

February 23, 2023



Echoes from Administrators

ACHCA MA Chapter welcomed practicing administrators to the launch of an virtual community of peers leading facilities across the Commonwealth.

After over two years of constantly changing demands from every corner, it was an informal opportunity to convene and hear what colleagues had happening in their buildings.



Over thirty administrators registered, with 23 finding their way to the zoom. Representation spanned a cross-section of corporate/multi-facility, non-profit, and freestanding organizations from across the state.

Similarly, participants have been licensed and in their buildings for as little as a year or two, while others count tenures in decades.

Our Survey & Regulatory Experiences Included: anecdotal reports on



several standard survey experiences in various regions of the state:

A 2 ½ day (quick!) survey with

- no real emphasis on infection prevention or any aspect of COVID, but with
- dialogue on staffing and how call-outs are being managed as well as
- resident-specific questions on diagnosing schizophrenia and backup/history.
- Other areas if focus included falls, wounds and weight loss.

Registrant Facilities/Companies Included:

Alliance
Bethany Health Care Center
Broad Reach /Liberty Commons
Christopher House
Ellis NH
Eisenstein Flaherty
ERNC
Genesis
Life Care
MA ACHCA
Notre Dame Health Care Center
Royal Healthcare
Sarah Brayton Nursing Center
Sterling Village
Westfield Gardens

There were a few other surveys with

- significant emphasis on infection prevention, testing and COVID, as well as
- attention to antipsychotics in general.
- Surveyor comment to the administrator was reported as preferring that s/he not be out on the units and engaging while they were there!
- Teams were full (6 surveyors) and timespans ran 6:30AM – 6:30PM.

And another survey with:

- ◆ significant emphasis on infection prevention
- ◆ a “deep dive” into care plans
- ◆ substantial review of investigations behind virtually every reportable, including relooking at investigations that had already been surveyed by complaint team.

Other survey challenges and concerns noted included:

- ➔ trying to understand if surveyor determination of non-compliance must occur with a “**zero tolerance**” threshold.
- ➔ inconsistency for “**cross-tagging**” or what seems duplicitous, where it seems some teams / surveyors are focused on this with particular vigor.
- ➔ **Antibiotic stewardship** – surveyors seem to be applying their own opinions rather than what is specified in the SOM (7 elements, etc.).
- ➔ **Wounds** – a sense that “every wound = a ‘G’ tag.”

Interest in understanding what surveyor training in these areas encompasses so that all could be working from the same vantage point was expressed.

Communication from DPH (2567’s etc.) was not noted to be a particular issue, especially with standard surveys. Complaints/self-report noted to be taking longer.

The challenges of preparing a solid IDR while at the same time turning around a plan of correction were also discussed, but noted to be a CMS requirement (limiting to the 10 days, etc.). An April 5th MSCA planned IDR virtual workshop was also noted.

Our Workforce Experiences have included:



- ❖ The continued challenge. Not particularly worse, but not materially better.
- ❖ Hiring dedicated recruiter for the organization/facility was noted to make a difference, with hiring managers often struggling to navigate through recruitment and onboarding platforms in addition to their day-to-day responsibilities.
- ❖ **Agency** nursing utilization remains a sticking point, the difficulties of eliminating agency seeming to be unchanged.
- ❖ **Dietary** recruitment was noted as an emerging area of difficulty of late.
- ❖ **Shift pick-up incentives** continue to be significant expenditures.

Reimbursement / Financial / Census updates



- ◆ A sense of “we’re back” with regard to demand and occupancy was noted.
- ◆ Patients not noted to be especially skewed to the “difficult to place” populations.
- ◆ Limitations continue to be reported when beds/wings/units are held vacant due to lack of direct care staff.