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The Long-Term Care Director of Nursing Field Guide

Fourth Edition

Barbara Acello, MS, RN

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The Long-Term Care Director of Nursing Field Guide, Fourth Edition, is published by HCPro, a Simplify Compliance brand.

ISBN: 978-1-64535-057-6
Product Code: DONFG4

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Dedication

Laura Christine Acello Fowler

(1971–2017)

This book is dedicated to my loving, giving, beautiful,
and intelligent daughter who was taken from us far too soon.

Godspeed, my child.

Contents

Introduction

Laws are also called *statutes*. Your state and federal legislators write the laws that determine what each license holder can do. They also establish guidelines and grant authority for regulatory agencies to make rules. A number of federal agencies also have rules affecting health-related businesses. Your State Board of Nursing and Department of Health are the two primary agencies that write rules for nursing practice and long-term care facilities in your state. They also determine how the rules will be applied.

Rules and regulations are much more comprehensive and specific than laws. They explain how to correctly implement the law. Rules also address standards of conduct and can be changed or updated frequently. In some situations, state and federal rules conflict. In this case, follow the rules that are the strictest.

Stay informed regarding issues affecting nursing practice. Rules and laws are always changing. They usually become stricter. They are seldom relaxed. Resident acuity has increased because hospitals discharge patients earlier and sicker than before. Healthcare is very reimbursement-driven. This affects admission, discharge, length of stay, and whether the resident requires readmission to the hospital within 30 days of discharge. Some areas of the United States have a nursing shortage, and complying with regulations and caring for residents has become much more difficult than it was in the past. Something new is always trending, and there is much important information to share.

The Centers for Medicare & Medicaid Services (CMS) has recently overhauled the long-term care facility rules and regulations. We wish we had a crystal ball so we could give you detailed information on how to implement these rules. Unfortunately, CMS will not disclose their secrets to us. It is probable that the new rules will be tweaked and modified. We are all learning, and chances are that we will need to update this book in a year or two, when additional information is available.

Regulatory demands are changing rapidly. Many nurse managers and administrators are approaching the new rules with fear and trepidation. We did the same thing with Omnibus Budget Reconciliation Act of 1993 (OBRA). You are in this business because you are committed to long-term care and enjoy working with the geriatric population. You can do this. Take it one step at a time. Keep your goals in mind.

This book contains updated regulatory information. Infection control is another area that is evolving quickly, so we have included significant infection-related information. Note that CMS has added new emphasis to infection *prevention*. To this point, infection *control* has been the

focus. Most facilities give flu shots and pneumonia shots, and apply the principles of standard precautions. Yes, these measures prevent infection, but much more can be done. Facilities with a comprehensive program for addressing both prevention and control of infection will have healthier residents and staff. A novel coronavirus captured worldwide attention in 2020, with particular concern about its ability to spread and cause death in the nursing home and senior living population; however, evidence-based prevention and treatment information is not available as we go to press. This subject is sure to be updated in the future.

We are in a time of great transition. In fact, we have been transitioning continuously since the late 1980s when OMBRA revised the long-term care rules. We master one thing and then something else appears on the agenda. Those of us who have been working in long-term care for the entire time are slowing down due to age and illness. Many are trying to pass the gavel to their colleagues. For the most part, these are nurses who are younger and in better health. Most of us were young and idealistic when we chose nursing careers. We want you to know everything. More than that, we want you to excel at it. There is so much to know, and new information becomes available to learn every day. It can seem overwhelming. Learn fast, learn well, and master all the information. We are asking the impossible, just as the impossible was asked of us. Do all you can to stay safe and keep your colleagues and residents safe. Don't beat up on yourself if you make a mistake. We all make them, and none of us gets it right 100% of the time.

Good luck with your mission to provide quality long-term care and management of the largest and most complex department in the facility. Geriatric care is my first love, and I sincerely admire those who work in the difficult financial and regulatory environment we call long-term care. I believe in you, support you, admire your commitment, and sincerely hope that this information is useful to you in providing quality care and making a difference in the lives of the residents. If you have suggestions, questions, or comments, feel free to email me at *bacello@aol.com*. We also welcome suggestions for the next edition of this book.

Barbara Acello, March 2020

Acknowledgments

The Long-Term Care Director of Nursing Field Guide was written with the personal and professional collaboration of an interdisciplinary group of colleagues. I am sincerely grateful for the assistance and cooperation of the following:

Christin Delahay, LNHA, CDP, and Michael Hotz, LNHA, CNHA, FACHCA, made a major contribution to the information on budgeting in Chapter 4. This is difficult subject matter, and they explained it succinctly, in an understandable manner.

Genevieve Gipson, MEd, CNA, RNC, is always interested and willing to help. I sincerely appreciate her editing the procedures and reviewing nursing assistant information.

Betty Bruner, RN, BS, NHA, CDONA, FACDONA, and Sherrie Dornberger, RN, CDP, CADDCT, GDCN™, CDONA™, FACDONA, IP-BC™ of the National Association of Directors of Nursing Administration. Thank you for your suggestions and thoughtful reviews.

Tami Swartz, content manager, has really extended herself in providing assistance and support. She has exceeded my expectations and has gone way above and beyond her job requirements during a difficult transition in my personal life.

Adrienne Trivers, product director, is always there when I need her and has never let me down. I feel fortunate that both she and Tami are committed to quality, and I appreciate their guidance when I have needed help.

Many unnamed individuals at HCPro handle the manuscript as it makes its way through the production process. Each makes a contribution that ultimately enhances the value of the book, and I feel fortunate that they were assigned to this project. I appreciate the careful attention to detail. Many thanks!

Barbara Acello

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Disclaimer

In addition to the care provided by physicians, some facilities are also fortunate to have the services of advanced practice nurses (including nurse practitioners and clinical nurse specialists) and physician assistants. These well-educated and highly qualified individuals provide excellent care to residents in long-term care facilities. In some situations, we note that physician notification is necessary. We are using the term *physician* for brevity only. This is not intended to minimize the important work of advanced practice nurses and physician assistants. When the reader is advised to notify the physician, facilities may also notify the advanced practice nurse or physician assistant, if available, and as required by state law and facility policies.

Every effort has been made to ensure that this material is timely and accurate at the time of publication, but long-term care involves evidence-based practices that change frequently. The author, editors, and publisher have done everything possible to ensure this book is current and in compliance with the standards of care.

The author, editors, and publisher are not responsible for errors or omissions or for consequences from application of the book and make no warranty, expressed or implied, in regard to the contents of the book. Neither the author nor publisher or any other individual or party involved in the preparation of this information will be liable for any special, consequential, or exemplary damages resulting in whole or part from any individual's use of or reliance upon this material. The practices described in this book should be applied in accordance with facility policies and procedures, state and federal laws, the nurse practice act for your state, professional standards of practice, and the individual circumstances that apply to each resident encounter and situation.

About the Author

Barbara Acello, MS, RN, is an independent nurse consultant and educator in Denton, Texas. She is a member of the Texas Nurses' Association and the American College of Healthcare Administrators, where she was honored with the Educator of the Year Award for 2007 and the Journalism Award for 2009. Acello has worked as a director of nursing, administrator, and long-term care facility consultant and educator; she has held numerous corporate-level positions in eight states.

About the Reviewer

Stefanie Corbett, DHA, has served in various senior leadership roles in healthcare organizations. She is the owner of Corbett Healthcare Solutions, a healthcare consulting firm that assists post-acute care organizations with regulatory compliance and operations management. Prior to consulting, Stefanie served as the Deputy Director of Health Regulation for the South Carolina Department of Health and Environmental Control, where she was responsible for overseeing the promulgation and enforcement of healthcare regulations at all licensed healthcare facilities/agencies across the state. In addition to working as an entrepreneur and in the public sector, Stefanie has led post-acute care organizations and taught as a professor of healthcare administration programs at local universities.

CHAPTER

1

The Director of Nursing's Role in Leadership

The Director of Nursing

The purpose of the long-term care facility is to provide nursing care. Because of this, the director of nursing (DON) position carries a tremendous amount of weight, second only to the administrator. A registered nurse (RN) must be the designated full-time director of nursing, according to the federal rules.

Director of Nursing Responsibilities

The DON is responsible for ensuring the provision of quality healthcare to the residents in the facility, in consideration of resident wishes and preferences, individual needs, physician orders, and state and federal regulations. The DON supervises and is responsible for administrative oversight of the entire nursing staff, consisting of licensed and unlicensed support personnel.

The DON must also ensure that nursing services comply with the State Nurse Practice Act and professional standards of care. Nursing care is delivered in compliance with the facility's mission, guidelines, policies, and procedures. He or she is expected to set a positive example for staff at all times.

The DON position is a full-time position with variable hours. He or she is responsible for the nursing department 24 hours a day, seven days a week. The DON can expect to be on call. He or she must be accessible after hours according to the facility's on-call rotation. He or she must also be available during certain emergencies. The DON monitors and evaluates nursing care given by staff each day. You cannot do this from your office. You must spend some time on the units to know what is happening. You must also make periodic rounds on the evening and night shifts.

A considerable number of the DON's duties involve interacting with attending physicians. In skilled nursing facilities, the DON is responsible for making sure resident certifications are completed in a timely manner. The certification is done to ensure that the resident is appropriate for the skilled level of care, and this care can only be provided in a long-term care facility. The care must be related to the condition for which the resident was hospitalized. The physician or nonphysician provider (NPP) certifies the level of care is appropriate on admission, at day 14, at day 30, and every 30 days thereafter. The DON must ensure that the residents'

continued stay is justified and the physician can provide a clear rationale for the recertification. The physician or NPP validates that the skilled level of care is needed and estimates how long this level of care will be necessary. Coordinate the certification dates with the Minimum Data Set (MDS).

The DON frequently audits the nursing notes to make sure documentation is complete, accurate, and consistent. If the resident's payment source is Medicare, a nursing note is required at least once every 24 hours, related to the Medicare-covered diagnosis.

The DON will examine other aspects of the record, making sure the documentation is complete, clear, and timely. The DON will review the care plan to be sure it matches the resident's needs and staff are following the plan. Assessments must be timely, complete, and consistent with state and federal regulations.

The DON also:

- Addresses pertinent nursing issues
- Determines whether the prescribed treatment and medication are consistent with the diagnoses
- Ensures physician telephone orders are signed within the required time frame
- Identifies the need for in-services and competency checks

The DON makes daily clinical and operational rounds, making observations, teaching, listening, and interacting with staff. He or she uses critical thinking to evaluate staff performance and identify opportunities to improve clinical outcomes.

The DON is responsible for maintaining a schedule of all nursing staff, hours worked, and shifts worked for a minimum period promulgated by the laws of his or her state. Facilities are required to submit nursing hours in relation to the facility's census electronically to verify adequate staffing. The regulations also require facilities to post staffing information in a visible location for each shift every day. The federal regulations do not mandate specific numbers of staff. However, they make it very clear that staffing must be sufficient to meet resident needs. Many states have very specific rules related to staffing. The DON is responsible for evaluating staffing patterns to ensure compliance with state and federal regulations.

The DON is also responsible for maintaining, on record, all accident and incident (A/I) reports. The DON (or designee) reviews these reports daily to ensure that:

- The report is complete and accurate
- Proper protocol was followed
- Follow-up investigation has been done
- Documentation is complete and accurate
- The care plan has been updated and is being followed
- Care being given reflects the resident's needs related to the incident

Most people listen as a function of habit rather than adapting the listening style to the situation because doing so requires a fair amount of effort. After your next conversation, test your ability to benefit from listening to it. Analyze and ask yourself the following:

- What did I learn from the other person(s)?
- What did I learn about the other person(s)?
- Who did more talking?
- Who did more listening?
- Did anyone interrupt?
- What questions should I have asked?
- What questions should I have answered more thoroughly?
- Was I absolutely certain I understood everything?
- Did I ask for clarification?
- Did I practice acknowledgement?
- Did the other person understand me?
- Did he or she practice acknowledgement?
- Did anyone keep changing the subject?
- Did anyone appear angry or sad?
- Was everyone paying attention?
- What will I do differently in my next conversation?

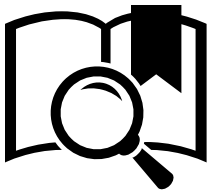
The ability to listen is a skill that improves with use. This skill can and will improve all your relationships.

Changes to Long-Term Care Requirements of Participation

The LTC requirements were updated extensively in 2016. This is the first comprehensive update since 1987 despite significant changes in the industry. The extent of the changes is well beyond the scope of this book. However, facilities are required to do a self-assessment and plan in-services to correct deficiencies they identified in the assessment process.

Communication is one of the areas listed, and the rules note, "A facility must include effective communication as mandatory training for direct care staff." [§483.95(a)]. It is apparent that the government believes this is an important area in which improvement is needed.

You will find several "People First" handouts for using and teaching nonoffensive terminology in the downloads section for this book.



Case study: Reading nonverbal communication cues

Q Justin is in your office because when he worked yesterday, he made a medication error and wants to talk to you about it. He repeatedly explains to you that he is not upset, and he says, "I just want to be sure that I am following that new policy for med errors." You also notice the following:

- Minimal eye contact
- Tearing up of his eyes
- Unwillingness to take a seat when you offer him one

What will be the key to effective communication in this situation?

A Effective communication skills for the manager require the ability to identify nonverbal clues to guide the discussion. This knowledge will help direct your response, which might be the following: "Justin, I appreciate your coming by today to talk about the med error. I hear you say that you are not upset, but I see it differently. Your eyes are tearing, you won't look at me, and, knowing you to be the excellent nurse that you are, I believe you probably are upset. So go ahead and have a seat, and let's chat about the fact that you are human and you made a mistake." If you have made a med error yourself in the past, regardless of how long ago, this is the perfect time to share that experience with Justin.

CHAPTER

4 Long-Term Care Facility Finance

The Strategic Plan

Planning is an essential management function. The director of nursing (DON) must have good working knowledge of planning, budgeting, and cost containment. Planning deals with delineating both the short-term and long-term paths that a business will follow and what procedures it will utilize to achieve its goal.

The strategic plan is a plan that looks ahead and identifies objectives and goals for the facility to achieve four, five, or even 10 years into the future. Typically, the strategic plan considers periods of five years for setting and obtaining strategic planning objectives. Conversely, the tactical or business plan usually is based on a shorter period, generally one year, delineating specific objectives to be achieved within the next fiscal year. Both types of planning are important in all types of business, and healthcare is no different. In this chapter, we will emphasize short-term planning, leading to the need to determine and construct an operating budget.

Working the budget

The DON is an important player in the effective financial management of the long-term care facility. While it may seem that clinical practice and finance roles would seldom intersect, some of the most important factors in long-term care facility economics stem from clinical practice. Payroll, staffing, budgeting, and admission payer sources are all important finance topics that the DON should understand in order to work alongside the administrator to ensure financial success. In this chapter, we will discuss relevant financial topics pertinent to the DON and help provide an understanding of how they affect operations.

Understanding basic accounting/bookkeeping topics

Understanding the terms commonly used in long-term care facility finance is the first step to clearing some of the apprehension surrounding financial operations. The following brief descriptions will provide some context in dealing with commonly used terms.

Revenue

Revenue, simply stated, is income, regardless of source. This includes reimbursement, grants, and outside funding sources. Revenue is what we need to make sure we can meet expenses and continue to provide quality services to our residents and patients.

Expense

Expense is all our spending. Any money being spent outside the organization is an expense, including payroll and supply purchases. Expense is necessary, and the effective management of expenses on a consistent basis can help mitigate the need for emergency cuts.

Depreciation

Depreciation is the principle of expensing the useful life of a high-cost item over a period of years. An example of this would be a Hoyer lift purchase. If a new lift costs $5,000, and its useful life is approximately 5 years, we would divide the cost by the useful life of the lift, $5,000/5 years, expensing $1,000 per year.

Cash flow

Cash flow is the money in and money out of the organization. We need cash flow to pay our bills, buy food for our residents, and make payroll.

Cash vs. accrual accounting

Cash accounting is the principle of counting expenses when we write the check, versus accrual accounting, where we count our expenses when we know we will have them. An example of this would be payroll. If we waited until we cut payroll checks to account for payroll, it would look as if we are having huge outflows disproportionate to our income. We want our financials to balance, and for flat financials, it is far more effective to accrue large or unusual expenses over time. In a home financial budget, let's say your car insurance bill every six months is $600. If we accrue that number over the six months leading up to the due date, budgeting $100 per month for car insurance, not only are we prepared financially for the expense when it hits, but we aren't hurt by the sudden off-balance expense twice per year.

Accrual accounting is the method of choice for most nursing facilities, due to the nature of cash flow in our industry and our revenue being largely reimbursement-driven. We count on revenue as we earn it daily, regardless of when we get paid, and we count expenses when we have placed the order. Payroll is accrued every day as staff generate labor costs. In accrual accounting, on any given day we can look at our balance sheet and see what we owe, and what is owed to us currently. This is the most accurate representation of the state of our financial operations. If we used cash accounting where we only put expenses or cash into our accounting when money is physically in or out, we would be in a constant state of financial upheaval and unable to analyze our financial efficacy as an organization.

Variance

Variance is the difference between the amount we budgeted for an item or service and the amount we actually spent. Analyzing variance on a regular basis helps us identify areas where we are not managing expenses or revenue effectively and gives us opportunity to improve and correct before we end up "in the hole." Our goal is to avoid a variance to the negative,

TIP	HPPD vs. raw numbers
To calculate HPPD, we utilize the following: Total number of staff x hours in a shift = hours of labor Hours of labor / census = HPPD EXAMPLE: Calculate RN HPPD So, if we have 3 RNs per shift, in 8-hour shifts, in 24 hours, we have 3 x 8 hours = 24 hours 24 hours day 24 hours evening 24 hours night 72 RN hours per day 72 RN hours per day / 120 Census = 0.6 RN HPPD	

Likewise, to determine staffing numbers using an HPPD budget number, calculate:

HPPD x Census = Total labor hours budgeted

Then,

Labor hours budgeted / Hours in a shift = Number of people needed

EXAMPLE: We have a budgeted PPD of 4.0 for all nursing staff. We need to determine how many staff we need in a day. If we have a census of 120 residents,

4.0 x 120 = 480 hours of labor to use

480 hours of labor / 8 hours per shift = 60 people working 8 hour shifts

It is important for the DON to understand this calculation and how it pertains to needed staffing for resident acuity across shifts so that we can effectively allocate and maintain these needed and budgeted hours for a 24-hour day. If a building has a particular budgeted HPPD but different units or floors have different acuity, staffing can be allocated as needed while still meeting budgeted hours per patient day. Once the DON understands these calculations, it becomes much more navigable to determine staffing needs as census and acuity fluctuate, putting the DON more firmly in control of labor expenses within his or her department and effective, safe staffing levels for our residents.

Understanding Income and Payer Sources

From an income perspective, understanding our payer sources is critically important. The DON, as the front-line reviewer of potential admissions, needs to have an understanding of

potential for transmitting infection. Some items and surfaces can be wiped with disinfectant wipes, such as those that facilities often stock in each room.

Table 12.3	Common fomites
Equipment Item	**Best Practice/What to Do**
Bandage scissors	Wash with soap and water or foam or liquid hand sanitizer before and after use. A quick wipe with an alcohol sponge may not be sufficient. Make sure to clean all four surfaces. Allow scissors to dry completely before reuse.
Blood glucose meter	Issue an individual meter to each person, if possible. If a community meter is used, follow manufacturer's instructions. A quick wipe with an alcohol sponge may not be sufficient. Refer to meter instructions at *http://tinyurl.com/p87td8c.*
Blood pressure cuff	Issue a disposable cuff to each resident or wipe the community cuff with an approved germicidal disposable wipe before and after each use. Disposable blood pressure cuff covers are available for prevention of cross-contamination, but at approximately $4 each they are cost-prohibitive for most facilities.
Linens	Five children died at a hospital in 2008 as a result of improperly laundered and packaged linen. Although the problems occurred before the linen was delivered to the nursing units, remember how important infection control is when handling linen. Linen should be sorted and washed for 25–30 minutes in hot water and chemicals appropriate to the load, then dried in a hot dryer. The linen carts are cleaned and disinfected. If laundry is done off the premises, clean linen is wrapped in plastic before it is returned. Read the full story at *http://www.nola.com/health/index.ssf/2014/05/fungal_outbreak_raises_questio.html.*
Neckties (also lanyard, name badge, long necklaces)	This is a personal safety issue with some residents in addition to being a potential infection control problem. Remove tie during care or tuck inside the shirt, such as between the second and third button. Send ties to dry cleaner after one use. Periodically wipe lanyard and name badge with a hospital-grade disinfectant wipe, hand sanitizer, or alcohol sponge. Allow to dry completely before reuse.
Neti pot	An amoeba called *Naegleria fowleri* is also known as the brain-eating amoeba. It is more than 95% lethal. Death typically occurs three to seven days after the person becomes symptomatic. The infection is often mistaken for bacterial meningitis. The amoebas usually enter the human body through the nose after an individual swims or dives into warm fresh water, like ponds, lakes, and rivers. You cannot become infected by swallowing the amoeba. Neti pots have become a popular treatment for cleaning and clearing the sinuses. The Louisiana Department of Health has linked transmission of the amoeba to use of neti pots filled with tap water. The pots should be filled with sterile water—either distilled water or previously boiled water that has cooled. Never use tap water. Rinse the irrigation device after each use and leave open to air dry.

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Whether you're a new director of nursing or an experienced veteran, look no further than ***The Long-Term Care Director of Nursing Field Guide, Fourth Edition***. This updated edition is a must-have resource to improve quality of care, cut costs, and sharpen your leadership and management skills.

This resource will help you institute smart hiring practices, an effective orientation program, and a positive work environment to build and motivate a competent, cohesive staff. Updates include sections dedicated to the Patient-Driven Payment Model (PDPM), new survey process, updates to the MDS, new audit threats, infection control practices, and more.

Updated content includes:

- PDPM coverage
- Cultural competence overview
- Competency review reflects new Requirements of Participation (ROP)
- Updated to reflect new ROPs for QAPI
- Updated regulatory compliance information

This book will help readers:

- Learn tactics to avoid audit scrutiny
- Understand the appeals process
- Withstand survey scrutiny by improving documentation
- Create and manage a budget that best fits the needs of your facility

About Simplify Compliance

Simplify Compliance, with its three pillars of thought leadership, expertise, and application, provides critical insight, analysis, tools, and training to healthcare organizations nationwide. It empowers healthcare professionals with solution-focused information and intelligence to help their facilities and systems achieve compliance, financial performance, leadership, and organizational excellence. In addition, Simplify Compliance nurtures and provides access to productive C-suite relationships and engaged professional networks, deploys subject matter expertise deep into key functional areas, and enhances the utility of proprietary decision-support knowledge.

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ISBN-13: 978-1-64535-057-6

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