

## ***PALA's Q & A Meeting with DPW July 14<sup>th</sup>, 2009***

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**Regulation:** § 2600.3(c)

**Topic:** Inspections and licenses - posting of the violation report

**Question:** Is the renewal inspection violation report the only posting requirement? If a violation report is received as the result of a complaint, does that have to be posted as well?

**RESPONSE:** The most recent annual renewal inspection violation report must be posted, and well as any subsequent violation reports received after the most recent annual renewal inspection (such as complaints or interim inspection reports).

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**Regulation:** § 2600.57(b), § 2600.57(c)

**Topic:** Direct care staffing

**Question:** Can recreational therapy aides count as direct care staff?

**RESPONSE:** Yes, depending on what they do for their job.

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**Regulation:** § 2600.65(g)

**Topic:** Direct care staff person training and orientation

**Question:** A personal care home does their annual training with a fire safety expert. When hiring new staff, how does a home verify that staff members have been trained by a fire safety expert? Is it permitted to use a fire safety expert approved training (i.e. video, Power Point presentation; etc)?

**RESPONSE:** Videos prepared by a fire safety expert are acceptable for the training, if accompanied by an onsite staff person trained by a fire safety expert.

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**Regulation:** § 2600.141(a)(1)

**Topic:** Resident medical evaluation and health care

**Question:** A home has physicians who refuse to do both a medical evaluation as well as an MA-51 form for SSI residents located at the home. One physician made two appointments for one resident so he could charge Medicare and the secondary insurance twice in the same month. The physician has provided two dates on the forms. Which dates should the home go by?

**RESPONSE:** The home should use the date that is on the medical evaluation; the MA-51 form is an eligibility form used to determine financial services.

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**Regulation:** § 2600.132(d)

**Topic:** Fire drills - documentation

**Question:** What specifics should be in the fire safety letter?

**RESPONSE:** A fire safety letter should address the following items: construction of the home, sprinklers (if present), occupancy code, exits and exit paths, and the safe amount of evacuation time. If the home has a fire safe area, the letter should address why the area is safe from fire (usually fire ratings for walls and doors), how many people can be accommodated in the fire safe area and verify that doors are automatically closing.

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**Regulation:** § 2600.187(a)

**Topic:** Medication records

**Question:** Will DPW accept electronic MAR documentation? Some pharmacies utilize this method. It is very accurate, expedites the recording process, and eliminates the possibility of errors in handwritten transcription.

**RESPONSE:** Yes; DPW will accept electronic MAR documentation if there is a security code to verify which staff administered the medication and "signed" the MAR.

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**Regulation:** § 2600.262

**Topic:** Penalties

**Question:** Does a repeat violation come from the most recent violation report? Does it include violation reports as a result of a complaint?

**RESPONSE:** A repeat violation includes anything from the most recent annual renewal inspection to present. Yes, it includes complaint inspections and other interim inspections.

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**Regulation:** General - Process

**Topic:** Violation Reports – electronic format

**Question:** In order to complete a thorough and legible Plan of Correction, will DPW be looking into an electronic copy to be mailed to homes?

**RESPONSE:** Yes, DPW is researching this possibility. However, DPW will still offer paper versions of violation reports as well since some providers do not have on-line access.

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**Regulation:** General - Process

**Topic:** Violation Reports – spacing

**Question:** Can violation reports be modified allowing for increased space for the provider response?

**RESPONSE:** Yes, we will amend the Violation report form. In the meantime, please follow the instructions in the cover letter that transmit the Violation Report, to add pages as needed.

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**Regulation:** § 2600.65(a)

**Topic:** Direct care staff person training and orientation

**Question:** If a home has an Assisted Living of America (ALFA) OSHA workbook and an ALFA OSHA video, do new hires have to complete both the workbook and the video, or is one or the other sufficient?

**RESPONSE:** The new hires would only need to complete either one of the two; the new hire does not have to do both items.

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**Regulation:** § 2600.66(c)

**Topic:** Staff training plan

**Question:** How long does the home have to keep the materials and sign-in sheets for staff training documentation?

**RESPONSE:** The home needs to keep training materials from back to the beginning of the last full training year to present.

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**Regulation:** § 2600.82(a)

**Topic:** Poisons

**Question:** A resident lives with their spouse (who is independent) in our personal care home. The resident has been identified as being “at-risk” of ingesting poisons. Can poisonous materials such as laundry detergent be housed in the apartment?

**RESPONSE:** To determine whether a material is poisonous or not, check the label. If a label indicates “seek medical attention if swallowed” or “contact poison control center if swallowed” the regulation applies and the resident should not have access to these kinds of products. If a label indicates “keep out of the reach of children”, “eye irritant”, “store safely” or “harmful if swallowed” it is not considered a poison under the regulations and the resident is permitted to have access to the product. It is possible to have the poison locked in a cabinet in the apartment, but the independent spouse would have the key to access as needed.

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**Regulation:** § 2600.101(j)

**Topic:** Resident bedrooms

**Question:** In a two bedroom apartment (where there is only one resident and he/she uses one of the two bedrooms) do both bedrooms need a bedside table with a lamp?

**RESPONSE: No. One furnished bedroom would be sufficient.**

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**Regulation:** § 2600.184(c)

**Topic:** Labeling of medications – sample medications

**Question:** How does a home handle a resident who has medication samples from a physician? Is it acceptable to place the sample medication in a bag with a label on it stating the name, physician, date, direction for medication?

**RESPONSE: For sample medications, separate written instructions by the prescriber must be kept with the sample medications (not necessarily a pharmacy label). Sample medications must be labeled with the medication name (must be the product label) and stored together with the prescriber's written instructions (separate container or locking bag is suggested).**

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**Regulation:** § 2600.184(a), § 2600.186(c)

**Topic:** Labeling of medications

**Question:** When a physician changes the frequency of a medication, the Veterans Administration will not send a new label. What is the solution to this?

**RESPONSE: According to the DPW Medical Director, Dr. Jill Morrow, if a nurse is administering the medication, then he/she could use a sticker that refers the person back to the new order.**

**However, if it is direct care staff administering the medication, then DPW requires and teaches in the Medications Administration Course to enter the medication on the MAR in the manner that it reads on the label (exactly) because they are taught to match the label and the MAR three times in order to verify that they are giving the right medication. The medication must match the label exactly and therefore a NEW label is required.**

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**Regulation:** § 2600.184(a), § 2600.186(c)

**Topic:** Labeling of medications

**Question:** If a pharmacy will not send a replacement label for meds, may a home use an Order Change sticker over the original instructions?

**RESPONSE:** According to the DPW Medical Director, Dr. Jill Morrow, if a nurse is administering the medication, then he/she could use a sticker that refers the person back to the new order.

However, if it is direct care staff administering the medication, then DPW requires and teaches in the Medications Administration Course to enter the medication on the MAR in the manner that it reads on the label (exactly) because they are taught to match the label and the MAR three times in order to verify that they are giving the right medication. The medication must match the label exactly and therefore a NEW label is required.

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**Regulation:** § 2600.202

**Topic:** Prohibitions – PRN medication

**Question:** Can DPW please clarify medication orders for anxiety or aggression; are they considered chemical restraints?

**RESPONSE:** A PRN medication (given as needed as determined by someone other than a physician) used to control behavior, is a chemical restraint and is NOT permitted in a PCH. A chemical restraint does not include a medication ordered by a physician or dentist to treat the symptoms of a specific mental, emotional, or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment. If a medication/drug is prescribed to treat a behavioral condition or mental illness on an ongoing basis at regular times/intervals, this is not a chemical restraint. Therefore, a PRN prescription to treat the physical symptoms of anxiety (such as rapid heart rate, respiration, lightheadedness, chest pressure, sweating, blurred vision) is permitted.

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**Regulation:** § 2600.227(c)

**Topic:** Development of the support plan

**Question:** If a resident's status changes (i.e. they are discharged from the hospital with a hospice order), what is the time frame to modify the support plan? Can DPW define "immediately"?

**RESPONSE:** A support plan must be revised immediately upon a significant change in the resident's needs. If a resident is hospitalized or otherwise receiving care out of the home, the revised support plan is required upon re-entry into the home. It is critical that the home immediately revise the support plan to address life safety issues.

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**Regulation:** § 2600.81(b)

**Topic:** Physical accommodations and equipment

**Question:** Do the regulations permit a resident to sign an agreement to allow unsafe bedrails or unsafe grab bars?

**RESPONSE:** No, the regulations do not permit unsafe equipment in the PCH.

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**Regulation:** General - Process

**Topic:** Web site

**Question:** In the PCH directory on the web site, can DPW specify whether homes accept SSI, or if they offer a secure dementia unit?

**RESPONSE:** DPW is looking into this website enhancement.

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**Regulation:** General - Process

**Topic:** New home inspection - furniture

**Question:** How much furniture does a new home applying for a license have to show during time of inspection?

**RESPONSE:** The discussion at the meeting was helpful. We have reconsidered and revised our policy and will require that 10% of the rooms be furnished, for a new applicant (currently, 50% of the rooms must be furnished for a new home applicant).

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**Regulation:** General - Process

**Topic:** Compliance percentage

**Question:** Can DPW establish a “reasonable compliance percentage” as used in nursing homes currently for regulations? For instance, not all homes can attain 100% compliance. If DPW reviews 10 assessments and support plans and find 1 error (1 box unchecked), is it fair to write a violation report? Could some areas such as this be given an 80% compliance expectation?

**RESPONSE:** The Department assesses the level of risk based on the seriousness of each violation (such as frequency of the violation) for each license action taken.

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**Regulation:** § 2600.132(d)

**Topic:** Fire drills – problems with evacuation

**Question:** If we have one resident who is holding up the fire drill evacuation due to refusal to exit, may we call the drill and document what happened on the fire drill form and that we counseled the resident, or do we need to wait for that one person?

**RESPONSE:** The fire drill ends when ALL residents have safety evacuated. Certainly such problems encountered and time frames should be well documented so that the home can make adjustments to the evacuation procedures.

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**Regulation:** § 2600.181(a)

**Topic:** Self-administration

**Question:** Is it permitted for a medical evaluation and assessment to state “resident cannot administer own medications” and at a later date the physician writes an order that the resident can administer eye drops? How should the home handle this situation?

**RESPONSE:** It is possible for to assess that a person can self-administer some, but not all types of medications.

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**Regulation:** § 2600.202

**Topic:** Prohibitions – PRN medication

**Question:** May a PCH provide PRN medication to control behavior if the resident wishes?

**RESPONSE:** No, this is a chemical restraint and is not permitted by regulation.