

West Virginia Health Care Association

Nursing Home Licensing Advisory Council

November 17, 2006

64-13-9 – Quality of Care

9.1. –9.2.b – OK

9.2.b.1. – OK

9.2.b.1.B.1. – Strike or Change of wording –Already addressed in Federal requirements. Too ambiguous, communication devices could be construed as anything from brail to Black Berries. If proposed requirement is kept, wording needs to reflect a reasonable accommodation of need.

9.2.c. – 9.3.a.2. – OK

9.3.a.3. - Strike – Question the necessity of this requirement. Misplacement of personal items by staff and the resident themselves does happen, even in the most guarded environments. Facilities are already required to meet the needs of a resident, including replacement of lost hearing aides or eyeglasses.

9.3.a.3.A. – Strike – This should be a resident choice as to whether or not they want their personal items marked. Additionally, someone (for example) who comes to the facility for 20 days for rehab will not likely want their hearing aids marked for identification. Marking these items is a good practice for both the resident and facility, but it should not be a dictated requirement.

9.4. – 9.6.a. – OK

9.6.b. – Strike “and”. Using the word “and” leads one to believe that facilities must increase range of motion and prevent it from decreasing. While this is achievable for some nursing home residents, it is not for others due to their clinical condition.

9.7. – 9.8.b. – OK

9.8.c. – Strike – Question the necessity of this requirement. This requirement should already be addressed by individual licensing boards (RN, LPN, etc)

9.8.d. – Strike –Question the necessity of this requirement. Federal and State requirements (resident rights, Health Care Decisions Act, etc) already address this issue.

9.9. - - 9.9.b. – OK

9.9.c. – Strike “event regardless of whether it is labeled as an incident or an accident”. Adding this language makes the requirement more subjective to interpretation, and will increase documentation demands on nursing staff. Current language is more definitive, defining it simply as an incident or accident in which a resident is involved.

9.9.d. – Strike “event”. Same justification as 9.9.c above.

9.9.d.1. – 9.9.d.4. – OK

9.9.d.5. –Strike proposed language and replace with “A list of witnesses to the incident/accident;” Depending upon the individual, their private contact information may be legally protected. The Nursing Home Licensure Rule does not supercede their individual rights.

9.9.d.5.A. – Strike proposed language. Individuals cannot be forced to provide statements, or sign and date a statement unless required to do so by law. The Nursing Home Licensure Rule will not supercede their individual rights. Additionally, this will create an additional time need for the nurse completing the incident/accident report.

9.9.d.6. Strike the term “event”. Same justification as 9.9c above.

9.9.d.7. – OK

9.9.e. – 9.9.e.D. - Strike – This is a duplication of a Federal interpretive guideline.

9.10 – 9.13.d. OK

9.14. – 9.14.b.5. – Strike – Requirement is redundant since Federal requirements or CDC guidelines already exist to address influenza or pneumococcal immunizations. Facilities should simply be held to those guidelines, without duplicating it in State Rule. Additional justification for not including it in the Rule is that CDC guidelines change over time, which would then make this section of State Rule obsolete.

16-13-12. Physicians Services:

12.1. – 12.1.c. – OK

12.1.c.1. – Change the (72) hours to 5 days. Facilities have a very difficult time getting physicians to the facility within the 72 hour time frame when patients are admitted Thursday evening or Friday. Hospitals typically work hard to get the patient discharged prior to weekends, thereby creating a hardship on nursing facilities to meet the existing requirement. Additionally, strike all new language because the Board of Medicine should govern the activity of physicians.

12.1.c.2. – 13.2. – OK

64-13-14. Dental Services:

14.1. – 14.2.c. OK

14.3. – Strike – Question the necessity of this requirement. Misplacement of personal items by staff and the resident themselves does happen. Facilities are already required to meet the needs of a resident, including replacement of lost dentures.

14.3.a-Strike- This should be a resident choice as to whether or not they want their personal items marked. Additionally, someone (for example) who comes to the facility for 20 days for rehab will not likely want their dentures marked for identification. Marking these items is a good practice for both the resident and facility, but it should not be a dictated requirement.

64-13-16 Infection Control:

16.1. – 16.2. – OK

16.2.a. – 16.2.a.4. – Strike – Proposed requirements seem to be leading to dictating facility policy. The underlying requirement for facilities is to maintain an infection control program to prevent infections. How the facilities conduct their infection

control program including maintaining records, investigations, and monitoring, should be left to the individual facilities.

16.2.b. – OK

16.2.b.1-OK

16.2.c. – strike the word “and.”

16.2.d.1. –16.2.f.1. Strike. Proposed requirements seem to be leading to dictating facility policy. The underlying requirement for facilities is to maintain an infection control program to prevent infections. How the facilities conduct their infection control program including maintaining records, investigations, and monitoring, should be left to the individual facilities.

8.20.c.1. – Maintain language that has been stricken.

16.3.a. – 16.3.a.5. – Strike- Proposed requirements seem to be leading to dictating facility policy. The underlying requirement for facilities is to maintain an infection control program to prevent infections. How the facilities conduct their infection control program including maintaining records, investigations, and monitoring, should be left to the individual facilities.

16.3.b. – Strike “appropriate”, due to subjectivity. All other language OK.

16.3.c. – 16.4. – OK

***16.5. – 16.5.c.3. Strike all language. The CDC already has guidelines for this area, that should not be duplicated into State Rule. If the CDC requirements change, the rule would no longer be appropriate since it could differ from the new CDC requirements.**

16.6 – 16.6.b – Strike – Additional unfounded cost to facilities, there are individual privacy and HIPAA concerns, discrimination issues. The Nursing Home Licensure Rule does not supercede their individual rights. Facilities are already offering Hepatitis B, influenza and pnemococcal vaccinations.