



Colorado Health Care Association
& Center for Assisted Living

Update

CMDA Member Meeting

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Quick Learning...
*Caring for Residents with Substance Abuse
Disorder*

Regulatory reminders

Caring for Residents with Substance Abuse Issues

CMS is increasing scrutiny on the care for residents with substance abuse issues

At F557 and F563, CMS adds the following guidance:

- Facility staff must have consent to search a resident's body or personal possessions
- Facility staff should have knowledge of signs, symptoms, and triggers of possible substance use
- If the facility determines illegal substances have been brought into the facility by a visitor, the facility should refer to local law enforcement

Common Mis-steps

The resident is making choices. **You must collaborate with the resident** to define their care plan approach.

Educate on risks/benefits and provide choices within parameters the facility can manage.

Do not order drug tests for residents.

- Drug testing may only be given with resident consent.
- If you suspect the resident of overdose, administration of Narcan is expected.
- What do you expect to do with a drug test result? – cannot be used as grounds for involuntary discharge nor is it useful to facilitate an arrest

Medications may not simply be held for suspicion of drug use.

- To prevent drug-to-drug interaction risk, define assessment parameters for resident at time of administration and hold for specific criteria met via this assessment.

Identify who is at risk of overdose

- ✓ Develop a process
- ✓ Run it through QAPI
- ✓ Train staff
- ✓ Audit your population
- ✓ Care Plan
- ✓ Update your Facility Assessment

Evaluate pre-admission

Look at your current residents

- Prior history of substance abuse
- Current use
- History of overdose
- Cognitive impairment + Access to self-administration
- Exposure to the substance

Narcan Administration

[Training Video: Opioid Withdrawal and Stigma \(STAT\)](#)



Policy and Procedure



You will not harm someone by administering Narloxone, though it does remove pain control immediately.



Make sure your teams know they may receive aggression when someone receives Narloxone due to immediate release of pain receptors.



Training videos are widely available and short for nasal administration.

Which staff do you train?



Where do you keep it?

How do you train staff to recognize signs, symptoms, and triggers of substance abuse?

what they
think they
know

Media
portrayals

Bias

Mixed
signals

Personal
experience

Mayo Clinic Overview of signs of intoxication by substance

The background of the image is a stack of rolled-up newspapers, slightly out of focus. A dark, semi-transparent overlay covers the entire scene. In the top right corner, there is a light purple circular shape. In the bottom left corner, there is a light orange circular shape with several small yellow dots scattered around it. The text "Other news" is centered in the middle of the image in a white, italicized, monospace-style font. Below the text is a short, horizontal orange line.

Other news

OIG released final post-covid report on nursing homes

What OIG Found



Nursing homes faced monumental and ongoing staffing challenges, including a significant loss of staff and substantial difficulties in hiring, training, and retaining new staff. Many nursing homes used outside staffing agencies to fill gaps, which had significant downsides.



Nursing homes continued to struggle with costs, testing protocols, personal protective equipment (PPE) compliance, and vaccination rates after initial challenges were resolved.



Nursing homes identified challenges with implementing effective infection control practices and opportunities for improvement.

OIG recommends that the Centers for Medicare & Medicaid Services (CMS):

1. Implement and expand upon its policies and programs to strengthen the nursing home workforce.
2. Reassess nurse aide training and certification requirements.
3. Update the nursing home requirements for infection control to incorporate lessons learned from the pandemic.
4. Provide effective guidance and assistance to nursing homes on how to comply with updated infection control requirements.
5. Facilitate sharing of strategies and information to help nursing homes overcome challenges and improve care.

NEW – MOST Form Training [on-demand]

Are your staff using the MOST form for all your new admissions? They should not be.

Do you have multiple layers of staff trained in how to complete a MOST form correctly? You should.

This **free, 30-minute learning** from Telligen and partner organizations (including your CHCA/CCAL) goes over the Medical Orders for Scope of Treatment (MOST) form, which consolidates and translates patient preferences for key life-sustaining treatments into medical orders. The MOST form is always voluntary and is intended for patients who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty.

This module includes a post-training knowledge assessment to support your learning and implementation processes.

[TRAINING LINK](#)

Upcoming events

March 8th 10am-4pm	Dementia Care Train-the-Trainer & 4-Hour Caregiver Training [CO Requirements] in person & live webinar
March 12th 10am-12:30pm	Emergency Prep and Disaster Management Webinar [CMS Requirements] virtual
March 13th-14 th 8am-1pm	10 Hour AL Administrator Licensure Requirements virtual
March 20th 11:30am-1pm	Social Services Gratitude Luncheon in person, FREE
March 28 th 9am – 12pm	QAPI and Facility Assessment Reboot in person & live webinar
April 4 th	Assisted Living Conference in person, full day
April 9 th – 11 th	Essentials of Nursing Home Administration virtual, 3 full days
April 10 th 9am-3pm	Wound Conference in person