree or higher degree from an accredited postsecondary educational institution;~~
- ~~(B) Possess an associate's degree from an accredited postsecondary educational institution and complete a specialized course of study in long term health care administration; as prescribed by the board;~~
- ~~(C) Complete a specialized course of study in long term care administration prescribed by the board.~~

**For HFAs  
as of 7/1/24**

## HFA “AIT” Requirements as of 7/1/24

Education	Course Required	Maximum AIT Hours	With Possible 200 hour reduction for 2 years of LTC Experience	With Possible 200 hour reduction for “optional” Specialized Course in Health Facility Administration	Up to 30% Reduction (312 hours) due to having served as a Dept. Head in LTC	Lowest Possible AIT Hours
High School/GED	No	1040	N/A	840	Potential to reduce to 528 IF full 30% is awarded	538-840 hours
Associate's Degree	No	880	680	480	N/A	480 hours
Bachelor's Master's or Doctorate	No	880	680	480	N/A	480 hours

## Immediate Jeopardy Citations “2023”

## “The Year in Review”

### **F 580 – Notify of Changes (Injury/Decline/Room, etc.)**

The facility failed to ensure the physician was notified when a resident complained of bilateral shoulder pain and **malfunctioning of his automatic implantable cardioverter defibrillator** for residents reviewed for physician notification.

### **F 600 – Free from Abuse and Neglect**

- The facility failed to protect the residents' right to be free from sexual abuse by not appropriately determining their **capacity to consent to sexual interactions** and implementing an effective plan to address the sexual activity between residents for residents reviewed for abuse.
- The facility failed to protect the resident's right to be free from sexual abuse for residents reviewed for sexual abuse.
- The facility failed to protect the resident's right to be free from abuse by another resident for residents reviewed for abuse. A male resident with a history of sexual battery was obsessing and **taking photographs of a female resident**. During an unsupervised smoke time the male resident **stabbed the female resident in the neck** with a sharp silver object. The female resident was sent to the emergency room for evaluation.



- The facility failed to ensure a resident with dementia, a history of agitation, anxiety, and combativeness, remained free from physical and verbal abuse, which resulted in a **staff member holding the wrists of a resident** during care that was later identified with bruising to the bilateral hands and wrists. Using the reasonable person concept, it was likely that this would lead to chronic or recurrent fear and anxiety.
- The facility failed to protect a resident's right to be free from neglect related to lack of timely, appropriate nursing interventions and services in response to a significant change in condition which resulted in the death of a resident for residents reviewed for abuse/**neglect**.
- The facility failed to ensure a resident was free from neglect when a facility staff member failed to thoroughly assess the resident, report accurate information to the management staff regarding the resident's condition, and **notify the physician timely when the resident experienced a change of condition** for residents reviewed for neglect. Resident coded and was sent to the hospital where she later passed away.

- The facility failed to ensure a resident was free from staff to resident abuse for residents reviewed for abuse.
- The facility failed to protect the resident's right to be free from physical abuse from a staff member related to a **staff member pushing a resident to the floor after a verbal altercation**, for residents reviewed for abuse. A facility staff member failed to react and respond to a resident's behavior appropriately and professionally, resulting in the staff member purposefully pushing the resident to the ground.



- The facility failed to protect the resident's right to be free from neglect for residents reviewed for discharge. A resident with a court order to remain at the facility was allowed to leave and did not return. **The resident was being monitored for suicide precautions at the time the resident was allowed to leave with an unknown female and has never returned.** The resident's whereabouts was currently unknown. Legal authorities and the physician were not notified of the resident's departure from the facility or failure to return. **As an endangered adult, the resident has the potential of harming himself if not under supervision.** The resident had a history of being aggressive which has the potential of others being harmed as well.
- The facility failed to protect each resident from physical and verbal abuse for residents reviewed for abuse. **A staff member struck a resident on his chest when perineal care was being provided.**
- The facility failed to ensure resident to resident abuse did not occur related to sexual abuse resulting in a **severely cognitive resident and a cognitive resident found in an unsupervised sexual situation for residents reviewed for abuse.**

### **F 684 – Quality of Care**

- The facility failed to ensure thorough assessment of a resident with a change of condition and **failed to timely send the resident with a change of condition out to the hospital** for residents reviewed for emergency transfers due to change of condition.
- The facility failed to ensure non-pressure wounds on a resident's toes were treated in a timely manner and failed to follow up on an arterial doppler causing a **delay in treatment of the wounds which resulted in osteomyelitis, gangrene, and cellulitis** for residents reviewed for quality of care. The facility failed to ensure residents had appropriate skin assessments and interventions in place to address non-pressure wounds for residents reviewed for skin management.

- The facility failed to ensure the physician's orders were followed to **schedule a paracentesis for a resident with ascites and jaundice which resulted in the unstable hospitalization which was followed by the death** of Resident for residents reviewed for Quality of Care.
- The facility failed to ensure a resident with a history of respiratory failure and hypercapnia, who had recently had a surgical procedure, **received appropriate care and monitoring when she experienced a sudden change in condition and had complaints of not being able to breathe**. The resident was found with blue discoloration around her mouth and no visible signs of life.

- The facility **failed to ensure admission orders were entered into the electronic medical record accurately, timely,** and that such orders were administered as ordered by the physician for a resident with type 1 diabetes resulting in the resident experiencing a change in condition that included nausea and vomiting that was not documented in the medical record; ensure **a diabetic resident's sliding scale insulin order was continued upon admission to the facility;** administer a resident's **pain medication as ordered;** ensure weekly wound assessments were conducted; **administer insulin as ordered;** provide geri-sleeves and Prevalon boots, as ordered; address a resident's low blood pressure; and apply a resident's Lidocaine patches, as ordered for residents reviewed for wounds, resident reviewed for insulin, residents reviewed for positioning and mobility, residents reviewed for pain management, and residents reviewed for change in condition.

**F 686 – Treatment/Svcs to Prevent/Heal Pressure Ulcer**

- The facility failed to ensure a resident who was admitted with pressure ulcers **received appropriate treatment/ services to prevent deterioration, infection and additional wounds.**
- The facility failed to prevent pressure ulcers for residents reviewed for pressure ulcers resulting in immediate jeopardy when the resident **developed a stage 3 pressure ulcer to the sacrum, a deep tissue injury to the left lateral ankle, and an unstageable to the right thigh.** The facility failed to appropriately treat pressure ulcers as ordered for residents reviewed for pressure ulcers resulting in immediate jeopardy when the stage 3 sacral pressure ulcer worsened to a stage 4, the deep tissue injury to a left lateral ankle worsened to a stage 4, and the unstageable to the right anterior thigh worsened to a stage 3. The facility failed to ensure skin assessments were completed as ordered for a resident with a stage 3 pressure ulcer for residents reviewed for skin assessments.

**F 689 – Free of Accident Hazards/Supervision/Devices**

- The facility failed to ensure a **resident with known suicidal ideations with plastic bags had interventions in place,** including no access to plastic bags for residents reviewed for accidents. The facility failed to follow the facility's fall protocol for a resident who had a fall with fracture for residents reviewed for accidents.
- The facility **failed to provide supervision to prevent elopement** for residents reviewed. A resident was able to exit the facility with a delivery person. The resident was found by a family member on a in the turn lane of a heavily traveled highway.
- The facility failed to ensure staff were **properly securing the bus safety latch before transporting residents** for residents reviewed for accidents hazards. Resident sustained fractures to both legs. Resident sustained minor injuries.

- The facility failed to ensure supervision of a moderately cognitively impaired resident with a history of diabetes, mental illness, illicit drug use, and new onset aphasia; and **failed to follow the facility elopement policy resulting in a delay in contacting the police for approximately 20 hours** after the resident had gone missing for residents reviewed for quality of care.
- The facility failed to ensure **hot water temperatures were safe** for resident rooms reviewed for excessive hot water temperatures, and failed to ensure a resident who was at risk for falls with a history of repeated falls had appropriate fall interventions in place to prevent the potential for additional falls.
- The facility failed to provide adequate **supervision for a resident with a known risk of elopement**. This deficient practice resulted in the resident ambulating with his walker approximately 1.4 miles away from the facility, in a busy residential area, with temperatures exceeding 84 degrees F (Fahrenheit) for residents reviewed for elopement risks.
- The facility failed to ensure a resident on the secured dementia unit with exit seeking behaviors did not **exit the facility without supervision** for residents reviewed for supervision.

- The facility **failed to ensure environmental hazards were removed from the resident's room after a suicide attempt** for residents reviewed for accidents/hazards.
- The facility failed to **provide supervision to prevent an elopement** for residents reviewed for elopement. A resident diagnosed with schizoaffective disorder bipolar type and dementia, had a history of elopement and attempted to leave the facility 12 days prior, left the facility. **The resident's whereabouts were unknown for 2 days** when the resident was located by a bystander. The resident was confused and physically and verbally combative with EMS (Emergency Medical Services), had to be restrained and required inpatient psychiatric treatment.
- The facility failed to supervise a resident, with severe cognitive deficits and wandering behaviors, from **exiting the facility resulting in the elopement** of Resident.
- The facility failed to ensure adequate supervision was in place when a resident with impaired cognition and **risk for elopement exited the front doors without staff supervision**.

**F 690 – Bowel/Bladder Incontinence, Catheter, UTI**

The facility failed to ensure thorough **assessments and care** was provided for the use of a Foley catheter in residents. And failed to identify a change in condition which **resulted in sepsis and death**.

**F 693 – Tube Feeding Mgmt/Restore Eating Skills**

The facility failed to implement measures to ensure a moderately impaired dependent resident was **not lying flat in bed while an enteral** (administered into the gastrointestinal tract) tube **feeding was infusing**, which led to labored breathing, audible crackle lung sounds, projectile vomiting, unresponsiveness, intubation, and ultimately death for residents reviewed for tube feeding.

**F 695 – Respiratory/Tracheostomy Care and Suctioning**

The facility **failed to ensure a resident's bilevel positive airway pressure** (BIPAP) **equipment** (machine used to provide assistance during inspiration and expiration) **was implemented upon hospital discharge**, and failed to assess the resident's change in condition after not receiving a BIPAP for 3 days for residents reviewed for quality of care. The facility failed to ensure a resident with a continuous positive airway pressure (CPAP) machine had physician orders and a plan of care for the CPAP machine for residents reviewed for quality of care.

**F 698 – Dialysis**

The facility failed to provide transportation to and from dialysis for residents reviewed. **Residents missed dialysis appointments and required emergency care due** to decline in condition.

**F 760 – Residents are Free of Significant Med Errors**

The facility failed to ensure residents reviewed were free from a **significant medication error**. The error resulted in respiratory distress, need for emergent treatment and the potential for death.

**F 805 – Food in Form to Meet Individual Needs**

The facility failed to ensure a resident only received food in the form ordered by the physician related to the **consumption of a regular donut during a transport which led to a choking incident** and resulted in respiratory failure, cardiac arrest and ultimately his demise for residents reviewed for mechanically altered diets.

**F 883 – Influenza and Pneumococcal Immunizations**

The facility failed to ensure infection control guidelines were in place and implemented, related to **offering and providing the Influenza and Pneumococcal vaccines** for residents reviewed for vaccinations.

**K 353 – Sprinkler System – Maintenance and Testing**

The facility failed to ensure a **full hydrostatic flush was performed** on automatic sprinkler piping systems that resulted in Immediate Jeopardy to residents who rely on the protection of an automatic sprinkler system to receive an unobstructed flow of water for effective control and extinguishment of fire.

**K 711 – Evacuation and Relocation Plan**

The facility **failed to follow the written fire safety plan during an actual fire** that resulted in Immediate Jeopardy to residents who rely on staff knowledge of the fire safety plan. This deficient practice affects all residents, staff, and visitors in the facility.



## Substandard Quality of Care Summary 2023

### F 565 – Resident/Family Group and Response

The facility failed to **act promptly upon resident council grievances** regarding weekly shopping and maintenance work orders.

### F 602 – Free from Misappropriation/Exploitation

The facility **failed to ensure misappropriation of resident funds** did not occur for residents reviewed for resident funds.



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## IDR Statistics First Quarter 2024

### Indiana Department of Health Informal Dispute Resolution Process (IDR) Statistics

IDR	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2024 Total	
Remain from 2022 or Last Quarter	11				11	
Requested -IDR	30				30	
TOTAL	41				41	
Completed	27				27	
Withdrawn	2				2	
Remain to be completed	12				12	
IDR COMPLETED INFORMATION:						
TYPE: Face/Face or Video	15	56%			15	56%
Paper Review	12	44%			12	44%
TOTAL	27				27	
SURVEY TYPE: NH - Initial/Annual	10	34%			10	34%
NH Intake (Complaint or FRI)	8	28%			8	28%
NH PSR	0	0%			0	0%
Residential - Initial/Annual	3	10%			3	10%
Residential Complaint	5	17%			5	17%
Residential PSR	0	0%			0	0%
LSC/ EP - Annual	3	10%			3	10%
LSC Complaint	0	0%			0	0%
TOTAL	29				29	
S/S per DEFICIENCY: A-C	0	0%			0	0%
D-I	23	59%			23	59%
G-	5	13%			5	13%
J-I	1	3%			1	3%
No S/§	10	26%			10	26%
TOTAL	39				39	
DECISION per DEFICIENCY:						
No change	24	62%			24	62%
No change-text removed/edit	3	8%			3	8%
Deleted	9	23%			9	23%
Deficiency moved	0	0%			0	0%
S/S changed - Only	1	3%			1	3%
S/S changed & text changed	0	0%			0	0%
Withdrawn	2	5%			2	5%
TOTAL	39				39	
AVERAGE COMPLETION DAYS:						
Face/Face - Video Conference	15				15	
Paper Review	9				9	
	24				24	

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## Upcoming Opportunities:

- **LAIN Preceptor Course- 7/2/24**
- **Nurse 360/LTC Foundations- 8/21-8/22**



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**See you.....  
Same Time  
Same Place  
Next Year!!!**



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