

**The Centers for Medicare & Medicaid Services
Long-Term Care Certification &
Enforcement Branch Region IV**

presents:

The Staircase to Success



Special Focus Facilities Path to Compliance

Disclaimer:

The following list provides some basic recommendations from the Centers for Medicare and Medicaid Services, Region IV **Long-Term Care Certification & Enforcement Branch**. These suggestions are based upon empirical evidence from a compilation of Special Focus Facilities' interviews, in which these facilities expounded upon various mechanisms that were useful during their path to compliance. Completion of some or all of the following suggestions **does not** guarantee graduation. The attached documents are simply useful suggestions to achieving compliance in accordance with federal regulation §42 CFR Part 483.

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The Staircase to Success was developed to provide guidance for all of the Region IV designated Special Focus Facilities. The vast majority of these suggested recommendations have proven to be successful mechanisms to help nursing homes graduate from the SFF list, and achieve compliance with the Federal Participation Requirements. The **Long-Term Care Certification &**

Enforcement Branch in Region IV conducted interviews with several current and former Special Focus Facilities to determine some of the best practices implemented and executed to ensure quality of care for Medicare beneficiaries. We used the information provided during the interviews to identify any patterns that helped these facilities graduate from the SFF list.

While these are only suggestions and completion does not guarantee graduation, these are some of the basic steps toward successful compliance .surveys.



Transparency with Residents

**Positive Attitudes: Cultivate Employee
Optimism**

**Community Involvement and
Networking**

Creative Empowerment

Staff Empowerment

Invest in the Facility

Involve the Quality Improvement Organization

**Develop, Implement & Evaluate the Effectiveness of Policies & Procedures
(Promote Consistency & Objectivity)**

Redefine the Quality Assurance Program

Develop a Plan of Action

Conduct a Root Cause Analysis

Evaluate 3 Year Survey History

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- I. **Transparency With Residents-** The most essential element to operating a facility is ensuring that the place the residents call home provides quality care and service. The primary goal should always be resident satisfaction, which is best measured with annual resident satisfaction surveys. Contact information being so readily available that residents feel comfortable calling the administrator or even the owner to voice their concerns is an indicator that your facility is headed in the right direction toward graduation. Also when the staff is willing to go the extra mile to keep the family involved, such as making weekly phone calls to families of high risk residents, this is certainly a good sign that the culture change was positive. **Most importantly, there must be a sincere willingness to make change.**
- II. **Community involvement and networking** can help build a positive reputation; while providing new collaborative resources for your facility. Also, it is equally as important to maintain frequent contact with the LTC Ombudsman.
- III. **Empower Staff to Promote Accountability**
When employees feel they are making a meaningful contribution to the facility and are genuinely appreciated for their efforts, it increases their sense of accountability. Therefore opportunities for career upward mobility can decrease the probability of staff becoming complacent. Furthermore, incorporating educational opportunities in one's career can serve as an incentive, while also increasing enthusiasm. Educational training can be used dually as means of verifying competencies and identifying areas of needed training. Lastly, be sure to conduct annual staff satisfaction surveys.
- IV. **Have a Willingness to Invest in the Facility.** Investing in new medical or recreational equipment for the residents, funding capital improvements, and enhancing the physical plant are very strong strides toward improving the quality of life for the residents and the work environment for the staff. Thoroughly reexamining the needs of each department and acting accordingly is an essential step toward compliance
- V. **Redefine the Quality Assurance Program**
- VI. **Measure Progress with Pre Assessments & Post Assessment**
- VII. **Involve the Quality Improvement Organization**
- VIII. **Develop a Plan of Action.** When developing a Plan of Action, it is vital to have a shared vision that includes staff support as well as corporate support. The Plan of Action should clearly articulate everyone's roles and responsibilities. Critical thinking can further enhance a Plan of Action because it allows a facility to develop the best strategy for their specific needs. **Critical thinking** is being able to rationally conceptualize information or events, while unbiasedly taking into account some of its inherent flaws, and creating a solution that is individually tailored on a situational basis.
- IX. **Conduct a Root Cause Analysis.** This analysis should be a comprehensive assessment of all systems within the facility to determine the best practices that should be initiated to sustain compliance. During the process toward graduation it is important that your facility is clinically capable and equipped to provide quality service to Medicare beneficiaries and any new admits.
- X. **Evaluate 3 Year Survey History.** Prior to executing any corrective plans of action, thoroughly analyze your facility's compliance history. This will allow the facility to determine if there are any patterns that lead to successful and unsuccessful surveys. Make note of all Immediate Jeopardy tags cited during the past three years, when reviewing your 3- year survey history.